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

<table>
<thead>
<tr>
<th>Amount of Monthly Medical Expenses</th>
<th>Possible Medical Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $ 35 a month</td>
<td>Not eligible for the medical deduction</td>
</tr>
<tr>
<td>$ 35.01 to $ 155.00 a month</td>
<td>$ 120 per month Standard Medical Deduction (SMD)</td>
</tr>
<tr>
<td>$ 155.01 a month and over</td>
<td>Amount varies because the Amount of the deduction is based on the actual verified monthly expenses less $35.00*</td>
</tr>
</tbody>
</table>

*Only medical expenses over $35 are counted as a medical deduction.

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.*

<table>
<thead>
<tr>
<th>Health Insurance Premiums:</th>
<th>Prescription or Over the Counter Medications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Medicare Parts B or D</td>
<td>- Prescribed medications</td>
</tr>
<tr>
<td>- Medicare Supplement or Advantage Plans</td>
<td>- Fees or postage for medications &amp; medical supplies delivery</td>
</tr>
<tr>
<td>- Private Health Insurance</td>
<td>- Over the counter medications such as Pain Relievers, Ointments, Lotions &amp; Vitamins</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Copayments or Payments made for treatment not covered by insurance, Medicare or Medi-Cal:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Expenses used for Medi-Cal Share of Cost</td>
</tr>
<tr>
<td>- Copays</td>
</tr>
<tr>
<td>- Payment plans for medical &amp; hospital bills</td>
</tr>
</tbody>
</table>

**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 polices or Income Maintenance Insurance