



Notice Date:

CalHEERS Case Number:

SAWSCase Number:

Dear Beneficiary,

We have reviewed your eligibility for health coverage. We used the information you gave us and state and federal data to make this decision.

We must check if you still qualify for Medi-Cal once a year. We checked your case and you still qualify for Medi-Cal because your household income is below the Medi-Cal limit for your family size. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your circumstances change.

We counted your household size and your household income to make our decision. If the information we list for your household size or income is not correct, please contact us to report your updated information.

For Medi-Cal, your household size is XX and your monthly household income is \$X,XXX. The monthly Medi-Cal income limit for your household size is \$X,XXX. Your income is below this limit, so you qualify for Medi-Cal.

Cal. Welf. & Inst. Code : 14005.60, 14005.64 is the regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.

BENEFICIARY

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