

State of California-Health and Human Services Agency
Department of Health Care Services

P.O. Box 989009, West Sacramento, CA 95798-9850

XX/XX/XXXX

1234567AB-A8B-XX/XX/XXXX

XXX123456789_ABCD0-00-0-000000



JOHN SAMPLE

1234 SAMPLE STREET

Line 2

ANYTOWN CA 90000



<Name>:

Welcome! You are now enrolled in the Medi-Cal health plan listed below:

Name	Effective Date	Medi-Cal Health Plan
John Sample	XX/XX/XXXX	MCP

Next to your name is the effective date of enrollment.

You are now disenrolled from the Medi-Cal plan listed below, effective on the date listed below:

Name	Effective Date	Medi-Cal Health Plan
John Sample	XX/XX/XXXX	MCP

Reason for enrollment

Because you are a member of the below Medicare Advantage plan that has a matching Medi-Cal health plan in your county, you have been enrolled in the matching Medi-Cal health plan. The State has a Medi-Cal matching plan policy in certain counties. This means that if you join a Medicare Advantage plan and there is a Medi-Cal plan that matches with that plan, you will be enrolled in that Medi-Cal plan. This policy does not change or affect your choice of a Medicare plan.

Medicare Advantage Plan:

[Medicare Plan Name]

The names of your Medicare Advantage Plan and Medi-Cal Managed Care Plan may not be the same or may not match. You can read the list of matching Medicare and Medi-Cal Plans for your county at www.healthcareoptions.dhcs.ca.gov/medi-medi-charts.

Your Medi-Cal Plan will send you a welcome packet. It will tell you about your Medi-Cal provider options. It will also tell you about the benefits the Medi-Cal Plan offers.



For help or more information

If you have a question about Medicare or want to learn more about your Medicare choices:

- Call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week (TTY: 1-877-486-2048).
- Go to **www.Medicare.gov**.
- Compare your Medicare choices for people with both Medicare and Medi-Cal at **www.MyCareMyChoice.org**.

If you want to talk with a health insurance counselor for free about these changes and your choices:

- Call the California Health Insurance Counseling & Advocacy Program (HICAP) 1-800-434-0222 (TTY: 711).
- Call the Medicare Medi-Cal Ombudsman Program (also called the Cal MediConnect Ombudsman) at 1-855-501-3077. The Ombudsman helps with complaints, grievances, and concerns for free. They are not part of your health plan.

If you have a question about Medi-Cal or your Medi-Cal plan choices:

- Call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077).
- Call the Medi-Cal Helpline at 1-800-541-5555, Monday – Friday, except national holidays, 8:00 a.m. to 5:00 p.m.
- Call the Department of Health Care Services (DHCS), Office of the Ombudsman at 1-888-452-8609 (TTY: 711), Monday – Friday, except state holidays, 8:00 a.m. and 5:00 p.m.

If you need help with health plan problems or have complaints:

- Call the Medicare Medi-Cal Ombudsman Program (also called the Cal MediConnect Ombudsman) at 1-855-501-3077. The Ombudsman helps with complaints, grievances, and concerns for free. They are not part of your health plan.
- Call Health Consumer Alliance 1-888-804-3536. Or go to **www.healthconsumer.org**.

Medi-Cal Estate Recovery Program

The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members from payments made, including managed care premiums, for nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed. For further information regarding the Estate Recovery program only, call (916) 650-0490, or seek legal advice.

Please do not call your county eligibility worker. He or she does not have this information, so they cannot help you.

Questions? Call a Health Care Options Representative at 1-800-430-4263.

TDD/TTY users call 1-800-430-7077.

Please call weekdays 8:00 a.m. - 6:00 p.m. The call is free!
