Medi-Cal to Covered CA – Manual Auto Plan Selection (Manual APS) Guide for Enrollers

Overview

This document explains new CalHEERS functionality to help certain consumers transitioning from Medi-Cal change their tax filing status from “No” to “Null” to “Yes” to gain eligibility for a Covered California health or dental insurance plan (“plan), with financial help.

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Background

Automatic plan selection is currently only triggered from the enrollee’s initial transition from Medi-Cal to Covered CA transaction. Enrollees transitioning from Medi-Cal to Covered CA with a tax filing status of “no” or “null”:

- Are not eligible for a Covered CA plan with financial help,
- Do not have a Covered CA plan automatically selected for them,
- May not understand why they are not eligible for financial help, and
- May be willing to attest that they plan to file taxes in order to get a Covered CA plan with financial help.

Overview

CalHEERS helps **single member household** consumers update their “planning to file taxes” question after their initial transition from Medi-Cal to unsubsidized Covered CA eligibility. This process:

- Only applies to single member household cases transitioning from Medi-Cal that are not eligible for financial help due to tax filing status.
- Places enrollees into one of three manual APS populations (Population 1, Population 2, or Population 3).

  - Consumer notices/educational flyers and the enrollee's navigation path in CalHEERS are based on their assigned population.
    - Go to Manual APS Basics for more information.
- For **all three populations**, CalHEERS provides a new *Confirm Account Information* page for transitioning consumers to update their tax filing status.
  - Enrollees who confirm their tax filing status is "yes" on this page and meet all other financial help eligibility criteria are redetermined eligible for a Covered CA plan with financial help.
  - Once affected enrollees, confirm their tax filing status as "yes," (and they meet all other eligibility criteria), CalHEERS will allow them to complete plan selection. They must then complete plan selection within 90 days after their loss of Medi-Cal.
    - Go to Confirm Account Information Page Basics for more information.
- For **only Population 3 consumers**, CalHEERS provides a new **Manual APS MCT Dashboard** for transitioning consumers.
  - Go to Manual APS MCT Dashboard Basics for more information.

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Manual APS Basics

For affected consumers in all three populations, CalHEERS:

- Updates the *Consumer Information* page to display that the consumer does not have other health coverage and agrees to file taxes for the benefit year.
- Redetermines eligibility to show the consumer their APTC amount if their tax filing status for the 2025 benefit year is updated to "yes" on the *Confirm Account Information* page.
  - All affected consumers must confirm or update the information on the *Consumer Information* page before they can complete plan selection.
- Generates eligibility notices based on the enrollee's assigned population.

For **population 3 consumers only**:

- CalHEERS determines the lowest cost Silver plan to be displayed on the consumer's *Manual APS MCT Dashboard* and in the consumer's eligibility notice.
  - This Covered CA plan recommendation follows the same logic used for automatic plan selection. (Medi-Cal to Covered CA - Automatic Plan Selection Crosswalk Talking Points.)

- The 834 with the consumer's information is not generated or sent to the health care company at the time of recommendation.
  - The 834 is generated and sent to the health care company when the consumer confirms their information and chooses to keep the recommended plan (or selects a different plan).

- The consumer's coverage start date is prospective. The coverage start date will be the first of the following month following regular SEP plan selection logic. For example:
  - Consumer discontinued from Medi-Cal on February 13.
  - Does not select a plan in February.
  - Selects a plan in March.
  - Effective date is April 1.Consumer Notices Basics

Updated eligibility notices and educational fliers are generated based on the consumer's assigned population.

- Notices and educational flyers are viewable in the consumer's CalHEERS Secure Mailbox Documents and Correspondence page.
  - Go to the Sample Manual Auto Plan Selection Consumer Notices section to see sample notices and flyers.
- The Educational Flyer is not saved as an individual document. It is included at the end of the eligibility notice pdf file.

Population Group	Notices and Flyers Provided
Population 1	Covered CA Eligibility Determination Notice (NOD01)
Population 2	Modified Covered CA Eligibility Determination Notice (NOD01) New Educational Flyer • **Note the following regarding the flyer:** ○ A recommended lowest cost Silver plan is not listed on the flyer.
Population 3	New Covered CA Eligibility Determination Notice (NOD01X) • Delegated enroller will get an alert in their Daily Summary when this notice is generated. New Educational Flyer • A recommended lowest cost Silver plan is listed on the flyer.

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Confirm Account Information Page Basics

The *Consumer Account Information* page is pre-populated to indicate the consumer:

- Does not have other health coverage, and
- Agrees to file taxes for the benefit year, and
- Is American Indian or Alaska Native (AI/AN).

Consumers in all three populations must confirm the information on the *Confirm Account Information* page is correct before they can complete their enrollment.

