

Overview

Covered California's renewal period (annual redetermination process), **October 11 - December 15, 2017**, is intended to help individuals and families retain health coverage for 2018.

This Job Aid will help guide Certified Enrollers through the process of renewing consumers for the 2018 plan benefit year, with the new online application (CalHEERS) enhancements.

Important 2018 Renewal Information

Renewal Type	Definition	Start Date	End Date
Passive	Occurs when a consumer in <i>renewal mode</i> makes no change to their application information or the health plan. CalHEERS automatically renews the consumer's eligibility and enrollment for the next benefit year.	11/11	12/15
Active	Occurs when the consumer actively makes a change (changes plans or reports a change) during Open Enrollment for the upcoming plan year.*	10/11	12/15

There are two types of renewal for Covered California consumers:

*In most cases, if a consumer starts an Active renewal and does not complete plan selection, the consumer will be renewed into a plan for the upcoming benefit year. This occurs when the consumer has not selected a new plan by the due date indicated on the *Health Enrollment* Summary page.

Please note:

- A renewal due date displays to remind Covered California consumers and enrollers that the current plan will automatically be renewed if changes are not submitted before the date listed.
- If a consumer has no changes, does not want to shop or compare new plans, and wishes to passively renew, there is no action needed or required by the consumer or by the Certified Enroller. When the date on the <u>Renewal Notice</u> is reached, Covered California will automatically renew the consumer into their same plan with updated pricing, if available.
 - If the same plan is not available, Covered California will automatically renewal the consumer into a plan with the same carrier and within the same metal tier.
- Passive renewals will enroll consumers in the same dental plan from 2017 for the 2018 benefit year.
 - If a consumer terminated their health coverage for the 2017 benefit year, but did not terminate their dental plan, the dental *will* renew.

Households Not Eligible For Renewal

- Applications which were withdrawn or terminated
- Cases which opted out of renewal during the renewal timeframe (between the dates of October 11 and December 15, 2017)



Renew Mode

A household in Renew mode displays the Consumer Home page with the message: *Welcome Back to Your Account. It's time to renew your coverage*. 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
- Covered California & Medi-Cal Households (Mixed Households)



		español Need help?	Renew Your Medi-Cal Coverage
	Hi, Welcome Back to It's time to renew you be able to tell us abou income and other info	Your Account r coverage. You will it changes to your rmation.	Step 1: Review 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.
Before starting your renewa plans side-by-side.	Click bere to learn more about re	newine your coverage	Step 2: Renew 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 your local county office.
Step 1: Review Click the "Continue" button update anything that has ch your income, family size, or Step 2: Renew/Enroll Enroll in a plan. You can star	to begin your renewal application. Review langed. You may qualify for a different ar other information has changed. y in your current plan or compare rates a	w your information and mount of financial help if and shop for a new health	Plans side-by-side. Renew Your Medi-Cal and Covered California Health Plan Step 1: Review Click the "Continue" button to begin your renewal application. Review your information and update anything that has changed. For Medi-Cal, you can also complete and return a renewal
plan. You can also enroll in a	a dental plan at this time. () by [Mmm. DD, YYYY], we will renew your Continue	current plan.	form to your local county office. Step 2: Renew/Enroll 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. If you do not choose a plan by IMmm. DD. YYYI, we will renew your current plan.
Announcements 1902/0017 The decore and hospital search feature of CoveredCAcron will be available starting October Th. Local Enrollment Courselions and Agents are being added daily. Feature check back frequently. See how well the health claim are donn?	nanage hy Application Change plan Select health and derical plan Change premium assistance amount Report a change Continue change report	noore Actions Authorized Representative Manage delegates Stop and Compare Certified Evolution Counselor home Download PDF application	For Medi-Cal 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, contac your local county office.
View all precurements	Continue renewal application	Get Adobe PDF Reader	Click here to find your local county office

These pages vary slightly in terms of renewal instructions and links needed for renewing.



Some important points about Renewals:

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

From the *Welcome to Your Renewal Application!* page users have two options to continue.

- Clicking the Get Started button navigates users to the Tell us about the people in your household page.
- Clicking the No Changes to Report text link will prompt the enroller to confirm that there are no changes to be made and recommend walking through the application to make sure. Enrollers should confirm with the consumer that there are no changes.

