



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



JOB AID: COVERED CALIFORNIA PLAN SELECTION

August 30, 2019

This Job Aid shows how to assist Individuals with health plan selection – reviewing and selecting a Covered California health insurance plan that meets their needs and the optional family dental plan selection – and then enrolling in their plan choice(s). This document is intended for Service Center Representatives, County Eligibility Workers, Plan Based Enrollers, Certified Enrollment Counselors, and Certified Insurance Agents.

Plan selection begins after the consumer submits an application for coverage and has reached the *Household Eligibility Results Summary* page. It is also offered when a **Report a Change** produces a change in eligibility.

Health Plan Selection

CalHEERS separates household members into unsubsidized, subsidized or Medi-Cal eligible groupings. Household members, however, may choose to select an individual health plan, one plan for all or a customized grouping.

Note: Households with both Federally Recognized American Indian/Alaska Native (AI/AN) members and non-Federally Recognized AI/AN members are grouped separately. Households with both subsidized and unsubsidized family members are also grouped separately.

Account Home

Household Eligibility Results Summary

This is a summary of your household eligibility results. Click "View" next to each household member to see and complete required next steps. If there are no required next steps, click "Review" to see a household member's full results.

Once you have completed all required steps, click the "Choose Plan" button.

Your eligibility is pending additional information. See details below.

Household Member	Program Eligibility	Action Required
Stacey T. 42 yrs	Covered California Premium Assistance Enhanced Silver Benefits	Yes View
Elizabeth T. 17 yrs	Medi-Cal	Yes View
Joey T. 12 yrs	Medi-Cal	Yes View
Ronald T. 41 yrs	Covered California Premium Assistance Enhanced Silver Benefits	Yes View

[View PDF](#) [Choose Plan](#)

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1. To start plan selection, click on the **Choose Plan** or **Continue** button on the *Household Eligibility Results Summary* page (the **Continue** button displays during Report a Change (RAC)). Alternatively, the **Continue** button from the *Program Eligibility* page or the **Choose Plan** or **Choose health and dental plan** button from the Consumer Home page may be clicked.

- **Note:** Prior to enrolling in a plan, consumers with active employment records determined conditionally eligible or eligible for the **Federal Advanced Premium Tax Credit (APTC)** and/or **California Premium Subsidy (CAPS)** must complete the *More Employer Information is Required* page

2. Once Employer information is entered, click the **Done** button to proceed with plan selection. The *My Enrollment Dashboard* page displays.

More Employer Information is Required

It looks like you may be eligible for reduced price health care. First, we need a little more information about your employer(s).

testing t.
28 yrs

Employer name:
Paint

Employer Identification Number (EIN): (Optional)

Does this employer have a foreign mailing address?
 Yes No

Employer mailing address line 1:
2 Main St

Employer mailing address line 2: (Optional)

City:
Sacramento

State:
CA

ZIP Code:
95838

Done

Welcome, June Lockhart

My Enrollment Dashboard

2019 2020

Open enrollment period ends on 01/15/2020. You have 14 days to enroll in plan. If you are reporting a change on your current year's enrollment, please click on the 2020 tab to complete your enrollment.

NEXT STEPS

Your application is complete and one or more of your family members are eligible to shop and enroll in Covered California plans.

SHOP FOR PLANS

Overview

Your Application Status

2020 Application For 1 members	Complete	Eligibility Details
--------------------------------	----------	-------------------------------------

Your Household Eligibility

June Lockhart	Federal Advanced Premium Tax Credit	View Details
	\$219.37 per month	Report a Change
	CA Premium Subsidy	
	\$21.17 per month	

Your Health Plans

You will be able to see your health plan(s) here once you have completed plan shopping.