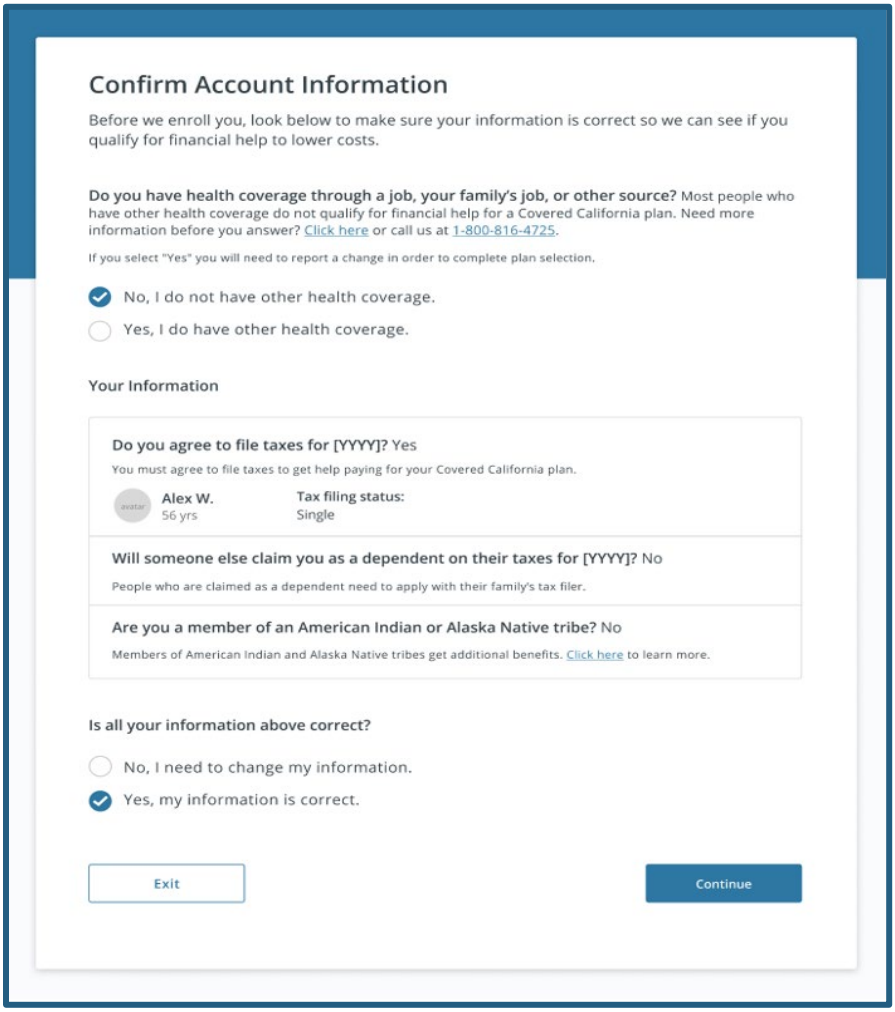
Note the following:

- Confirming account information is different than the automatic plan selection process to opt-in (keep) or opt-out (cancel). Due to its complex rules, it is only available through the logged in CalHEERS account and not available through IVR or CiCi.
- If the consumer indicates the information on the *Confirm Account Information* page is not correct, clicking **No, I need to change my information** navigates the consumer to the existing report a change flow.

The navigation path to the *Confirm Account Information* page depends on the consumer's assigned population.

1. Upon *Log In*, consumers in:
   - **Populations 1 and 2** go directly to the *Confirm Account Information* page.
   - **Population 3** are directed to the *Confirm Account Information* page by clicking the **Start Now** button on their *Manual APS MCT Dashboard*.
     - The Manual APS MCT Dashboard Basics section shows the navigation path.

The *Confirm Account Information* page looks like this:



2. The MEC question *Do you have other health coverage through a job, your family's job, or other source?* is first and guides next steps.
3. Additional account information displays for confirmation.
4. The following application information is updated to evaluate the consumer for financial help:
   - The consumer **will file taxes**
   - The consumer **will file taxes as Single**
   - The consumer **is not a tax dependent** of someone else
   - The consumer **is not AI/AN**
5. Clicking **Yes, my information is correct**, navigates to the next step based on their assigned population.

- **Population 1 and Population 2** consumers proceed to the existing *Enrollment Dashboard* to shop for a plan and complete enrollment.
- **Population 3** consumers proceed to the new *Manual APS MCT Dashboard* to complete plan selection. **Note**: They also have the option to shop for a different plan, if applicable.
    - Go to Manual APS MCT Dashboard Basics for more information.

Manual APS MCT Dashboard Basics

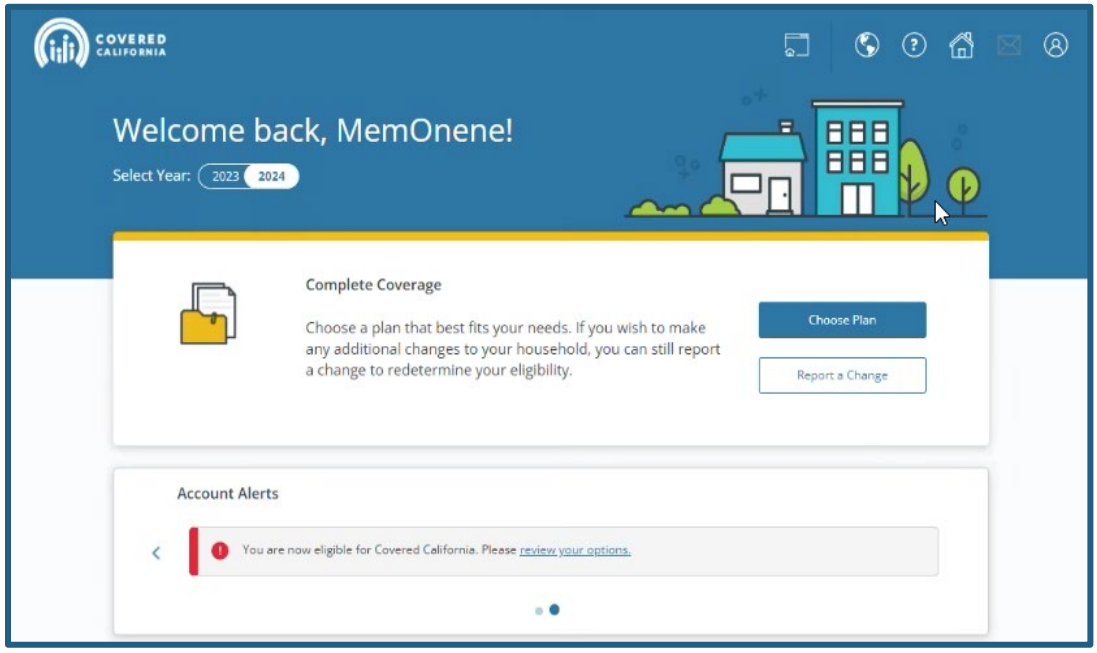
The *Manual APS MCT Dashboard* only displays for **Population 3** consumers.