Household Menu Your answers v	vill be saved			
Tell us about the Add everyone in the house Who should I add?	e people in yo nold, even if they aren	our househol 't applying for health	d care on this applica	tion.
Review	Review	Revi	iew (+	
45 yrs	45 yrs	13 yrs	perso	n
			Done	8

ene	\wedge		
lup	Are You S	ure?	
wat iv	We recommend walking through sure that it is correct and up to straight to your application re updates to your a	your information to make date. If you prefer to skip view, you can still make pplication.	
r cor ted"	You must report all changes	to your information.	sk "Ge
	Walk Through My Information	Skip to Final Review	



Renewal Summary Page

The *Renewal Summary* page displays 2017 household information. 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 2018.

 Review all the information displayed on the *Renewal Summary* page with your consumer.



If there is new information for 2018, click the **Edit** button in the section that needs updating and enter the new information.

To add a household member, for example, click the **Add Household Member** button at the bottom of the **Renewal Summary** page and complete the pages required.

If there is no new information for 2018, click the **Continue** button at the bottom of the **Renewal Summary** page to proceed to the *Signature for Renewal* page to sign and submit the consumer's renewal application.

Note: Information entered during the renewal applies to the upcoming coverage year and may impact eligibility for insurance affordability programs as of January 1, 2018.

Examples of the types of changes that may impact eligibility include:

- Change of physical Address
- Change in Household Income
- Add or Remove a Household Member

	Primary Tax Filer	Yes		Edit
	Person filed taxes last year	Yes		
	Tax Filing Status	Single		
	Planning to file taxes this year	Yes		
 Health Care - 				
	Long-Term Care	No		Edit
	Enrollment in other insurance	No		
	Receiving Medicare benefits	No		
v	Optional Information			
	Preferred Written Language	English		
	Preferred Spoken Language	English		
	Hispanic, Latino, or Spanish Origin	No		
	Ethnicity	N/A		
	Race	White		
Save & Exit		Continue	Add Hous	ehold Member



When all household information for the upcoming coverage year is confirmed, click the Continue button at the bottom of the Renewal Summary page.

Voter Registration

The Voter Registration page displays allow the enroller the opportunity to register to consumer to vote. After selecting an optio click the **Continue** button. The Signature for Renewal page displays.

Signature for Renewal

3. The Signature for Renewal page displa On the Signature for Renewal page, review any changes.

Each change displays the Type of Chan the corresponding Change Element (question or the field that prompted the reported change), and the Old Value a the New Value to depict the before an

Income Change Other Income

Consent to Receive Text Messages and Calls

after change value for comparison. Each change requires the consumer select an applicable reason for the change from the Reason dropdown. Select the appropriate option, and then enter the Event Date. If there are no changes, the Your *Changes* section is blank. The Cancel all changes link displays only if changes are detected.

2018 Renewal Job Aid **Certified Enrollers**



ays allowin	g VOTE	REGISTRA	TION		0
gister to th	Covered	California is a voter	registration agency and	t is providing you the opport	unity to register to vote.
; an option,	To registe	er to vote, you must	be a U.S. citizen and a	t least 18 years old by the n	ext election.
gnature for	If you are	not registered to	vote where you live n	ow, would you like to appl	y to register to vote today?
	⊖Yes, d	pen the California	Online Voter Registr	ation website in a new tab.	
	• Yes, p	lease mail me a vo	oter registration card		
	ONO				
	NOTE: IF REGISTE	YOU DO NOT MA	KE A CHOICE, YOU W	ILL BE CONSIDERED TO F R REGISTRATION CARD V	AVE DECIDED NOT TO VILL BE MAILED TO YOU.
ge displays	Importan	t Notices			
l page,	1. Applyir provided	ig to register or decl by this agency.	lining to register to vote	will not affect the amount o	f assistance that you will be
	2. If you v accept he	vould like help in filli lp is yours. You ma	ing out the voter registr y fill out the voter regis	ation form, we will help you. tration form in private.	The decision whether to seek or
e of Change ement	2, If you b privacy in party pref (800) 345 more info	deciding whether to erence or other poli -VOTE (8683) or yo rmation on elections	e nas interfered with yo o register or in applying tical preference, you m ou may write to: Secreta s and voting, please vis	to register or to decl to register to vote, or your r ay file a complaint with the S any of State, 1500 - 11th Stre it the Secretary of State's w	ine to register to vote, your right to ight to choose your own political secretary of State by calling toll-free set, Sacramento, CA, 95814. For ebsite at <u>www.sos.ca.gov.</u>
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	Buck	JUVE & LA			Gontande
<i>a value</i> and	1				
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		~			Cancel al channes ann More
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Please read the following i	information and Electronical	ly Sign your application	Delime		
W. Tank helius her					
in the state of th					
					-
Type of Change	Charge Diement	Old Value	New Value	Reason*	Event Date*
Income Change - Employment Income	Amount	1900.00	9050.00	Selectore	· ·
👻 test Testing					
Type of Change	Change Element	Old Volue	New Yoke	Reason*	Event Date*
Income Change -	Enter the projected	\$21400.00	\$22200.00	C. Same Sea	

