



Your destination for affordable, quality health care, including Medi-Cal September 16, 2019

Covered California Renewal

Covered California's renewal period (annual redetermination process), October 8, 2019, through December 15, 2019, is intended to help individuals and families retain health coverage for the 2020 enrollment year. This Job Aid is for Service Center Representatives, County Eligibility Workers, Plan-Based Enrollers, Certified Enrollment Counselors, and Certified Insurance Agents who are assisting consumers to complete their renewal, and illustrates the functionality from the consumer's perspective.

Who Is Qualified for Renewal?

As part of annual renewal, eligibility will be re-determined for subsidized and unsubsidized households that are enrolled in a plan and have made their first premium payment (i.e., effectuated) or pending (enrolled in a plan with pending effectuation). Federal Advanced Premium Tax Credit (APTC) households who do not provide consent for verification are autorenewed into an unsubsidized plan for the upcoming year. Notices are sent to qualifying households to notify them of their opportunity to update information and confirm plan choices for the next benefit year.

Households Not Eligible For Renewal

- Applications which were withdrawn or terminated
- Cases which opted out of renewal during the renewal timeframe

Renew Mode

A household in Renewal mode displays the *Consumer Home* page with the message: *Welcome Back to Your Account. It's time to renew your coverage. You will be able to tell us about changes to your income and other information.* Depending on existing coverage, one of three program-specific renewal pages displays along with instructions on how to continue coverage for the next benefit year. Program specific renewal pages display for:

- Covered California Households
- Medi-Cal Households
- Medi-Cal & Covered California Households (Mixed Households)

Important Points about Renewals

OVERED LLIFORNIA		español Need Help?	Account Home Log Out	Renew Your Medi-Cal Coverage
				Step 1: Review
	Hi, Janet! Welcome Back to Your Ac	count.		Click the "Continue" button to begin your renewal application. Review your information and update anything that has changed. You can also complete and return a renewal form and any required documents to your local county office.
	It's time to renew your coverage	e. You will be able to tell u	s about	
	changes to your income and of	her information.		Step 2: Renew
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<u>Click here to learn more about</u>	<u>renewing your coverage</u>		Upload any required supporting documents online or submit them to your local county office. When you submit your renewal application, we will tell you which documents are needed to renew your coverage. If you have questions about your Medi-Cal renewal or coverage, contact
It is now time to renew your health ins for renewal at this time. Medi-Cal rene This date may change if you report cha renewal or coverage, please contact yo	urance through Covered California, but wal occurs every year based on when yi anges before the annual renewal. If you our local county office.	your Medi-Cal coverage is not ava our current eligibility was last detr have questions about your Medi-	ailable ermined. Cal	Click here to find your local county office
Changes made to this Covered Californ	nia renewal application may affect your	household members' Medi-Cal el	igibility.	
Before starting your renewal application	on, you can use or r <u>Shop and Compare</u>	Tool to compare plans side-by-sic	de.	Continue
Renew Your Covered Califo	rnia Health Plan		ſ	Before starting your renewal application, you can use our <u>Shop and Compare Tool</u> to compare plans side-by-side.
Step 1: Review Click the "Continue" button to begin yo changed. You may qualify for a differen changed.	our renewal application. Review your inf nt amount of financial help if your incor	ormation and update anything th ne, family size, or other information	at has on has	Renew Your Medi-Cal and Covered California Health Plan
Step 2: Renew/Enroll				Click the "Continue" button to begin your renewal application. We will walk you through
Enroll in a plan. You can stay in your cuin a dental plan at this time. ①	urrent plan or compare rates and shop f	'or a new health plan. You can als	o enroll	common changes and help you make updates if your income, family size, or other information has changed. For Medi-Cal, you can also complete and return a renewal form to your local county office.
If you do not choose a plan by Decemb	ber 13, 2019, we will renew your current	plan.		
				Step 2: Renew/Enroll
	Continue			For Covered Colifornia Enroll in a plan. You can stay in your current plan or compare rates and shop for a new health plan. You can also enroll in a dental plan at this time.
Announcements	Manage My Application	More Actions		For Medi-Col If you are trying to report a change you can do so by clicking the below button. Upload any
No announcements	View eligibility results	My Profile		required supporting documents online or submit them to your local couldy office. When you submit your renewal application, we will tell you which documents are needed to renew your
	Report a change	Secured Mailbox (0)		coverage. If you have questions about your Medi-Cal renewal or coverage, contact your local county office.
	Review Application	Authorized Representative		Click here to find your local county office
				Continue

Before continuing the renewal process, users can get

a side-by-side comparison of plans by clicking the **Shop and Compare** link on the *Renew Your Covered California Health Plan* and the *Renew Your Medi-Cal and Covered California Health Plan* pages.