- It has slight differences from the *Auto Plan Selection Dashboard* that displays for consumers transitioning from Medi-Cal to Covered CA outside of this population.

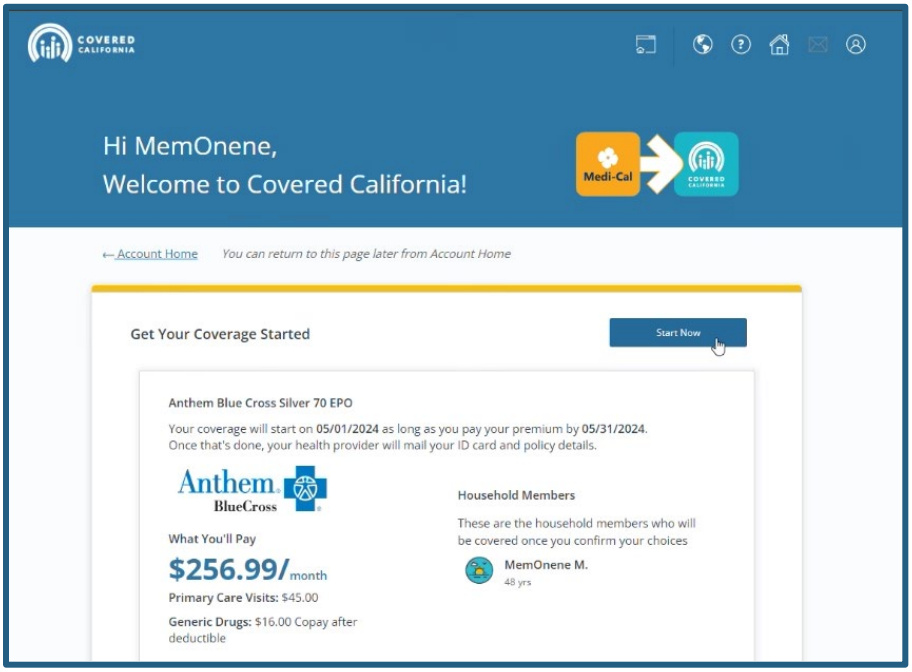
For Population 3 consumers only:

- A **Start Now** button displays instead of the **Keep** or **Switch** button.
- The **Start Now** button navigates directly to the *Confirm Account Information* page.

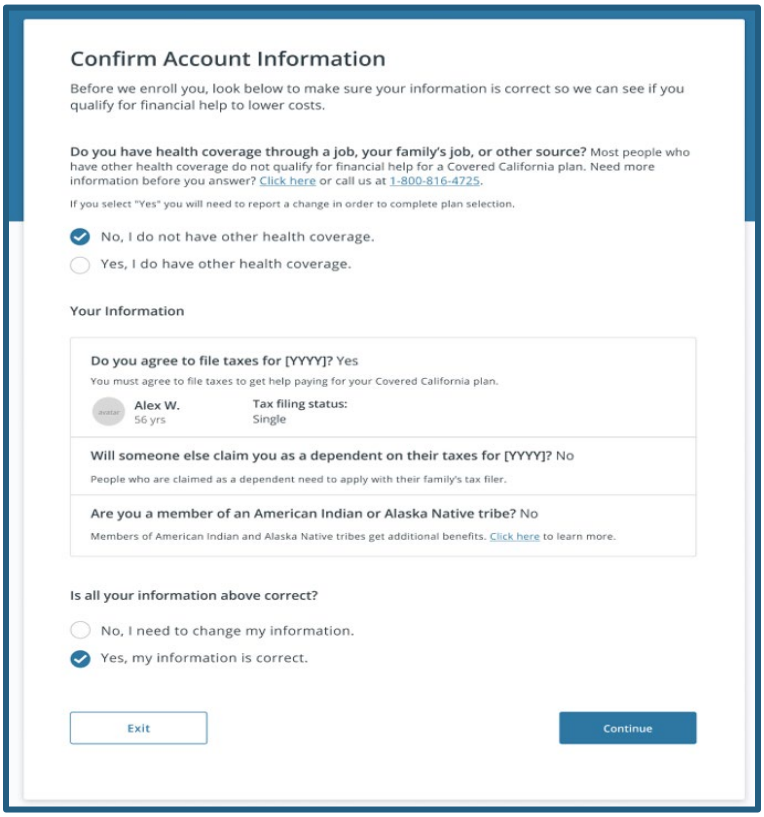
1. From the *Account Home* page, click the **You are now eligible for Covered California. Please review your options Account Alert** link.



