



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**NOTICE OF CASE ACTION**

<b>FROM</b>	CASEWORKER	TELEPHONE NUMBER	DATE
	COUNTY OFFICE ADDRESS (STREET, CITY, STATE, ZIP CODE)		
<b>TO</b>	NAME	<b>RE</b>	CASE NAME
	ADDRESS (STREET)		CASE NUMBER
	CITY		STATE

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 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 \_\_\_\_\_.

**If you seek medical coverage under another health insurance 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 prove you have met part or all of an exclusionary period for pre-existing conditions. You may request a certificate within 24 months of losing MC+ healthcare benefits. You may request a certificate by calling the Division of Medical Services, Recipient Services at 1-800-392-2161.**

Policy No. \_\_\_\_\_