



Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725



**COVERED
CALIFORNIA**

*Your destination for affordable
healthcare, including Medi-Cal*

{FIRST_NAME} {LAST_NAME}
{ADDRESS_LINE1}
{ADDRESS_LINE2}
{CITY}, {STATE_CD (FK)} {ZIPCODE}

Renew your plan for {Next_Benefit_Year}!

{CURRENT_DATE}

Case Number: {Case #}

Dear {FIRST_NAME} {LAST_NAME},

It is time to update your household information and renew your dental plan for {next_benefit_year}. This is also your chance to sign up for a health plan through Covered California.

Renew your coverage by {End_Renewal_Date}:

1. Log in to your CoveredCA.com account.
2. Click "Renew" or "Continue."
3. Click "Edit" to update any information that has changed. Then continue through the screens and click "Submit Application."
4. Shop and choose the best plans for you.

(Do not translate: Generate this snippet if the consumer has not set up an online account)

{❗ Don't have an online account?} Go to CoveredCA.com/create-account. Enter your information and access code: {Access_Code}. Follow the instructions to complete your online account registration.}

Need help renewing your plan? A Covered California certified enrollment counselor or certified insurance agent can help you. **(Do not translate: Generate this snippet when the consumer has an agent on their account)** {Our records show that you were helped last year by {Agency Business

Changes you may need to report

- **Tax information**
- **Income** (for financial help)
- **Household size**
Did you get married or divorced, give birth or adopt a baby?
- **Other coverage**
Do you newly qualify for Medicare, an employer health plan or other coverage?
- **Address**
Did you move or change your mailing address?

For more information:
CoveredCA.com/RAC



Name}. Contact them: {Agent Primary Phone Number} {/ {Agent Email}} (Do not translate: Generate this snippet when the consumer does not have an agent on their account) {Find one near you: CoveredCA.com/find-help.}

Or call Covered California at {SERVICE_CENTER_PHONE} (TTY: 1-888-889-4500). You can call Monday through Friday, 8 a.m. to 6 p.m.

Please note: The open enrollment period ends on {END OF OE}. To start your coverage on January 1, you must enroll on or before December 15.

(Do not translate: Page Break to Page 2 here for English Notice. All prior text to roll up on Page 1)

What happens next?

- **If you do not renew your coverage by {End_Renewal_Date},** Covered California will use the most recent information on your application and information from electronic data sources to see if you still qualify.

If you still qualify, we will re-enroll your household into the same plan you have now, if it is available. If your dental plan is **not available** next year, your current plan will **end** on December 31.

- **If you want to change your dental plan for next year, you must sign up for a health plan first.**

The last day to make changes is {END OF OE}. Please make changes before December 15 if you want those changes to take effect on January 1. Otherwise, the changes may take effect later in the year.

- **Pay your premium (monthly cost) directly to your insurance company.** Do not send your payment to Covered California.

If you pick a new plan, your coverage will not start until you make your first payment. Your dental plan premium may change next year. Premium rates are based on age, zip code, insurance company and benefit level. Follow the steps on the first page to see plan options and prices.

Thank you,

Covered California

This letter is being sent to you in compliance with the Affordable Care Act and its implementing regulations: 45 CFR §155.335(c) and Cal. Code Regs., tit. 10, § 6498(e).

Section 1557 of the Patient Protection and Affordable Care Act (ACA)

Covered California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation. Covered California does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Covered California provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats and other formats). Covered California also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Civil Rights Coordinator at 1-916-228-8764 or by email at CivilRights@covered.ca.gov.

If you believe that Covered California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation, you can file a grievance with the Civil Rights Coordinator.

You can file a grievance in the following ways:

Mail: Civil Rights Coordinator
P.O. Box 989725
West Sacramento, CA 95798-9725

Phone: 1-916-228-8764

Fax: 1-916-228-8909

Email: CivilRights@covered.ca.gov

You can also file a civil rights complaint with the Office for Civil Rights at the U.S. Department of Health and Human Services.