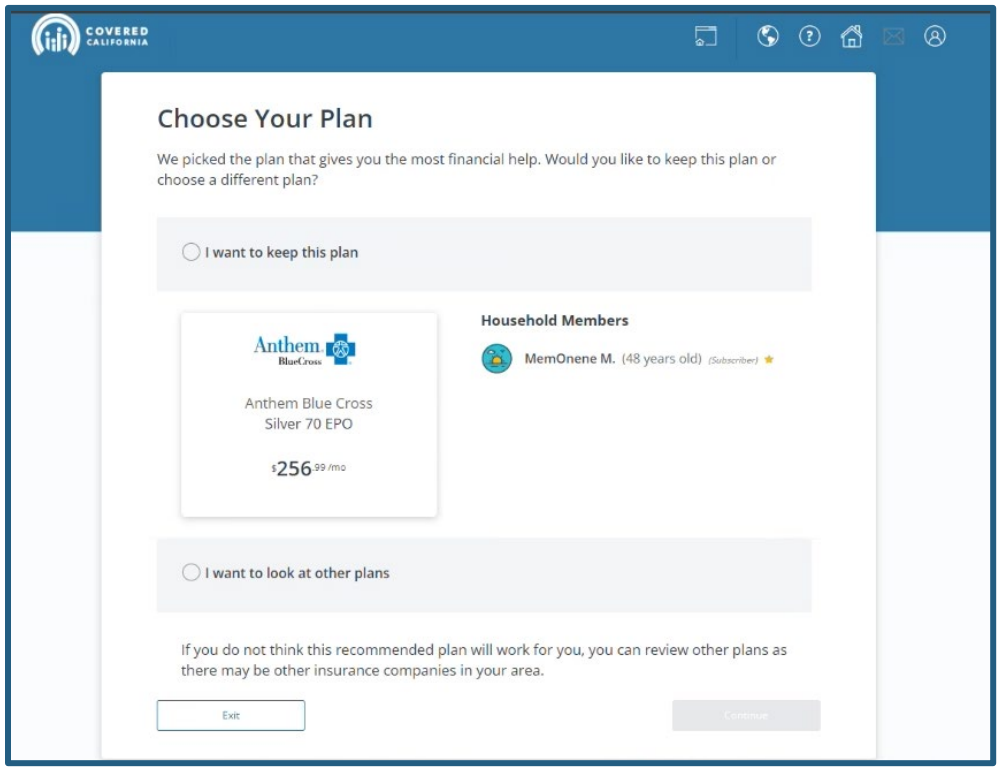
2. The *Manual APS MCT Dashboard* displays with the **Start Now** button.



3. Click **Start Now** to open the *Confirm Account Information* page.



4. If the consumer's information is correct (they do not have other health coverage and they agree to file taxes), click **Continue** to open the *Choose Your Plan* page.
    - **Note**: if consumer indicates they need to make changes, CalHEERS will move to report a change.
5. The *Choose Your Plan* page displays the consumer's recommended plan.



- Click **I want to keep this plan** to navigate to the *Sign and Submit* page and complete enrollment.
- Click **I want to look at other plans** to navigate to the *Enrollment Dashboard* to shop for a different plan.

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Sample Manual APS Consumer Notices

To see copies of the notices and educational flyers, go to:

Population 1 Manual APS Eligibility Notice NOD01

Population 2 Manual APS Eligibility Notice and Educational Flyer

Population 3 Manual APS Eligibility Notice NOD01X and Educational Flyer

Population 1 Manual APS Eligibility Notice NOD01

Important news about your health benefits

03/02/2024 Case Number: 1234567890

Dear First Name Last Name,

This letter shows your eligibility for **2024**. Unless you told us not to, we checked to see if anyone in your household qualifies for Medi-Cal or Covered California programs. We also checked to see if your household qualifies for financial help. Look for the person's name below to see what they qualify for.

First Name Last Name

Your Medi-Cal ends on March 31, 2024. To help you stay covered, we used the household and income information you reported to Medi-Cal to see if you qualify for Covered California. Covered California is the only place to get federal financial help to buy a private health plan. If you do not have other health coverage, you should enroll in a Covered California plan to avoid a gap in health coverage.

Covered California Eligibility
You qualify for Covered California health and dental plans. Your household qualifies for $474.33 per month of Advance Premium Tax Credit (APTC) to lower your premium (monthly cost). This amount is based on your household size and reported income of $26,244.00 for the year.

You also qualify for cost-sharing reductions (CSR) when you enroll in a Silver plan. CSR saves you money. It lowers out-of-pocket costs such as copays, coinsurance and deductibles.

You qualify to enroll in a health and dental plan. If you are already enrolled, you may be able to change your current plan.

If you enroll in a plan that includes APTC
You must agree to file income taxes for your household. APTC is a federal tax credit that is based on your household size and income for the year. If you are not sure of your tax filing status for this year, or have questions about this requirement, call Covered California.

Medi-Cal Eligibility
You do not qualify for Medi-Cal because your income is above the limit of $1,677.00 per month.

Next steps for members who qualify for Covered California

Choose a new health and/or dental plan or make changes to your current plan before **May 30, 2024.**

- **Go online:** To view your choices and choose a plan, log in to your account at CoveredCA.com
- **Find in-person help:** To find a certified enrollment counselor or agent, go to CoveredCA.com/find-help
- **Call:** 1-800-300-1506 (TTY: 1-888-889-4500)

If you do not enroll in a plan before **May 30, 2024,** you must wait until the next open enrollment to enroll, unless you have a qualifying life event. You can apply for Medi-Cal anytime. To learn more, go to CoveredCA.com/QLE.

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Example

Covered California financial help programs

About financial help: Covered California offers financial help to lower the cost of health coverage. The **Advance Premium Tax Credit (APTC)** is one type of financial help available for those who qualify. APTC is a federal tax credit. The **California Premium Subsidy** is a form of financial help to lower your health plan premium (monthly cost). Both APTC and California Premium Subsidy are paid directly to your health insurance company. The amount you qualify for is based on your household size and income for the year.

Cost-Sharing Reductions (CSR) are a type of financial help available for those who qualify. CSR saves you money when you enroll in a Silver plan. It lowers out-of-pocket costs, such as copays, coinsurance and deductibles. For more information, visit CoveredCA.com/financial.

Keeping your information up to date: To help you get the right amount of financial help, you must report changes to your household or income within 30 days.

Filing taxes: When you file your tax returns, you must report your APTC to the Internal Revenue Service (IRS) and the California Premium Subsidy to the Franchise Tax Board (FTB). The IRS and FTB will use your final income and household size to decide if you got the right amount of financial help during the year. If your household size or income information is wrong, you may get too much and have to pay some or all of it back.

