



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



# JOB AID: COVERED CALIFORNIA PLAN SELECTION

October 7, 2015

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 Individual submits an application for coverage and has reached the *Eligibility Results* page. It is also offered when a **Report a Change** produces a change in eligibility.

## Health Plan Selection

1. To start, click on the **Choose a Health Plan** button, either from the *Eligibility Results* page or from the Consumer's home page.
2. The *Household Enrollment Introduction* page displays. All household members are listed with a description of their eligibility for Covered California Plans (CCP), different subsidy programs or for Medi-Cal.

Click the **Choose Health Plan** button.

**ELIGIBILITY RESULTS**

Here are the programs you qualify for: To view your options and enroll in a health insurance plan, you must click the "Choose a Health Plan" button below.

**Choose a Health Plan**

Ronald Outfield

**Covered California Plan:** Eligible - Thank You. Choose a health plan by clicking the button below

**Premium Assistance:** Eligible - Thank You. Choose a health plan by clicking the button below  
Ronald Outfield: Up to \$240.00 for the tax year 2015

**Enhanced Silver Benefits:** Eligible - Thank You. Choose a health plan by clicking the button below

You must select a health plan within 60 days of your qualifying life event. The last day you can pick a health plan during your special enrollment period is May 31, 2015. So your health coverage can start, you must pay your first premium by the due date. You may contact your health plan directly, or you can wait for them to bill you. Please do not send your payment to Covered California.

**HOUSEHOLD ENROLLMENT INTRODUCTION**

Members of your household qualify for the health programs listed below. Each program has a set of available health plans for you to compare. You can choose the health plan that is the best fit for you.

For Covered California, you must choose a health plan before insurance coverage can begin. You have until 05/31/2015 to choose your Covered California plan.

For Medi-Cal, when you first qualify you are covered under regular Medi-Cal (Fee-for-Service), until you choose a plan through Health Care Options (HealthCareOptions.dhcs.ca.gov) or are automatically enrolled in a plan by the state.

Persons	Program	Health Plan	Initial Payment
Ronald Outfield	Covered California Plan with premium assistance (a federal tax credit) cost sharing reductions (lowers out of pocket expenses, such as copays and coinsurance)	<b>Choose Health Plan</b>	No plan has been selected
Jaime Westgate Daniel Outfield Miranda Bayside	Medi-Cal	You will receive information about your Medi-Cal benefits by your preferred communication method.	No plan has been selected

Back Save & Exit

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## Unsubsidized Plan Selection

Unsubsidized, multiple-person households have flexibility to select one plan for all household members, choose to have a different plan for each member, or custom-group specific individuals into a plan.

**QUALIFIED HEALTH PLAN - PLAN SELECTION METHOD**

Two people in your household are eligible to enroll in a qualified health plan. You can choose whether you want to find one plan for both to enroll together or a separate plan for each person.

**Important Considerations**

- Monthly premiums and/or costs at the time of care may be lower when everyone enrolls in the same plan.
- You may want separate plans if people in your family see different doctors or have different health care needs.
- If you choose Per Person, you will be guided through plan comparison and enrollment for each person, one at a time.

**Plan Selection - One Plan for All**  
One plan for all household members who qualify.

**Per Person**  
Separate plans for each person.

**Custom Grouping**  
People grouped to your convenience.

Buttons: Back, Save and Exit, Select One Plan for All, Select Plans Per Person, Select by Custom Groups.

**PLAN SELECTION - ONE PLAN FOR ALL**

To choose a plan for the entire household, click the "Choose Health Plan" button.

Persons	Health Plan
Tennis Ball Basket Ball Vollie Ball	<input type="button" value="Choose Health Plan"/>

Click the "Confirm" button if you do NOT want Pediatric Dental coverage.  
Click "Cancel" to choose a Pediatric Dental Plan for the children in your household.

Buttons: Back, Save & Exit, Change Selection Method.

**PLAN SELECTION - PER PERSON**

To begin, select "Choose Health Plan" for one of the people below. When you complete that person, you will return to this page to continue with the remaining people.

Persons	Health Plan
Tennis Ball	<input type="button" value="Choose Health Plan"/>
Basket Ball	<input type="button" value="Choose Health Plan"/>
Vollie Ball	<input type="button" value="Choose Health Plan"/>

Click the "Confirm" button if you do NOT want Pediatric Dental coverage.  
Click "Cancel" to choose a Pediatric Dental Plan for the children in your household.

Buttons: Back, Save & Exit, Change Selection Method.

**CUSTOM GROUPING**

Choose members, then click Add to New Group.

Tennis Ball  
 Basket Ball  
 Vollie Ball

Buttons: Back, Save & Exit, Change Selection Method.