Your Dental Plans

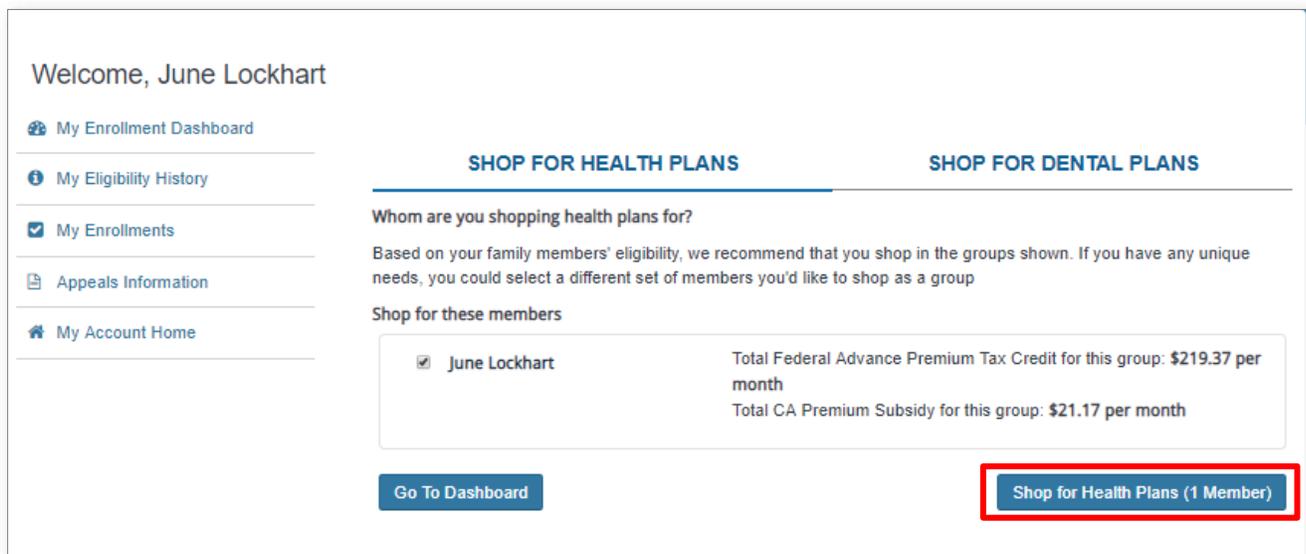
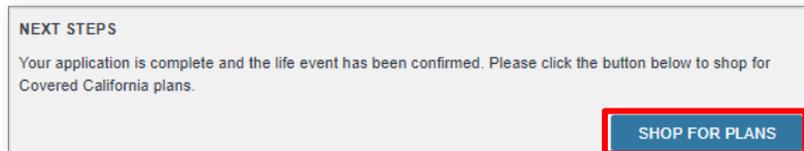
You will be able to see your dental plan here once you have completed plan shopping.

Plan Selection for Multiple-Person Households

1. To begin plan selection, click the **Shop for Plans** button in the *Next Steps* section on the *My Enrollment Dashboard* page.

Note: During Renewal, the **SHOP FOR PLANS** button may show **CHANGE PLANS**, **FINALIZE PLANS**, or **CONTINUE SHOPPING**, depending on the user's progress in the plan selection/enrollment process.

2. Click the **SHOP FOR PLANS** button to navigate to the *Grouping* page.



Household members are automatically grouped together. The following family member categories cannot be on the same policy:

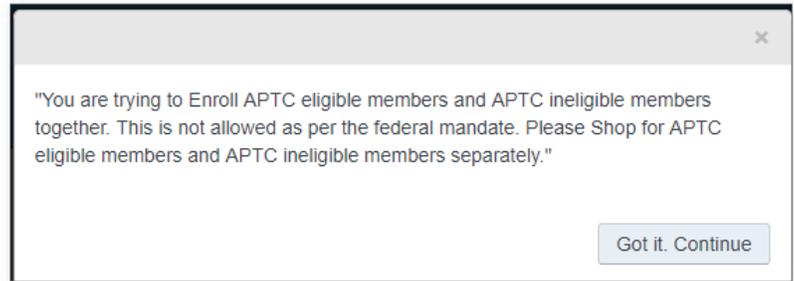
- Subsidized and unsubsidized family members
 - Non-Federally Recognized AI/AN family members on Federally Recognized AI/AN policies.
 - Catastrophic plan eligibility family members
 - A member who was previously ineligible for a Qualified Health Plan (QHP) and is now eligible for a Qualified Health Plan
3. Group household members. To ungroup or regroup household members, click the checkbox next to their name.
 4. Click the **Shop for Health Plans (# Members)** button; the *Tell us about your health care needs* page displays.

Note: During Renewal, the **Shop For Health Plans (# Members)** button will display **Renew or Change Plan**.

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Note: If the consumer selects a member that cannot be grouped together due to eligibility, a popup message displays and unselects the household member.

- Click the **Got it. Continue** button to return to the grouping page



Tell us about your health care needs Pages

Prior to selecting a plan from the *Shop for a Health Plan* page, consumers are given the option to input health care preferences on the *Tell us about your health care needs* pages so that the plans presented more closely match their healthcare needs as follows:

- Search for a Doctor, Dentist or Hospital
 - On the *Search* preference page, choose either a Doctor, Dentist and/or Hospital from the dropdown list. The user must enter at least two letters in the search field before results are displayed.
 - Once the results display, the consumer can select up to five choices by single clicking on any combination of Doctor, Dentist or/and Hospital listing.
- Medical Service
- Prescription Drug

Note: The user may skip ahead through the optional health care preference pages by clicking the **Next** button on each *Tell us about your health care needs* pages. Click the **Back** button to return to the previous preference page.

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◀ Back to Dashboard

Tell us about your health care needs

Your answers are used to find the best plan option for you: (1/3)

Search for a **Doctor** that you may want to use in your health plan (Select up to 5)

Search by **Doctor** within 20 mile radius of 95833

- ☑ Doctor
- Dentist for your children
- Hospital

The Covered California provider directory can help you select a health plan. The directory is updated monthly and may not be a current or complete list of the health plan's providers.

The health plan you select will have the most current provider directory. You may not have coverage or may have higher costs if you visit a provider who is not in your plan's network. To avoid this, you must verify with your health plan if the provider is in-network before you seek care.

