



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



**COVERED
CALIFORNIA**

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

Medi-Cal during pregnancy and your Covered California health plan

{DATE}

Case Number: {####}

Dear {FIRST_NAME} {LAST_NAME},

Thank you for choosing health insurance through Covered California. You may have received a letter from Covered California about your enrollment changing to Medi-Cal. Here is some more information about that letter.

When we get new information about things like family size or income, we must check to see if you and your family members still qualify for financial assistance. Based on the information we received, you now qualify for free Medi-Cal for Pregnant Women. Your financial assistance and coverage in a Covered California health plan ended on the last day of {MONTH}, and Medi-Cal coverage began on {MONTH} {DAY}, 2016.

This information has already been sent to the Medi-Cal agency in your county. If you want to keep the Medi-Cal for Pregnant Women coverage, you do not have to do anything. You will get more information and a welcome packet from the Medi-Cal agency in your county. The Medi-Cal office will contact you if any additional information is needed.

More information about Medi-Cal during pregnancy

Medi-Cal during pregnancy is free and does not have any co-pays or deductibles. With Medi-Cal, your newborn will be eligible for Medi-Cal for the entire first year at no cost and without having to file a new application. You will need to report the end of your pregnancy to Medi-Cal so they can enroll your newborn and also see what health coverage you are eligible for at that time.

But with Medi-Cal, you might have to switch doctors or hospital networks. If you want to continue in Medi-Cal, check with your doctor, midwife or clinic to see if they accept Medi-Cal.

What if I want to go back to my Covered California health plan?

If you do not want Medi-Cal coverage during your pregnancy, you can choose to go back to your Covered California health plan.

You will need to take these three steps:

- 1) Fill out the form below, and
- 2) Fax or email it to us, and
- 3) Call the Covered California Service Center at (800) 300-1506. We take calls 8 a.m. to 6 p.m. Monday through Friday and 8 a.m. to 5 p.m. on Saturdays.

We will get you back to your Covered California plan as soon as possible, with continuous Covered California coverage that will go back to when you were moved to Medi-Cal.

Form to Opt Out of Medi-Cal During Pregnancy

I understand that I am eligible for Medi-Cal during my pregnancy. Medi-Cal is free and has no copays or deductible. The newborns of mothers with Medi-Cal qualify for free coverage for the first year.

I decline Medi-Cal and request to cancel my Medi-Cal coverage. Instead of Medi-Cal, I choose to keep my Covered California health plan with premium assistance. I also ask to return to my Covered California health plan for all of the time I was enrolled in Medi-Cal, with no gaps in coverage. I understand that I am responsible for paying my monthly premium as before, including premiums while I was enrolled in Medi-Cal.

I understand that I can change my mind and choose Medi-Cal later in my pregnancy, if I am still eligible. To choose Medi-Cal later in my pregnancy, I will need to call the Covered California Service Center at (800) 300-1506 or the Medi-Cal agency in my county.

Name: _____

Case Number: _____
(see page 1
of this notice)

Phone Number: _____

Please fax this page or scan and email it to Covered California. We will contact you as soon as possible about next steps for getting you back into your Covered California health plan.

FAX: 916-228-8983

- OR -

EMAIL: External.Coordination@Covered.ca.gov

Getting Help in Another Language

IMPORTANT: This letter contains information about the cancellation of your Covered California health plan and your enrollment in Medi-Cal. It also tells you what you can do if you disagree. 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: Esta carta tiene información acerca de la cancelación de su plan de salud a través de Covered California y su inscripción en Medi-Cal. Usted puede llamar al 1 (800) 300-0213 y pedir que esta carta sea 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

: ? 1 (800) 738-9116 . TTY 1 (888) 889-4500 .

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. للسم 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 կարող 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 կարող եք նաև այլընտրանքային ձևաչափով խնդրել այս նամակը:

Khmer

សំខាន់៖ តើលោកអ្នកអាចអានលិខិតនេះបានដែរឬទេ? លោកអ្នកអាចទូរស័ព្ទមកលេខ 1-(800)-906-8528 និងស្នើសុំឱ្យគេបកប្រែលិខិតនេះជាភាសារបស់លោកអ្នក ឬជាទម្រង់មួយផ្សេងទៀតដូចជាអក្សរពុម្ពធំៗ។ សម្រាប់ TTY ទូរស័ព្ទមកលេខ 1 (888) 889-4500 ដែលលោកអ្នកក៏អាចស្នើសុំលិខិតនេះជាទម្រង់ផ្សេងទៀតបានផងដែរ។

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 TTY حروف درشت به شما ارسال شود. برای شماره 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.