

Enclosure

Dear Medi-Cal Beneficiary,

You are getting this notice for one of the following reasons:

- You were recently denied Medi-Cal due to excess property.
- You have Medi-Cal with a share-of-cost.
- You do not receive the full Medi-Cal benefits.
- You are in Medi-Cal's 250 Percent Working Disabled program and paying a monthly premium to receive Medi-Cal benefits.

As of January 1, 2014, there are new Medi-Cal programs that do not count property and have new income rules. You may be able to get free Medi-Cal or be eligible for full Medi-Cal benefits. You must fill out the attached form and use the envelope to mail it back to your county eligibility worker to see if you can get free Medi-Cal under the new rules.

If you do not want the county to check if you are eligible under the new rules, you do not have to return the attached form. If you do not return the attached form, you will continue to receive your Medi-Cal benefits until your next annual redetermination.