



# JOB AID: CHANGE PREMIUM ASSISTANCE AMOUNT

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

February 12, 2015

In the past, Consumers could not change the amount of Advanced Premium Tax Credit (APTC) they receive unless there was a reported change in income or life circumstances. Consumers can now change the amount of APTC they receive at any time. This Job Aid illustrates the steps a Consumer follows to change the amount of their APTC and is written for Administrative users (Admins).

## Change Premium Assistance Amount Link

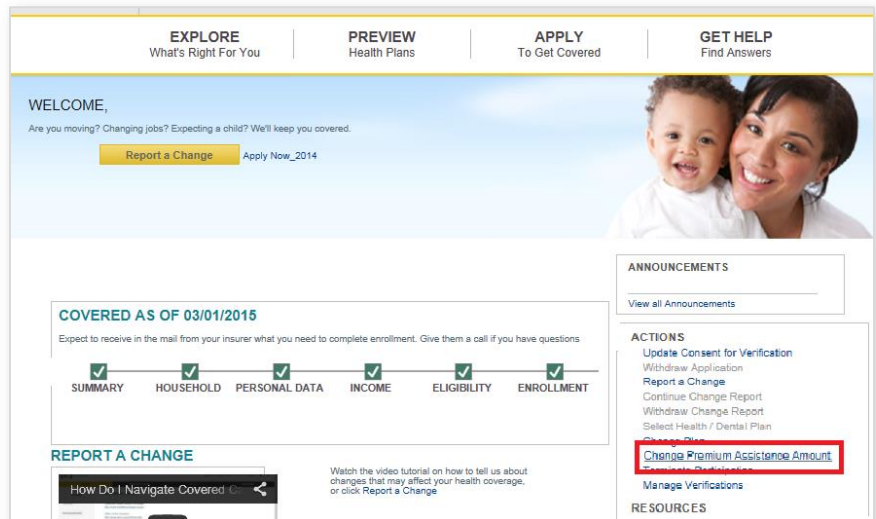
When they first enroll in a plan, eligible Consumers can choose to have all or part of their premium assistance sent directly to the insurance company and applied to their monthly premium or to wait to receive the premium assistance as a tax credit. Consumers wanting to change their selection of how they receive their premium assistance or how much premium assistance is applied to their monthly premium can now do so independently during the enrollment year.

The **Change Premium Assistance Amount** link displays in the **Actions** column on the *Individual* home page for Consumers when:

- The health plan is in an Enrollment Status of Pending or Enrolled,
- The household is eligible or conditionally eligible for APTC, and,
- The maximum amount of APTC the household is eligible for is greater than 0 (zero).

The link does not display when:

- Report a Change is in progress
- The **Continue Health Plan Update** button is displaying on the *Plan Enrollment Summary* page
- It is after November 15 and enrollment information for the current benefit year is displaying on the *Plan Enrollment Summary* page



To change the premium assistance amount, click the **Change Premium Assistance Amount** link in the **Actions** column on the *Individual* home page.

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The *Plan Enrollment Summary – By Program* page displays.

The **Change Premium Assistance Amount** link displays in the **APTC Applied** plan row when:

- The plan Enrollment Status is either Pending or Enrolled, and,
- The household is eligible or conditionally eligible for APTC, and,
- The maximum amount of APTC the household is eligible for is greater than 0 (zero).

**Note:** The **Change Premium Assistance Amount** link displays but is disabled when:

- A Report a Change is in progress, or,
- The **Continue Health Plan Update** button is enabled, or,
- The system date is after November 15 and enrollment information for the current benefit year is displayed on the *Plan Enrollment Summary by Program* page.

During the Renewal period, when the *Plan Enrollment Summary by Program* page displays enrollment for the renewal benefit year, the **Change Premium Assistance Amount** link is enabled to allow changes to the premium assistance amount for the renewal benefit year.

## Change Premium Assistance Amount Link

To change the premium assistance amount for a plan, click the **Change Premium Assistance Amount** link in the **APTC Applied** row, for that plan.

The **Change Applied Premium Assistance** page appears.

**PLAN ENROLLMENT SUMMARY BY PROGRAM**

Please find below the summary of your household members enrolled under different programs.