Mail: U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F, HHH Building
Washington, DC 20201

Phone: 1-800-368-1019 or TTY: 1-800-537-7697

Online: Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available on the U.S. Department of Health and Human Services Office for Civil Rights website.

Thank you,

Covered California

Getting Help in a Language Other than English

IMPORTANT: Can you read this letter? You can call **1-800-300-1506** and ask for this letter translated to your language or in another format such as large print. For TTY call **1-888-889-4500** where you can also request this letter in alternate format.

Español IMPORTANTE: ¿Puede leer esta carta? Usted puede llamar al **1-800-300-0213** y pedir esta carta traducida en su idioma o en otro formato, como en letras grandes. Para TTY, llame al **1-888-889-4500**, donde también puede pedir esta carta en algún formato diferente. **(Spanish)**

中文/繁體字 重要事項：您能否閱讀此信件？您可以致電 **1-800-300-1533**，要求將此信件翻譯為您的母語或者索要其他格式（如，大字版本）的信件。如需 TTY 服務或者索要其他格式的信件，請致電 **1-888-889-4500**。 **(Chinese)**

Tiếng Việt QUAN TRỌNG: Quý vị có thể đọc được bức thư này không? Quý vị có thể gọi điện đến số **1-800-652-9528** và yêu cầu được dịch bức thư này sang ngôn ngữ của quý vị hoặc chuyển sang định dạng khác như bản in khổ lớn. Người dùng TTY, hãy gọi số **1-888-889-4500** quý vị cũng có thể yêu cầu định dạng thay thế khác cho bức thư này. **(Vietnamese)**

한국어 중요: 이 편지를 읽을 수 있나요? **1-800-738-9116**에 연락하셔서 번역되어 있거나 인쇄물 등 다른 포맷으로 되어 있는 편지를 요청해보세요. TTY **1-888-889-4500**에서도 이 편지의 다른 포맷을 요청할 수도 있습니다. **(Korean)**

Tagalog MAHALAGA: Makakabasa ka ba sa sulat na ito? Maaari kang tumawag sa **1-800-983-8816** at humiling na isalin ang sulat na ito sa iyong wika o sa iba pang format katulad ng malalaking titik. Para sa TTY, tumawag sa **1-888-889-4500** kung saan maaari kang humiling ng alternatibong format ng sulat na ito.

العربية هام: هل يمكنك قراءة هذا الخطاب؟ يمكنك الاتصال بـ **1-800-826-6317** وطلب هذا الخطاب مترجماً إلى لغتك أو بصيغة أخرى، بخط كبير مثلاً. للصم والبكم، اتصل بـ **1-888-889-4500** حيث يمكنك أيضاً أن تطلب هذا الخطاب بصيغة مختلفة. **(Arabic)**

հայերեն ԿԱՌԵՎՈՐ Է: Դուք կարո՞ղ եք կարդալ այս նամակը: Դուք կարող եք զանգահարել **1-800-996-1009** և խնդրել, որ այս նամակը թարգմանվի Ձեր լեզվով կամ Ձեզ տրվի մեկ այլ ձևաչափով, օրինակ՝ խոշորատառ: TTY-ի համար զանգահարեք **1-888-889-4500**, որտեղ կարող եք նաև այլընտրանքային ձևաչափով խնդրել այս նամակը: **(Armenian)**

ភាសាខ្មែរ សំខាន់៖ តើលោកអ្នកអាចអានលិខិតនេះបានដែរឬទេ? លោកអ្នកអាចទូរស័ព្ទមកលេខ **1-800-906-8528** នឹងស្នើសុំឱ្យគេបកប្រែលិខិតនេះជាភាសាបស់លោកអ្នក ឬជាទម្រង់មួយផ្សេងទៀតដូចជាអក្សរពុម្ពធំៗ។ សម្រាប់ TTY ទូរស័ព្ទមកលេខ **1-888-889-4500** ដែល