Select Or

4. The enroller asks the consumer to select the **Yes or No** radio button to the required question: *Click* Yes to receive text messages and calls about your health coverage. By clicking Yes, the consumer consents to receiving autodialed and pre-recorded calls and/or text/SMS messages at the telephone number provided. A *Reminder* popup displays if the consumer did not yet enter a phone number for

Clock Yes to receive text messages and calls about your health care poverage. () Yes () No By sloking Yes, I consent to notely autodaled and pre-recorded cells and/or text/SMS messa annal of Covered California.

understand this is not a condition of purchase, and that message and data rates may apply



the Primary Contact in the *My Profile* page. Note: The radio buttons display but are inactive for all other users.

- 5. The enroller will ask the consumer to attest to the statement, *I know that I must report any changes to information on this application*, under the **Your Changes** section by clicking the checkbox.
- The enroller will click the Declaration checkbox in the Review and Sign section after obtaining the consumer's consent.

Note: The Submit button at the bottom of the page is disabled until all checkboxes on the Signature for Renewal page are checked.

7. The enroller enters their Electronic Signature and Electronic PIN number to sign the renewal. Click the Submit button at the bottom of the page to submit the renewal application and initiate the eligibility determination.

□ I know that I must report any changes to information on this application. For example, I must report a new address, a new member of the household, or a change in income.

Review and Sign

- I declare under penalty of perjury that the following statements are true and correct:
 I have provided true answers to all of the questions on this form to the best of my knowledge.
 - Unless I have already provided authorization for Covered California to use electronic data sources to get
 my updated tax return information for the renewal period this year. I understand that I am giving Covered
 California authorization to get my updated tax return information to renew my health insurance coverage
 for the 2016 benefit year. This statement does not apply to Medi-cal.
 - I know that if I am not truthful, there may be a civil or criminal penalty for perjury that may include up to four years in jail, pursuant to California Penal Code Section 126.
 - For Covered California, I know that if I, or someone in my household, have private health insurance
 through Covered California, I must notify Covered California of changes in my information, or the
 information of any member(s) of my tax household, within 30 days of such change. To report a change,
 click here. For Medi-Cal, I must report any changes within 10 days by contacting my county human
 services agency.
 - I know that if I, or someone in my household, have health insurance through Medi-Cal, I must contact my county social services office within 10 days of any changes in my information, or the information of any member(s) of my household.
 - I understand that I must provide my electronic signature (by typing my full name) and PIN below to complete the renewal process for any Covered California health insurance plan.
 - I attest that if I or anyone in my tax household received premium tax credits for Covered California health coverage in 2014, I or the person who received premium tax credits, have filed or will file a 2014 federal tax return.
 - I understand that if I do not complete the renewal process for my household, any household member currently enrolled in a Covered California health insurance plan, including myself, that is not eligible to remain in their current plan may experience a break in health insurance coverage. This statement does not apply to Medi-Cal.

 \Box I'm signing this application under penalty of perjury. This means I've provided true answers to all the questions on this form to the best of my knowledge. I know that if I'm not truthful, there may be a penalty

Electronic Signature * Electronic PIN *	Forgot PIN	
Back Save & Exit		Submit



Renewal Results

The *Renewal Results* page displays a summary of health care programs the household is eligible for in the upcoming coverage year.

Carefully review the eligibility information on this page 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 2018 that is appropriate for their eligibility.

To view a PDF version of the submitted renewal application, click the **Submitted Application** button at the bottom of the **Renewal Results** page.

