Renewals Quick Guide for Certified Enrollers

Step-By-Step Renewal Guide

1. Update enrollee information in the application.
    - The renewal journey will prompt enrollers and consumers at the very beginning of the application to pick a path in the application:
        - **Get Started:** To walk through the application and report changes for the consumer's upcoming 2026 benefit year
        - **No Changes to Report**: Allows the enroller or consumer to bypass the pages of the application if there are no changes between the information for 2025 and 2026.
    - Ensure enrollees have provided their consent for Covered California to electronically verify their information. Review the Consent for Verification Quick Guide for more information on helping consumers.
    - Ensure you update enrollee contact and demographic information.
    - Changes made to the 2025 coverage year will be carried over on the 2026 renewal summary screen if made by renewal due date found on the Renewal Notice (CalNOD12) – see below.
2. Consumer Renewal Journey
    - Health Plan renewal notice sent to enrollee at the beginning of October 2025. 2026 premium amount provided; no Advanced Premium Tax Credit (APTC) amount provided.
    - Renewal Notice (CalNOD12) sent to enrollees start the clock on automatic renewal (15 days from date of notice) – first batch mailed October 15, 2025.
    - Renewal Notice mailed to consumers in an enrolled or pending status.
    - Do nothing and enrollees will automatically re-enroll into their same plan, if same plan is available by the date listed on Renewal Notice and if enrollee is still eligible.
    - Shop & Compare (which allows the enrollee to select a health insurance plan) – see #3 below.
    - Covered California Eligibility and Welcome Notice (CalNOD01) – new 2026 APTC amount provided.
    - Invoice from Health insurance company.
    - Pay invoice (binder payment).
3. Shop & Compare
    - Review the latest Patient-Centered Benefit Designs and Medical Cost Shares Chart. The chart is updated on the website at the start of the renewal period.
    - Review the changes to the standard benefit designs.
    - Shop & Compare plans

- 2026 plan rates are available on http://www.coveredca.com/.

4. Complete renewal by December 31, 2025, for coverage that is effective January 1, 2026
   - Enrollees can change plans throughout the 2026 Sign-up process – November 1, 2025 – January 31, 2026.
   - Most changes to cases in “pending” status will cancel the application.
   - Enrollees who do not wish to renew and who have not ended coverage by October 15, 2025, must contact Covered California to opt-out of 2026 Renewal.

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Key Information in Renewal Notices

Renewal Notice from Health Plan: Sent at the end of September 2025

Includes the following information:

- 2025 APTC amount – 2025 gross and net monthly premium amount
- 2025 gross monthly premium amount prior to 2025 Advanced Premium Tax Credit applied
- Reason for monthly premium change
- Benefit change explanation (plan discontinuance)
- Referral to Covered California to report any changes

Renewal Notice from Covered California (CalNOD12): First Batch Sent October 15, 2025

Includes the following information:

- Covered California Case ID Number
- 2025 Plan Selection
- 2025 confirmed income
- Refers consumer to health plan renewal letter for 2025 monthly premium
- Instructions to complete the renewal
- Date by which coverage will be passively renewed if no action is taken

Covered California Eligibility/Welcome Notice (CalNOD01): Receive October – December 2025

Includes the following information:

- Case number
- Final 2025 Advanced Premium Tax Credit calculation amount
- Eligibility determination outcome for each enrollee

Health Plan Invoice: Receive December 15, 2024 – January 1, 2025

Includes the following information:

- Final 2026 Advanced Premium Tax Credit amount
- 2026 net monthly premium
- Payment due date – 4 business days prior to the end of the month

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Medi-Cal Reminders:

- Modified Adjusted Gross Income (MAGI) Medi-Cal Renewals (“Redeterminations”) are performed every 12 months following the initial eligibility determination for a Medi-Cal case
- Households with MAGI Medi-Cal members should seek assistance from their local county social services office to update their application information
- Certified Enrollers may not make changes to household applications with Medi-Cal members
- The local county social services office sends member notices when it is their time to renew their eligibility in Medi-Cal