Thank you,

Covered California

This notice is being sent to you in compliance with the Affordable Care Act:
45 CFR 155.305, 45 CFR 155.420(c), 45 CFR 155.420(d), 45 CFR 155.505, 42 CFR 435.911, 26 CFR 1.36B, 45 CFR 155.520

Example

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If you think we made a mistake

1. Call Covered California for help at **1-800-300-1506** (TTY: 1-888-889-4500). We are open Monday – Friday 8 a.m. to 6 p.m.

2. If we cannot solve the problem, you can ask for an appeal. You must ask within **90 days** of the date on your eligibility notice. You can ask for an appeal in one of these ways:

   - **Online** with the State Hearings Division at cdss.ca.gov/Hearing-Requests or through Covered California at CoveredCA.com/appeals
   - **Call** the State Hearings Division at 1-855-795-0634
   - **Visit** your local county office

   You have the right to appeal any eligibility or enrollment decision. This includes, but is not limited to:

   - Your eligibility for Covered California or Medi-Cal
   - The date your health plan coverage starts
   - Your premium assistance amount or cost-sharing reduction level
   - You have waited too long for a decision
   - Your eligibility for an exemption

About appeals

You only have **90 days** from the date of your eligibility notice to ask for an appeal. An appeal decision could change eligibility, enrollment, premium (monthly cost) or cost-sharing reduction for you or other household members.

Appeal hearings are by telephone, video conference or in person. You can speak for yourself or be represented (have someone speak for you). For free, local help with your appeal, call the Health Consumer Alliance at 1-888-804-3536.

If you need health services right away and a standard appeal could put your life or health in danger, call 1-855-795-0634. Ask for an **expedited** (fast) appeal.

If you have a Covered California plan, you can ask for **continued enrollment**. This will let you keep your health plan and premium assistance amount while you appeal. You must keep paying your premium (monthly cost).

Your eligibility determination may be based on information obtained from Equifax. While we may have used information from Equifax to make this eligibility determination, Equifax did not make the decision to take this action and is unable to provide you with the specific reasons why the action was taken. You have the right to obtain a free copy of your consumer report from Equifax within 60 days of the date of this notice. You may dispute the accuracy or completeness of any information in the consumer report by contacting Equifax at 1-866-222-5880. Or by mail at: Equifax Workforce Solutions ATTN: DISPUTE, 3470 Rider Trail South, Earth City, MO 63045.

Example

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Population 2 Manual APS Eligibility Notice and Educational Flyer

Important news about your health benefits

03/02/2024 Case Number: 1234567890

Dear First Name Last Name,

This letter shows your eligibility for **2024**. Unless you told us not to, we checked to see if anyone in your household qualifies for Medi-Cal or Covered California programs. We also checked to see if your household qualifies for financial help. Look for the person's name below to see what they qualify for.

First Name Last Name

Your Medi-Cal ends on March 31, 2024. To help you stay covered, we used the household and income information you reported to Medi-Cal to see if you qualify for Covered California. Covered California is the only place to get federal financial help to buy a private health plan. If you do not have other health coverage, you should enroll in a Covered California plan to avoid a gap in health coverage.

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You qualify to enroll in a health and dental plan. If you are already enrolled, you may be able to change your current plan.

If you enroll in a plan that includes APTC
You must agree to file income taxes for your household. APTC is a federal tax credit that is based on your household size and income for the year. If you are not sure of your tax filing status for this year, or have questions about this requirement, call Covered California.

Medi-Cal Eligibility
You do not qualify for Medi-Cal because your income is above the limit of $1,677.00 per month.

Next steps for members who qualify for Covered California

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If you have a Covered California plan, you can ask for **continued enrollment**. This will let you keep your health plan and premium assistance amount while you appeal. You must keep paying your premium (monthly cost).

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Example

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Medi-Cal → Covered California

Welcome to Covered California

Get help with your health insurance.

Covered California makes getting health insurance easier, with financial help for millions of Californians and free assistance to compare your options.

We can help you go from Medi-Cal to Covered California. You have options to choose from. We're here to help!

Cost savings

Many Californians can get covered with a low or $0 monthly premium and save thousands of dollars a year. Choose a plan from brands you know and trust. Every plan we offer covers the important things like routine wellness exams, emergency care and mental health.

After you enroll

After you complete your enrollment, your health plan will send you a welcome packet with information about your coverage and a member ID card.

Make the most of your coverage

An in-network provider will cost you less than an out-of-network provider. Use your free preventive care for yearly flu shots, screenings and wellness exams. Get full coverage for prescriptions by using an in-network pharmacy.

Cost Sharing Reductions and Enhanced Silver Plans

Cost Sharing Reductions (CSR) help you save money on your healthcare costs, such as copays and deductibles. If you are eligible for CSR, choosing an Enhanced Silver plan will save you money when you visit the doctor or pick up prescriptions. Find your household eligibility in the attached letter to see if you qualify.

Example

Next steps if you need health coverage:

Step 1: Review

Make sure to review

D01c Manual APS Flier for MAPS2 Population Page_1

Log in at CoveredCA.com or call to verify your information or report a change.

Step 2: Shop

Shop and compare plans household.

If you choose a plan and use Advance Premium Tax Credit (APTC) to lower the monthly cost, you must file taxes.

Step 3: Enroll

Pick the best plan for your household.

Make your first premium payment using the "Pay Now" button.

