

State of California-Health and Human Services Agency
Department of Health Care Services



P.O. Box 989009
West Sacramento, CA 95798-9850

January 01, 9999

221C2114-000001-01-1



JOHN SAMPLE
123 SAMPLE STREET
SAMPLE CITY CA 99999

Congratulations! You and the following member(s) of your family are now enrolled in the Medi-Cal Managed Care health and/or dental plan(s) listed below:

<u>Name</u>	<u>Effective Date</u>	<u>Health Plan</u>	<u>Dental Plan</u>
JOHN SAMPLE	Month 00, 0000	SAMPLE HEALTH PLAN	

Next to each person's name is the *effective date* of enrollment. Their health and/or dental plan(s) will start on this date. After that day, you and anyone in your family listed above who has Medi-Cal will all get health and/or dental service(s) from the health and/or dental plan(s) listed above.

The health and/or dental plan(s) will soon send you an information packet. This packet will include information about the health and/or dental plan's services, identification cards and a list of their locations.

Call your Member Services Department at your health and/or dental plan(s) if you have questions about getting health or dental care. **If you need health and/or dental care before you get the health and/or dental plan(s)' information packet, please take this letter and your enrollment form with you to the health and/or dental plan provider(s).**

If you have questions about your enrollment in the health and/or dental plan(s), contact a Health Care Options Representative at **1-800-430-4263**.

If you want to change your health and/or dental plan(s), ask the Health Care Options Representative for a Medi-Cal Choice Form. Fill out the "I wish to JOIN or change my plan to:"† bubble on the form. Please tell us why you want to change your plan by filling in the "plan change reason code:" box from the list of codes at the bottom of the choice form. It can take up to 30 days to change health and/or dental plan(s). Call a Health Care Options Representative for more information at 1-800-430-4263.

THE STATE OMBUDSMAN CAN HELP YOU: The State of California has people who can help you. You can call the State's Ombudsman at 1-888-452-8609 (toll-free), Monday through Friday from 8:00 AM to 5:00 PM if:



- * You are having problems with your health or dental plan(s), doctor/clinic or dentist and cannot get help when you call the Member Services Department of your Medi-Cal health plan.
- * You are having a problem with changing your Medi-Cal health or dental plan and cannot get help when you call a Health Care Options Representative at 1-800-430-4263.
- * You think a doctor/clinic, dentist, health plan or dental plan representative has told you something about joining a health or dental plan that is not true. For instance, you were told by a doctor/clinic, dentist, health plan or dental plan that you had to join their health or dental plan or you would lose your Medi-Cal.
- * You think a doctor/clinic, dentist, health plan or dental plan signed you up for their plan without your permission.

The State of California must seek repayment of Medi-Cal benefits from the estate of a deceased Medi-Cal beneficiary for services received on or after the beneficiary's 55th birthday. For Medi-Cal beneficiaries enrolled (either voluntarily or mandatorily) in a managed care organization, the State must seek recovery of the total premium/capitation payments for the period of time they were enrolled in the managed care organization. Additionally, any other payments made for services provided by non-managed care providers will also be recovered from the estate. For further information regarding the Estate Recovery program **only**, call (916) 650-0490, or seek legal advice.

PLEASE DO NOT CALL YOUR ELIGIBILITY WORKER. He or she does not have this information, so they cannot help you.

Questions? Call a Health Care Options Representative at **1-800-430-4263**. Please call weekdays 8:00 AM - 5:00 PM. The call is free!