For the Renew Your Covered California Health Plan and the Renew Your Medi-Cal and Covered California Health Plan pages, a renewal due date displays to remind Covered California consumers that the current plan will automatically be renewed if changes are not submitted before the date listed.

On the *Renew Your Medi-Cal Coverage* page, the link **Click here to find your local county office** displays for consumers to find county office help.

If the renewal was initiated by SAWS and plan selection is complete, the following text displays instead: *Your case is under review, please contact your county worker for further information.*

For Covered California and mixed households, clicking the **Continue** button navigates consumers to the *Welcome to Your Renewal Application!* page. At this point, the Renewal

considered in-progress.	COVERED	español Need Help? Save &	
On the <i>Welcome to</i> Your Renewal Application! page, text displays informing the consumer what to expect during the	Welcome to Your Renewal Appl We will walk you through the steps to renew your appli	ication!	
renewal process, while	← Account Home		
prompting them to	We have added all the information from your last application. V	ou must update anything that has changed so we	
We have added all the information from your last application. You must update anything that has changed, so we will walk you through each section and show common changes.			
We will walk you	After confirming your information is correct, you can submit you	ur renewal application. Click "Get Started" to begin.	
through the steps to			
renew your application.			
We have added all the information from your	Page Id: 2.0 Page Name: RenewalIntroduction	Get Started Janet Hanes Application #: 1000029118 Case #: 5000021023	
last application. You		1 1	
that has changed so we will w	alk you through each section and	Your Application Has Been Saved	
highlight common changes.	an you infough each section and	Incomplete applications expire after 30 days or at the end of the open enrollment period, so make sure your application is completed by —.	
After confirming your informati	on is correct, you can submit your	Log in to complete your application or report a	
renewal application. Click "Ge	t Started" to begin.	change.	
The Get Started button provid	es the consumer with a guided	Close	
walkthrough of the Renewal p	OCESS.		
Clicking the Save and	Exit button saves the Renewal applica	tion A popup displays a	

• Clicking **Close** navigates the user to the Consumer Home page

by the specified date

Note that the message automatically populates a date that is 30 days from the Renewal application initiation date. During the Open Enrollment period, the expiration date is extended to the day after the Open Enrollment period ends if it has been 30 days since the initial application date.

Upon returning to the *Consumer Home* page, the consumer is reminded again to complete the application by a specific date. Click the **Continue** button to resume a saved renewal application.

Important Note: If the household is enrolled in a Dental-only plan for the current benefit year, it can only be auto-renewed to the existing dental plan. If the dental plan is not available for the next benefit year, it will not be auto-renewed. Dental-only enrolled households are not eligible for active renewal processing.

Consumers who previously declined financial assistance for health care are presented with the *Last Year, You Did Not Apply* for Free or Low Cost Health Care page. Additional language displays California has many health care programs which may be more affordable for your household. Would you like to see if you qualify for any of the available programs? The consumer is given two options:

LIFOR	ED español Need Help? NIA
-	Renewal Menu Your answers will be saved
	Renewal Application Last Year, You Did Not Apply for Free or Low Cost Health Care
	California has many health care programs which may be more affordable for your household. Would you like to see if you qualify for any of the available programs? Yes, I would like to see if I qualify for help from one of the available programs No, I don't want help paying for my health care
	Party State Continue

- Yes, I would like to see if I qualify for help from one of the available programs
- No, I don't want help paying for health care

After selecting an option, click the **Save & Continue** button to continue.

• Clicking the **Back** button returns the consumer to the previous page.

Note: If the consumer previously accepted the option for financial assistance, the consumer is navigated directly to the *Has Your Household Changed*? page.

Review existing household information on a page by page basis starting with the *Has Your Household Changed*? page. Household members can be added or removed.

