



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Medi-Cal Dental Services Division
P.O. Box 997413 | MS 4900
Sacramento, CA 95899-7413



Medi-Cal

000001 7777777701 1 02 01 1 3000 0 000

Sample A. Sample

Suite 999

123 Any Street

Anytown, US 12345-6789



Important news about your Medi-Cal dental plan

<Date>

Dear [Member Name],

We are writing with very important news about [DMC Plan name/ Fee-For-Service (FFS)].

[DMC Plan name/FFS] will not be available in your county starting July 1, 2025.

Starting July 1, 2025, you will have a new Medi-Cal Dental Managed Care Plan that will cover your dental services.

You will get important letters in the mail in the next month from the California Department of Health Care Services (DHCS), the state department that oversees Medi-Cal. The letters will tell you more about this change. The letters will also help you choose a new Medi-Cal Dental Managed Care Plan.

What do I need to do?

You will need to choose a new Medi-Cal Dental Managed Care Plan once your enrollment packet arrives in the mail. This packet will help you choose a new Medi-Cal Dental Managed Care Plan.

If you do not choose a new Medi-Cal Dental Managed Care Plan by June 20, 2025, Medi-Cal will assign you to a new Medi-Cal Dental Managed Care Plan starting July 1, 2025.

Medi-Cal Dental Services Division

P.O. Box 997413 | MS 4900

Sacramento, CA 95899-7413

www.dhcs.ca.gov

State of California
Gavin Newsom, Governor



California Health and Human Services Agency

000001 7777777701 1 02 01 1 3000 0 000

Your Medi-Cal eligibility and benefits will not change

The change to your Medi-Cal Dental Managed Care Plan does **not** affect your Medi-Cal eligibility and benefits. You do not need to call your eligibility worker unless you need to update personal information. If you have changes to report, you can contact your local Medi-Cal office. You can find a list of county offices at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

Why is this plan being discontinued?

[Current DMC Plan name/FFS] will no longer service your county of residence effective July 1, 2025.

You may be able to keep your Medi-Cal dentist

- You can keep your Medi-Cal dentist if your dentist works with your new Medi-Cal Dental Managed Care Plan.
- If you want to keep the dentist you have now, but your dentist does not work with your new Medi-Cal Dental Managed Care Plan, you can ask your new Medi-Cal Dental Managed Care Plan for continuity of care. Continuity of care may let you keep your dentist for up to 12 months. If you want continuity of care, talk to your dentist. Then call your new Medi-Cal Dental Managed Care Plan's member services line (once Medi-Cal informs you of your new Medi-Cal Dental Managed Care Plan).

What to do now

You don't have to do anything right now. If you need help, [Current DMC Plan name/FFS] will make this change as easy as possible for you. They will work with you, your dentists, and your new Medi-Cal Dental Managed Care Plan to make sure you keep getting the care you need. [Current DMC Plan name/FFS] will:

- Keep covering your dental benefits while you're enrolled with the plan through June 30, 2025.
- Give your new Medi-Cal Dental Managed Care Plan important information about your existing authorizations or approvals for your care or to see a specialist.
- Make sure your dentist understands the "continuity of care" process required for all Medi-Cal Dental Managed Care Plans.



Questions?

If you have any questions or need help, please call [Current DMC Plan/FFS toll-free number, TTY, hours].

You can also call the Medi-Cal Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077). Or go to Medi-Cal HCO at www.healthcareoptions.dhcs.ca.gov.

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. They help people with Medi-Cal use their benefits and know their rights and responsibilities.

To learn more about these changes, read the important information in the *Notice of Additional Information About Your Rights and Benefits (NOAI)* at <https://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).