## Plan Selection - Report a Change

Plan selection will not be offered if a consumer **Reports a Change** that cannot be applied to the current year health coverage (for example, after 12/15, when the renewal period closed, or plan selection is more than 60 days past the date of submission). A textbox displays indicating the change cannot be applied, with steps on how to apply the change to the upcoming year.

**HOUSEHOLD ENROLLMENT INTRODUCTION**

Members of your household qualify for the health programs listed below. Each program has a set of available health plans for you to compare. You can choose the health plan that is the best fit for you.

For Covered California, you must choose a health plan before insurance coverage can begin. You have until null to choose your Covered California plan.

For Medi-Cal, when you first qualify you are covered under regular Medi-Cal (Fee-for-Service), until you choose a plan through Health Care Options (HealthCareOptions.dhcs.ca.gov) or are automatically enrolled in a plan by the state.

For the Medi-Cal Access Program, you will receive information separately on how to choose a health plan that covers your health care needs.

The change you told us about cannot be applied to your 2015 health coverage because the year is almost over. If you would like these changes to be applied to 2016 please:

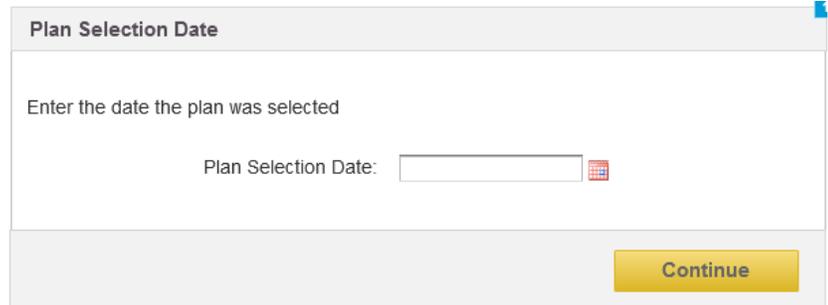
- 1) Click on Save and Exit below
- 2) Then click on Report a Change for 2016
- 3) Enter any additional changes you want applied to 2016
- 4) Then click Continue
- 5) Then click Submit for 2016

3) Enter any additional changes you want applied to 2016  
4) Then click Continue  
5) Then click Submit for 2016

### Admin Users – Plan Selection Date

When the application date and the plan selection date are different, the *Plan Selection Date* popup displays for Administrative (Admin) users.

To change the Plan Selection Date, enter the date the plan was selected in the **Plan Selection Date:** field using MM/DD/YY format or the Calendar icon. Click the **Continue** button when ready.



Plan Selection Date

Enter the date the plan was selected

Plan Selection Date:  

Continue

The *Plan Selection Date* popup closes and the *Shop for Health Plan* page displays. If the coverage for any

member causes an overlap in coverage, the *Overlap in Coverage* popup displays to alert the user.

### Overlap in Coverage

When there is an overlap in coverage for at least one member of the household, the *Overlap in Coverage* popup displays. This popup warns the user that coverage already exists for the period indicated by the Coverage Dates, for example, if the case was terminated but plan coverage has not yet ended. After noting when the previous coverage period ends, click the **OK** button to close and proceed.

#### ERROR: You Already Have Coverage

You are trying to enroll in coverage with a start date of {0}. The following members already have coverage during this time and cannot start other coverage: {1}. If you would like to try to get other coverage at this time, please call the Service Center at 1-800-300-1506 for help.

Member	Carrier/Plan	Enrollment Status	Coverage Dates	Overlap in Coverage
Jane Doe	Anthem – Bronze 60 PPO	Terminated	01/01/2015 - 02/28/2015	Yes
	Anthem – Bronze 60 HMO	Terminated	03/01/2015 - 5/31/2015	Yes
John Doe	Anthem – Bronze 60 HMO	Terminated	03/01/2015 - 5/31/2015	No

OK

## Shop for Health Plan

The *Shop for Health Plans* page displays. It provides an overview of the plan selection and enrollment process. The plan selection process includes asking for information about Consumers' healthcare needs, comparing an array of plans in their region, and enrolling them into a plan of their choice. Click **Next** to proceed.

- The **Estimate Costs** section asks for information about the household's basic healthcare needs. The estimated number of doctor visits and prescriptions per person helps the system select a range of cost-effective plans to present to the Consumer. Click **Choose a Plan** when finished.

## Plan Comparison

The *Plan Comparison* page displays plans available in the consumer's region, expected monthly premiums, and estimated total annual costs based on the frequency of medical and prescription use indicated on the previous page. Three plans are shown on the screen at a time for a detailed side-by-side comparison. If more than three plans are available to the Consumer, click on the left or right arrows on either side of the plan logo panel to view them.