Next ▶

◀ Back to Dashboard

Tell us about your health care needs

Your answers are used to find the best plan option for you: (1/3)

Search for a **Doctor** that you may want to use in your health plan (Select up to 5)

Search by doctor last or first name within 20 mile radius of 95833

- within 1 mile radius
- within 2 mile radius
- within 5 mile radius
- within 10 mile radius
- within 20 mile radius**
- within 30 mile radius
- within 50 mile radius
- within 100 mile radius

The Covered California provider directory can help you select a health plan. The directory is updated monthly and may not be a current or complete list of the health plan's providers.

The health plan you select will have the most current provider directory. You may not have coverage or may have higher costs if you visit a provider who is not in your plan's network. To avoid this, you must verify with your health plan if the provider is in-network before you seek care.

Next ▶

◀ Back to Dashboard

Tell us about your health care needs

Your answers are used to find the best plan option for you: (1/3)

Search for a **Doctor** that you may want to use in your health plan (Select up to 5)

smi within 20 mile radius of 95833

- Dr. Jasmin Villatoro
Family Medicine
501 J St
Sacramento CA, 95814
- Dr. Rachael Smith
Psychiatry & Neurology-Child & Adolescent Psychiatry
2001 N St
Sacramento CA, 95811

The Covered California provider directory can help you select a health plan. The directory is updated monthly and may not be a current or complete list of the health plan's providers.

The health plan you select will have the most current provider directory. You may not have coverage or may have higher costs if you visit a provider who is not in your plan's network. To avoid this, you must verify with your health plan if the provider is in-network before you seek care.

Next ▶

◀ Back to Dashboard

Tell us about your health care needs

Your answers are used to find the best plan option for you: (2/3)

Choose the category that best describes the **medical service** use you expect for the next year.
For families, choose the category that best fits the person who probably will need the most medical services next year.

- LOW USE: 1-2 doctor visits and lab tests each year; preventive care too.
- MEDIUM USE: 3-5 doctor visits and lab tests with an x-ray each year; one or more small treatments done in doctor's office; often the care is for an ongoing health problem.
- HIGH USE: 6 or more doctor visits and a number of lab tests; a surgery, therapy or other treatment in an outpatient center plus follow-up care.
- VERY HIGH USE: a hospital stay, high cost radiology scans or outpatient treatment; more than 6 doctor visits with lab tests and other care.

◀ Back

Next ▶

← Back to Dashboard

Tell us about your health care needs

Your answers are used to find the best plan option for you: (3/3)

Choose the category that best describes the **prescription drug** use you expect for the next year.
For families, choose the category that best fits the person who probably will need the most medications next year.

- LOW USE: 1-2 prescriptions during the year for brief illness.
- MEDIUM USE: 1 prescription each month for a health problem; also may need several short-term medications.
- HIGH USE: 2 prescriptions each month for health problems; often higher cost medications.
- VERY HIGH USE: 3 or more prescriptions each month for health problems OR very high cost medications.

← Back View Plans

Once the choices are selected, click the **View Plans** button to navigate to the *Shop for a Health Plan* page.

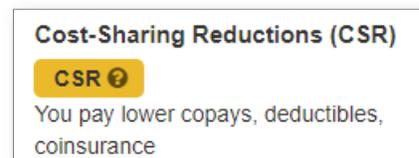
Provider choices selected in the preference pages are listed within each of the health plan tiles that display in the *Shop for a Health Plan* page and have an in-network  or out-of-network  indicator alongside each name. As such, users can quickly determine if their preferred doctor, dentist or hospital is in-network and part of the plan.

Metal tier categories are shown in their respective color (Bronze, Silver, etc).

Note: Skipping the preference pages and going right to the *Shop for a Health Plan* page would result in a more extensive list of health care plans to choose from but it would be less defined.

Note: To reselect the choices on the preference pages, the user can click the **Back to preferences** link at the top left corner of the page to start over.

Note: The **Cost-Sharing Reductions (CSR)** indicator displays in the Estimated Monthly Savings area for CSR-eligible cases.



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Shop for a Health Plan

The *Shop for a Health Plan* page displays a summary of the number of plans found within the consumers reported zip code, potential coverage start date, estimated monthly tax credit (if applicable), and up to 12 individual plans per page.

Consumers scroll up or down to view plans and may navigate to additional pages when more than twelve plans present. Each plan displays a snapshot of information including:

- Plan name
- Metal Tier category
- Monthly premium amount
- Primary Care Visit cost
- Generic Drug coverage
- Yearly Deductible
- Total Expense Estimate
- Quality Rating
- Preferred Provider (if selected)

The screenshot shows a web interface for selecting health plans. At the top, it says "24 Health Plans" and "Estimated Monthly Savings \$497.04/month in zipcode 95833 for Butler, Kathy, and Bart". Below this is a "SORT BY" section with "Total Expense Estimate" selected. A "FILTER BY" section includes "PLAN TYPE" (HMO, PPO), "PLAN FEATURES" (Health Savings Account, Deductible Health Plan), "METAL TIER" (Platinum, Gold, Silver, Bronze), "YEARLY DEDUCTIBLE" (\$2500 and less, \$7500 and less, \$12000 and less, \$15000 and less), "COMPANY" (Blue Shield, Health Net-PPO, Kaiser Permanente, Western Health), and "QUALITY RATING" (5 stars to 1 star). The main area displays a grid of health plans. Three plans are highlighted with red boxes: Kaiser Permanente Bronze 60 HDHP HMO (\$248.52), Kaiser Permanente Bronze 60 HMO (\$270.08), and Western Health Advantage Bronze 60 HMO (\$360.69). Each plan card shows the monthly premium after a \$497.04 tax credit, primary care visit costs, generic drug costs, yearly deductible, total expense estimate, quality rating (stars), and a list of preferred providers (Dr. Rachael Smi..., Dr. Sylvia Jone..., Dr. Sheeva John...). Buttons for "COMPARE", "DETAILS", and "ADD" are visible for each plan.