With Covered California, you can choose a health plan from insurance companies available in your area such as:

Anthem BlueCross · blue california · Balance by CCHP · aetna CVS Health · VHP Valley Health Plan · L.A. Care Health Plan · IEHP · Molina Healthcare · SHARP Health Plan · Kaiser Permanente · health net · Western Health Advantage

Financial help

Financial help is based on your age, family size, income, where you live, and the type of plan you choose. To learn more, go to CoveredCA.com/financial. Financial help includes:

Advance Premium Tax Credit (APTC)
APTC is paid directly to your insurance company to lower your monthly premium. Your monthly premium amount will be what APTC does not cover.

Cost Sharing Reduction (CSR)
CSR lowers the amount you pay for deductibles and copays. To get CSR you must meet income requirements and choose a Silver plan.

How APTC affects your taxes

At tax time, the Internal Revenue Service (IRS) compares the APTC you got during the year with what you qualified for based on your actual income. You will get tax forms that show the amount paid to your health plan. You will use the forms to fill out your tax returns. The IRS will make sure you got the right amount of financial help. Be sure to report income and household changes right away to Covered California so you will not have to pay back APTC when you file your taxes.

Words to know for your plan

Here are some words to help you use your new health plan.

Premium: This is the amount you pay every month to your health plan to keep your health insurance coverage.

Preventive care: This is routine health care to prevent illness, disease and other health problems. All Covered California plans include free preventive services like yearly flu shots, screenings and checkups.

Copay: This is a fixed amount you pay for certain covered services like doctor visits. There are no copays for preventive care services, screenings and vaccinations.

Deductible: This is the fixed amount some plans require you to pay before the plan starts to pay its share for covered services, like hospitalizations and procedures. Deductibles do not apply to free preventive care services.

Coinsurance: For plans that include coinsurance, some health care services will cost you a percentage of the total cost. Depending on your plan, your share of the cost can range from 10-40%. These costs apply after you have met your deductible.

Out-of-pocket limit: This is the maximum you will pay each year for covered medical services before your health plan starts to pay for 100% of services. This protects you and your family from very high medical expenses. Most copayments, deductibles and coinsurance payments count toward this limit.

Example

Get help

NOD01c Manual APS Flier for MAPS2 Population Page_2

- **Go online:** Visit CoveredCA.com
- **Find free in-person help:** To find a certified enrollment counselor or agent, go to CoveredCA.com/find-help
- **Call Covered California:** 1-800-816-4725 (TTY: 1-888-889-4500)

Population 3 Manual APS Eligibility Notice NOD01X and Educational Flyer

03/02/2024
Case Number: 1234567890
Online Access Code: ABqT1V

Welcome to Covered California!

Dear First Name Last Name,

Covered California is a state agency that works with Medi-Cal to help Californians get affordable health care. Covered California is the only place to get federal financial help to buy a private health plan if you do not have coverage through a job or a program like Medi-Cal or Medicare.

Your Medi-Cal is ending but Covered California can help you avoid a gap in coverage.
You got a letter telling you that your Medi-Cal coverage will end. To help you stay covered, we used the household and income information you reported to Medi-Cal to choose a Covered California health plan for you with the most financial help. To avoid a gap in coverage, tell us you want to keep the plan below or pick a different plan by 03/31/2024.

Name	Plan	Monthly Premium	Financial Help	Amount you pay
First Name Last Name	Blue Shield - Silver 70 Trio HMO	$466.49	-$71.49	**$395.00**

- **Monthly premium** is the monthly cost of the plan without financial help.
- **Financial help** includes any subsidies you qualify for that lower your monthly health plan premium. To learn more about how financial help can affect your tax returns, read "Important tax information" below.
- **Amount you pay** is the amount you will need to pay each month to keep this plan.

Your choices:

1. **You can keep the plan we chose for you.**
   To keep it, just confirm the plan on your CoveredCA.com account or contact us. Once it is confirmed, you will get a bill with your payment due date. After you pay your first bill, you will get your insurance cards and can start using your coverage. Your Medi-Cal will end on 03/31/2024, so pay as soon as you can to get your coverage started.
2. **You can choose a different plan through Covered California.**
   Use our website to compare plans and costs. You can also find out if you can keep your provider or doctor. You can contact us to change your health plan until 05/30/2024.
3. **If you do not want a Covered California plan or have other coverage, you do not have to do anything.**
   If you do not contact us, we will remove this plan from your account after 05/30/2024.

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Example

You must meet both of the requirements below to qualify for the Covered California financial help listed above:

- You must agree to file income taxes for your household. The financial help you get through Covered California is a federal tax credit based on your household size and income for the year.
- You cannot have an offer of coverage through a job or a program such as Medicare. If you have other coverage, you may not qualify for financial help through Covered California.

We are here to help
We know there is a lot to think about when your health insurance changes. If you have questions about the tax filing requirement, other health coverage, or if you are not sure of your tax filing status for this year, call us for help. Covered California can help you understand your eligibility and health plan choices.

- **Go online:** Our records show you do not have an online account. You can create an online account at CoveredCA.com/create-account. Use this access code to link your case and view your household information and plan choices: **ABqT1V**
- **Call Covered California:** Monday – Friday, 8 a.m. to 6 p.m. at **1-800-816-4725** (TTY 1-888-889-4500).
- **Get free in-person help:** There are many certified enrollment counselors and agents to help you. To find one near you, go to CoveredCA.com/find-help.

Household eligibility

First Name Last Name

We recently received updated information about your household. Based on this information, we have now re-evaluated your eligibility and it is listed below.

Covered California Eligibility
You qualify for Covered California health and dental plans. Your household qualifies for $70.49 per month of Advance Premium Tax Credit (APTC) to lower your premium (monthly cost). This amount is based on your household size and reported income of $58,320.00 for the year.

However, you do not qualify for cost-sharing reductions (lower copays, coinsurance and deductibles) because your household income is over the limit for this program.

You qualify to enroll in a health and dental plan. If you are already enrolled, you may be able to change your current plan.