Each plan's metal tier, carrier, plan name, and price are displayed along with a Summary of the plan details. The monthly premium cost listed on this page represents the **net** cost to the Consumer, after financial

Summary	Kaiser Permanente Silver 73 HMO	Kaiser Permanente Platinum 90 HMO	Anthem Platinum 90 PPO
Estimated total costs premium + out-of-pocket	\$4611.16 per year	\$4678.72 per year	\$4685.56 per year
Overall quality	First scores available in 2015	First scores available in 2015	First scores available in 2015
Estimated total costs premium + out-of-pocket	\$4611.16 per year	\$4678.72 per year	\$4685.56 per year
Overall quality	First scores available in 2015	First scores available in 2015	First scores available in 2015
Browse provider directory per plan	View Directory	View Directory	View Directory
Product type	HMO	HMO	PPO
Discounts	Includes special out-of-pocket savings	Includes special out-of-pocket savings	Includes special out-of-pocket savings

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assistance or employer premium contribution, shown below the monthly premium amount. Individuals will select one plan from any of the plans listed depending on cost and what options are important to the consumer.

Sub-sections listed below the Summary details can be expanded to show further details for comparing. The sub-sections include:

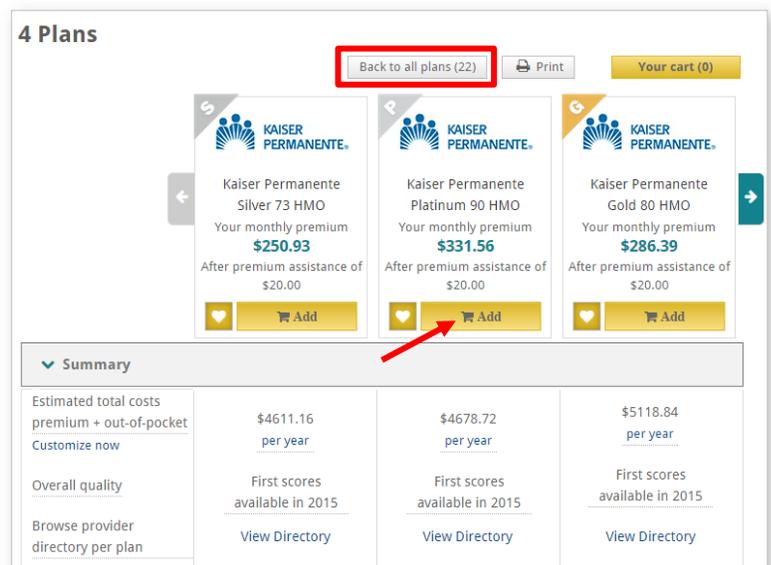
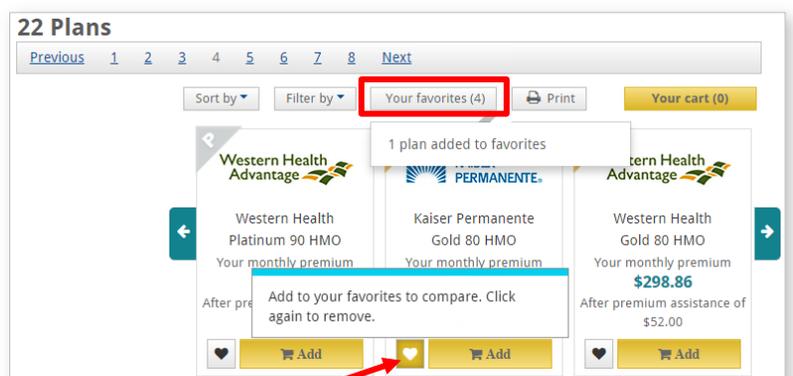
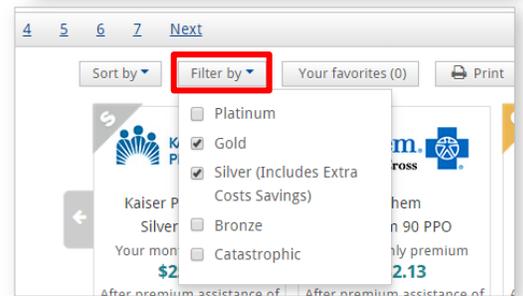
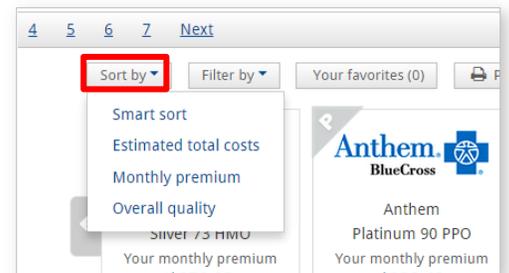
- Deductible & Out-of pocket
- Doctor visit
- Tests
- Drugs
- Outpatient
- ER and Urgent Care
- Hospital
- Mental/behavioral health
- Pregnancy
- Other special needs
- Children's vision
- Quality information
- Children's dental

Scroll down to each plan feature and click on the adjacent expansion caret (➤), to show side-by-side plan comparison with information and costs related to that feature.