Note: The *Monthly Premium* amount listed for each plan represents the **net** cost to the Consumer, after tax credits or employer premium contributions, shown below the *Monthly Premium* amount.

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Consumers may view plan details by clicking the **Details** button in the plan tile. Sections default to display details. To expand categories, if needed, click the caret.

KAISER PERMANENTE.
Bronze 60 HDHP HMO
BRONZE HSA HMO
\$326.05
monthly premium

Primary Care Visits You pay 40%
Generic Drugs You pay 40%
\$6000
Yearly Deductible (May Not Apply)
Total Expense Estimate Lower ▲
Quality Rating ★★★★★

COMPARE **DETAILS**

Benefits Resources

[Summary of Benefits and Coverage](#) [Plan Brochure](#) [Provider Directory](#) [Drug List](#)

Doctors and Facilities

Check for your doctor
358 Doctors available within 10 mile radi radius of 95833. View Map

- Yearly Deductible & Out-of-Pocket
- Doctor Visit
- Tests
- Drugs
- Outpatient Services
- ER & Urgent Care
- Hospital
- Mental/Behavioral Health
- Pregnancy
- Other Special Needs
- Children's Vision
- Children's Dental

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Sorting and Filtering

The *Shop for a Health Plan* page allows consumers to sort and filter plans in multiple ways.

- All available plans display if **Sort By** or **Filter By** options are not selected
- Users can narrow down selections by using the **Filter By** options, and then reorder the options using **Sort By**
- Choose the **Sort By** radio buttons to reorder the available plans displayed:
 - **Total Expense Estimate**
 - **Monthly Premium (low to high)**
- Choose **Filter By** option or select multiple options:
 - **PLAN TYPE**
 - **PLAN FEATURES**
 - **METAL TIER**
 - **YEARLY DEDUCTIBLE**
 - **COMPANY**
 - **QUALITY RATING**

◀ Back to Dashboard | ◀ Back to preferences

24 Health Plans

Estimated Monthly Savings \$497.04/month in zipcode 95833.
for Butter, Kathy, and Bart
Coverage could start on 05/01/2019 once your monthly premium has been paid to your selected health plan.

1 of 2

SORT BY

- Total Expense Estimate
- Monthly Premium (low to high)

BRONZE 60 HDHP HMO (Kaiser Permanente)

BRONZE 60 HMO (Kaiser Permanente)

BRONZE 60 HMO (Western Health Advantage)

◀ Back to Dashboard | ◀ Back to preferences

24 Health Plans

Estimated Monthly Savings \$484.68/month in zipcode 95833.
for Bella, Laddie, and Aaron
Coverage could start on 05/01/2019 once your monthly premium has been paid to your selected health plan.

1 of 2

SORT BY

- Total Expense Estimate
- Monthly Premium (low to high)

FILTER BY

PLAN TYPE

- HMO
- PPO

PLAN FEATURES

- Health Savings Account (HSA)
Qualified HSA used with a High Deductible Health Plan

METAL TIER

- Platinum
highest premiums, lowest out-of-pocket costs
- Gold
higher premiums, lower out-of-pocket costs
- Silver
lower premiums, moderate out-of-pocket costs
- Bronze
lowest premiums, highest out-of-pocket costs

YEARLY DEDUCTIBLE

- \$2500 and less
- \$7500 and less
- \$12000 and less
- \$15000 and less

COMPANY

- Blue Shield
- Health Net-PPO
- Kaiser Permanente
- Western Health

QUALITY RATING

- ★★★★★
- ★★★★☆
- ★★★☆☆
- ★★☆☆☆
- ★☆☆☆☆

BRONZE 60 HDHP HMO (Kaiser Permanente)

BRONZE HSA HMO (Kaiser Permanente)

BRONZE 60 HMO (Kaiser Permanente)

BRONZE HMO (Western Health Advantage)

BRONZE 60 HDHP HMO (Western Health Advantage)

BRONZE HSA HMO (Western Health Advantage)

BRONZE PPO (Health Net)

BRONZE HSA PPO (Health Net)

SILVER 70 HMO (blue of california)

SILVER HMO (Kaiser Permanente)

GOLD HMO (Kaiser Permanente)

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- There are also two disclaimers at the bottom of the page
 - **Benefits Summary Disclaimer:** This is a summary of commonly used benefits and the applicable copayments, coinsurance, and deductibles. Before making a plan selection, please download and review the plan's Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) found on the Plan Details page for complete information on benefits and exclusions.
 - **Quality Rating Disclaimer:** Health plan quality ratings are calculated by Covered California using data the plans provided to the federal government for care and experiences in 2017. The use of star ratings is being tested to help improve the ways this information is communicated to consumers.

