If You Have Been Determined Eligible for Presumptive Eligibility:

You are now eligible for Breast and Cervical Cancer Treatment Program (BCCTP) Presumptive Eligibility (PE). PE provides temporary full-scope, no Share of Cost Medi-Cal services for eligible individuals under the age of 65 who have been diagnosed with breast and/or cervical cancer. PE will pay for breast and/or cervical cancer treatment received from a Medi-Cal provider until you apply for Medi-Cal and your eligibility is determined.

Your Confirmation Document
The Confirmation Document provided today can be used to receive medical, dental, vision and pharmacy services with a Medi-Cal doctor. Do not destroy this document until your PE period ends or you are told you can get Medi-Cal and you receive a Benefits Identification Card (BIC) in the mail.

Medi-Cal Application
In order to continue benefits after the PE period of eligibility, you must apply for Medi-Cal.

- Apply for Medi-Cal in person or mail the Medi-Cal application to your local county social services office.
- To apply over the phone, call your local county social services office or (800) 300-1506.
- Apply online at www.CoveredCa.com. Applications are securely transferred to your local county social services office.

If you do not apply for Medi-Cal, your PE coverage will end on the last day of the month following your eligibility determination for PE.

If you need help filling out the Medi-Cal Application or have additional questions, you can contact a trained Certified Enrollment Counselor (CEC) free at 1-800-300-1506. You may also ask your provider or your local county social services office for help.

NOTE: If you have an urgent medical need other than breast and/or cervical cancer, or if you wish to apply for other personal emergency programs, contact the local county social services office nearest where you live.

If You Have NOT Been Determined Eligible for Presumptive Eligibility:

Your application will be evaluated for other BCCTP programs if you apply for Medi-Cal and are determined not eligible for full scope benefits.

If You Have Already Applied for Medi-Cal
Contact your local county social services office and request a referral to BCCTP.

If You Have Restricted Scope Medi-Cal
If you already have share of cost, pregnancy, emergency, or restricted scope Medi-Cal, you do not have to reapply for Medi-Cal. Notify BCCTP of your current Medi-Cal eligibility.

If You Have Medicare or Private Insurance
You are still required to apply for Medi-Cal and receive a decision in order for BCCTP to determine your eligibility.

Your local county social services office will notify you when your Medi-Cal eligibility has been determined. If you are eligible for Medi-Cal, you will receive a Benefits Identification Card (BIC) in the mail. Please destroy your Confirmation Document and use your BIC to obtain services. If you are not approved for Medi-Cal, your BCCTP eligibility determination will be processed and you will be notified by BCCTP of your eligibility status.