### Sorting and Filtering

The *Plan Comparison* page also allows consumers to sort plans by quality of the plan and filter plans by metal tiers. Choose the **Sort by** dropdown to rearrange plans based on a **Smart sort**, **Estimated total costs**, **Monthly premium**, and **Overall quality**. Upon selecting one of the **Sort by** values, the available plans are reordered based on the selection.

Choose **Filter by** drop down to select one or multiple metal tiers from the available plans. Filtering options may include Platinum, Gold, Silver (Includes Extra Cost Savings), Bronze, and Catastrophic. Users may select more than one option at a time or leave all



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blank to display all plans available. Users can narrow down selections by using the filter, and then reorder the options using **Sort by**.

### Your Favorites

Users can also compare plans using the **Favorites** button. Each plan has a heart-shaped button next to the **Add to Cart** button. Clicking the **Favorites** button changes the heart icon to gold, and a window displays under the **Your favorites** button notifying the user 1 plan is added to favorites. Click on **Your favorites** to look at condensed list of favorite plans.

Any number of available plans can be added to *Your Favorites* to compare without locking in a choice. Just as with the *Plan Comparison* page, the *Your Favorites* page only displays three plans to compare at a time. To add a plan to their cart, users can click on the **Add to Cart** button. To remove a plan from the *Your Favorites* selection, click the **Favorites** heart button. Exit the *Your Favorites* screen by clicking **Back to all plans** button.

### Plan Details

Get an in-depth view of a plan by clicking on the provider's logo. The *Plan Details* page appears providing information about the plan, beginning with Consumer costs at the top of the page.

The **Summary** section displays high level information about the plan, including estimated total costs, quality, and the product type.

Scroll down the *Plan Details* page to review all of the different sections that were noted on the *Plan Comparison* page.

When ready to select a plan, click on the **Add to Cart** button on either the *Plan Details* page or *Plan Comparison* page.

After clicking on the **Add to Cart** button on the *Plan Details* page, the button name changes to **Remove From Cart**. To continue, click on the **← Back** link within the *Plan Details* page.

The screenshot illustrates the user's journey from plan selection to cart management. It shows a list of 22 plans, a detailed view of the Kaiser Permanente Platinum 90 HMO plan, and the resulting cart with a total of \$331.56 per month. Red boxes and arrows highlight the key actions: selecting a plan, viewing its details, adding it to the cart, and viewing the cart.

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### Your Cart

On the *Plan Comparison* page, the **Your Cart** button opens a popup showing the contents of the consumer's shopping cart. Only one plan can be in a consumer's shopping cart at a time.

Click the **View Cart** button to go to the *Your Cart* page, which lists the applicant's chosen health plan. Clicking the **X** button at the top of the window removes the plan from the cart.

If the applicant has Premium Assistance, the system applies the full amount to reduce the monthly premium by default. The consumer can change some or all the amount applied by clicking the **Adjust** button.

A three-part *Premium Assistance* dialog window opens explaining the consumer's option to apply premium assistance directly towards their monthly plan amount, or receive a lump sum via tax credit at the end of the year. On the last screen, the applicant can use the slider mechanism to adjust how much assistance is applied to the monthly plan with the remaining balance returned at tax time.

Following any adjustments, click **Confirm** to close the *Premium Assistance* dialog window, returning to *Your Cart* page.

### Checkout

When the applicant is ready to enroll in the selected plan, click on the **Checkout** button. The *Provide eSignature* page displays to be completed as follows:

- Review this page with the consumer following Policy instructions. Click on the checkbox next to: **I Agree To File A (yyyy) Tax Return Before (April 15, yyyy) To Claim The Premium Tax Credit....**

**Your Cart**

Health plans

Ronald

Kaiser Permanente	Monthly premium	\$351.56
Platinum 90 HMO	Premium assistance	-\$20.00
Your Payment		\$331.56

Total Monthly Premiums \$351.56  
Premium Assistance **Adjust** -\$20.00

Cart Total Your Total Payment \$331.56

Continue shopping Checkout

**Premium Assistance**

Your household qualifies for premium assistance of \$20.00 that can be applied to reduce your monthly health insurance costs (for a total of 0.00 for the year).