Viewing Enrollment Information for: 2015 [X]

**Household Members**

Name	SSN	Date of Birth	Gender
Michi Gan	***-**-1111	02/08/1990	Female

**Current Enrollment Summary**

Program	Household Member(s)	Eligibility Status	Expected Start Date
Covered California Plan	Michi Gan	CONDITIONAL ELIGIBLE Upload Documents	03/01/2015
Premium Assistance(Tax Credit)	Michi Gan	CONDITIONAL ELIGIBLE Upload Documents	03/01/2015

**Program** | Covered California Plan

Household Members	Michi Gan
Carrier	Anthem
Tier Name	BRONZE
Plan Name	Bronze 60 HSA PPO
Policy Number	N/A
SHOP Employer	N/A
Cost Sharing	N/A
Gross Premium	691.08
<b>APTC Applied</b>	577.00 <a href="#">Change Premium Assistance Amount</a>
Employer Contribution	N/A
Net Premium	114.08
Enrollment Status	PENDING
Initial Payment	<input type="button" value="Pay Now"/>

<b>APTC Applied</b>	577.00 <a href="#">Change Premium Assistance Amount</a>
Employer	N/A

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## Change Applied Premium Assistance

The *Change Applied Premium Assistance* popup:

- Displays the Consumer's current net monthly premium and the amount of premium assistance the Consumer is eligible to receive
- Displays the premium assistance (if any) currently applied to the Consumer's monthly premium, paid directly to the insurance company each month
- Advises changes in the premium will be shown on future invoices from the insurance company

The *Change Applied Premium Assistance* popup also provides the system rules for when monthly premium assistance changes go into effect:

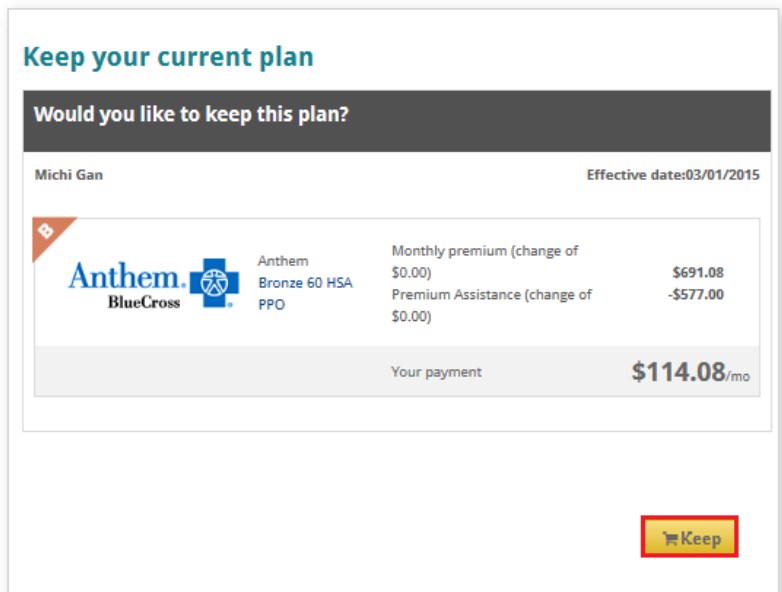
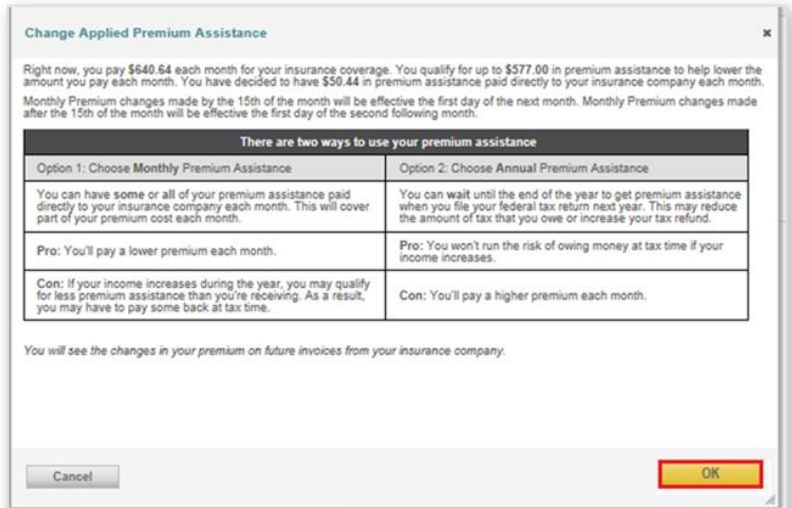
- Changes made by the 15<sup>th</sup> next month of the month are effective the first day of the
- Changes made after the 15<sup>th</sup> of the month are effective the first day of the second following month

Click the **Cancel** button to return to the *Plan Enrollment Summary by Program* page without making any changes.

