



Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725



{FIRST_NAME} {LAST_NAME}
{ADDRESS_LINE1}
{ADDRESS_LINE2}
{CITY}, {STATE_CD (FK)} {ZIPCODE}

You or your family members may now qualify for Medi-Cal

{Month} {##}, {YEAR}

Case Number: {####}

Dear {FIRST_NAME} {LAST_NAME},

Thank you for choosing health insurance through Covered California in 2014. Each year Covered California must check to see if you and your family members still qualify for premium assistance. We used federal data and information you gave us about your income and family size to see which programs you qualify for in 2015. Based on this information, the family members below no longer qualify for premium assistance through Covered California and now qualify for Medi-Cal. This notice is to advise you that Medi-Cal coverage for these family members will begin on January 1, 2015 and that their enrollment in Covered California with premium assistance will end on December 31, 2014. As noted below, these members have the option of keeping their Covered California health plan but they will no longer be eligible for premium assistance.

- {INDIVIDUAL DETERMINED ELIGIBLE FOR MEDI-CAL}
- {INDIVIDUAL DETERMINED ELIGIBLE FOR MEDI-CAL}

What To Do Next

You do not need to do anything else at this time. Your information has already been sent to the Medi-Cal program. Your local county Human Services agency may contact you if additional information is needed to keep this coverage.

You have the option to keep your Covered California health plan in 2015, but if you want to keep your plan, you will not get any premium assistance. This means you will have to pay the full premium for a Covered California plan. If you want to keep your coverage with your Covered California health plan, call your Covered California health plan directly.

With eligibility under Medi-Cal, your current doctor may not be in your new Medi-Cal plan. You may be able to ask to keep seeing your current doctor if you are getting treatment for certain health conditions. If you want to know if this applies to you, talk to your doctor and your new Medi-Cal plan.

You Can Appeal

If you don't agree with our decision, you can appeal. If you appeal and we agree with you, we may change our decision. If we change our decision, your family members' eligibility may also change, even if they do not file their own appeal.

You can request an appeal in any of the following ways:

- Go to www.CoveredCA.com to download and print a "Request for a State Fair Hearing to Appeal a Covered California Eligibility Determination" form.
- Fax your appeal to the State Hearings Division at: (916) 651-2789
- Mail your appeal to:
 - CA Department of Social Services
 - Attn: ACA Bureau
 - P.O. Box 944243
 - Mail Station 9-17-37
 - Sacramento, California 94244-2430
- Email your appeal to: SHDACABureau@DSS.CA.gov (please do not email private information such as your Social Security Number)
- Request an appeal by contacting your County Social Services Department
- Call the State Hearings Division and submit your appeal over the phone: 1(855) 795-0634.

Getting Help in Another Language

IMPORTANT: Can you read this letter? You can call 1 (800) 300-1506 and ask for this letter translated to your language or in another format such as large print. For TTY call 1 (888) 889-4500 where you can also request this letter in alternate format.

Español (Spanish)

IMPORTANTE: ¿Puede leer esta carta? Usted puede llamar al 1(800) 300-0213 y pedir esta carta traducida en su idioma o en otro formato, como en letras grandes. Si usa TTY, llame al 1-(888) 889-4500, donde también puede pedir esta carta en algún formato alternativo.

Chinese

重要事项：您能否阅读此信件？您可以致电 1(800) 300-1533，要求将此信件翻译为您的母语或者索要其他格式（如·大字版本）的信件。如需 TTY 服务或者索要其他格式的信件，请致电 1(888) 889-4500。

Vietnamese

QUAN TRỌNG: Quý vị có thể đọc được bức thư này không? Quý vị có thể gọi điện đến số 1 (800) 652-9528 và yêu cầu được dịch bức thư này sang ngôn ngữ của quý vị hoặc chuyển sang định dạng khác như bản in khổ lớn. Người dùng TTY, hãy gọi số 1(888) 889-4500 quý vị cũng có thể yêu cầu định dạng thay thế khác cho bức thư này.

Korean

중요: 이 편지를 읽을 수 있나요? 1 (800) 738-9116 에 연락하셔서 번역되어 있거나 인쇄물 등 다른 포맷으로 되어 있는 편지를 요청해보세요. TTY 1 (888) 889-4500 에서도 이 편지의 다른 포맷을 요청할 수도 있습니다.

Tagalog

MAHALAGA: Makakabasa ka ba sa sulat na ito? Maaari kang tumawag sa 1 (800) 983-8816 at humiling na isalin ang sulat na ito sa iyong wika o sa iba pang format katulad ng malalaking titik. Para sa TTY, tumawag sa 1 (888) 889-4500 kung saan maaari kang humiling ng alternatibong format ng sulat na ito.

Arabic

هام: هل يمكنك قراءة هذا الخطاب؟ يمكنك الاتصال بـ 1 (800) 6317-826 وطلب هذا الخطاب مترجماً إلى لغتك أو بصيغة أخرى، بخط كبير مثلاً، للصم والبكم، اتصل بـ 1 (888) 889-4500 حيث يمكنك أيضاً أن تطلب هذا الخطاب بصيغة مختلفة.

Armenian

ԿԱՐԵՎՈՐ Է: Դուք կարո՞ղ եք կարդալ այս նամակը: Դուք կարո՞ղ եք զանգահարել 1 (800) 996-1009 և խնդրել, որ այս նամակը թարգմանվի Ձեր լեզվով կամ Ձեզ տրվի մեկ այլ ձևաչափով, օրինակ՝ խոշորատառ: TTY-ի համար զանգահարեք 1 (888) 889-4500, որտեղ կարո՞ղ եք նաև այլընտրանքային ձևաչափով խնդրել այս նամակը:

Khmer

សំខាន់: តើលោកអ្នកអាចអានលិខិតនេះបានដែរឬទេ? លោកអ្នកអាចទូរស័ព្ទមកលេខ 1-(800)-906-8528 និងស្នើសុំឲ្យគេបកប្រែលិខិតនេះជាភាសារបស់លោកអ្នក ឬជានិមិត្តរូបមួយផ្សេងទៀតដូចជាអក្សរពុម្ពធំៗ។ សម្រាប់ TTY ទូរស័ព្ទមកលេខ 1 (888) 889-4500 ដែលលោកអ្នកអាចស្នើសុំលិខិតនេះជានិមិត្តរូបផ្សេងទៀតបានផងដែរ។

Russian

ВАЖНАЯ ИНФОРМАЦИЯ: Вы можете прочитать это письмо? Вы можете позвонить по телефону 1 (800) 778-7695 и запросить получение этого письма, переведенного на Ваш родной язык, или распечатанного крупным шрифтом. Лица со сниженным слухом могут позвонить по телефону 1 (888) 889-4500, чтобы запросить это письмо в ином формате.

Farsi

مهم: آیا می توانید این نامه را بخوانید؟ می توانید با شماره 1 (800) 8879-921 تماس بگیرید و تقاضا کنید که این نامه به زبان شما ترجمه شود یا به فرمت دیگری مانند با شماره 1 (888) 889-4500 تماس بگیرید و از طریق همان شماره TTY حروف درشت به شما ارسال شود. برای همچنین می توانید درخواست کنید که این نامه به فرمت دیگری به شما ارسال شود.

Hmong

TSEEM CEEB: Koj nyeem puas tau tsab ntawv no? Koj hu tau rau 1 (800) 771-2156 nug daim ntawv txais ua yog koj cov lus los yog lwm hom xws lis tus ntawv loj. Hu tau TTY ntawm 1 (800) 889-4500 ua koj thov hloov tau lwm hom.