The premium assistance applied to help you purchase insurance. You have a choice of:

- Have your premium throughout the year
- Receive your entire April, which means year.

Here's more information: The amount shown here when you began the enrollment is higher than your estimate received if you took a job are required to file a federal tax return whether you receive an advance or not.

**Premium Assistance**

You can choose to receive your premium assistance as:

- Monthly advance: You can choose to receive your premium assistance as a monthly payment to use some or all of your tax return of filing your tax return premium cost.
- Annual credit: You can choose to receive some or all of your premium assistance as a lump sum at the end of the year.

**Premium Assistance**

Move the slider to determine how you receive your credit

Monthly Premium Assistance	Annual Premium Assistance
\$ 12.50 / Mo	\$ 52.50

Remember that if your actual household income (for 2015) is more than you estimated, you may have to repay some or all of the monthly advance. You will be able to change how you receive your credit when you choose your health plan.

Remember that you should notify Covered California if your income changes in 2015 or if you get coverage from another source - such as if you get new coverage through a job. If your income goes down from what you estimated, you may be eligible for even more premium assistance to reduce your health care costs.

If your income goes up or you get other coverage, you may be eligible for less premium assistance. By letting Covered California know, we can adjust your premium assistance so there are not big changes in this tax credit at the end of the year.

Close **Confirm**

Checkout

**Your Cart**

Health plans

Ronald

Kaiser Permanente	Monthly premium	\$351.56
Platinum 90 HMO	Premium assistance	-\$12.50
Your Payment		\$339.06

Total Monthly Premiums \$351.56  
Premium Assistance **Adjust** -\$12.50

Cart Total Your Total Payment \$339.06

Continue shopping **Checkout**

## JOB AID: COVERED CALIFORNIA PLAN SELECTION

- Click on the checkbox next to: **I Have Read And Agree To The Binding Arbitration Agreement**
- Enter **PIN Number** and **eSignature** following policy guidelines.
- Click on the **Enroll** button

Checkout

✓ Cart

**2. Provide eSignature**

3. Confirmation

### Provide eSignature

To check out, 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 (2015) Tax Return On Or Before (April 15, 2016) To Claim The Premium Tax Credit. I Understand That I Am Required To Submit Changes That Affect My Eligibility, Including Income, Dependency Changes, Address, And Incarceration. These Changes Could Affect The Plans I Can Be Enrolled. I Cannot Change Plans Unless I Have A Life Triggering Event: Life Events Include Lost Or Will Soon Lose My Health Insurance, Permanently Moved To/Within California, Had A Baby Or Adopted A Child, Got Married Or Entered Into Domestic Partnership, Returned From Active Duty Military Service, Gained Citizenship/Lawful Presence, Federally Recognized American Indian/Alaska Native, Released From Jail, And Other Qualifying Life Events.

[Print](#)

#### Binding Arbitration Agreement:

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

I Have Read And Agree To The Binding Arbitration Agreement.

PIN Number \*

1234

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

Name per Policy

Provide eSignature: Name per Policy Date: 01/01/2050

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

### Confirmation

The *Confirmation* page displays the plan, the household members enrolled in the plan, the expected start date, the premium amount, available tax credit or employer assistance (if any), and the net total monthly payment.

- Click on the **Continue** button. The *Household Enrollment Summary* page displays.

Checkout

✓ Cart

✓ Provide eSignature

**3. Confirmation**

### Confirmation

Congratulations! You have completed checkout from Covered California. We will send your information to the health insurance plan that you chose. They will send your first premium bill to complete your enrollment. You will be enrolled once you pay the bill.

#### Health Insurance Plans

Ronald Outfield Expected Start Date: 06/01/2015

Plan	Monthly Premium (monthly cost)	
Kaiser Permanente Platinum 90 HMO	\$ 351.56	
Total Monthly Cost (Monthly Premium)		\$ 351.56
Monthly Premium Assistance (A Federal Tax Credit)		-\$ 12.50
<b>Your Total Payments</b>		<b>\$ 339.06</b>

#### Making Changes to Your Plans

If for any reason you need to make changes to the selections shown here, you can go back to the your account overview. Click Go to Account Overview to go there.

#### Disclaimers

You are not enrolled until your health insurance plan receives your payment. If you do not pick a plan and pay your first payment by the due dates, your application may expire. If your application is expired, you may be asked to re-submit your application or you will have to wait until the next open enrollment period.

[Print Page](#) [Continue](#)

### Family Dental Plan Selection

After the consumer has made a Covered California Plan health plan selection, the *Plan Selection – In Progress* page displays the option to select a family dental plan. Dental Plan selection is only offered if there is at least one adult member (18 years or older) of the household enrolled in a Covered California health plan.

