



Date: <Month> <Day>, <Year>

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Name: <First name> <Last name>

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Beneficiary ID: <Beneficiary ID>



## Changes to your health coverage in 2024

Dear <FirstName> <LastName>,

You have MIChild health care coverage, a Michigan Department of Health and Human Services program. This letter is about changes to MIChild starting January 1, 2024.

### **WHAT IS STAYING THE SAME:**

All the health care services that MIChild covers now will stay the same. There won't be any changes to what's currently covered.

### **WHAT IS CHANGING:**

Beginning January 1, 2024, the MIChild program will no longer charge premiums.

### **WHAT TO DO:**

If your family pays \$10/month for MIChild coverage, the last \$10 payments are due on December 10, 2023. The last statements were mailed in November.

**If you have automatic payments set up through your bank or credit union, make sure to STOP them before the end of December 2023.**

You don't need to do anything right now if:

- You do not have automatic payments set up, or
- You do not currently make premium payments.

### **QUESTIONS:**

If you have more questions or want to learn more, visit [michigan.gov/michild](https://michigan.gov/michild). You can also call MIChild at 1-888-988-6300 (TTY 1-888-263-5897), Monday through Friday from 8 a.m. to 7 p.m.

Thank you,

Behavioral and Physical Health and Aging Services Administration  
Michigan Department of Health and Human Services

## Michigan Department of Health and Human Services (MDHHS)

Please note if needed, free language assistance services are available.

Call 888-988-6300 (TTY 888-263-5897).

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| Spanish           | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-988-6300 (TTY 888-263-5897).  |
| Arabic            | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.<br>اتصل برقم 888-263-5897 (رقم هاتف الصم والبكم: 888-988-6300).  |
| Chinese           | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。<br>請致電888-988-6300 (TTY 888-263-5897)  |
| Syriac (Assyrian) | ܩܘܪܝܢܐ: ܟܝܢ ܕܥܣܝܪܝܐ ܕܥܝܠܝܘܢܐ ܕܥܝܠܝܘܢܐ ܕܥܝܠܝܘܢܐ ܕܥܝܠܝܘܢܐ، ܩܘܪܝܢܐ ܕܥܝܠܝܘܢܐ ܕܥܝܠܝܘܢܐ ܕܥܝܠܝܘܢܐ ܕܥܝܠܝܘܢܐ.<br>ܩܘܪܝܢܐ ܕܥܝܠܝܘܢܐ ܕܥܝܠܝܘܢܐ ܕܥܝܠܝܘܢܐ ܕܥܝܠܝܘܢܐ ܕܥܝܠܝܘܢܐ ܕܥܝܠܝܘܢܐ.<br>888-988-6300 (TTY 888-263-5897) |
| Vietnamese        | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 888-988-6300 (TTY 866-501-5656).   |
| Albanian          | KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 888-988-6300 (TTY 888-263-5897).  |
| Korean            | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-988-6300 (TTY 888-263-5897)번으로 전화해 주십시오.  |
| Bengali           | লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১ ৮৮৮-৯৮৮-৬৩০০ (TTY ১ ৮৮৮-২৬৩-৫৮৯৭)।  |
| Polish            | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 888-988-6300 (TTY 888-263-5897).  |
| German            | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 888-988-6300 (TTY 888-263-5897).   |
| Italian           | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 888-988-6300 (TTY 888-263-5897).                                   |
| Japanese          | 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。<br>888-988-6300 (TTY 888-263-5897) まで、お電話にてご連絡ください  |
| Russian           | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-988-6300 (телетайп 888-263-5897).   |
| Serbo-Croatian    | OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 888-988-6300 (TTY Telefon za osobe sa oštećenim govorom ili sluhom 888-263-5897).                  |
| Tagalog           | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-988-6300 (TTY 888-263-5897).  |

## Nondiscrimination

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy. Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Section 1557 Coordinator. The contact information is found below.

If you believe that MDHHS has not provided the above services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

- **In person or mail:**  
MDHHS Section 1557 Coordinator  
Compliance Office, Suite 411  
PO Box 30037  
Lansing, MI 48909
- **Phone: 517-284-1018** (Main), TTY users call 711
- **Fax:** 517-335-6146
- **Email:** [MDHHS-Section-1557@michigan.gov](mailto:MDHHS-Section-1557@michigan.gov)

## You can also file a civil rights complaint with the responsible federal agency.

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| <p>If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at <a href="https://bit.ly/2pBS4YG">https://bit.ly/2pBS4YG</a>, or by mail or phone at:</p> <p>U.S. Department of Health and Human Services<br/>200 Independence Avenue, SW<br/>Room 509F, HHH Building<br/>Washington, D.C. 20201<br/>800-368-1019, 800-537-7697 (TDD)</p> <p>Complaint forms are available at <a href="https://bit.ly/2IKsHMS">https://bit.ly/2IKsHMS</a>.</p> | <p>If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by:</p> <p>Completing a Complaint Form, (AD-3027) found online at: <a href="https://bit.ly/2g9zzpU">https://bit.ly/2g9zzpU</a> or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide all the information requested in the form.</p> <p>To request a copy of the complaint form, call 866-632-9992. Send your completed form or letter to USDA by mail:<br/>U.S. Department of Agriculture<br/>Office of the Assistant Secretary for Civil Rights<br/>1400 Independence Avenue, SW<br/>Washington, D.C. 20250-9410</p> <p>Fax: 202-690-7442; or Email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a></p> |
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MDHHS is an equal opportunity provider.