Plan Comparison

Compare the details for up to three plans by clicking the **COMPARE** checkbox in the plan tile.

When checked, a *Compare Plans* tile displays in the top-left of the browser window.

The *Compare Plans* tile displays the plans selected for comparison.

KAISER PERMANENTE Bronze 60 HDHP HMO BRONZE HSA HMO	KAISER PERMANENTE Bronze 60 HMO BRONZE HMO	Western Health Advantage Bronze 60 HMO BRONZE HMO
\$248.52 monthly premium after \$497.04 tax credit	\$270.08 monthly premium after \$497.04 tax credit	\$360.69 monthly premium after \$497.04 tax credit
Primary Care Visits You pay 40%	Primary Care Visits You pay \$75	Primary Care Visits You pay \$75
Generic Drugs You pay 40%	Generic Drugs You pay 100%	Generic Drugs You pay 100%
Yearly Deductible \$12000 (May Not Apply)	Yearly Deductible \$12600 / \$1000 (May Not Apply)	Yearly Deductible \$12600 / \$1000 (May Not Apply)
Total Expense Estimate Lower	Total Expense Estimate Lower	Total Expense Estimate Lower
Quality Rating ★★☆☆☆	Quality Rating ★★☆☆☆	Quality Rating ★★☆☆☆
<input checked="" type="checkbox"/> COMPARE	<input type="checkbox"/> COMPARE	<input type="checkbox"/> COMPARE
DETAILS	DETAILS	DETAILS
ADD	ADD	ADD

- Click the **Compare Now** button on the *Compare Plans* tile to display the *Plan Details* page with side-by-side details of each plan
- Remove plans on the *Compare Health Plans* page by clicking the **X** in the upper right corner of the plan listed in the *Plan Compare Drawer*
- To compare a new set of plans, click the **Back to Plans** link to return to the *Shop for a Health Plan* page
- To hide the *Compare Plans* tile, click the minimize indicator. This minimizes the *Compare Plans* tile. Click the **Show Compare** link or the **+** to expand the tile again
- The *Compare Health Plans* page allows users to expand or retract plan details by clicking the carat [**>**] icon in the header of each section. Links, hover text and images can also be found within these sections directing users to additional information.

Show Compare 3 of 3 +

Compare Plans 3 of 3

KAISER PERMANENTE BRONZE HSA HMO \$248.52
KAISER PERMANENTE BRONZE HMO \$270.08
Western Health Advantage BRONZE HMO \$360.69

Compare Now

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View Health Plan Details

- An in-depth view of a plan displays by clicking the provider's logo on the *Health Plans* page. The *View Health Plan Details* page appears, providing information about the plan, with Consumer costs displaying in the left-hand panel
- The *Plan Highlights* section displays high level information about the plan, including *Total Expense Estimate*, *Plan Name*, *Primary Care Visits*, *Generic Drugs*, *Yearly Deductible*, *Health Savings Account (HSA)*, and *Quality Rating*
- To view the plan's provider directory, consumers may click on the **Provider Directory** link below the *Plan Highlights* section of the *View Health Plan Details* page
- To view the amount of Federal APTC savings, CAPS savings, and Total Savings that apply to the plan, hover over the **after \$###.## monthly savings** link. This link only appears when any of the subsidies apply to the case

← Back to Dashboard | ← Back to Plans

Plan Name	Monthly Premium	After Tax Credit
Bronze 60 HDHP HMO	\$248.52	after \$497.04 tax credit
Bronze 60 HMO	\$270.08	after \$497.04 tax credit
Bronze 60 HMO	\$360.69	after \$497.04 tax credit

Summary			
Total Expense Estimate	\$5021.33	\$5103.97	\$6191.29
Doctors & Facilities	View Directory	View Directory	View Directory
Plan Type	HMO	HMO	HMO
Health Savings Account (HSA)	Yes	No	No
Quality Rating	★★★★☆	★★★★☆	★★★★☆

▼ Doctors and Facilities

Check for your doctor

Doctors within of [View Map](#) [View Map](#) [View Map](#)

▶ Yearly Deductible & Out-of-Pocket (In Network)

▶ Doctor Visit

← Back to Dashboard | ← Back to Plans

Kaiser Permanente

Bronze 60 HDHP HMO

BRONZE HMO

\$98.40
monthly premium
after \$240.54 monthly savings

Federal = \$219.37
State = \$21.17
Total Savings = \$240.54

Plan Highlights

Total Expense Estimate: \$2593.63

Plan Name: Bronze 60 HDHP HMO

Primary Care Visits: You pay 40%

Generic Drugs: You pay 40%

Yearly Deductible: \$6000 (May Not Apply)

