



MISSOURI'S MC+ SERVICE CENTER

RELAY MISSOURI
for hearing and speech impaired
TEXT TELEPHONE
1-800-735-2966
VOICE
1-800-735-2466

ADDRESS

CITY STATE ZIP CODE

TELEPHONE NO.

Dear

We have taken the following action on your MC+ Health Insurance:

MC+ health care coverage has been discontinued for: _____

Last day of coverage is _____
MONTH DAY YEAR

You are now required to pay a monthly premium to continue coverage for: _____

The premium amount will be based on your family size of _____ and monthly income of _____. You will be receiving information about the amount of your monthly premium and how to pay the premiums from First Health, the MC+ enrollment contractor. Additionally, you will be responsible for \$10 co-payments for each office visit and \$9 for each prescription.

If the premium is not paid, coverage will end: _____
MONTH DAY YEAR

Other: _____

The reason for this change is: _____

You have the right to appeal decisions made involving your MC+ eligibility. You can request a hearing within 90 days from the date of this letter, by calling _____. If you request a hearing you may present your information yourself or you may be represented by your own attorney or by other persons who know your situation. You have the right to present witnesses in your behalf and to questions witnesses who appear at the request of the MC+ Service Representative. For the possibility of free legal services, call _____.

Sincerely,

MC+ Service Representative

Policy No. _____