



Covered California
P.O. Box 999999
Sacramento, CA 95388



**COVERED
CALIFORNIA**
*Your destination for quality
healthcare, including Medi-Cal.*

Sally {FIRST_NAME} Smith {LAST_NAME}
456 ABC Street {ADDRESS_LINE1}
Apt. 300 {ADDRESS_LINE2}
Sacramento, {CITY}, CA {STATE_CD (FK)} 95833 {ZIPCODE}

Important news about getting health benefits in 2015

February 9, 2013

Case Number: {INDV_CASE_ID (FK)}

Dear Sally {FIRST_NAME} Smith {LAST_NAME},

You are receiving this letter because you submitted an application to Covered California on <APP_DATE> and we determined you that you qualified to enroll in a Covered California health plan.

Covered California is reaching out to you because we are preparing for the upcoming Annual Renewal Period. During the Annual Renewal Period, anyone who already qualified for health insurance in <current benefit year> benefit year may be eligible to re-enroll in their same health plan for <next benefit year>. To renew you and your household's insurance coverage, Covered California has to check your income.

When you signed up for health insurance on <APP_DATE>, you agreed to allow Covered California to use computer sources, such as the IRS, to check your income. However, you only allowed us to check your income for the <current benefit year> benefit year. To find out if you qualify to get health insurance in <next benefit year>, Covered California will check your income again. In order to check your income, you will need to give us permission again to check your information using computer sources. To make it easier to continue to get help paying for health insurance in future years, you can allow us to check your income for up to 5 years.

If you already have a www.CoveredCA.com account then follow these steps:

1. Log in to your account on www.CoveredCA.com.
2. Locate the “**ACTIONS**” section of the webpage (located on the right);
3. Click on the “**Update Consent for Verification**” link;
4. Click on the drop down menu to choose the number of years (up to 5 years) you want to allow Covered California to check your income; and
5. Click the “**Update**” button on the bottom of the webpage to submit your choice.

You can also complete the attached form and mail or fax it to Covered California.

What if the information on my application changed?

It is also important to have your most up-to-date application information to make sure you or someone in your household qualifies for the right program. Changes can affect whether you qualify for Medi-Cal or need help paying for your health insurance through Covered California. If information that you put on your application changed since you completed your application, you must report it.

You should report changes such as:

- Change in income (employment, self-employment, income tax deductions or other types of income)
- Adding or removing a household member (birth, adoption, marriage, etc.)
- Permanent move out of or with in California
- Receive benefits under another type of health insurance
- Change in citizenship/immigration status

There are four ways you can report changes or update your application information:

- You can go online and log into your account to safely and securely report your changes.
- You can get help from your Certified Covered California Enrollment Counselor, Certified Insurance Agent.
- You can also call the Service Center where a representative can help you.
- You can go to your local county social services office.

Need help?

If you need help, a Covered California Certified Enrollment Counselor or Certified Licensed Agent can walk you through the process.

Don't have a Covered California Certified Enrollment Counselor or Agent? To find an Enrollment Counselor or Agent close to you, click "Find Help Near You" on CoveredCA.com. You may also get help from a Covered California Service Center Representative by calling the Service Center. See the "**Questions?**" section below for the Service Center contact information.

Why health insurance is important?

Health insurance helps make sure you get the care you need to keep your body healthy. And, it protects your peace of mind because you know you'll have help when you need it.

Starting January 1, 2014, most consumers must have health insurance. This may be through your employer, coverage you buy for yourself, Medicare, or Medi-Cal. Consumers who don't have health insurance may have to pay a penalty called a "shared responsibility fee" that increases each year up to a maximum amount.

For example, the chart below shows the penalty with the maximum for an uninsured household of four:

Year	How the fee is calculated	The maximum fee for an uninsured household of 4 (2 adults and 2 children)
2015	2% of the annual household income <u>or</u> \$325 per adult (\$162.50 per child under 18) You will pay whichever of these amounts is higher.	Household earning \$40,000 could pay up to \$975 Household earning \$50,000 could pay up to \$1,000
2016	2.5% of the annual household income <u>or</u> \$695 per adult (\$347.50 per child under 18) You will pay whichever of these amounts are higher	Households earning both \$40,000 and \$50,000 could pay up to \$2085

If you're uninsured for just part of the year, you pay 1/12 of the yearly penalty for each month you're uninsured. If you're uninsured for less than 3 months, you don't have to pay. If you don't have coverage, you will have to pay a penalty when you file your taxes at tax time.

Remember, if you are uninsured you also pay 100% of your medical costs.

Questions?

- If you have created a CoveredCA account, log on to your account at **www.CoveredCA.com**; or
- Call the Covered California Service Center at **1-800-300-1506** or **1-888-889-4500 (888-TTY-4500)**. You can call Monday through Friday 8 a.m. to 6 p.m. and Saturdays 8 a.m. to 5 p.m. The call is free.

This notice is being sent to you in compliance with the Affordable Care Act: 45 CFR 155 § 410 Initial and annual open enrollment periods.

John Hook
456 ABC Street
Apt. 300
Sacramento, CA 95833



*Your destination for quality
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Covered California
PO BOX 989725
West Sacramento, CA 95798-9725

Case Number: 91234567

Renewal of Insurance Consent Form

Auto-renew your coverage in future years. . .

To make it easier to continue to get help paying for health insurance in future years, I agree to allow Covered California to check computer sources, such as IRS to check my income. If the sources show I still qualify, my health insurance plan will send me a letter with my health plan information for the 2015 benefit year. At any time, I can change the number of years I allow Covered California to renew my coverage. Or, I can choose to not allow Covered California to automatically renew my coverage.

Important: If you are eligible for Medi-Cal, your tax return information will be used for your renewal, no matter how you respond on this question.

Yes, I give permission to Covered California to check computer sources to automatically renew my coverage for the next:

5 years 4 years 3 years 2 years 1 year

OR

I do not want Covered California to check computer sources, such as IRS to check my income at renewal. I understand that if I do not allow Covered California to use computer sources, Covered California cannot see what program I qualify for such as help paying for your health insurance (federal tax credits and/or lower cost sharing) if I do not qualify for help paying for health insurance, then Covered California may enroll me in my same plan buy any assistance with my monthly premiums.

Your Signature	Date (mm/dd/yyyy) ____/____/____
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Send your form two ways:

1. Fax to: **888-329-3700 (888-FAX-3700)**
2. Mail to: Covered California
PO BOX 989725
West Sacramento, CA 95798-9725