Health Savings Account (HSA): Yes

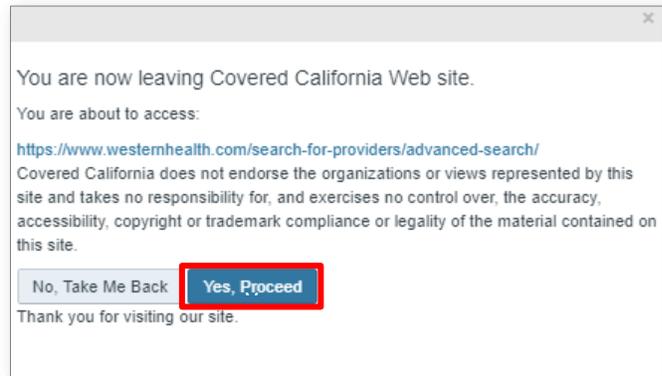
Quality Rating: Quality Rating in Future

Benefits Resources

☰ Summary of Benefits and Coverage 📄 Plan Brochure 👤 Provider Directory 📖 Drug List

JOB AID: COVERED CALIFORNIA PLAN SELECTION

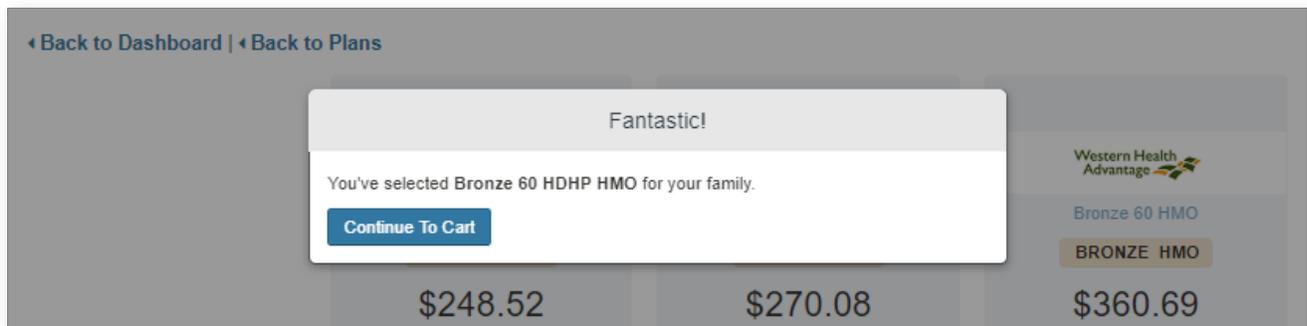
- A popup displays that advises the user that they are about to leave the Covered California website. The user may proceed to the plan provider's site, or click the **No, Take Me Back** button to navigate back to the *View Health Plan Details* page
- Clicking the **Yes, Proceed** button navigates the user to the plan provider's website, which displays in a new browser window. At the plan provider's website, consumers may search the provider's list of physicians. Consumers may navigate back to their Plan Selection when ready, by closing the browser window



Scroll down the page to review all of the sections as noted above in the *Shop for a Health Plan* page, **View Details** link.

Selecting a Plan

1. When ready, select a plan by clicking the **ADD** button from either the *Shop for a Health Plan*, *View Health Plan Details* or *Compare Health Plans* page. Clicking the **ADD** button displays a popup confirming the plan selection and prompting the consumer with a **Continue to Cart** button



2. Clicking the **Continue to Cart** button displays the *Confirm Your Plan Selection* page with the shopping cart

Your Shopping Cart

The *Confirm Your Plan Selection* page allows consumers to:

- Review plan details again by clicking the provider's logo or name
- Remove the plan from the Cart and start over by clicking the **Remove** link
- Return to the *Shop for a Health Plan* page by clicking the **Back to Shopping** button (the plan remains in the Cart)

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- If the applicant qualifies for a Tax Credit (Federal APTC) and/or CAPS, the full amount is applied by default to reduce the *Total Monthly Premium Payment*. However, the consumer may adjust the amount applied by clicking the **Adjust** link. **Note: The Adjust link only applies to Federal APTC; CAPS cannot be adjusted.**

Confirm Your Plan Selection

Health Plan	June	Remove
 Kaiser Permanente Bronze 60 HDHP HMO Coverage Start Date: 02/01/2020	Monthly Premium	\$338.94
	Monthly Federal Tax Credit	-\$219.37
	Monthly CA Premium Subsidy	-\$21.17
HEALTH MONTHLY PAYMENT		\$98.40
Cart Total		
Health Monthly Payment		\$98.40
TOTAL MONTHLY PAYMENT		\$98.40

[Back to Shopping](#) [Next](#)

- The *Your Tax Credit* popup displays a two-part panel.
 - The first panel informs the consumer of two ways to apply the tax credit. To navigate to the second panel, click the **2** icon or the **ADJUST TAX CREDIT** button
 - The second panel displays the slider mechanism to adjust how much assistance is applied to the monthly plan

Your Tax Credit

You qualify for an Advanced Premium Tax Credit (APTC), which you can use to help pay for your health insurance. There are two ways to use your tax credit.