លោកអ្នកក៏អាចស្នើសុំលិខិតនេះជាទម្រង់ផ្សេងទៀតបានផងដែរ។ **(Khmer)**

Русский ВАЖНАЯ ИНФОРМАЦИЯ: Вы можете прочитать это письмо? Вы можете позвонить по телефону **1-800-778-7695** и запросить получение этого письма, переведенного на Ваш родной язык, или распечатанного крупным шрифтом. Лица со сниженным слухом могут позвонить по телефону **1-888-889-4500**, чтобы запросить это письмо в ином формате. **(Russian)**

فارسی مهم: آیا می توانید این نامه را بخوانید؟ می توانید با شماره **1-800-921-8879** تماس بگیرید و تقاضا کنید که این نامه به زبان شما ترجمه شود یا به فرمت دیگری مانند حروف درشت به شما ارسال شود. برای TTY با شماره **1-888-889-4500** تماس بگیرید و از طریق همان شماره همچنین می توانید درخواست کنید که این نامه به فرمت دیگری به شما ارسال شود. **(Farsi)**

Hmoob TSEEM CEEB: Koj nyeem puas tau tsab ntawv no? Koj hu tau rau **1-800-771-2156** nug daim ntawv txais ua yog koj cov lus los yog lwm hom xws lis tus ntawv loj. Hu tau TTY ntawm **1-800-889-4500** ua koj thov hloov tau lwm hom. **(Hmong)**

महत्वपूर्ण: क्या आप यह पत्र पढ़ सकते हैं? इस पत्र को अपनी भाषा में अनुवाद करने के लिए या बड़े प्रिंट की तरह किसी अन्य प्रारूप में प्राप्त करने के लिए **1-800-300-1506** पर कॉल करके अनुरोध कर सकते हैं। TTY के लिए **1-888-889-4500** पर कॉल करें जहाँ आप इस पत्र को किसी अन्य प्रारूप में प्राप्त करने का अनुरोध कर सकते हैं। **(Hindi)**

重要：この文書を読むことができますか？希望の言語に翻訳された文書、または大きな文字など別の形式の文書をご希望の場合、**1-800-300-1506**までお電話ください。TTYの場合、**1-888-889-4500**にお電話いただければ、その他の形式の文書をリクエストすることもできます。 **(Japanese)**

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਨੂੰ ਪੜ ਸਕਦੇ ਹੋ ਤੁਸੀਂ **1-800-300-1506** 'ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਇਸ ਪੱਤਰ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਸਹੂਲ ਵਿਚ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪਰਿੰਟ ਲਈ ਪੁੱਛ ਸਕਦੇ ਹੋ। ਟੀਟੀਵਾਇ ਲਈ **1-888-889-4500** 'ਤੇ ਕਾਲ ਕਰੋ ਜਿੱਥੇ ਕਿ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਦੇ ਵਿਕਲਪ ਰੂਪ ਵਿਚ ਸਹੂਲ ਲਈ ਬੇਨਤੀ ਵੀ ਕਰ ਸਕਦੇ ਹੋ। **(Punjabi)**

สำคัญ: คุณสามารถอ่านจดหมายฉบับนี้ได้หรือไม่? ถ้าคุณมีข้อสงสัย คุณสามารถติดต่อได้ที่เบอร์ **1-800-300-1506** เพื่อทำการพูดคุยกับเจ้าหน้าที่ที่ใช้ภาษาของคุณ นอกจากนี้คุณยังสามารถร้องขอให้แปลจดหมายฉบับนี้เป็นภาษาที่คุณต้องการได้หรือเปลี่ยนแปลงรูปแบบตัวอักษรให้เป็นรูปแบบอื่น เช่น ตัวอักษรพิมพ์ใหญ่หรือทำให้มีขนาดใหญ่ขึ้น สำหรับระบบ TTY คุณสามารถติดต่อได้ที่เบอร์ **1-888-889-4500** ซึ่งคุณสามารถขอจดหมายฉบับนี้ในรูปแบบอื่นๆได้ตามที่คุณต้องการ **(Thai)**