

ABC123456789\_2CFB0-34-5-D-B-000006  
123456QG1-ABC-02/02/2020



XX/XX/XXXX



JOHN SAMPLE 1234  
SAMPLE STREET  
ANYTOWN CA 90000

## Important news about your Medi-Cal dental plan

Dear [Member Name],

You got this letter because you or the people in your family are in the Medi-Cal Dental Managed Care (DMC) plan below. Your Medi-Cal DMC plan will **not** be available in your county starting XX/XX/XXXX.

Medi-Cal DMC plan that will no longer be available:

**[DMCP Name/Fee-For-Service Medi-Cal Dental]**

### Your Medi-Cal eligibility and benefits will not change

This Medi-Cal DMC plan change does **not** affect your Medi-Cal eligibility and benefits. You do not need to call your county eligibility worker unless you need to update personal information. If you have changes to report, contact your Medi-Cal local county office. You can find a list of county offices at [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx).

### You will need to choose a new Medi-Cal DMC plan

Medi-Cal Health Care Options (HCO) can help you choose a new Medi-Cal DMC plan:

- **Phone:** Call Monday – Friday, 8 a.m. to 6 p.m., at 1-800-430-4263 (TTY: 1-800-430-7077). This call is free.
- **Mail:** Fill out and mail the choice form in your *My Medi-Cal Choice* packet. The packet tells you about Medi-Cal DMC plans in your area and how to enroll.
- **Online:** Enroll at [www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov).

**If you do not choose a Medi-Cal DMC plan by XX/XX/XXXX, you will be enrolled in:**

**[DMCP Name/Fee-For-Service Medi-Cal Dental]**

**[XXX-XXX-XXXX]**

## **You may be able to keep your dentist if they are not in your new Medi-Cal DMC plan network**

Ask your dentist if they are in your new Medi-Cal DMC plan network or another Medi-Cal DMC plan in your county. If they are not in any other Medi-Cal DMC plan networks in your county, you may need to find a new dentist.

If your dentist is not in your new Medi-Cal DMC plan network, you may be able to keep your dentist for 12 months if you ask your new Medi-Cal DMC plan for “continuity of care.” To ask for continuity of care, call your **new** Medi-Cal DMC plan’s member services once you join the plan.

## **How to choose a new Medi-Cal DMC plan**

Your Medi-Cal DMC plan choices depend on the county you live in. If you live in **Sacramento County**, you must choose a Medi-Cal DMC plan. If you do not choose, one will be chosen for you.

If you live in **Los Angeles County**, you can choose to enroll in a Medi-Cal DMC plan or Medi-Cal Dental Fee-For-Service (FFS). If you want to enroll in a Medi-Cal DMC plan, call Medi-Cal HCO at 1-800-430-4263 (TTY: 1-800-430-7077). You will not be put in a Medi-Cal DMC plan unless you ask to be enrolled.

To learn more about your Medi-Cal DMC plan choices, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m., at 1-800-430-4263 (TTY: 1-800-430-7077). This call is free. Or go to **[www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)**.

You may choose another Medi-Cal DMC plan at any time after [XX/XX/XXXX](#).

## **What to do now**

- You don’t have to do anything to join:

### **[DMCP Name/Fee-For-Service Medi-Cal Dental]**

- If you want to choose another Medi-Cal DMC plan, contact Medi-Cal HCO:
  - **Phone:** Call 1-800-430-4263 (TTY: 1-800-430-7077), Monday – Friday, 8 a.m. to 6 p.m.
  - **Mail:** Fill out and mail the choice form in your *My Medi-Cal Choice* packet.
  - **Online:** Enroll at **[www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)**.

Your Medi-Cal DMC plan will send you a welcome packet. It explains how to choose a dentist and how to ask to keep your dentist if they are not in your new Medi-Cal DMC plan network. It also tells you about the benefits your Medi-Cal DMC plan offers.

## **Questions?**

- Call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m., at 1-800-430-4263 (TTY: 1-800-430-7077). This call is free. Or go to Medi-Cal HCO at **[www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)**.

- Call the Medi-Cal Dental Telephone Service Center Monday – Friday, 8 a.m. to 5 p.m., at 1-800-322-6384 (TTY: 1-800-735-2922 or 711). The call is free. They can help you learn about what services you can get through Medi-Cal Dental FFS.
- Call the Medi-Cal Ombudsman Office Monday – Friday, 8 a.m. to 5 p.m., at 1-888-452-8609 (TTY: 711 for California State Relay). The call is free. Or email **MMCDOmbudsmanOffice@dhcs.ca.gov**. The Medi-Cal Ombudsman Office helps people with Medi-Cal use their benefits and know their rights and responsibilities.
- Call the Medi-Cal Helpline Monday – Friday, 8 a.m. to 5 p.m., at 1-800-541-5555. The call is free. They will help you learn more about what services you can get through Medi-Cal.

To learn more about these changes, read the important information in the *Notice of Additional Information About Your Rights and Benefits (NOAI)* at **[www.dhcs.ca.gov/Pages/Dental-Transition-Member-Notices.aspx](http://www.dhcs.ca.gov/Pages/Dental-Transition-Member-Notices.aspx)**.



If you want a printed NOAI mailed to you, call Medi-Cal Health Care Options (HCO) Monday – Friday, 8 a.m. to 6 p.m., at 1-800-430-4263 (TTY: 1-800-430-7077).

If you want this notice in another language or format like large print, audio, or Braille, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m., at 1-800-430-4263 (TTY: 1-800-430-7077).

Do **not** call your eligibility worker about this change. This change does **not** affect your eligibility.

Thank you,

Department of Health Care Services