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

The **Family Dental Table**, located at the bottom of the page, lists all applying CCP-eligible members of the household. The following statements display:

## JOB AID: COVERED CALIFORNIA PLAN SELECTION

Children under 19 have dental and vision benefits included in their health plan above.

Your family can also shop for Family Dental Plans. Shopping for a family dental plan is optional. Click on the "Shop for Dental Plan" button to pick a dental plan for your household.

If you choose a dental plan, you will pay for this plan separately. It will not be included in the monthly premium you pay to your health plan. Because the dental plan is optional, you will not get financial help to enroll in a dental plan. Also, you will not get a tax penalty if you do not enroll in a dental plan.

- All applying Household Members display under the heading of **Persons**.
- The **Program** displays as **Covered California Dental Plan**.
- The **Shop for Dental Plan** and **Decline Optional Dental Insurance** buttons are located under the heading **Dental Plans**.

### PLAN SELECTION - IN PROGRESS i

This page shows the health plans you have chosen for your household. Each plan will send you information in the mail.

Persons	Health Plan
Tennis Ball Basket Ball Vollie Ball	Subscriber ID: Plan: Bronze 60 PPO Expected Start Date: 01/01/2016 Net Premium: \$656.73 per month Initial Payment Due Date: 12/28/2015

Click the "Confirm" button if you do NOT want Pediatric Dental coverage.  
Click "Cancel" to choose a Pediatric Dental Plan for the children in your household.  
Children under 19 have dental and vision benefits included in their health plan above.

Your family can also shop for Family Dental Plans. Shopping for a family dental plan is optional. Click on the "Shop for Dental Plan" button to pick a dental plan for your household. i

If you choose a dental plan, you will pay for this plan separately. It will not be included in the monthly premium you pay to your health plan. Because the dental plan is optional, you will not get financial help to enroll in a dental plan. Also, you will not get a tax penalty if you do not enroll in a dental plan.

Persons	Program	Dental Plan
Tennis Ball Basket Ball Vollie Ball	Covered California Dental Plan	<div style="background-color: #ffc107; padding: 5px; display: inline-block; margin-bottom: 5px;">Shop for Dental Plan</div> <div style="background-color: #6c757d; color: white; padding: 5px; display: inline-block;">Decline Optional Dental Insurance</div>

If you do not want to add optional dental insurance this year, click "Decline Optional Dental Insurance". There is no penalty if you do not add dental insurance. Click "Decide Later" if you think you may want to come back later during Open Enrollment and add dental insurance.

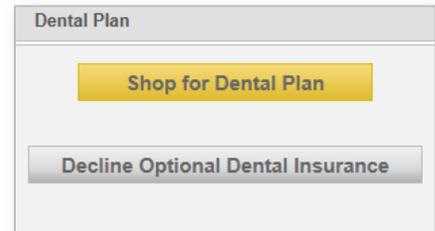
Save & Exit

When shopping for Dental Plans, a list of medical plans with an embedded pediatric coverage table is available. Click the (i) icon and a table displays the Health Insurance Plans that include Children's Dental Coverage.

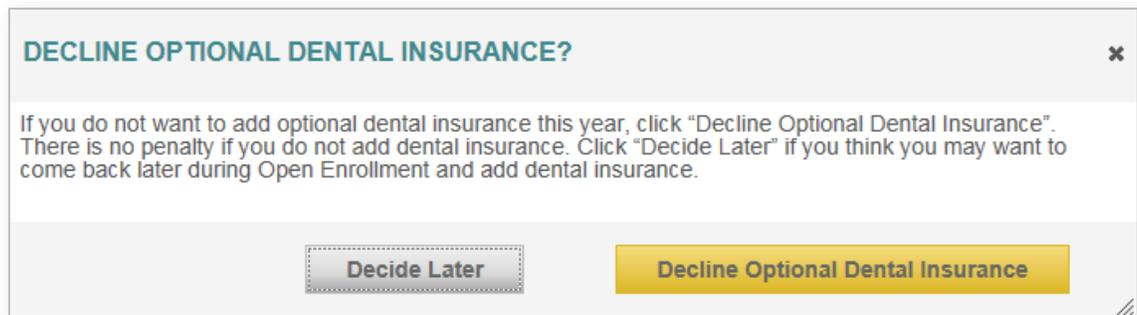
Health Insurance Plans that include Children's Dental Coverage	
Health Plan	Children's Dental Coverage Included in Health Plan
Anthem Blue Cross of California	Anthem Blue Cross DHMO, DPPO
Blue Shield of California	Dental Benefit Providers DPPO
Chinese Community Health Plan	Delta Dental of California DHMO
Health Net	Dental Benefit Providers DHMO, DPPO
Kaiser Permanente	Delta Dental of California DHMO
L.A. Care Health Plan	Liberty Dental Plan DHMO
Molina Healthcare	California Dental Network DHMO
Oscar Health Plan of California	Liberty Dental Plan DHMO
Sharp Health Plan	Access Dental Plan DHMO
UnitedHealthcare Benefits Plan of California	Dental Benefit Providers DPPO
Valley Health Plan	Liberty Dental Plan DHMO
Western Health Advantage	Access Dental DHMO