Medi-Cal Access Program Eligibility

We have evaluated you for the Medi-Cal Access Program. You do not qualify for the Medi-Cal Access Program because:

Your income is above the Medi-Cal Access Program limit.

Medi-Cal Eligibility
You do not qualify for Medi-Cal because your income is above the limit of $1,732.00 per month.

Important tax information

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Example

About financial help: Covered California offers financial help to lower the cost of health coverage. The Advance Premium Tax Credit (APTC) is one type of financial help available for those who qualify. APTC is a federal tax credit paid directly to your health insurance company to lower your monthly premium (cost). We use the information we have about your household size and income for the year to decide the amount.

Keeping your information up to date: To help you get the right amount of APTC and other financial help, you must report changes to your household or income within **30 days**.

Filing taxes with premium tax credits: At the end of the year when you file your federal tax return, you must report your APTC to the Internal Revenue Service (IRS). The IRS will use your final income and household size to decide if you got the right amount of APTC during the year. If your household size or income information is wrong, you may get too much APTC and have to pay some or all of it back.

Thank you,

Covered California

This notice is being sent to you in compliance with the Affordable Care Act:
45 CFR 155.305, 45 CFR 155.310, 26 USC 36B, 45 CFR 155.320, 45 CFR 155.420(c), 45 CFR 155.420(d), 45 CFR 155.505, 42 CFR 435.911, 26 CFR 1.36B, 45 CFR 155.520, 10 CCR § 6500(k)(2)

Example

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If you think we made a mistake

1. Call Covered California for help at **1-800-300-1506** (TTY: 1-888-889-4500). We are open Monday – Friday 8 a.m. to 6 p.m.

2. If we cannot solve the problem, you can ask for an appeal. You must ask within **90 days** of the date on your eligibility notice. You can ask for an appeal in one of these ways:

   - **Online** with the State Hearings Division at cdss.ca.gov/Hearing-Requests or through Covered California at CoveredCA.com/appeals
   - **Call** the State Hearings Division at 1-855-795-0634
   - **Visit** your local county office

   You have the right to appeal any eligibility or enrollment decision. This includes, but is not limited to:

   - Your eligibility for Covered California or Medi-Cal
   - The date your health plan coverage starts
   - Your premium assistance amount or cost-sharing reduction level
   - You have waited too long for a decision
   - Your eligibility for an exemption

About appeals

You only have **90 days** from the date of your eligibility notice to ask for an appeal. An appeal decision could change eligibility, enrollment, premium (monthly cost) or cost-sharing reduction for you or other household members.

Appeal hearings are by telephone, video conference or in person. You can speak for yourself or be represented (have someone speak for you). For free, local help with your appeal, call the Health Consumer Alliance at 1-888-804-3536.

If you need health services right away and a standard appeal could put your life or health in danger, call 1-855-795-0634. Ask for an **expedited** (fast) appeal.

If you have a Covered California plan, you can ask for **continued enrollment**. This will let you keep your health plan and premium assistance amount while you appeal. You must keep paying your premium (monthly cost).

Your eligibility determination may be based on information obtained from Equifax. While we may have used information from Equifax to make this eligibility determination, Equifax did not make the decision to take this action and is unable to provide you with the specific reasons why the action was taken. You have the right to obtain a free copy of your consumer report from Equifax within 60 days of the date of this notice. You may dispute the accuracy or completeness of any information in the consumer report by contacting Equifax at 1-866-222-5880. Or by mail at: Equifax Workforce Solutions ATTN: DISPUTE, 3470 Rider Trail South, Earth City, MO 63045.