Important: The Primary Contact (identified with a star icon) cannot be removed.

1. If no updates are needed, or when all updates have been completed, click the **Save & Continue** button to continue.

Renewal Application			
Has Your Househ	old Changed?		
Who should I include?			
Click "Remove" to remove so Primary Contact	meone from the household	or "Add" to add a new member. You canno	t remove the
You say review all household	manhard information late	r in the population	
You can review all nousenoid	members mormation late	r in the application.	
lanet H	Hanny H		
Janet H.	6 yrs	1	
47 yrs		Add Household	
47 yrs			
47 yrs ★ Primary Contact	Remove	Member	
47 yrs * Primary Contact	Remove	Member	
47 yrs ★ Primary Contact	Remove	Member	
47 yrs ★ Primary Contact	Remove	Member	

HDDEWGI MEDILi Your answers will be saved	
Renewal Application	
Confirm These Relationships and Marital Statuses are C	orrect
Household Relationships	
Janet H. is Henry H.'s: Parent	Edit
Marital Statuses	
If your marital status has changed, update it. If it has, make sure your tax filing status, househ	old size, last name,
ano nousenoio reacionsnips are up to date.	
Janet H.'s marital status:	
Never Married	
O Married	
O Widowed	
O Divorced	
Registered Domestic Partner	
Henry H.'s marital status:	
Single	
O Never Married	
Married	
O Widowed	
Divorced Depictaread Domestic Partner	
O Register eu Durnesalt, Partores	
Back	Save & Continue
	Eroted Micro Trace answer will be aveid Remond Application Confirm These Relationships and Marital Statuses are C Household Relationships Janet H, is Henry H.S.: Parent Marital Status If your marital status has changed, update it, if it has, make sure your tax filing status, househ and household relationships are up to date. Janet H.S. marital status: Single Never Married Maried Moried Never Maried Married Nourced Registered Domestic Partner then y H.S.: marital status: Single Never Married Married Nourced Registered Domestic Partner text

Save



5. The Confirm This Income Information is Correct page displays. Income for each household member displays with a total annual income amount in the Projected Household Income section.

Income can be edited by clicking the **Edit** button next to the individual's income. Changes include wage increase, ending income, and editing an income record. Click the **Edit** link next to the income record on the *Confirm Your Income Is Correct* page; a popup displays listing the original income record for the household member with options for editing the income record:

- Consumers have three options for editing income independently: ending income, changing the amount/frequency or changing the income name
- Service Center Representatives and County Eligibility Workers have four options: ending income, changing income amount/frequency, editing an error for an income record, and deleting an income record

Note: If there are no income changes to report, on click of the **Save & Continue** button, a *Are You Sure Your Income is Still Correct?* popup displays. Click the **No, Go Back** button to update the income or the **Yes, Continue** button to proceed to the next step in the renewal process.



6. After confirming income information, the Now, Let's Review **Each Household Member** to Make Sure Their Information Is Correct page displays.

Clicking the **Add Info** or **Review** button takes the consumer to the *Review* [HHM] *Information* page for the member.

Note: When information is missing for an individual, a red dot displays next to the HHM's name to prompt the consumer to add or complete missing information.

nforr Infor	mation Is Correct		
₿	Contact Information Address, phone number, email	АА	Relationships Manial status, household relationships, Primary Caretaker
۲	Health Care Gained or lost health care, updated Medicare or disability status	0	Citizenship & Immigration Citizenship status or documentation, recognized tribal status, military status
6	Household Members Name, student status, foster care status		
6	Keistal M		
	47 yrs		Review
	Dominik M. 7 yrs		Review

Note: *Missing Information* messages display at the top of the *Review [HHM]'s Information* page and next to each section if information is required.