Click the **OK** button to continue.

The *Keep your current plan* page appears, displaying the Consumer's current plan.

Click the **Keep** button to proceed with the process to adjust the premium assistance amount for the plan.



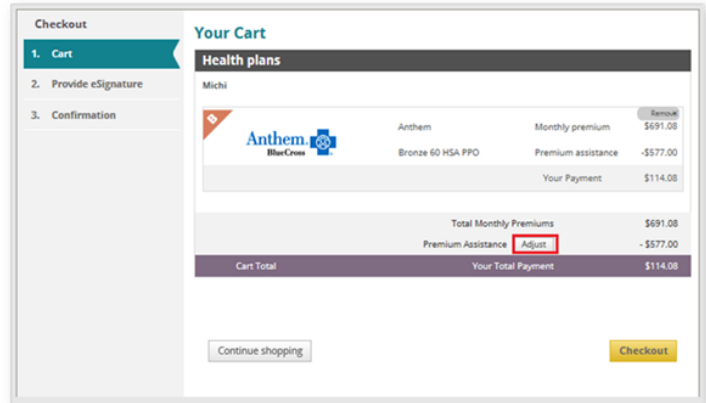
# JOB AID: CHANGE PREMIUM ASSISTANCE AMOUNT

Your Cart appears.

To continue with the process to change the amount of premium assistance, click the **Adjust** button.

**Navigation Notes:** To shop for a different plan, click the **Continue shopping** button.

Clicking the **Checkout** button navigates the user to the *Provide eSignature* page without making any changes.



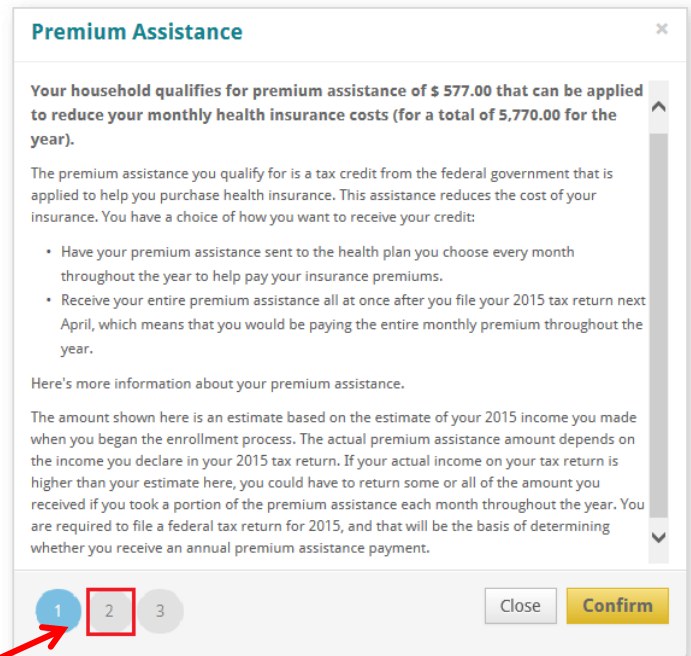
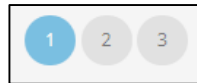
## Premium Assistance Panels

When the **Adjust** button is clicked, the first of a set of *Premium Assistance* panels appears.

The first *Premium Assistance* panel provides introductory information about premium assistance to guide the Consumer's choice.

**Navigation Notes:** Clicking either the **Close** button or the **Confirm** button on the panel returns the user to *Your Cart*.

Selecting number icons at the bottom of each panel navigates the user through the panels.

