

About Your Medicaid Coverage

Based on the information provided on your Marketplace application, we are pleased to inform you that the following person(s) qualify for Family Planning.

Name	Medicaid ID	Start Date
CHELSEA N CRAWFORD	8396845702	11/01/2023

If You Weren't Expecting a Medicaid Notice

Changes to income, who is in your household, or other factors may have led to a change in eligibility status for you or members of your household. We may also be sending you this notice based on a change in Medicaid rules or because you reported a change to us. If you have questions, please contact the Healthy Connections Member Contact Center at 888-549-0820 (TTY 888-842-3620). Please have this notice handy and refer to the Medicaid ID and date listed at the top of the notice to help us assist you as quickly as possible.

Coverage Under Family Planning

Family Planning is a limited benefit program that provides Medicaid coverage for certain services. These services include a comprehensive physical examination (once every two years), some preventative health screenings (age, gender and risk-specific), and family planning services (including birth control methods and prescriptions, permanent sterilization procedures, lab work, and examinations and counseling related to family planning). Coverage does not include treatment for other health conditions, prescriptions that are unrelated to family planning or Sexually Transmitted Infection (STI) treatment, or emergency hospital visits. Your coverage does not include treatment for routine side effects or complications associated with family planning methods.

If you have never received Medicaid before, a Medicaid card will be sent to you. If you or any person(s) named above have lost your Medicaid card, please call 1-888-549-0820 (TTY 888-842-3620) to request a replacement card. In the meantime, you can still receive health care services by providing your Medicaid ID number until your card(s) arrive(s).

Pending Approval for Full Medicaid Benefits

If you answered "yes" to either of the questions listed below when you completed the Healthy Connections application, your application for full Medicaid benefits may be pending.

- Do you have a disabling physical, mental, or emotional health condition that causes limitations in activities?
- Do you need to live in a medical facility or nursing home or need nursing services at home?

Determination of full Medicaid benefits generally takes 45 days. You are not required to take any further action – we will notify you if you are approved for full Medicaid benefits and, if so, you will receive a new card in the mail.

If you can answer "yes" to the questions above and are unsure if those answers were reflected in your application, or if you have another serious condition that you think qualifies for full