

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

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



April 21, 2017

109C2111M-006878-39-7



TIFFANY ANDERSON
PO BOX 477
LODI CA 95241



Congratulations! You and the following member(s) of your family are now enrolled in the Medi-Cal Managed Care health and/or dental plan(s) listed below:

| <u>Name</u> | <u>Effective Date</u> | <u>Health Plan</u> | <u>Dental Plan</u> |
|------------------|-----------------------|----------------------------|--------------------|
| TIFFANY ANDERSON | May 1, 2017 | Health Plan of San Joaquin | |

Next to each person's name is the *effective date* of enrollment. Their health and/or dental plan(s) will start on this date. After that day, you and anyone in your family listed above who has Medi-Cal will all get health and/or dental service(s) from the health and/or dental plan(s) listed above.

The health and/or dental plan(s) will soon send you an information packet. This packet will include information about the health and/or dental plan's services, identification cards and a list of their locations.

Call your Member Services Department at your health and/or dental plan(s) if you have questions about getting health or dental care. **If you need health and/or dental care before you get the health and/or dental plan(s)' information packet, please take this letter and your enrollment form with you to the health and/or dental plan provider(s).**

If you have questions about your enrollment in the health and/or dental plan(s), contact a Health Care Options Representative at **1-800-430-4263**.

If you want to change your health and/or dental plan(s), ask the Health Care Options Representative for a Medi-Cal Choice Form. Fill out the "I wish to JOIN or change my plan to:" bubble on the form. Please tell us why you want to change your plan by filling in the "plan change reason code:" box from the list of codes at the bottom of the choice form. It can take up to 30 days to change health and/or dental plan(s). Call a Health Care Options Representative for more information at 1-800-430-4263.

THE STATE OMBUDSMAN CAN HELP YOU: The State of California has people who can help you. You can call the State's Ombudsman at 1-888-452-8609 (toll-free), Monday through Friday from 8:00 AM to 5:00 PM if:



**STATE OF CALIFORNIA
BENEFITS IDENTIFICATION CARD**

This is your permanent Benefits Identification Card (BIC). You have received this card because you may be eligible for benefits under one or more California programs that use this card. If you have more than one BIC, keep the card with the latest date and destroy the other card(s); they are no longer valid. This card does not guarantee eligibility for any program. It is used to get information on which programs you are eligible for. Take this card with you when you go to a health care provider or apply at a state or county office for health or social service benefits. **DO NOT THROW AWAY THIS CARD IF YOUR BENEFITS ARE STOPPED.** This card can be used if you apply for other benefits or become eligible again in the future. **NOTE: IT IS A CRIME TO SELL OR GIVE THIS CARD TO ANOTHER PERSON. SEE ENCLOSED NOTICE FOR OTHER IMPORTANT INFORMATION.**

**ESTADO DE CALIFORNIA
TARJETA DE IDENTIFICACIÓN PARA BENEFICIOS**

Esta es su tarjeta permanente de Identificación para Beneficios (BIC). Usted ha recibido esta tarjeta por que usted podría ser elegible para beneficios bajo uno o más programas de California que usan esta tarjeta. Si usted tiene más de una tarjeta BIC, quédese con la tarjeta que tiene mas reciente y destruya la(s) otra(s) tarjeta(s); ya no es(son) válida(s). Esta tarjeta no garantiza elegibilidad para nignun programa. Es utilizada para obtener información a cuales programas es elegible. Lleve esta tarjeta con usted cuando visite a un proveedor de cuidado médico o solicite a la oficina del estado o del condado para beneficios de salud o servicios sociales. **NO TIRE (BOTE) ESTA TARJETA SI SE DESCONTINÚAN SUS BENEFICIOS.** La tarjeta le servirá si solicita para otros beneficios o si en el futuro es elegible otra vez. **NOTA: ES UN CRIMEN VENDER O DAR ESTA TARJETA A OTRA PERSONA. LEA LA INFORMACIÓN ADJUNTA PARA OTROS PUNTOS DE INFORMACIÓN IMPORTANTES.**



Sign your new card immediately.
Carry this card with you at all times.
Report stolen or lost cards immediately.

Firme inmediatamente su tarjeta nueva.
Lleve esta tarjeta con usted en todo momento.
Reporte inmediatamente las tarjetas robadas o perdidas.

HERE IS YOUR NEW CALIFORNIA BENEFITS IDENTIFICATION CARD
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Department of Health Care Services

TIFFANY ANDERSON

PO BOX 477

LODI

95241-0477



ESTA ES SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS DE CALIFORNIA