	Renewal Menu Your answers will be saved
Renewal Menu Tour answers will be saved Renewal Application Now, Let's Review Each Household Member to Make Sure Their Information Is Correct	Renewal Application Review Tom's Information
Information you may need to update: Contact Information Address, phone number, email Address, phone number, email Address, phone number, email	Tom M. 6 yrs Wissing Information We need more information We need more information.*
Kealth Car Generation of this health care, updated Meticare or disability Most Kealth Care Second of the status Kealth Care Kealth	Click each arrow to review and make updates.
Click "Review" to view and update each person's information. Click "Add Info" to enter missing information. You can't move forward if required information is missing.	Contact Information
Kristal M. 47 yrs	Marital Status & Relationships 🗸 🗸
Dominik M. Review	Pregnancy Information ~
	Health Care Missing information Citizenship & Immigration
Gyrs Gyrs Gyrs Missing Information	Military Service 🗸
Back Sine & Continue	Optional Demographic Information
7. After reviewing or updating information, click the Save & Continue button	
to proceed to the next step. The Renewal Application Menu displays. The consumer can	Account Home Renewal Application Menu
review the individual information or continue on to the final review. Click the Begin button to proceed	Household Information Household members, personal information, tax information, income Review
to the <i>Final Review</i> .	Individual Information Review Review
	Final Review Begin
	Sign & Submit Sign Application

- 8. The *Final Review* page displays all sections of the renewal application with an Edit link adjacent to each section. If a user discovers information that does in fact need to be updated, click the Edit link and navigate to the appropriate page.
- 9. Users must acknowledge that there are no changes and that the existing information is correct by clicking the Confirm button on the Final Review and subsequent final Review pages. Each section should be reviewed to confirm it is correct for the upcoming coverage year. Once the information is submitted, it is used to determine eligibility for the upcoming year.

Note: Information entered during the renewal applies to the upcoming coverage year and may impact eligibility for insurance affordability programs as of January 1 of the upcoming year. Examples of the types of changes that may impact eligibility include:

- Change of physical Address (Zip) or County)
- Change in Household Income •
- Add or Remove a Household • Member

10. Click the **Confirm** button to proceed to the *Final Review* page where a final review is completed for each of the household members.

11. Users must acknowledge the change and/or that the existing information is correct by clicking the **Confirm** button on the Final Review and subsequent Final **Review** pages. The Renewal Application Menu page displays with a green



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Consumers can either re-review the Renewal Application sections or continue to the next step of the renewal process. Click the **Sign Application** button. The *Signature for Renewal* page displays.

Rener	wal Application Menu	
⊘	Household Information Household members, personal information, tax information, income	Review
0	Individual Information Health care and citizenship information	Review
0	Final Review	Review
Sign	n & Submit	Sign Application

12. Complete the sections of the *Signature for Renewal* page.

 Section 1 displays: You are responsible for reporting changes to any information in your application...
 Oliable are to be an an application of the section of th

Click here to learn more about reporting a change

The consumer must check the *I* agree and certify under penalty...checkbox.



le:	ase read this important information about your renewal application. Once you finish reading, check the box
ert	tify that you have done so.
pu	unishable by imprisonment for up to four years).
i k	now that all information disclosed on this application will be used to determine eligibility of every person applying for health insurance
on	this application. The information will be kept private as required by federal and California law.
l u	inderstand that if I have received federal advanced premium tax credits for health coverage through Covered California during the
pr	evious benefit year, I must have filed or will file a federal income tax return for that benefit year.
l u	inderstand that if I have received California Premium Subsidy for health coverage through Covered California during the previous
be	inefit year, I must have filed or will file a state income tax return for that benefit year.
By	rentering my full name below, Lagree that this digital signature shall have the same force and effect as if Lsigned this application by y own hand.

• Section 2 displays: *Please read this important information about your application*. This section requires reading and *s*crolling through the text in its entirety before the attestation checkbox can be checked

Note: The Consumer must scroll to the bottom, answer all questions and check all boxes to enable the **Submit Application** button.

 Section 3 displays the Electronic Signature PIN and Electronic Signature fields. The consumer is required to enter their Electronic Signature PIN and type their name before the renewal application can be submitted

3
By entering my PIN and typing my full name I certify under penalty of perjury that I have read and I understand the questions in this application. I have answered honestly to the best of my ability.
llectronic Signature PIN 🕕
llectronic Signature
Janet <u>Hanes</u>
Back Submit Renewal Application

Note: The PIN and Electronic Signature fields do not display for SCRs and CEWs.

- 13. The following list of pages are displayed dynamically based on the household size and information entered on the prior application:
 - Please Select the Primary Caretaker for your Household members
 - Select All Household Members Who Are Newly Applying for Health Care Coverage
 - Select any household members who were in foster care in any state on their 18th birthday or later

Note: This question dynamically displays for cases when at least one household member is between the ages of 18 and 26 as of the current date.

