

**SAMPLE TEXT – 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 re-start 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 the right to request a hearing within 90 days from the date of this letter. You may request a hearing by mail, by telephone, or in person through your local office at the address listed on this notice. 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 seek medical coverage under another health plan, such as a group plan offered by your employer, you may need a Certificate of Creditable Coverage showing when you were covered by MC+ healthcare. The certificate may help verify you have met part or all of an exclusionary period for pre-existing medical conditions. A certificate may be requested within 24 months of the date your MC+ healthcare coverage ends by calling the Division of Medical Services, Recipient Services at 1-800-392-2161.

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