## Dental Plan Selection

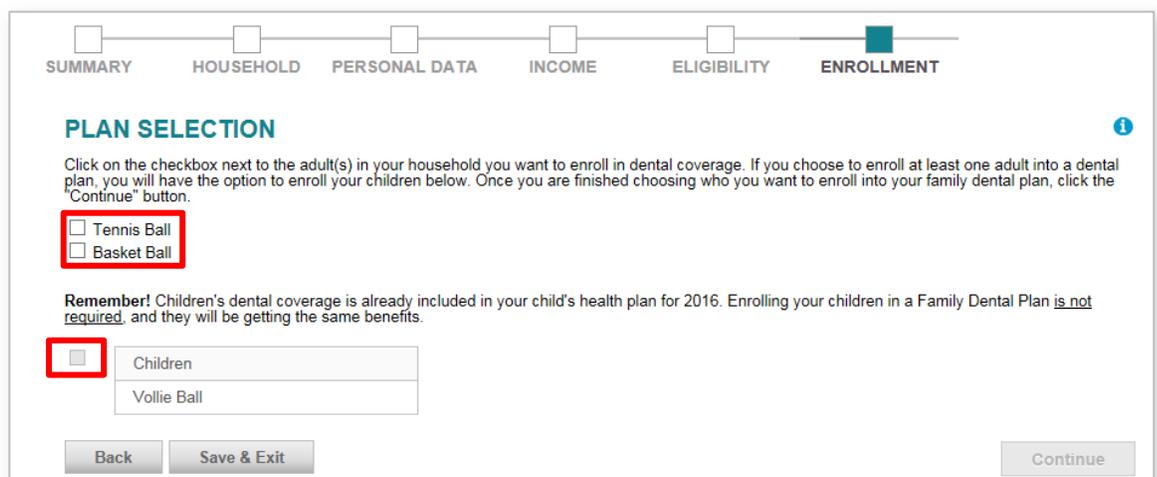
1. To get started, click on the **Shop for Dental Plan** button. This launches the *Plan Selection* page to browse Dental Plans, select a plan, and enroll.
2. Clicking the **Decline Optional Dental Insurance** button displays the *Decline Optional Dental Insurance* popup box. The popup displays a message for the user to choose one of two options:



- Click the **Decide Later** button to retain the option to select a dental plan during Open Enrollment. **Note:** The option to “Decide Later” is only available during Open Enrollment.
- Click the **Decline Optional Dental Insurance** button to acknowledge declining dental insurance. If declined, the **Dental Table** will be removed from the page.



3. The *Plan Selection* page displays the members eligible for dental coverage and is divided into two sections:
  - Adults
  - Children (18 years or younger)



Checkboxes adjacent to the children household members are not active until an adult in the household is selected for Dental Coverage.

## JOB AID: COVERED CALIFORNIA PLAN SELECTION

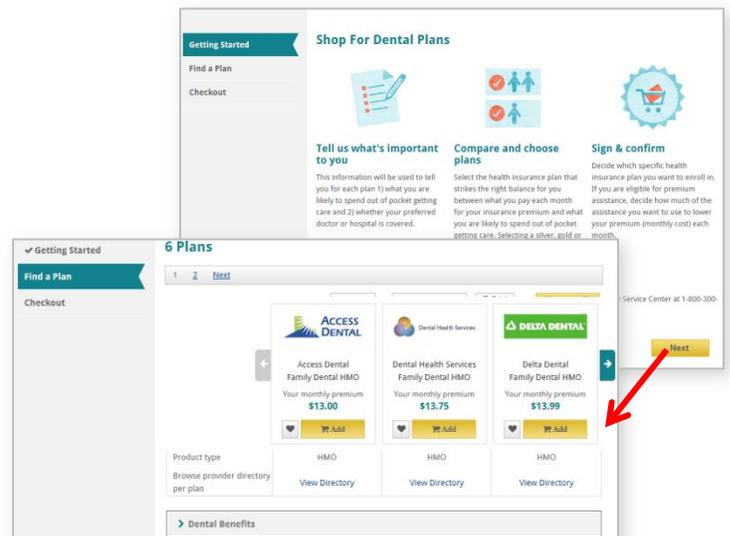
- Click the **Checkbox** next to the adult(s) in the household to enroll in dental coverage. Keep in mind that children's dental coverage is already included in the child's health plan for 2015. Enrolling the children in a Family Dental Plan is not required and dental coverage is the same as the dental coverage in the embedded health plan program.