NONDISCRIMINATION NOTICE

Discrimination is against the law. *[Dental Plan]* follows State and Federal civil rights laws. *[Dental Plan]* does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

[Dental Plan] provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact *[Dental Plan]* between *[hours of operation]* by calling *[telephone number]*. If you cannot hear or speak well, please call *[TTY/TDD number]*. Upon request, this document can be made available to you in braille, large print, audio cassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

[Dental Plan]
[Address]
[Telephone number]
[TTY/TDD number]
[California Relay 711]

HOW TO FILE A GRIEVANCE

If you believe that *[Dental Plan]* has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with *[Dental Plan's Civil Rights Coordinator]*. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact *[Dental Plan's Civil Rights Coordinator]* between *[hours of operation]* by calling *[telephone number]*. Or, if you cannot hear or speak well, please call *[TTY/TDD number]*.

Send with all notices

- In writing: Fill out a complaint form or write a letter and send it to:
[Dental Plan's Civil Rights Coordinator]
[address]
- In person: Visit your doctor's office or *[Dental Plan]* and say you want to file a grievance.
- Electronically: Visit *[Dental Plan's]* website at *[weblink]*.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

Send with all notices

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language call [1-800-322-6384] (TTY: [1-800-735-2922]). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call [1-800-322-6384] (TTY: [1-800-735-2922]). These services are free of charge.

العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ [1-800-322-6384] (TTY: [1-800-735-2922]). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بربل والخط الكبير. اتصل بـ [1-800-322-6384] (TTY: [1-800-735-2922]). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք [1-800-322-6384] (TTY: [1-800-735-2922]): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք [1-800-322-6384] (TTY: [1-800-735-2922]): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ [1-800-322-6384] (TTY: [1-800-735-2922])។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ព ដុំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ [1-800-322-6384] (TTY: [1-800-735-2922])។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

繁體中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 [1-800-322-6384] (TTY: [1-800-735-2922])。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 [1-800-322-6384] (TTY: [1-800-735-2922])。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با [1-800-322-6384] (TTY: [1-800-735-2922]) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بربل و چاپ با حروف بزرگ، نیز موجود است. با [1-800-322-6384] (TTY: [1-800-735-2922]) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो [1-800-322-6384] (TTY: [1-800-735-2922]) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। [1-800-322-6384] (TTY: [1-800-735-2922]) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong)

CEEBOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau [1-800-322-6384] (TTY: [1-800-735-2922]). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau [1-800-322-6384] (TTY: [1-800-735-2922]). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は [1-800-322-6384] (TTY: [1-800-735-2922])へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 [1-800-322-6384] (TTY: [1-800-735-2922])へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 [1-800-322-6384] (TTY: [1-800-735-2922]) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. [1-800-322-6384] (TTY: [1-800-735-2922]) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ [1-800-322-6384] (TTY: [1-800-735-2922]). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕເລັກໃຫຍ່ ໃຫ້ໂທຫາເບີ [1-800-322-6384] (TTY: [1-800-735-2922]). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux [1-800-322-6384] (TTY: [1-800-735-2922]). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx [1-800-322-6384] (TTY: [1-800-735-2922]). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ [1-800-322-6384] (TTY: [1-800-735-2922]). ਆਪਣੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ [1-800-322-6384] (TTY: [1-800-735-2922]). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру [1-800-322-6384] (линия TTY: [1-800-735-2922]). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру [1-800-322-6384] (линия TTY: [1-800-322-6384]). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al [1-800-322-6384] (TTY: [1-800-735-2922]). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al [1-800-322-6384] (TTY: [1-800-735-2922]). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa [1-800-322-6384] (TTY: [1-800-735-2922]). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa [1-800-322-6384] (TTY: [1-800-735-2922]). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข [1-800-322-6384] (TTY: [1-800-735-2922]) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข [1-800-322-6384] (TTY: [1-800-735-2922]) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер [1-800-322-6384] (TTY: [1-800-735-2922]). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер [1-800-322-6384] (TTY: [1-800-735-2922]). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số [1-800-322-6384] (TTY: [1-800-735-2922]). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số [1-800-322-6384] (TTY: [1-800-735-2922]). Các dịch vụ này đều miễn phí.