

**MEDI-CAL
NOTICE OF ACTION
CHANGE TO LIMITED BENEFITS
(EMERGENCY, PREGNANCY-RELATED
AND LONG TERM CARE SERVICES)**

Notice date: _____
Case Number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Effective _____, your full-scope Medi-Cal benefits have been changed to LIMITED benefits with a share of cost. Limited benefits only cover emergency, pregnancy-related and long-term care services. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.

You are eligible for limited benefits instead of full-scope Medi-Cal because you have not provided us with acceptable proof of U.S. citizenship/U.S. national status or identity. If you provide acceptable proof within one year, your Medi-Cal benefits will be restored to full-scope starting from the month that your limited benefits began.

If your Medi-Cal benefits are changed to full-scope in the future, and you paid for medical care that was not an emergency, pregnancy-related, or long-term care service while you had limited benefits, you may be able to request reimbursement. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions: (916) 403-2007.

Since you reported income that was more than the amount allowed for living expenses, you have a share of cost each month that you must pay or obligate to pay toward the cost of medical care received.

Your share of cost is \$ _____ beginning _____. Your share of cost was determined as follows:

If you already have a Benefit Identification Card (BIC), you should keep using that card. The BIC is good as long as you are eligible for Medi-Cal. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. You should bring this card to your medical provider whenever you need care. You should not throw away your plastic BIC.

This action is required by §14011.2 of the Welfare and Institutions Code and California Code of Regulations, Title 22, §50301 and §50653. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.

If you are pregnant, you may want to learn about the State of California's Access for Infants and Mothers (AIM) program. The AIM program helps pregnant women with moderate income obtain health care. For a copy of the AIM handbook & application, please call toll free 1-800-433-2611 or visit <http://www.aim.ca.gov>.