

# Health Care Options



**All mandatory participants:** If you are approved to receive Medi-Cal, you will receive a packet in the mail. The packet will have information on the health plans you may choose in your county. Inside the packet you will find a Medi-Cal Choice Form. You must complete the Medi-Cal Choice Form and make a health plan choice. If you do not choose a health plan, one will be chosen for you.

**All voluntary participants:** You may choose to join a health plan at no cost to you, or keep regular Medi-Cal. If you do not choose a health plan, you will remain in regular Medi-Cal.

Please call one of the numbers below if you are not sure if you are a mandatory or voluntary participant.

**If you have any questions about your Medi-Cal Health plan choices, please call Health Care Options:**

LANGUAGE	TELEPHONE	LANGUAGE	TELEPHONE
ENGLISH	1-800-430-4263	한국어 (Korean)	1-800-576-6883
العربية (Arabic)	1-800-576-6881	國語 (Mandarin)	1-800-576-6885
ՀԱՅԵՐԵՆԻ (Armenian)	1-800-840-5032	Русский (Russian)	1-800-430-7007
ខ្មែរ (Cambodian)	1-800-430-5005	ESPAÑOL (Spanish)	1-800-430-3003
粵語 (Cantonese)	1-800-430-6006	TAGALOG (Tagalog)	1-800-576-6890
فارسی (Farsi)	1-800-840-5034	Tiếng Việt (Vietnamese)	1-800-430-8008
HMOOB (Hmong)	1-800-430-2022	LANGUAGES NOT LISTED	1-800-430-4263

For TDD users, call 1-800-430-7077

**Call now to find a location near you where this information can be explained and where you can receive help with completing your Medi-Cal Choice Form.**