



Your destination for affordable, quality health care, including Medi-Cal September 16, 2019

Covered California Renewal

Covered California's renewal period (annual redetermination process), October 8, 2019, through December 15, 2019, is intended to help individuals and families retain health coverage for the 2020 enrollment year. This Job Aid is for Service Center Representatives, County Eligibility Workers, Plan-Based Enrollers, Certified Enrollment Counselors, and Certified Insurance Agents who are assisting consumers to complete their renewal, and illustrates the functionality from the consumer's perspective.

Who Is Qualified for Renewal?

As part of annual renewal, eligibility will be re-determined for subsidized and unsubsidized households that are enrolled in a plan and have made their first premium payment (i.e., effectuated) or pending (enrolled in a plan with pending effectuation). Federal Advanced Premium Tax Credit (APTC) households who do not provide consent for verification are autorenewed into an unsubsidized plan for the upcoming year. Notices are sent to qualifying households to notify them of their opportunity to update information and confirm plan choices for the next benefit year.

Households Not Eligible For Renewal

- Applications which were withdrawn or terminated
- Cases which opted out of renewal during the renewal timeframe

Renew Mode

A household in Renewal mode displays the *Consumer Home* page with the message: *Welcome Back to Your Account. It's time to renew your coverage. You will be able to tell us about changes to your income and other information.* 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
- Medi-Cal & Covered California Households (Mixed Households)

Important Points about Renewals

OVERED LUFORNIA		español Need Help?	Account Home Log Out	Renew Your Medi-Cal Coverage
				Step 1: Review
	Hi, Janet! Welcome Back to Your Acco	ount.		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.
(Å)	It's time to renew your coverage		us about	
	changes to your income and oth			Step 2: Renew
X O	<u>Click here to learn more about re</u>	<u>enewing your coverage</u>		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
for renewal at this time. Medi-Cal rene	surance through Covered California, but yo wal occurs every year based on when you anges before the annual renewal. If you h our local county office.	ir current eligibility was last det	termined.	your local county office.
Changes made to this Covered Califor	nia renewal application may affect your ho	ousehold members' Medi-Cal e	ligibility.	
Before starting your renewal applicati	on, you can use o <mark>r <u>Shop and Compare To</u></mark>	<u>ool t</u> i compare plans side-by-si	ide.	Continue
Renew Your Covered Califo	ornia Health Plan			Before starting your renewal application, you can use our <u>Shop and Compare Tool</u> to compare plans side-by-side.
	our renewal application. Review your infor nt amount of financial help if your income			Renew Your Medi-Cal and Covered California Health Plan
Step 2: Renew/Enroll				Click the "Continue" button to begin your renewal application. We will walk you through
Enroll in a plan. You can stay in your c in a dental plan at this time. ①	urrent plan or compare rates and shop fo	r a new health plan. You can al	iso enroll	common changes and help you make updates if your income, family size, or other information has changed. For Medi-Cal, you can also complete and return a renewal form to your local county office.
If you do not choose a plan by Decem	ber 13, 2019, we will renew your current p	lan.		
				Step 2: Renew/Enroll
	Continue			For Covered California 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.
Announcements	Manage My Application	More Actions		For Medi-Col If you are trying to report a change you can do so by clicking the below button. Upload any
No announcements	View eligibility results	My Profile		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
	Report a change	Secured Mailbox (0)		coverage. If you have questions about your Medi-Cal renewal or coverage, contact your local county office.
	Review Application	Authorized Representative		Click here to find your local county office
				Continue
			l	

Before continuing the renewal process, users can get

a side-by-side comparison of plans by clicking the **Shop and Compare** link on the *Renew Your Covered California Health Plan* and the *Renew Your Medi-Cal and Covered California Health Plan* pages.

For the Renew Your Covered California Health Plan and the Renew Your Medi-Cal and Covered California Health Plan pages, a renewal due date displays to remind Covered California consumers that the current plan will automatically be renewed if changes are not submitted before the date listed.

On the *Renew Your Medi-Cal Coverage* page, the link **Click here to find your local county office** displays for consumers to find county office help.