Use Each Month:	Get at Tax Time:
You can choose to have some or all of your tax credit paid monthly directly to your health plan. It will cover a portion of your monthly premium. Pro: You will pay a reduced monthly premium. Con: If your reported income or household size changes, that might reduce the amount of tax credit you are eligible for. You could owe money at tax time.	You can choose to receive your tax credit all at once when you file your tax return for the coverage year. Pro: You won't run the risk of having to repay this credit at tax time, as you would with the monthly option. Con: You'll pay the full premium for your health plan each month.

We've applied the maximum tax credit amount. When you are ready to use your tax credit, click **ADJUST TAX CREDIT**.

[1](#) [2](#) [Close](#) [ADJUST TAX CREDIT](#)

Your Tax Credit

Move the slider to adjust how much of the monthly tax credit you would like to use now or at tax time.

Use Each Month	Get at Tax Time
\$ 497.04	\$ 0.0

[1](#) [2](#) [Close](#) [Confirm](#)

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Following any adjustments, click **Confirm** to close the *Your Tax Credit* popup, returning to the *Confirm Your Plan Selection* page. If no adjustments are made, click **Close** to return to the *Confirm Your Plan Selection* page. The selected **Federal** APTC value displays on the *Confirm Your Plan Selection* page.

Checkout

1. When the applicant is ready to enroll in the selected plan, click on the **Next** button on the *Confirm Your Plan Selection* page. The *Provide eSignature* page displays. Complete the *Provide eSignature* page as follows:
2. Review the page with the consumer following Policy instructions
3. Click on the I agree: checkbox after reviewing the attestations
4. Enter the full name in the eSignature text box
5. Click the checkbox next to: I have read and agree to the Binding Arbitration Agreement
6. Enter PIN Number
7. Click on the Enroll button

Confirmation

Upon clicking the **Enroll** button the *Confirmation* page displays the following information:

- *Expected Start Date*
- Plan selected and its total monthly premium
- *Monthly Federal Tax Credit*
- *Monthly CA Premium Subsidy*

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](#)

I understand that every participating health plan has its own rules for resolving disputes or claims, including, but not limited to, any claim asserted by me, my enrolled dependents, heirs, or authorized representatives against a health plan, any contracted health care providers, administrators, or other associated parties, about the membership in the health plan, the coverage for, or the delivery of, services or items, medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), or premises liability. I understand that, if I select a

To enter your eSignature, please enter your full name.*

June Lockhart

I have read and agree to the Binding Arbitration Agreement.*

PIN Number*

....

Provide eSignature: June Lockhart Date: 01/01/2020

[Back](#) [Enroll](#)

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

June Lockhart Expected Start Date: 02/01/2020

Health Plan	Monthly Premium (monthly cost)	APTC
Kaiser Permanente Bronze 60 HDHP HMO	\$ 338.94	

You will receive billing statements and instructions for paying offline from your insurer.

Total Monthly Premium Cost	\$ 338.94
Monthly Federal Tax Credit	-\$ 219.37
Monthly CA Premium Subsidy	-\$ 21.17
Your Total Monthly Premium Payments	\$ 98.40

Making Changes to Your Plan

If changes occur in your household, to report them, log in to your account and click on "Report a Change" or "Change Plans".

Disclaimers

You are not enrolled until your plan(s) receives your premium payment. If you do not pay your first payment(s) your application may expire. If your application expires you may be required to resubmit your application and may have to wait until the next Open Enrollment Period.

[Shop For More Members](#) [Print Page](#) [Go to Dashboard](#)

JOB AID: COVERED CALIFORNIA PLAN SELECTION

- Employer assistance (if any)
- Total monthly premium payment

Click on the **Go to Dashboard** button. The consumer's *My Enrollment Dashboard* page displays and provides payment options for the consumer.

Choosing Dental along with a Health Plan

While shopping for a health or dental plan can occur in any order, the Consumer must enroll in a Covered California health plan before completing the dental plan enrollment. A consumer who enrolls in a health plan has the option to return to dental plan selection so long as enrollment occurs during the qualified periods of Renewal, Open Enrollment, or Special Enrollment with a qualifying life event.

Note: A consumer can only be enrolled in one Health and one Dental plan.

Note: Dental plans are optional and not required by the Affordable Care Act. There is no financial assistance for dental plans. If a Dental Plan is selected, the consumer must pay for it separately.

If a household is determined eligible for a Covered California health plan, includes more than one member (including an adult who is 19 years or older), and is grouped in one plan, a **Shop for More Members** button displays on the *Confirmation* page.

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

June Lockhart Expected Start Date: 02/01/2020

	Kaiser Permanente Bronze 60 HDHP HMO	Monthly Premium (monthly cost)	\$ 338.94
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You will receive billing statements and instructions for paying offline from your insurer.

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[Shop For More Members](#) [Print Page](#) [Go to Dashboard](#)

JOB AID: COVERED CALIFORNIA PLAN SELECTION

1. Click the **Shop for More Members** button to navigate back to the My Enrollment Dashboard where consumers can view or select either type of plan.

2. Click the **CONTINUE SHOPPING** button in the *Next Steps* section if Dental plan selection is desired. The SHOP DENTAL PLANS page displays by default.