Example

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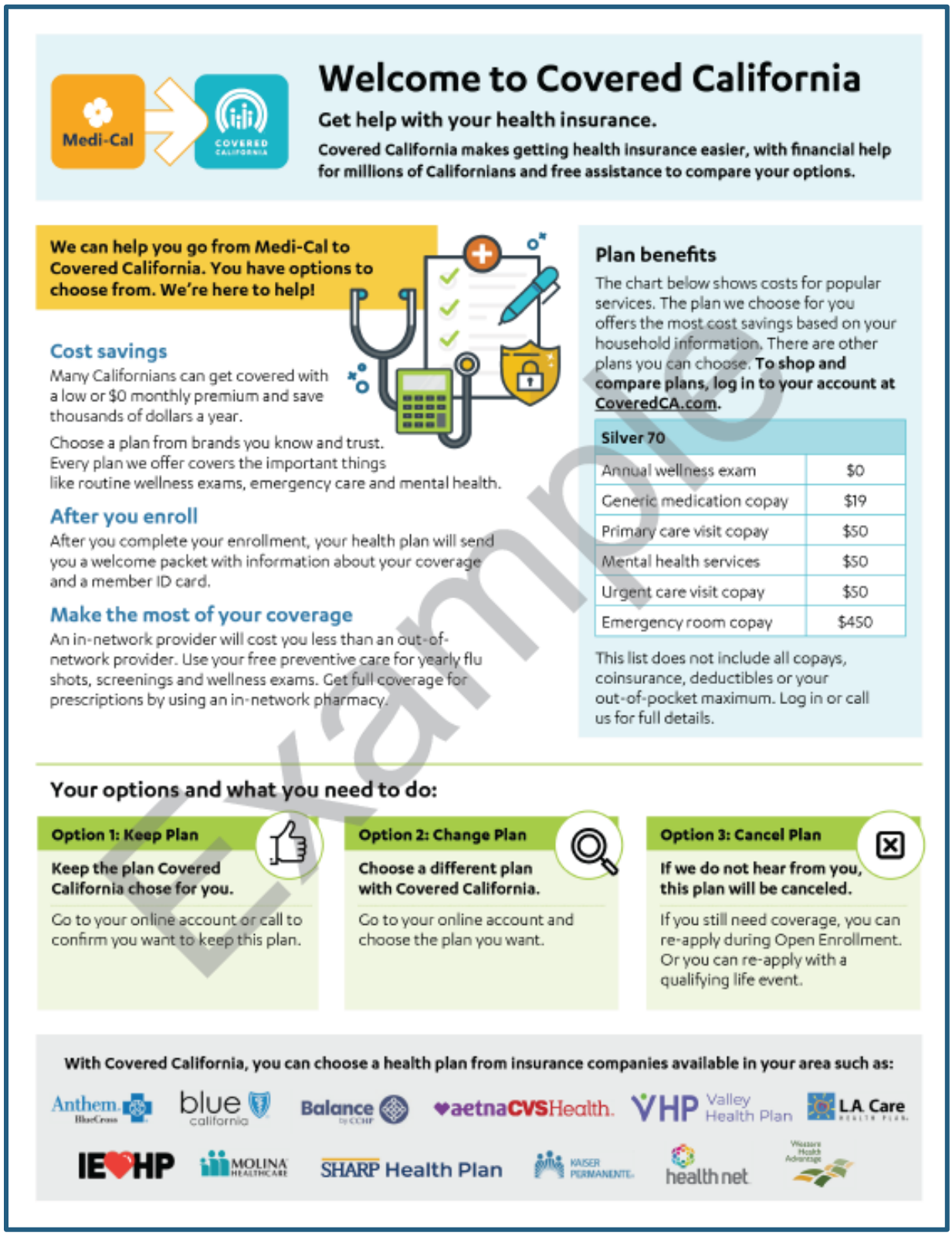
Medi-Cal
COVERED CALIFORNIA
Welcome to Covered California
Get help with your health insurance.
Covered California makes getting health insurance easier, with financial help for millions of Californians and free assistance to compare your options.
We can help you go from Medi-Cal to Covered California. You have options to choose from. We're here to help!
Cost savings
Many Californians can get covered with a low or $0 monthly premium and save thousands of dollars a year.
Choose a plan from brands you know and trust. Every plan we offer covers the important things like routine wellness exams, emergency care and mental health.
After you enroll
After you complete your enrollment, your health plan will send you a welcome packet with information about your coverage and a member ID card.
Make the most of your coverage
An in-network provider will cost you less than an out-of-network provider. Use your free preventive care for yearly flu shots, screenings and wellness exams. Get full coverage for prescriptions by using an in-network pharmacy.
Plan benefits
The chart below shows costs for popular services. The plan we choose for you offers the most cost savings based on your household information. There are other plans you can choose. To shop and compare plans, log in to your account at CoveredCA.com.
Silver 70
Annual wellness exam $0
Generic medication copay $19
Primary care visit copay $50
Mental health services $50
Urgent care visit copay $50
Emergency room copay $450
This list does not include all copays, coinsurance, deductibles or your out-of-pocket maximum. Log in or call us for full details.
Your options and what you need to do:
Option 1: Keep Plan
Keep the plan Covered California chose for you.
Go to your online account or call to confirm you want to keep this plan.
Option 2: Change Plan
Choose a different plan with Covered California.
Go to your online account and choose the plan you want.
Option 3: Cancel Plan
If we do not hear from you, this plan will be canceled.
If you still need coverage, you can re-apply during Open Enrollment. Or you can re-apply with a qualifying life event.
With Covered California, you can choose a health plan from insurance companies available in your area such as:
Anthem BlueCross
blue california
Balance by CCHP
aetnaCVSHealth
VHP Valley Health Plan
LA Care Health Plan
IEHP
MOLINA HEALTHCARE
SHARP Health Plan
KAISER PERMANENTE
health net
Western Health Advantage

Example

Financial help

Financial help is based on your age, family size, income, where you live, and the type of plan you choose. To learn more, go to CoveredCA.com/financial. Financial help includes:

Advance Premium Tax Credit (APTC)
APTC is paid directly to your insurance company to lower your monthly premium. Your monthly premium amount will be what APTC does not cover.

Cost Sharing Reduction (CSR)
CSR lowers the amount you pay for deductibles and copays. To get CSR you must meet income requirements and choose a Silver plan.

How APTC affects your taxes

At tax time, the Internal Revenue Service (IRS) compares the APTC you got during the year with what you qualified for based on your actual income. You will get tax forms that show the amount paid to your health plan. You will use the forms to fill out your tax returns. The IRS will make sure you got the right amount of financial help. Be sure to report income and household changes right away to Covered California so you will not have to pay back APTC when you file your taxes.

Words to know for your plan

Here are some words to help you use your new health plan.

Premium: This is the amount you pay every month to your health plan to keep your health insurance coverage.

Preventive care: This is routine health care to prevent illness, disease and other health problems. All Covered California plans include free preventive services like yearly flu shots, screenings and checkups.

Copay: This is a fixed amount you pay for certain covered services like doctor visits. There are no copays for preventive care services, screenings and vaccinations.

Deductible: This is the fixed amount some plans require you to pay before the plan starts to pay its share for covered services, like hospitalizations and procedures. Deductibles do not apply to free preventive care services.

Coinsurance: For plans that include coinsurance, some health care services will cost you a percentage of the total cost. Depending on your plan, your share of the cost can range from 10-40%. These costs apply after you have met your deductible.

Out-of-pocket limit: This is the maximum you will pay each year for covered medical services before your health plan starts to pay for 100% of services. This protects you and your family from very high medical expenses. Most copayments, deductibles and coinsurance payments count toward this limit.

Example

Get help

- **Go online:** Visit CoveredCA.com
- **Find free in-person help:** To find a certified enrollment counselor or agent, go to CoveredCA.com/find-help
- **Call Covered California:** 1-800-816-4725 (TTY: 1-888-889-4500)