

Dear

Your Medical Assistance has been canceled. You may be eligible for Medical Assistance under one of the following programs:

- **The Medically Needy Program**
You will need to pay a spenddown (like a deductible), of \$_____ for the months of _____, before you will be eligible for Medicaid. If you think your future medical bills will exceed \$_____ for the months of _____, or if you already have more than \$_____ in unpaid medical bills, then the Medically Needy program may help you.
- **Iowa Family Planning Network (IFPN)**
This program offers limited family planning services (example: annual exams, lab tests, most contraceptive supplies, and some STD treatment). This program is available to persons ages 12 through 54. If you had a pregnancy end within the last 12 months and were on Medicaid, you are automatically eligible for this program.
- **Medicaid for Employed People with Disabilities (MEPD)**
This program offers Medicaid for disabled persons under the age of 65 who have income from employment or being self-employed.

To determine your eligibility under another coverage group, the following proof is needed:

The Department must receive the requested information by _____.

When the Department receives the requested information by this date, a worker will then determine if you are eligible for Medicaid under another coverage group and notify you of the results. If the Department does NOT receive the requested information by this date, you will have to reapply for Medicaid benefits.

Sincerely,

- Enclosures:
- Medicaid for the Medically Needy, Comm. 30
 - It's Your Future, Comm. 249
 - MEPD Brochure, Comm. 180