Consumers are encouraged to enroll all members in health plans before they start enrolling the members in dental plans. However, this is not required.

Welcome, Butter Brickle

2019

NEXT STEPS
Please finalize plan selection and enrollment on the next screen for dental plans.

CONTINUE SHOPPING

Overview

Your Application Status
2019 Application Complete [View Application](#)
[For 3 members](#)

Your Household Eligibility
Butter Brickle Advanced Premium Tax Credit [View Details](#)
Kathy Brickle \$497.04 per month
Bart Brickle [Report a change](#)

Your Health Plans
Kaiser Permanente PENDING [View Details](#)
Bronze 60 HDHP HMO
[For 3 members](#)

Your Dental Plans
You will be able to see your dental plan here once you have completed plan shopping.

Welcome, Butter Brickle

SHOP HEALTH PLANS **SHOP DENTAL PLANS**

Shop for these members
Children's dental coverage is included in health plans offered by Covered California.
If you are enrolling one child, please make sure to select at least one adult (older than 19 years).
If you are enrolling one child in the dental plan, all children in the family are required to be enrolled.

Butter Brickle
 Kathy Brickle
 Bart Brickle

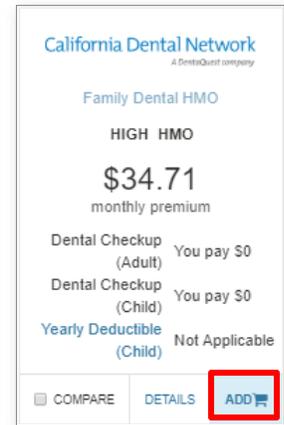
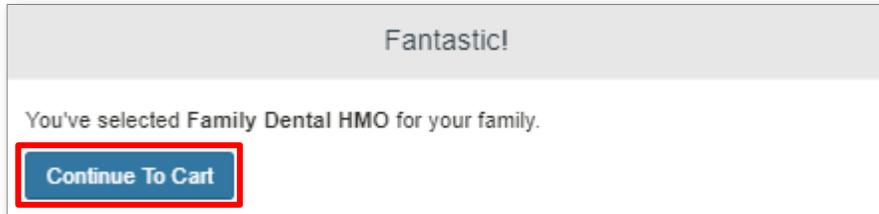
Shop Dental Plans

Note: To view household members enrolled in the health plan, click the **SHOP HEALTH PLANS** tab.

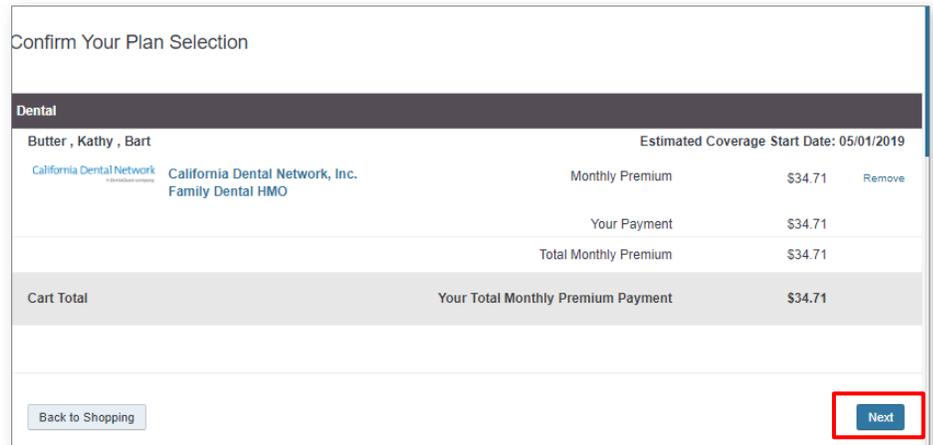
JOB AID: COVERED CALIFORNIA PLAN SELECTION

3. Click the **Shop Dental Plans** button to display the *Shop for a Dental Plan* page. The consumer may review and compare plans in the same way as health plans.
4. Select a dental plan by clicking the **ADD** button.

When a dental plan is added to the cart (after choosing a health plan) another popup displays confirming the dental plan selection along with a **Continue To Cart** button.



5. Click the **Continue To Cart** button when ready. The *Confirm Your Plan Selection* page displays, displaying the consumer's dental plan selections.



6. Click the **NEXT** button to continue the Check Out process described earlier in this document.

Plan Selection during Open Enrollment

When a consumer completes their health plan enrollment, the **Choose Plan** button displays on the Consumer's home page.

Additionally, the **Choose health and dental plan** link displays under the *Manage My Application* section during Open Enrollment (OE).

- The button displays on the *Consumer Home* page when one or more members of the household are determined eligible for a Covered California plan and have not completed a Health and/or Dental plan selection
- The link displays on the *Consumer Home* page during OE when one or more members of the household are determined eligible for a Covered California plan and have not completed a Health and/or Dental plan selection

After a consumer has completed a health plan selection, clicking the **Choose Plan** button or the **Choose health and dental plan** link from the *Consumer Home* page navigates the consumer to their *My Enrollment Dashboard*.