

SAMPLE TEXT – ADVANCE NOTICE OF CASE ACTION, NO COST TO PREMIUM MC+ FOR KIDS

Address
Address

Case NO:

Client
Address
Address

Missouri Senate Bill 539 (2005) lowered the income limit for children to receive MC+ for Kids healthcare coverage without paying a premium. Effective September 1, 2005, all families with gross income above 150% of the federal poverty level (FPL) must pay a monthly premium to receive MC+ for Kids healthcare coverage for their child(ren). Families will no longer be responsible for prescription and office visit co-payments beginning September 1, 2005.

Our records indicate your family's gross income is over 150% of FPL. Therefore, you must pay a monthly premium in order for your child(ren) listed below to continue MC+ for Kids healthcare coverage after September 30, 2005. You will be mailed an invoice from the Division of Medical Services (DMS) on September 1, 2005. If payment is not received by September 30, 2005, your child(ren)'s MC+ for Kids healthcare coverage will end September 30, 2005. If the premium is received after September 30, 2005, your child(ren)'s healthcare coverage will restart on the date of receipt.

NAME

DCN

Your premium amount is based on your family size and gross monthly income. Income information on file for your family indicates your gross income is _____ and your family size is _____. Your premium amount will be _____.

Contact your caseworker if you believe your gross income and/or your family size is different than stated above. Please see the MC+ for Kids Premium chart at the bottom of this notice for more information related to income and premium amounts.

If you believe this action is wrong, you have until **August 15, 2005** to contact your local office and request a hearing. You may request a hearing by mail, by telephone, or in person through your Family Support Division office. If you request a hearing by this date, your benefits will continue pending the results of the hearing. If you request a hearing, it will be held _____, 2005, at the local Family Support Division office. At the hearing, you may present your information yourself or be represented by your own attorney or by other persons who know your situation. If you do not have an attorney or cannot afford one, you may be able to get help from Legal Aid or Legal Services in your area. You have the right to bring witnesses to testify at the hearing and to question witnesses who appear at the request of the Family Support Division. If you have special needs or require other special accommodations to be able to participate in the hearing, please call 1-573-526-5240 on or before **August 15, 2005**.

Contact your caseworker at the telephone number below if you have questions.

Caseworker
Load No:
Phone Number

MC+ for Kids Premiums

EFFECTIVE September 1, 2005

Family Size	Percent of Income	Monthly Income	Premium Amount
1	1%	\$ 1,197.01 to \$ 1,476.00	\$12
1	3%	\$ 1,476.01 to \$ 1,795.00	\$44
1	5%	\$ 1,795.01 to \$ 2,393.00	\$90
2	1%	\$ 1,604.01 to \$ 1,978.00	\$16
2	3%	\$ 1,978.01 to \$ 2,406.00	\$59
2	5%	\$ 2,406.01 to \$ 3,208.00	\$120
3	1%	\$ 2,012.01 to \$ 2,481.00	\$20
3	3%	\$ 2,481.01 to \$ 3,017.00	\$74
3	5%	\$ 3,017.01 to \$ 4,023.00	\$151
4	1%	\$ 2,419.01 to \$ 2,984.00	\$24
4	3%	\$ 2,984.01 to \$ 3,629.00	\$90
4	5%	\$ 3,629.01 to \$ 4,838.00	\$181
5	1%	\$ 2,827.01 to \$ 3,486.00	\$28
5	3%	\$ 3,486.01 to \$ 4,240.00	\$105
5	5%	\$ 4,240.01 to \$ 5,653.00	\$212
6	1%	\$ 3,234.01 to \$ 3,989.00	\$32
6	3%	\$ 3,989.01 to \$ 4,851.00	\$120
6	5%	\$ 4,851.01 to \$ 6,468.00	\$243
7	1%	\$ 3,642.01 to \$ 4,491.00	\$36
7	3%	\$ 4,491.01 to \$ 5,462.00	\$135
7	5%	\$ 5,462.01 to \$ 7,283.00	\$257
8	1%	\$ 4,049.01 to \$ 4,994.00	\$40
8	3%	\$ 4,994.01 to \$ 6,074.00	\$150
8	5%	\$ 6,074.01 to \$ 8,098.00	\$257