At least one adult member must be enrolled. The children's checkbox will appear. Only one checkbox for all children will be available. Click the **checkbox** next to the children's names to choose a Family Dental Plan.

**Note:** the **Back** button and **Save & Exit** button are available anytime, but the **Continue** button does not display until at least one checkbox is checked.

The Primary Contact must select all or none of the Household Members 18 years or younger to be included in family dental coverage. Members not included in the dental plan selection are recorded as declining family dental coverage for that benefit year.

- After selecting the desired checkboxes, click the **Continue** button. The *GetInsured - Plan Comparison* page for dental plans displays.
  - When there is an overlap in coverage, the *Overlap in Coverage* popup will display and will not allow the user to continue.
  - If the application date does not match the system date, the *Plan Selection Date* popup displays.
- When Dental Plan selection is completed, the user returns to the *Household Enrollment Summary* page to view enrollment information.



### Household Enrollment Summary

The Consumer's information will be sent to the selected health and dental carriers. The Consumer must send their initial (first) payment by the **Initial Payment Due Date** listed on the *Household Enrollment Summary* page so their plan can start on the **Expected Start Date** listed on the page.

If the Consumer wishes to pay online, they can click on the **Pay Now** button which will direct them to their carrier's payment information webpage. Not all carriers support online payments and the Consumer can submit payment to their carrier by mail.

All Carriers support online payments (through NIC) and allow the consumer to make the initial payment:

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Two **Pay Now** buttons display: one for the selected Health Plan and one for the selected Dental Plan. If Dental Coverage is declined, no **Pay Now** button appears for dental coverage.

ENROLLMENT

- ✓ Enrollment Introd...
- ✓ Plan Selection
- Enrollment Summary

## HOUSEHOLD ENROLLMENT SUMMARY i

Congratulations! You are one step closer to getting quality health care through Covered California. Your information will be sent to your health and dental plan choices listed below. Send your initial (first) payment by the deadline so your plan can start on the expected start date. If you chose more than one plan, send payment to each plan.

**Remember:** Send all payments directly to your insurance plan. Do not send payment to Covered California. We cannot accept payments. Sending payment to Covered California could delay the start of your coverage. See ["How to Pay"](#) at CoveredCA.com or call your plan to learn more.

Viewing Enrollment information for 2016

### PAYMENT OPTIONS

1) **Online:** You can pay online if the "Pay Now" button appears on the "Initial Payment" column. Click "Pay Now" to make a quick, secure first payment to your insurance plan. Once your insurance plan confirms your first payment, the "Pay Now" button will disappear. It may take up to one week for the payment to show. The "Pay Now" button is only for your first payment. For plans that accept online payments, you can send future payments to the plan using their website.

2) **By mail to the plan:** If the "Pay Now" button does not appear or you want to mail your first payment, you can wait for the bill from your plan. It may take up to two weeks to get the bill by mail. You will be enrolled in the plan once your plan receives your first payment. If you pay by the due date on your bill, your coverage will start on the expected start date below. You can begin using your insurance after that date, even if you don't have your insurance cards yet. About 10 days after they receive payment, your plan will send you a welcome packet with your cards. Be sure to pay your monthly payments on time so you will stay insured.

Persons	Program	Health Plan	Initial Payment
Tennis Ball Basket Ball Volley Ball	Covered California Plan	Subscriber ID: 85 Plan: Bronze 60 PPO Expected Start Date: 01/01/2016 Net Premium: \$ 856.73 per month Initial Payment Due Date: 12/28/2015	<a href="#" style="background-color: #ccc; padding: 5px 10px;">Pay Now</a>

Children under 19 have dental and vision benefits included in their health plan above.

**Before your coverage can start, you must make your first premium payment.** If you chose to enroll in a Family Dental Plan, you will need to pay this premium separately from your health plan premium.

Persons	Program	Dental Plan	Initial Payment
Tennis Ball Basket Ball Volley Ball	Covered California Dental Plan	Subscriber ID: 85 Plan: Family Dental HMO Expected Start Date: 01/01/2016 Net Premium: \$ 43.47 per month Initial Payment Due Date: 12/28/2015	<a href="#" style="background-color: #ccc; padding: 5px 10px;">Pay Now</a>

Please take a quick survey to tell us about your experience and help us improve your Covered California Marketplace.

[Take Survey](#)