If the renewal was initiated by SAWS and plan selection is complete, the following text displays instead: *Your case is under review, please contact your county worker for further information.*

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

application is considered in-progress.		español Need Help? Save & E
On the <i>Welcome to</i> Your Renewal Application! page, text displays informing the consumer what to expect during the	Welcome to Your Renewal Appl We will walk you through the steps to renew your appli	u
renewal process, while	← Account Home	
prompting them to	We have added all the information from your last application. Y	numust undate anything that has changed, so we
begin:	will walk you through each section and show common changes.	
We will walk you	After confirming your information is correct, you can submit you	r renewal application. Click "Get Started" to begin.
through the steps to		
renew your application.		
We have added all the information from your	Page Id: 2.0 Page Name: RenewalIntroduction	Get Started Janet Hanes Application #: 1000029118 Case #: 5000021023
last application. You		
	alk you through each section and	Your Application Has Been Saved
highlight common changes.		Incomplete applications expire after 30 days or at the end of the open enrollment period, so make sure your application is completed by —.
0,	ion is correct, you can submit your	Log in to complete your application or report a
renewal application. Click "Ge	t Started" to begin.	change.
The Get Started button provid	les the consumer with a guided	Close
walkthrough of the Renewal p	<u> </u>	
 Clicking the Save and 	Exit button saves the Renewal application is incomplete and will expire if not	

• Clicking **Close** navigates the user to the Consumer Home page

by the specified date

Note that the message automatically populates a date that is 30 days from the Renewal application initiation date. During the Open Enrollment period, the expiration date is extended to the day after the Open Enrollment period ends if it has been 30 days since the initial application date.

Upon returning to the *Consumer Home* page, the consumer is reminded again to complete the application by a specific date. Click the **Continue** button to resume a saved renewal application.

Important Note: If the household is enrolled in a Dental-only plan for the current benefit year, it can only be auto-renewed to the existing dental plan. If the dental plan is not available for the next benefit year, it will not be auto-renewed. Dental-only enrolled households are not eligible for active renewal processing.

Consumers who previously declined financial assistance for health care are presented with the *Last Year, You Did Not Apply* for Free or Low Cost Health Care page. Additional language displays California has many health care programs which may be more affordable for your household. Would you like to see if you qualify for any of the available programs? The consumer is given two options:

LIFOR	ED español Need Help?
-	Renewal Menu Your answers will be saved
	Renewal Application Last Year, You Did Not Apply for Free or Low Cost Health Care
	California has many health care programs which may be more affordable for your household. Would you like to see if you qualify for any of the available programs? Ves, I would like to see if I qualify for help from one of the available programs No, I don't want help paying for my health care
	Back Save & Continue

- Yes, I would like to see if I qualify for help from one of the available programs
- No, I don't want help paying for health care

After selecting an option, click the **Save & Continue** button to continue.

• Clicking the **Back** button returns the consumer to the previous page.

Note: If the consumer previously accepted the option for financial assistance, the consumer is navigated directly to the *Has Your Household Changed*? page.

Review existing household information on a page by page basis starting with the *Has Your Household Changed*? page. Household members can be added or removed.

Important: The Primary Contact (identified with a star icon) cannot be removed.

1. If no updates are needed, or when all updates have been completed, click the **Save & Continue** button to continue.

Renewal Application			
Has Your Househ	old Changed?		
Who should I include?			
Click "Remove" to remove so Primary Contact.	meone from the household	l or "Add" to add a new member. You canno	t remove the
-	manhard information late	r in the population	
You can review all household	members mormation late	r in the application.	
Janet H.	Henry H.		
-	6 yrs	1	
47 yrs		Add Household	
47 yrs			
47 yrs ★ Primary Contact	Remove	Member	
-	Remove	Member	
-	Remove	Member	
-	Remove		& Continue

HDDEWGI MEDILi Your answers will be saved	
Renewal Application	
Confirm These Relationships and Marital Statuses are C	orrect
Household Relationships	
Janet H. is Henry H.'s: Parent	Edit
Marital Statuses	
If your marital status has changed, update it. If it has, make sure your tax filing status, househ	old size, last name,
Janet H.'s marital status:	
Never Married	
O Married	
O Widowed	
ODivorced	
Registered Domestic Partner	
Henry H.'s marital status:	
Single	
O Never Married	
O Register eu Durnesalt, Partores	
Back	Save & Continue
	Confirm These Relationships and Marital Statuses are C Household Relationships Janet H. is Henry H.'s: Parent Marital Statuses If your marital status has changed, update it. If it has, make sure your tax filing status, househ and household relationships are up to date. Janet H.'s marital status: Single Never Married Married Never Married Never Married Registered Domestic Partner Henry H.'s marital status: Single

Save



5. The Confirm This Income Information is Correct page displays. Income for each household member displays with a total annual income amount in the Projected Household Income section.

Income can be edited by clicking the **Edit** button next to the individual's income. Changes include wage increase, ending income, and editing an income record. Click the **Edit** link next to the income record on the *Confirm Your Income Is Correct* page; a popup displays listing the original income record for the household member with options for editing the income record:

- Consumers have three options for editing income independently: ending income, changing the amount/frequency or changing the income name
- Service Center Representatives and County Eligibility Workers have four options: ending income, changing income amount/frequency, editing an error for an income record, and deleting an income record

Note: If there are no income changes to report, on click of the **Save & Continue** button, a *Are You Sure Your Income is Still Correct?* popup displays. Click the **No, Go Back** button to update the income or the **Yes, Continue** button to proceed to the next step in the renewal process.