To save the consumer's information and exit the renewal, click the **Save & Exit** button. You will be navigated to the Consumer Home page.

 Click the Choose Health Plan button on the Renewal Results page to navigate to the Health Enrollment Introduction page to confirm or change plan choice for 2018.

	EXPLORE What's Right For You	PREVIEW Health Plans	APPLY To Get Covered	GET HELP Find Answers
	SUMMA	ARY HOUSEHOL	D PERSONAL DATA	INCOME ELIGIBILITY
ELIGIBILITY	RENEWA	AL RESULTS		Learn More 🛛 🕚
Renewal Summary	Below is a summ carefully. Depend amount of premi	ary of what health care pro ding on how your informatio um assistance. You may al	pgrams you are eligible for this up on has changed you may be eligi so need to verify your information	pcoming year. Please review this information ible for a different program or a different n. You can easily do that by uploading your
Voter Registration	documents below services agency	 If you or members of you will contact you. 	Ir family end up being eligible for	Medi-Cal coverage, your county human
Signature For				Choose Health Plan
Renewal Results				
	Covered Cali additional det	ifornia Plan: Conditionall ails we need to collect. Che	y Eligible - Please check your M bose a Health plan by clicking the	lanage Verification page to see some e button below.
	Premium As: Eligible - Ple Health Plan b jane trains,Jo	sistance , a federal tax cre ase check your Manage Ve y clicking the button below hn Trains: Up to \$4,320.00	dit that can be used to lower you erification page to see some addi , for 2016, with a monthly amount	rr monthly premium: Conditionally tional details we need to collect. Choose a t of \$360.00 going forward
	To see how n	nuch premium assistance y	ou have received so far, visit the	Current Enrollment page (?)
	Not aligible fo	the following:		

V Important	Information & Options	
Eligibility Dete Household in Household in Records india Citizenship n You do not q limit. Household in You meet all We will send yo	mination Factors come qualifies for Premium Assistance (a federal tax i ium) come is in the APTC program limits. :ate applicant has existing medical coverage, must be ust be verified. Jalify for Medi-Cal health coverage because your hous come is not in the CSR program limits. other factors to qualify. Lu additional details in two ways: 1) the mail and 2) the	credit that can be used to lower your everified. sehold income is above the Medi-Cal
Appeal Decisio	n If you think our decision is wrong, you must file a re	equest for a hearing within 90 days.
Referral to Oth You may qualify View Other Pro	er Programs for other programs. To find out, send your information grams	n to your county social services office.
Important Info If you are pregn health care opti	mation for Pregnant Women ant or there is a pregnant woman in your household, o ans!	click here to learn more about available
		Choose Health I
Save & Exit	View Submitted Application	Choose Health Plan

Note: The Choose Health

Plan button does not display on the *Renewal Results* page for all eligibility situations. For example, for Medi-Cal eligible cases, the following text displays instead: "If you or members of your family end up being eligible for Medi-Cal coverage, your county human services agency will contact you."



Renew Health Plans

The **Household Enrollment Introduction** page displays the health programs for which the household members are eligible.

HOUSEHOLD E	NROLLMENT INTRODUCTION		
Members of your household qu For Covered California, in mos For Medi-Cal, you will keep you For the Medi-Cal Access Progr For the County Children's Heal	ualify for the health programs listed below. Each program has a t cases if you do not select a plan by 12/15/2016, Covered Cali ur current Medi-Cal health plan if your eligibility is renewed, unk ram, you will receive information separately on how to choose a th Initiative Program (CCHIP) you will receive information sepa	set of available health plans for you to compare. You can choose the fornia will automatically enroll you in your current plan for the 2,017 be ess you move to a county with different health plans. You can also cho health plan that covers your health care needs. rately from your health plan.	health plan that is the best fit for you. enefit year. bose a different health plan at any time through <u>Health Care Options.</u>
Persons	Program	Health Plan	
	Covered California Health Plan	Continue Health Plan Update	
	Covered California Health Plan	Continue Health Plan Update	
			Regroup
Back Save & Ex	iit		

Covered California Plan Auto-Enrollment

Covered California will automatically enroll 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 *Household Enrollment Introduction* page. Note: If the consumer is enrolled in a dental plan and makes no changes to that dental plan, they will automatically be renewed into the same dental plan. Health insurance carriers will notify consumers of a 2018 plan substitution to a similar plan if their 2017 plan is no

Tell us about your health care needs
Your answers are used to find the best plan option for you.
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.
O 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.
NEXT

longer available. If the current plan is not available for 2018, the consumer must take action and select a new plan no later than December 14, 2017 to prevent a break in coverage. (Note: The health insurance carrier will provide notice to the Individual if a plan will not be available in the upcoming coverage year.) In most cases, if the consumer does not select a plan by the date shown on the *Household Enrollment Introduction* page, Covered California auto-enrolls them in the same plan for the upcoming benefit year.