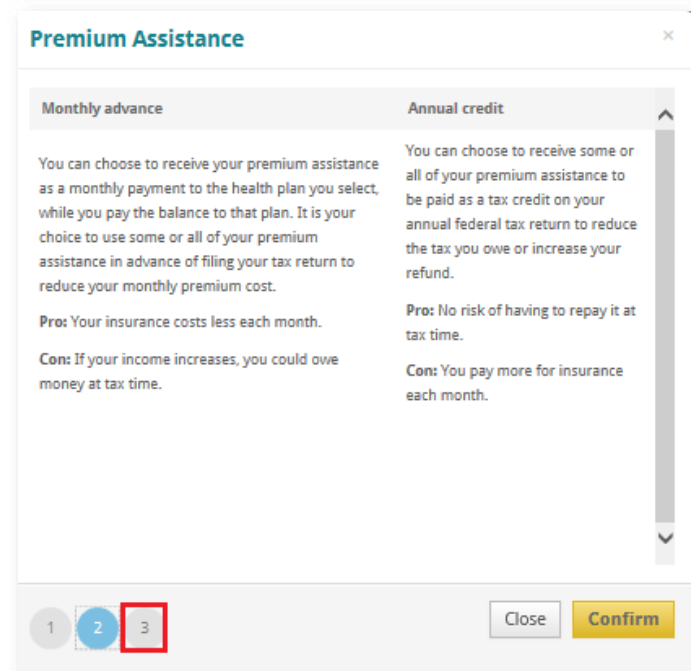


To advance to the second panel, select the **2** icon.

The second *Premium Assistance* panel appears with additional information about the monthly advance and annual tax credit options to help the Consumer understand the impact of any adjustments.

To advance to the third panel, select the **3** icon.

The third *Premium Assistance* panel appears.



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## Premium Assistance Slider

The slider on the third panel allows the user to adjust the amount of premium assistance received.

The slider displays the value of the monthly and annual premium assistance, based on the position of the slider. The user can click and drag the slider to adjust the mix of monthly premium and annual tax refund they want to receive.

**Monthly Premium Assistance** and **Annual Premium Assistance** textboxes each display numeric values based on the position of the slider, as the user operates the slider.

- To reduce the amount of Monthly Premium Assistance and increase the amount of Annual Premium Assistance, drag the slider to the right.
- To decrease the amount of Monthly Premium Assistance and increase the amount of Annual Premium Assistance, drag the slider to the left.

To return to *Your Cart* without making an adjustment, click the **Close** button.

To confirm the adjusted amount which provides the desired mix of Monthly Premium Assistance and Annual Premium Assistance, click the **Confirm** button.

*Your Cart* appears and displays the adjusted amount.

To continue, click the **Checkout** button.

**Premium Assistance**

Move the slider to determine how you receive your credit

Monthly Premium Assistance	Annual Premium Assistance
\$ 577.00 / Mo	\$ 0.00

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.

1 2 3 Close Confirm

**Premium Assistance**

Move the slider to determine how you receive your credit

Monthly Premium Assistance	Annual Premium Assistance
\$ 321.10 / Mo	\$ 2559.00

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.

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1 2 3 Close Confirm

**Your Cart**

Health plans

Michi			
Anthem BlueCross	Anthem	Monthly premium	\$691.08
	Bronze 60 HSA PPO	Premium assistance	-\$99.99
		Your Payment	\$591.09
		Total Monthly Premiums	\$691.08
		Premium Assistance	Adjust -\$99.99
Cart Total		Your Total Payment	\$591.09

Continue shopping Checkout



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The *Provide eSignature* page appears.

Complete the *Provide eSignature* page as appropriate for the user type.

Click the **Enroll** button to submit the adjustment to the amount of premium assistance.

The *Confirmation* page appears.

Click the **Continue** button.

## Updated Premium Assistance Amount

The *Household Enrollment Summary* page appears, displaying the updated amount of the net monthly premium, if any.

When the amount of the premium assistance is changed, CalHEERS sends an electronic 834 Maintenance transaction to the Carrier to update the enrollment information.

Changes in the amount of the premium will be reflected in the Consumer's future invoices from the insurance company.

**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 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, Divorced, Gained Citizenship/Lawful Presence, Federally Recognized American Indian Ancestry, Released From Jail, And Other Qualifying Life Events.

**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**

Michi Gan Expected Start Date: 03/01/2015

	Anthem Bronze 60 HSA PPO	Monthly Premium (monthly cost)	\$ 691.08
Total Monthly Cost (Monthly Premium)			\$ 691.08
Monthly Premium Assistance (A Federal Tax Credit)			-\$ 577.00
<b>Your Total Payments</b>			<b>\$ 114.08</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.

**Enroll**

**Continue**

**HOUSEHOLD ENROLLMENT SUMMARY**

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.

**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
Michi Gan	Covered California Plan with premium assistance (a federal tax credit) cost sharing reductions (lowers out of pocket expenses, such as copays and coinsurance)	Subscriber ID: 6552 Plan: Bronze 60 HSA PPO Expected Start Date: 03/01/2015 Net Premium \$ 114.08 per month Initial Payment Due Date: 02/24/2015	<b>Pay Now</b>

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

**Take Survey**

**View Additional Programs**

**Done**