6. After confirming income information, the Now, Let's Review **Each Household Member** to Make Sure Their Information Is Correct page displays.

Clicking the **Add Info** or **Review** button takes the consumer to the *Review* [HHM] *Information* page for the member.

Note: When information is missing for an individual, a red dot displays next to the HHM's name to prompt the consumer to add or complete missing information.

nforr	Let's Review Each Househol nation Is Correct mation you may need to update:	a we	mber to make sure their
Ø	Contact Information Address, phone number, email	æ	Relationships Marital status, household relationships, Primary Caretaker
۲	Health Care Gamed or lost health care, updated Medicare or disability status	0	Citizenship & Immigration Citizenship status or documentation, recognized tribal status, military status
6	Household Members Name, student status, foster care status		
	47 yrs		Review
			Review

Note: *Missing Information* messages display at the top of the *Review [HHM]'s Information* page and next to each section if information is required.

	Renewal Menu Your answers will be saved
Renoval Menu That answers will be saved Renoval Application Now, Let's Review Each Household Member to Make Sure Their Information Is Correct	Renewal Application Review Tom's Information
Information you may need to update: Contact Information Contact Information Address, phone number, email Address, phone number, email	Tom M. 6 yrs Missing information We need more information about Tom. Please complete the section(s) marked "Missing Information."
Kealth Car General or hash health care, updated Meticare or disability Most Care and the status Kealth Care Kealth Care	Click each arrow to review and make updates. Cullupse all Basic Information
Click "Review" to view and update each person's information. Click "Add Info" to enter missing information. You can't move forward if required information is missing.	Contact Information
Kristal M. 47 yrs	Marital Status & Relationships 🗸 🗸
Dominik M. 7 yrs Beview	Pregnancy Information Health Care
Tom M. 6 yrs Add Info	Citizenship & Immigration
Back See & Contract	Military Service 🗸
	Optional Demographic Information
 After reviewing or updating information, click the Save & Continue button to proceed to the next step. The 	Account Home
Renewal Application Menu displays. The consumer can	Renewal Application Menu
review the individual information or continue on to the final review. Click the Begin button to proceed	Household Information Review Review
to the <i>Final Review</i> .	Individual Information Review Review
	Final Review Begin
	Sign & Submit Sign Application

- 8. The *Final Review* page displays all sections of the renewal application with an Edit link adjacent to each section. If a user discovers information that does in fact need to be updated, click the Edit link and navigate to the appropriate page.
- 9. Users must acknowledge that there are no changes and that the existing information is correct by clicking the Confirm button on the Final Review and subsequent final Review pages. 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 the upcoming year.

Note: Information entered during the renewal applies to the upcoming coverage year and may impact eligibility for insurance affordability programs as of January 1 of the upcoming year. Examples of the types of changes that may impact eligibility include:

- Change of physical Address (Zip) or County)
- Change in Household Income •
- Add or Remove a Household • Member

10. Click the **Confirm** button to proceed to the *Final Review* page where a final review is completed for each of the household members.

11. Users must acknowledge the change and/or that the existing information is correct by clicking the **Confirm** button on the Final Review and subsequent Final **Review** pages. The Renewal Application Menu page displays with a green



CoveredCA.com is a joint initiative between Covered California and the California Department of Health Care Services

Consumers can either re-review the Renewal Application sections or continue to the next step of the renewal process. Click the **Sign Application** button. The *Signature for Renewal* page displays.

Rene	wal Application Menu	
⊘	Household Information Household members, personal information, tax information, income	Review
0	Individual Information Health care and otizenship information	Review
0	Final Review	Review
Sign	n & Submit	Sign Application

12. Complete the sections of the *Signature for Renewal* page.

 Section 1 displays: You are responsible for reporting changes to any information in your application...
 Oliable are to be an an application of the section of th

Click here to learn more about reporting a change

The consumer must check the *I* agree and certify under penalty...checkbox.



e read this important information about your renewal application. Once you finish reading, check the box that you have done so.
 hable by imprisonment for up to four years).
w that all information disclosed on this application will be used to determine eligibility of every person applying for health insurance is application. The information will be kept private as required by federal and California law.
erstand that if I have received federal advanced premium tax credits for health coverage through Covered California during the ous benefit year, I must have filed or will file a federal income tax return for that benefit year.
erstand that if I have received California Premium Subsidy for health coverage through Covered California during the previous fit year, I must have filed or will file a state income tax return for that benefit year.
tering my full name below, Lagree that this digital signature shall have the same force and effect as if Lsigned this application by wn hand.

