

NOTICE DATE:  
CASE NAME:  
CALHEERS CASE NUMBER:  
SAWS CASE NUMBER:  
**WORKER NAME:**  
**WORKER ID:**  
TELEPHONE NUMBER:  
**CUSTOMER ID:**

**NOTICE OF ACTION  
MEDI-CAL APPROVAL  
AND CHANGE**

<To Address>

DRAFT

We have reviewed your eligibility for health coverage. We used the information you gave us and state and federal data to make this decision.

Member(s) of your family have been approved or had a change in benefits for Medi-Cal. This Notice of Action explains the county's action for each person.

As of <DATE>, Medi-Cal eligibility has been approved for the following member(s) of your family:

Name(s):  
<LIST\_OF\_APPROVED\_NONMAGI\_MAGI\_PERSONS>

As of <DATE>, Medi-Cal eligibility or share of cost or premium will change for the following member(s) of your family:

Name(s):  
<LIST\_OF\_CHANGE\_NONMAGI\_MAGI\_PERSONS>

As of <APP\_MONTH>, your application for Medi-Cal benefits has been approved.

The following persons are eligible to receive full Medi-Cal benefits:  
<NON\_MAGI\_PERSONS>

The share of cost (if any) for family members listed above is listed below.

Report Month	<MONTH1>	<MONTH2>	<MONTH3>
Gross Income	\$0.00	\$0.00	\$0.00
Net Non-Exempt Income	\$0.00	\$0.00	\$0.00
Maintenance Need	-\$0.00	-\$0.00	-\$0.00
Share Of Cost	\$0.00	\$0.00	\$0.00

**Rules:** These rules apply; you may review them at your local welfare office: <REGULATIONS>

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

Benefits for your infant child may continue up to age one under Deemed Eligibility.

Within ten days, you must tell the county about any changes in your family's income, property, or any facts you gave us.

You will get a plastic Benefits Identification Card (BIC) in the mail soon, if you do not already have one. If you have family members who are eligible for Medi-Cal they will also receive cards.

Ineligible members of your family may get cards if your family has a share of cost. Take your plastic BIC with you each time you receive medical care. Your plastic card will show your medical provider if you have a share of cost. Ineligible members of your family should present their plastic BICs to their medical provider to help pay for your family's share of cost. Keep your plastic card with you at all times.

Individuals under the age of 19 years with a share of cost (SOC) may be eligible to the Healthy Families insurance program.

If you are interested, please call 1 (800) 880-5305 for information and/or an application. Report this coverage to your Eligibility Worker because your health insurance

**Continuation Page**

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premium can be used to reduce your SOC.

Pregnant women with a share of cost (SOC) may be eligible to the Access for Infants and Women (AIM) Program. If you are interested, please call 1(800) 433-2611 for information and/or an application Report this coverage to your Eligibility Worker because your health insurance premium can be used to reduce your SOC.

As of <BEG\_DATE>, <PERSON\_NAME> has a change in eligibility.

**<NAME>**

Good news! Your Medi-Cal is changing to full-scope on <MonthDayYear1> because your income and/or household size changed. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.

We counted your household size and income to make our decision.

For Medi-Cal, your household size is <MagiSize> and your household income is <MagiIncome>. The Medi-Cal income limit for your household size is <MagiIncomeLimit>. Your income is below this limit, so you qualify for full-scope Medi-Cal.

<MagiRegulation> is the regulation or law we relied on for this decision.

**Do you have any changes?**

Over the next year, you must report any life changes that affect your eligibility for Medi-Cal. You must report within **10** days after the change happened. For example, you must contact us if:

- Your income changes.
- Your household changes, such as you marry, divorce, become pregnant, or have or adopt a child; a person moves into or out of your home; or you change who will be on your tax return.

- You qualify for other health insurance.
- You move. If you move to a new county, you can report your change to your old or new county.

You may report changes to your local county office in person or by mail, fax, phone, or electronically. The contact information is on the first page of this notice.