Choose a Health Plan for 2018

9. Click the **Choose Health Plan** button on the **Household Enrollment Introduction** page to review and confirm plan or make a new plan choice for your consumer. The *Tell us about your healthcare needs* page appears.



ollers may skip directly to Plan Selection by clicking the Skip to View Plans button.

Select a New Plan for 2018

The Shop for a Health Plan page allows the Consumer to browse and compare their 2017 plan to those available for 2018. From this page, the consumer can shop for a new plan or add their existing plan to their cart. The consumer's existing plan is labeled Your 2017 Plan and is the first plan displayed. Click the ADD TO CART button to add the existing plan or select another choice for 2018.

If the consumer's existing plan is no longer available it will be labeled Not Available and the consumer will need to select another plan.

When plan selection for 2018 has been selected and confirmed, the Provide eSignature page displays. Review and complete the Provide eSignature page as follows:

- Click the I agree: checkbox after reading the bulleted items listed
- Enter the full name in the eSignature • text box
- Select the I Have Read and Agree to • the Binding Arbitration Agreement checkbox
- Enter the PIN in the Pin Number field

Click the Enroll button at the bottom of the page to continue.



Provide eSignature

To checkout, read the agreement here and enter your personal identification number (PIN) and eSignature in the spaces beil 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

- I spree:
 To file a federal income tax return on or before the due date for the return of the return of
 - · To report changes to Covered California that affect my eligibility, in changes could affect the plans and APTC for which I am eligible. I cannot switch plans outside of the Open Enrollment Period unless I have a qualifying life event. So
 - events are a permanent move that results in access to new plans, birth or adoption of a child, man

I understand that every p any claim asserted by in health care providers, as	erticipating health yean has its own rules for resolving disput a, my enrolled dependents, here, or authorized representativ ministrators, or other associated parties, about the members	es or chaims, including, but not limited to, we append a health plan, any contracted hip in the health plan, the coverage for,
To enter your eSignature.	please enter your full name. *	
Latry Trainsalot		
✓ I have read and agree	to the Binding Arbitration Agreement.	
✓ I have read and agree PIN Number *0 ••••	to the Binding Arbitration Agreement.	



The *Confirmation* page displays the new plan for coverage effective January 1, 2018.

Click the **Continue** button at the bottom of the page to review the household's plan enrollment.

realiu	h Plans				
8				Expected Sta	rt Date: 01/01/20
		Kaiser Permanente#	Kalser Permanente Bronze 60 HDHP HMO	Monthly Premium (monthly cost)	\$ 579.9
				Total Monthly Premium Cost	\$ 579.9
				Total Monthly Premium Assistance	-\$ 420.1
lakinş chang	g Changes Jes occur in y	to Your Plan	ort them, log in to your account and clic	k on "Report a Change" or "Change Plans".	
ou are	not enrolled you may be	until your plan(s) rece required to resubmit yo	ives your premium payment. If you do r sur application and may have to wait un	not pay your first payment(s) your application may expire til the next Open Enrollment Period.	. If your application
					CONTINUE

Dental Coverage

Continue the enrollment process by selecting or opting out of dental coverage. Family dental plan selection is offered to a household with at least one adult member enrolled in a Covered California Health Plan.

Note: Children's dental coverage is embedded in their health plan.