Update **Pregnancy** Information

Note: This question dynamically displays for multi-member households that reported a pregnancy on their last application. The You Previously Reported That You Were Pregnant page dynamically displays for singlemember households.

 Voter Registration displays when an address has been updated allowing the consumer an opportunity to register to vote. After selecting an option, click the Next button. The Signature for Renewal page displays.

Oter Registration	★ VOTEI ★
Haward whit Review	
To register to vote, you must be a U.S. citizen and at least 18 years old by the neo to vote where you live now, would you like to apply to register to vote?	t election. If you are not registere
Yes, open the California Online Voter Registration website in a new tab.	
Yes, please mail me a voter registration card	
S No	
Note: If you do not make a choice you will be considered to have decided not to voter registration card will be mailed to you.	nggizzer zo voze az zhiz zime and a or that you will be provided by this
agency.	
 If you would like help in filling out the voter registration form, we will help you. The decisi yours. You may also fill out the voter registration form in private. 	con whether to seek or accept help is
 If you before that somewore has interferred with your slight in register or instructive in register for a applying to register to solve any over slight to those your complete preference, you multiple a comparison with the Socretary of States, participating to Hum States, Sacremann, CA, 95814. For more information on elected of Course weekness an association again. 	New in write, year palwary in deciding at party preference or other postscat VOTE (8088) or your may write to: ms and voting, please visit the Secretar
1995	NUM



COVERED expanded Need Neig? 5	ve & Exit
+- Renewal Menu Tour property off be cover	
Renewed Application Update Pregnancy Information If someone in your household is pregnant, they may be eligible for more generous coverage. No one will be denied coverage just because they are pregnant.	
You previously reported a pregnancy for the following household member(s):	
Maria W. 25 yrs	
You told us that Maria's expected due date is March 4, 2017. Is Maria still pregnant? Vies 📀 No	
Pregnancy end date	
Select all household members who are currently pregnant:	
Tell us about Tanya:	
mm/dd/yyyy	
Expected number of babies	
Red Contract	

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Renewal Results

Once the Renewal application has been submitted, the *Household Eligibility Results Summary* page displays a summary of health care programs the household is eligible for in the upcoming coverage year.

Note: If there is no change or the change did not result in an eligibility re-determination, there is no change to the household eligibility results.

If eligibility is re-determined, carefully review the eligibility information summary pages with the consumer. The household may be eligible for different programs or required to provide

documentation to ensure the household obtains or retains coverage for the upcoming year.

To view a PDF version of the submitted renewal application, click the **View PDF** link at the bottom of the *Household Eligibility Results Summary* page.

1. Click the **Continue** button to proceed with the enrollment part of the renewal process. The *My Enrollment Dashboard* displays.



s /	section displays You	2019				
ł		2019		2020		
	have successfully	Open enrollment period ends on 01/15/2020. You have 56 days to enroll in plan. If you are reporting a change on your current year's enrollment, please click on the 2019 tab to complete your enrollment.				
r	reviewed and					
C	completed your					
e	application for	You have successfully reviewed and completed your application for 2020. Please renew or change your plans by clicking on the 'FINALIZE PLANS' Button.				
[upcoming year]. Please					
r	renew or change your	FINALIZE PLANS				
K	olans by clicking on the	Overview				
<mark>'</mark>]	FINALIZE PLANS'	Your Application Status				
E	Button. The current	2020 Application For 3 members	Complete	Eligibility Details		
e	enrollment and subsidy					
ii	nformation displays in	Your Household Eligibility				
)	Your Household	Morveena Morveena Medi-Cal eligible Asa Jackson	Federal Advanced Premium Tax Credit \$728.10 per month	View Details		
E	Eligibility section when	Adaline Adele	CA Premium Subsidy \$36.71 per month	Report a Change		
a	applicable.					
		Your Health Plans	e once you have completed plan shonning			
3. C	Click the FINALIZE	rou will be able to see your realitr plan(s) new	e once you have completed plan shopping.			
F	PLANS button on the	Your Dental Plans				
ŀ	Household Eligibility	You will be able to see your dental plan here o	nce you have completed plan shopping.	Start Shopping		
F	Results Summary page.					

