

## PAYING OUT-OF-POCKET FOR MEDICAL EXPENSES?

A Medical Deduction may increase your monthly CalFresh benefit, if you or someone in your household is:

- Is 60 years of age or older
- Receiving SSA disability or blindness payments
- Receiving other government retirement benefits because of permanent disability
- A Veteran determined totally disabled, or being paid as totally disabled by VA
- Receiving VA benefits as a permanently disabled surviving spouse or child of deceased veteran
- Receiving regular VA Aid & Attendance benefits
- Receiving Railroad Retirement benefits and eligible to Medicare or has been determined disabled

| Amount of Monthly Medical Expenses   | Possible Medical Deduction   |
|--|--|
| Under \$ 35 a month  | Not eligible for the medical deduction   |
| \$ 35.01 to \$ 155.00 a month  | \$ 120 per month Standard Medical Deduction (SMD)  |
| \$ 155.01 a month and over   | Amount varies because the Amount of the deduction is based on the actual verified monthly expenses less \$35.00* |
| <b>Note:</b> <i>*Only medical expenses over \$35 are counted as a medical deduction.</i> |  |

**MAXIMIZE YOUR MEDICAL DEDUCTION** by providing verification of your out-of-pocket Medical Expenses.

- ✓ Keep receipts, bills, bank statements, etc.
- ✓ Keep track of mileage to Medical care & Doctors' Appointments



**Allowable Medical Expenses**

*Must be prescribed or be considered medically necessary, or be recommended by your doctor.*

**Health Insurance Premiums:**

- Medicare Parts B or D
- Medicare Supplement or Advantage Plans
- Private Health Insurance
- Dental or Vision Insurance

**Prescription or Over the Counter Medications**

- Prescribed medications
- Fees or postage for medications & medical supplies delivery
- Over the counter medications such as Pain Relievers, Ointments, Lotions & Vitamins

**Medical Copayments or Payments made for treatment not covered by insurance, Medicare or Medi-Cal**

- Expenses used for Medi-Cal Share of Cost
- Copays
- Payment plans for medical & hospital bills
- Appointments with doctors, specialists, dentists, ER, Psychotherapy, Surgery, Rehabilitation, Nursing home care or Medical lab tests

**Alternative Medical Treatments if doctor prescribed or recommended.**

Such as acupuncture, chiropractic or Massage therapy

**Health Care Supplies**

- Dentures, denture care supplies
- Hearing aids, hearing aid batteries
- Glasses, contacts, or eye care supplies
- Supplies & equipment for foot care
- Orthopedic supplies, braces for limbs
- Orthotics, corrective shoes
- Diapers & incontinence supplies
- Batteries for medical devices
- Needles, syringes
- Surgical dressing supplies
- Oxygen
- CPAP supplies

**Transportation to doctors, pharmacies or other medical facilities.**

Taxi, public transportation costs, ambulance costs or mileage.

**Home Health Care**

Home aides, adult day care, housekeeping due to age or illness, health care attendants

**Health Equipment Costs**

- Wheelchairs, wheelchair ramps, or lifts
- Communication equipment for visually or hearing impaired
- Emergency Response Systems
- Leases for medical equipment
- Prosthetics, crutches

**Certified Service Animal Costs:** Food & Vet bills for the service animal

**Other** Lodging for treatment, Emergency response systems, Lifeline Program Costs

**NOT Allowed**

- Costs of special diets, Ensure, protein powders/drinks or items that can be purchased with CalFresh Benefits (EBT Cards).
- Costs of any substance considered illegal under Federal Law (*such as Medical Marijuana*).
- Costs of medical care received out of the country: Mexico, Canada, etc.
- Premiums for Sickness & Accident policies, Death or Dismemberment policies or Income Maintenance Insurance