Persons	Program	Health Plan
	Covered California Health Plan with Premium assistance(a federal Tax Credit)	Subscriber ID:11318 Plan:Gold 80 HMO Expected Start Date:11/01/2016 Net Premium:\$411.81 per month Initial Payment Due Date:10/28/2016
ntal plans are optional a r health plan's monthly	ind do not qualify for financial assistance. Dental plans are bille premium. There is no tax penalty if you do not enroll in a denta	ed separately from your health plan and will not be include al plan.
ntal plans are optional a r health plan's monthly Persons	Ind do not qualify for financial assistance. Dental plans are bill premium. There is no tax penalty if you do not enroll in a denta Program	ad separately from your health plan and will not be include al plan. Dental Plan Dental Plan
ntal plans are optional a r health plan's monthly Persons	Ind do not qualify for financial assistance. Dental plans are bille premium. There is no tax penalty if you do not enroll in a dents Program	ed separately from your health plan and will not be include al plan. Dental Plan Shop for Dental Plan



Household Enrollment Summary

The **Household Enrollment Summary** page provides information about the household's enrollments, including the initial payment due date.

Enrollers can click the **How to Pay** link to view details on how to make payments directly to the health insurance plan.

View plan enrollment information by coverage year on the **Household Enrollment Summary** page.

HOUSEHOLD ENROLLMENT SUMMARY

Congratulations! You are one step closer to getting quality health care through Covered California. The health insurance plans that you chose for your household are listed below. Your information will be sent to the insurance plans you chose. Be sure to pay your first or "initial" payment by the deadline listed on the bill from your insurance plan so your insurance an start on the expected start date below. If you chose more than one insurance plan, you will have to make a separate payment to each plan.

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Please note: You should send <u>all payments</u> directly to your insurance plan. Covered California cannot accept payments. Do NOT send any payments to Covered California. Sending payments to Covered California directly could delay the start of your coverage. For details about making payments directly to your insurace plan.see <u>How to</u> <u>Pay</u> at CoveredCA.com or call your insurance plan for details.

PAYMENT OPTIONS

1) Make your Payment Online: If the online payment option is available, a " Pay Now" button will appear in the "Initial Payment" column. By clicking this button, you can quickly and securely pay your initial premium payment to your insurance plan. The "Pay Now" button will no longer appear once we get confirmation from your insurance plan that you have paid. It may take upto 1 week for your payment status to show. Only your first online payment can be made here. For insurance plans that accept online payments, your future payments can be sent to the plan directly, on their website.

2) Mail your Payment to your Plan: If the "Pay Now" button is not available or if you want to mail your first payment, then you can wait for the insurance plan to send your first bill. It may take uo to two weeks to receive your first bill by mail.

Select from the Viewing Enrollment Information for dropdown to view plans by coverage year.

Viewing Enrollment information for

Click the **Take Survey** button to navigate to a Covered California survey to provide feedback on the Consumer experience. Click the **View Additional Programs** button to navigate to the *Additional Programs* page. Click the **Done** button to return to the Consumer Home page.

Note: Consumers may change their medical plan and/or dental plan choice made in Renewal <u>during</u> <u>the Open Enrollment</u> <u>period</u> for the upcoming coverage year by clicking the Change Plan link in the Actions section on the Consumer Home page. Once your insurance plan receives your first payment, you will be enrolled. About 10 days after receiving your first payment, your insurance plan will send you a welcome packet with your insurance cards. As long as you paid your first payment by the due date listed on your bill, your coverage will start on the expected start date below. You can use insurance after that date, even if your cards have not arrived yet. To stay insured, it is important to keep paying your monthly premium payments of 2017

2018

Persons	Program	Health Plan	Carrier Website Address
IOLIE	Covered California Plan with premium assistance(a federal tax credit)/ cost soring reductions (covers out of pocket expenses, such as copays and coinsurance)	Subscriber ID: 1344 Plan: Bronze 60 HMO Expected Start Date: 01/01/2015 Net Premium: \$200.91 per month Initial Payment Due Date: 12/26/2014	Carrier not enrolled to receive electronic ~~yments from Covered California Molina Health Care http://www.molinahealthcare.com/paymentCA
ease take a qu arketplace.	lick survey to tell us about	your experience and h	elp us improve your Covered California Take Survey



Passive Renewal

Passive Renewal 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. The last batch run for auto-enrollment will occur 12/13/17 through to 12/15/17 to enroll with an effective date of 1/1/2018.

Note: Consumers will also be automatically re-enrolled in the same dental plan as well, if still available.

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

- MAGI Medi-Cal only cases
- Cases terminated before October 11, 2017
- Cases enrolled with a Special Enrollment event after October 11, 2017.