Note: If the Renewal is completed via the passive renewal process, the **FINALIZE PLANS** button on the *Household Eligibility Results Summary* page displays as **CHANGE PLANS**.

4. The page for enrollment groups displays with a tab to SHOP FOR HEALTH PLANS and SHOP FOR DENTAL PLANS. The consumer can choose to renew their existing plan if it is available or change their plan for the next benefit year.

SHOP FOR HEALTH PLANS		SHOP FOR DENTAL PLANS		
enew your current enrollments or char ave changed and you would like to enr	nge plans for your current enrollment gr oll them in different groups, you can cli	oups as below. If coverage needs for your househo ck here to start shopping in new groups.	ld members	
2019 Enrollments (2 members)			^	
Federal Advanced Premium Tax Credit per month	for this group in 2020: \$728.10 per mo	nth and CA Premium Subsidy for this group in 202	D: \$36.71	
Asa jackson	Western Health			
	Bronze 60 HMO			
Adaline Adele	\$262.47 per month			

- To change the existing plan, click the you can click here to start shopping in new groups link. The consumer is navigated through the regular Plan Selection process
- To keep the current health plan, select the Renew or Change Plan button to proceed with the enrollment process

5. The SHOP FOR DENTAL PLANS tab displays.

SHOP FOR HEALTH PLANS		SHOP FOR DENTAL PLANS		
Renew or change plans for your current enrollment as below. If coverage needs for your household members have changed and you wo ke to not renew some members you can click here to start shopping.				
2019 Enrollments (2 member	5)	^		
Asa JacksonAdaline Adele	Delta Dental Family Dental HMO \$29.98 per month			
		Renew or Change Plan		

 Similar to renewing or changing the health plan, the dental plan can be renewed or changed by the consumer. Click the Renew or Change Plan button to proceed with the enrollment process.

7.	The Renew Your Plans page displays	with information i	elated to costs a	ssociated with	
	coverage for the upcoming year. A				
	user-friendly itemized list of	Renew Your Plans			
	Monthly Premium and net Monthly	Your existing plan(s) displayed below is available Helpful Hint: Plan details and costs may change fr	or renewal. om vear to vear. You are encouraged to carefully re	view your plan options to make sure you have t	he plan that best fits your
	Premium Amount displays for the	needs and is the best value for you. To shop and compare plans click BACK TO SHOP	PING.		
	consumer.	The monthly premium for your selected health Your maximum monthly CA Premium Subsidy Your maximum monthly tax credit increased fr	plan increased from \$922.00 to \$951.35. increased from \$0.00 to \$36.71. om \$659.53 to \$728.10. This tax credit reduces the a	mount you will be required to pay each month I	for your health plan.
8.	Click the Next button to proceed				
	with the final step in renewing the	Health Plan Asa , Adaline	Manifelia December		Remo
	enrollment plan.	Western Health Advantage	Monthly Federal Tax Credit Monthly CA Premium Subsidy	Adjust	-\$72 -\$3
	Note: The consumer has the	Western Health Bronze 60 HMO Coverage Start Date: 01/01/2020	HEALTH MONTHLY PAYMENT		\$18

option to change their plan before continuing, the **Back to Shopping** button begins Plan selection.

Health Plan Asa , Adaline			Remove
	Monthly Premium		\$951.35
Western Health Advantage	Monthly Federal Tax Credit	Adjust	-\$728.10
	Monthly CA Premium Subsidy		-\$36.71
Western Health Bronze 60 HMO			
Coverage Start Date: 01/01/2020	HEALTH MONTHLY PAYMENT		\$186.54
Cart Total			
	Health Monthly Payment		\$186.54
	TOTAL MONTHLY PAYMENT		\$186.54
			_
Back to Shopping			Next

The Provide eSignature page is the last step in the plan renewal process. The Provide eSignature page is no different during renewal as it is during initial application or report a change. Click the Enroll button to sign and submit.

Provide eSignature

To checkout, read the agreement here and enter your personal identification number (PIN) and eSignature in the spaces below. When you enter your PIN and eSignature, it means you are sure about the health insurance plans you chose and have read all the terms and conditions.

