



<Head of Household>
<Address Line>
<City, State, Zip Code>

Date

Important Information About Your Health Care Coverage

Dear [NAME]:

On January 1, 2014, you will be eligible for Health Care Coverage through California Medi-Cal. Your health coverage is being moved to the Medi-Cal Program on January 1, 2014. The {LIHP Name} will end on December 31, 2013. Just like now, you will not have to pay anything for your health care with Medi-Cal managed care.

You do not have to do anything to continue to get health care services. You will be enrolled into a Medi-Cal managed care health plan on January 1, 2014. The doctor or clinic that you go to now in {LIHP Name} is also available in the Medi-Cal managed care health plans listed below:

1. {NAME OF PLAN}
2. {NAME OF PLAN}

Medi-Cal managed care health plans have their own doctors, specialists, pharmacies and hospitals. If you take no action, Medi-Cal will enroll you into one of the plans listed above. You will be able to go to your same doctor or clinic for primary care.

(Or, if their doctor is not part of the plan "You will be enrolled into Medi-Cal beginning January 1, 2014. Your current primary care doctor or clinic does not work with the Medi-Cal managed care health plans in your county. If you take no action, you will be enrolled into one of the Medi-Cal managed care health plans listed below on January 1, 2014.

Included with this letter is information that tells you about each of the health plans and how to choose a plan and doctor. If you want to choose a health plan or doctor, you can call Health Care Options at 1-800-430-4263, Monday through Friday, 8:00 a.m. - 5:00 p.m., or fill out the selection form in this packet and return it by {DATE}. If we do not receive the selection form or hear from you by this date, Medi-Cal will select a plan for you according to the process described above. You can always change to another plan or doctor later.

Medi-Cal and your managed care health plan will send you new benefits cards in January of 2014. You

can begin using these cards January 1, 2014, for your doctor's visits, to get your prescription drugs and to receive clinic and hospital services.

If you have other questions about your enrollment into Medi-Cal on January 1, 2014, please call Health Care Options at 1-800-430-4263, Monday through Friday, 8:00 a.m. - 5:00 p.m.

Please do not call your eligibility worker about Medi-Cal managed care plan options. They do not have this information and cannot help you.

Important!

Until January 1, 2014, you are still in the **[LIHP name]** and to keep your health coverage you need to:

- Be sure to respond to all letters about your eligibility review or status.
- Call **[LIHP name]** to let them know about any changes to your income, address or phone number.
- Check your mailbox for important news about your move to Medi-Cal.

If you have questions about your health care coverage in {LIHP Name} you can call {LIHP Name} at {PPhone Number}. You also have the option to disenroll from {LIHP Name} at any time. If you disenroll, you will lose access to the health care services that are provided by {LIHP Name}. If you are disenrolled from {LIHP Name}, you will not be enrolled in Medi-Cal on January 1, 2014.