

Attention: Important Legal Information Regarding Your Health Benefits

┌ John Hook ┐
123 ABC Street
Apt. 210
└ Sacramento, CA 95833 ┘

Notice Date: _____
Case Number: _____



Dear John Hook,

We have looked at all information available to us regarding your circumstances and evaluated you for health care coverage. Your application for health benefits dated _____ has been reviewed and we have determined the following:

Determination of Benefits Notice for: [Person 1]

You are eligible to enroll in health insurance. Based on the income information you provided to us and our records, you are eligible to receive full-scope Medi-Cal benefits beginning the first day of _____. Because you are approved for Medi-Cal, you are not eligible to receive tax credits to purchase health care coverage from Covered California, the state's health insurance exchange.

<Income information for basis of determination>

Rules: This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.

Determination of Benefits Notice for: [Person 2]

You are eligible to enroll in health insurance. Based on the income information you provided to us and our records, you are eligible to receive limited-scope Medi-Cal benefits beginning the first day of _____. You can only receive care related to the following Medi-Cal coverage program:

<Related limited-scope programs>

Rules: This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.

Determination of Benefits Notice for: [Person 3]

Attention: Important Legal Information Regarding Your Health Benefits

You are eligible to enroll in health insurance. Based on the income information you provided to us and our records, you are eligible to receive restricted-scope Medi-Cal benefits beginning the first day of _____. You can only receive emergency, pregnancy-related, and long-term care services with these restricted Medi-Cal benefits. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.

Rules: This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.

Determination of Benefits Notice for: [Person 4]

You are not qualified to enroll in health insurance based on the information you provided to us and our records.

The reason for this denial is:

<Denial reason>

We based this denial action on what you told us. You should call or write your worker right away if you have any questions about this action or if the information in the notice is not correct. You can appeal this denial. Follow the directions on the back of this page. You can reapply at any time.

Rules: This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.

Determination of Benefits Notice for: [Person 5]

Based on the income information you provided to us and our records, your eligibility to receive Medi-Cal benefits will be discontinued the last day of _____.

The reason for this discontinuance is:

<Discontinuance reason>

We based this discontinuance action on what you told us. You should call or write your worker right away if you have any questions about this action or if the information in the notice is not correct. You can appeal this discontinuance. Follow the directions on the back of this page. You can reapply at any time.

Rules: This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.

Do you have any changes?

Attention: Important Legal Information Regarding Your Health Benefits

Over the next year, you are obligated to report any changes that would affect your health insurance within <XX> days of such a change. You are obligated to contact us if:

- You move
- Your income changes; or
- Your household changes, for example, you marry/divorce, become pregnant, or have a child(ren)
- You become qualified for other health insurance

To report changes, please contact your county worker using one of the following ways:

- Telephone: <phone number>
- In person: <USPS address>
- Fax: <fax number>

Comment [WU1]: County info

If you need to meet your county worker in person, their name and office hours are below:

- <county worker name>
- <office hours>

If you already have a Benefits Identification Card (BIC), do not throw it away.

You should keep using that card. If you have never received a BIC, one will be mailed to you soon. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. The BIC has the information your provider needs to check your Medi-Cal eligibility. You should bring the BIC to your medical provider whenever you need care.

Questions?

If you have questions about this notice, including your eligibility determination, or need assistance please contact

<insert consumer assistance phone number>.

Comment [WU2]: County info

This notice is being sent to you in compliance with the Affordable Care Act:

<45 CFR 155 § 320>