I agree:

- To file a federal income tax return on or before the due date for the return (including extensions of time for filing) to claim the Federal Advanced Premium Tax Credit (APTC) if applicable.
- . To file a state income tax return on or before the due date for the return (including extensions of time for filing) to claim the CA Premium Subsidy if applicable.
- To report changes to Covered California that affect my eligibility, including: income, household size and address. These changes could affect the plans and Federal APTC subsidies for which I am eligible.
- I cannot switch plans outside of the Open Enrollment Period unless I have a qualifying life event. Some of the qualifying life events are a permanent move that
 results in access to new plans, birth or adoption of a child, marriage or domestic partnership.

Binding Arbitration Agreement:

🕀 Print

Ibership in the health plan, the coverage for, or the delivery of, services or ite isary or unauthorized or were improperly, negligently, or incompetently render	ems, medical or hospital malpractice (a claim that med red), or premises liability. I understand that, if I select
a, please enter your full name. *	
ee to the Binding Arbitration Agreement. *	
	bership in the health plan, the coverage for, or the delivery of, services or ite sary or unauthorized or were improperly, negligently, or incompetently rende e, please enter your full name.

Confirmation

You have completed checkout with Covered California. You will be enrolled once you pay your premium bill to the plan(s) you chose. Congratulations!

Health Plans			
Asa Jackson, adaline adele		Expected Start Date	: 01/01/2020
Western Health Advantage		Monthly Premium (monthly cost)	\$ 951.35
		You will receive billing statements and instructions for paying offline from your in	isurer.
		Total Monthly Premium Cost	\$ 951.35
		Monthly Federal Tax Credit	-\$ 728.10
		Monthly CA Premium Subsidy	-\$ 36.71
		Your Total Monthly Premium Payments	\$ 186.54
Making Changes to Your Plan			
If changes occur in your household, to repo	ort them, log in to your account a	and click on "Report a Change" or "Change Plans".	
Disclaimers			
You are not enrolled until your plan(s) rece resubmit your application and may have to	ives your premium payment. If y wait until the next Open Enrolln	you do not pay your first payment(s) your application may expire. If your application expires you may be re- nent Period.	quired to
		Shop For More Members 🔒 Print Page Go to D	Dashboard

10. The *Confirmation* page confirms the enrollment process is complete and the consumer is renewed for the upcoming year. A message displays You have completed checkout with Covered California. You will be enrolled once you pay your premium bill to the plan(s) you chose. Congratulations!

SCR and CEW Skip to Final Review Option



Covered California Plan Auto-Enrollment

Covered California automatically enrolls eligible household members in their current health plan or similar plan if the Consumer does not select a new plan by the date displayed on the *Consumer Home* page. Auto-Enrollment is a batch process that automatically re-enrolls an eligible household in the same plan for the upcoming coverage year if they have not confirmed their current plan or selected a new plan by the due date indicated on the *Health Enrollment Summary* page.

Health insurance carriers notify consumers of an upcoming year plan substitution to a similar plan if their current year plan is no longer available. If the current plan is not available for the upcoming year, the consumer must take action and select a new plan no later than December 15 of the current year to prevent a break in coverage.

Note: The following cases are not eligible for auto-renewal:

- MAGI Medi-Cal only cases
- Cases terminated before October 12, 2019

Renew Mode Page - Opt In/Out

An Admin user (Service Center Representative or County Eligibility Worker) has the functional option to move a case out of Renew mode (to exempt it), and then move it back into Renew

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mode, if a process or policy should warrant this action.

Note: If a household has completed the renewal process for the upcoming year, access to the *Renew Mode* page is not available.

- From the Search Individual page, enter search criteria to locate the consumer, and then click the corresponding radio button from the results list. Click the Manual Verification button. The Household Verifications page displays.
- Click the **Renew Mode** tab from the left-hand *Verification* panel. The *Renew Mode* page displays.

Exempt Case from Renewal

- 3. Select the **Off** value from the dropdown and then click the **Update** button.
- 4. An **Opt-in / Opt-out Confirmation** popup displays stating: Your update has been successfully saved.
- 5. Click the **Ok** button. The Consumer Home page reflects the consumer is no longer in Renew mode.
- Repeat the above steps to move the consumer back into Renew mode – only this time select the **On** value from the dropdown.

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