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XX/XX/XXXX



JOHN SAMPLE
1234 SAMPLE STREET
Line 2
ANYTOWN CA 90000

Important news about your Medi-Cal coverage

Dear [Member Name],

In November, we sent you a letter. It told you about changes to your Medi-Cal health coverage. You have **restricted scope** Medi-Cal services now. Your coverage will change to **full scope** Medi-Cal starting **January 1, 2024**. You will have access to more services. You will get your Medi-Cal services through a Medi-Cal Managed Care Plan.

You will be enrolled in this Medi-Cal Managed Care Plan and Dental Plan:

Health Plan	Dental Plan	Start Date
<Insert MCP>	<Insert Dental Program>	01/01/2024

About Medi-Cal Managed Care Plans

A Medi-Cal Managed Care Plan is a health plan. It works with doctors, hospitals, pharmacies, and other health care providers to give you the medically necessary Medi-Cal health services you need. Your plan will:

- Help manage your Medi-Cal benefits and services
- Help you find doctors and specialists in the plan network (group)
- Have a 24-hour nurse advice line you can call
- Have a free member services telephone number to answer your questions
- Help you with rides to and from your providers such as specialists or hospitals
- Help you get services you may need that your plan does not cover
- Give you language services you need such as interpreter services; documents in your language; or documents in Braille, large print, or audio or data CD

How to contact your Medi-Cal Managed Care Plan

Plan name: < Insert COHS/Single Plan Name >

Member services: <Insert Member Services number here and TTY>

Website: <Insert web address>

Your Medi-Cal Managed Care Plan will send you a welcome packet. It will tell you how to choose a doctor. It will also tell you about the benefits the plan offers.

Questions?

- Call the Medi-Cal Helpline Monday – Friday, 8 a.m. to 5 p.m. at **1-800-541-5555**. The call is free.
- 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 them at **MMCOmbudsmanOffice@dhcs.ca.gov**. The Medi-Cal Ombudsman Office helps people with Medi-Cal use their benefits and know their rights and responsibilities.
- Read the Frequently Asked Questions (FAQ) on the Medi-Cal website at: **www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Adult-Expansion.aspx**. If you want a written copy of the FAQ mailed to you, call 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 different format, like large print, audio, or Braille, please call HCO Monday – Friday, 8 a.m. to 6 p.m. at **1-800-430-4263** (TTY: 1-800-430-7077).

Thank you,

Medi-Cal

Department of Health Care Services