



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

NOTICE OF ACTION

MEDI-CAL TERMINATION

Dear <PERSON_NAME>,

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

Your Medi-Cal is ending on <DATE> because you did not provide the renewal information that we asked for. We need you to give us proof of your household income to see if you can still get Medi-Cal. Please call us, visit your county social services office, or return your completed and signed renewal form to give us this information. Some examples of proof of your income are a paystub, your most recent tax return, a letter from your employer, or a benefits award letter.

You can still get Medi-Cal, but you need to give us more information. We need it within 90 days, by <DATE1>. We can give you Medi-Cal from <DATE2> if you are eligible. If we do not get the information by <DATE1>, you must reapply for Medi-Cal.

We used the information you gave us and our records to make our decision. If you have questions or think we made a mistake, or if you have more information to give us, call or write to your worker right away.
California Code of Regulations Title 22 Section 50175, 50189 and WIC 14005.37(i) is the regulation or law we relied on for this decision.

Do you have any changes?

Over the next year, you are obligated to report any changes that would affect your health insurance within 10 days of such a change. You are obligated to contact us if:

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.

- You move.
- Your income changes; or
- Your household changes, for example, you marry/divorce, become pregnant, or have a child(ren)
- You become qualified for other health insurance

To report changes, please contact your county office using one of the following ways:

- Telephone: <PHONE>
- In person:
<ADDRESS>
- Fax: <FAX>
- Office Hours: <OFFICE_HOURS>

To report changes, please contact your county office using one of the following ways:

- County Worker: <WORKER_NAME>
- County Worker ID: <WORKER_ID>

If you already have a Benefits Identification Card (BIC), do not throw it away.

You should keep using that card. If you have never received a BIC, one will be mailed to you soon. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. The BIC has the information your provider needs to check your Medi-Cal eligibility. You should bring the BIC to your medical provider whenever you need care.