• Section 2 displays: *Please read this important information about your application*. This section requires reading and *s*crolling through the text in its entirety before the attestation checkbox can be checked

Note: The Consumer must scroll to the bottom, answer all questions and check all boxes to enable the **Submit Application** button.

 Section 3 displays the Electronic Signature PIN and Electronic Signature fields. The consumer is required to enter their Electronic Signature PIN and type their name before the renewal application can be submitted

3
By entering my PIN and typing my full name I certify under penalty of perjury that I have read and I understand the questions in this application. I have answered honestly to the best of my ability.
lectronic Signature PIN 🛈
llectronic Signature
Janet Hanes
Back Submit Renewal Application

Note: The PIN and Electronic Signature fields do not display for SCRs and CEWs.

- 13. The following list of pages are displayed dynamically based on the household size and information entered on the prior application:
 - Please Select the Primary Caretaker for your Household members
 - Select All Household Members Who Are Newly Applying for Health Care Coverage
 - Select any household members who were in foster care in any state on their 18th birthday or later

Note: This question dynamically displays for cases when at least one household member is between the ages of 18 and 26 as of the current date.

Update **Pregnancy** Information

Note: This question dynamically displays for multi-member households that reported a pregnancy on their last application. The You Previously Reported That You Were Pregnant page dynamically displays for singlemember households.

 Voter Registration displays when an address has been updated allowing the consumer an opportunity to register to vote. After selecting an option, click the Next button. The Signature for Renewal page displays.

/oter Regist	oter registration agency and is providing	
Heread while evidence		
	u must be a U.S. citizen and at least 18 years of mow, would you like to apply to register to volu	
Yes, open the Cali	fornia Online Voter Registration website in a ne	sw Gab
Yes, please mail in	e a voter registration card	
No		
 Applying to register 	ale a choice you will be considered to have dec d will be mailed to you. It deciving to register to vote will not attect the amou	-
agency.		
	In filling out the voter registration form, we will help y ut the voter registration form in private.	ou. The decision whether to seek or accept help is
 If you believe that so whether to register or in preference, you may file 	means has beenfered with year right in erginizer or in a applying to register to vote, or your right to choose yo a compaint with the Secretary of State by calling tol-to this Street, Sacrements, O, 55314, Ser more informat	ur own political party preference or other political reactions 245-VOTE (3682) or you may write to:
114/2	_	24597



COVERED expanded Need help? Sove &	ixit
4- Research Manu - Your answers of the Issued	
Research Application Update Pregnancy Information If someone in your household is pregnard, they may be eligible for more generous coverage. No one will be denied coverage just because they are pregnant.	
You previously reported a pregnancy for the following household member(s):	
Maria W. S yrs	
Vou told us that Moria's expected due date is March 4, 2017. Is Maria still pregnant?	
Pregnancy end date	
Select all household members who are currently pregnant.	
Tell us about Tanya: Expected due date	
mm/dd/yyyy	
Expected number of babies	
Box Scottage	

Renewal Results

Once the Renewal application has been submitted, the *Household Eligibility Results Summary* page displays a summary of health care programs the household is eligible for in the upcoming coverage year.

Note: If there is no change or the change did not result in an eligibility re-determination, there is no change to the household eligibility results.

If eligibility is re-determined, carefully review the eligibility information summary pages 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 the upcoming year.

To view a PDF version of the submitted renewal application, click the **View PDF** link at the bottom of the *Household Eligibility Results Summary* page.

1. Click the **Continue** button to proceed with the enrollment part of the renewal process. The *My Enrollment Dashboard* displays.



2.	The NEXT STEPS					
	section displays You	2019		2020		
	have successfully					
	reviewed and	Open enrollment period ends on 01/15/2020. You h enrollment, please click on the 2019 tab to complete		change on your current year's		
	completed your	NEXT STEPS				
	application for	NEAT STEPS You have successfully reviewed and completed your application for 2020. Please renew or change your plans by clicking on the 'FINALIZE				
	[upcoming year]. Please	You have successfully reviewed and completed your application for 2020. Please renew or change your plans by clicking on the 'FINALIZE PLANS' Button.				
	renew or change your			FINALIZE PLANS		
	plans by clicking on the	Overview				
	'FINALIZE PLANS'	Your Application Status				
	Button. The current	2020 Application For 3 members	Complete	Eligibility Details		
	enrollment and subsidy					
	information displays in	Your Household Eligibility				
	Your Household	Morveena Morveena Medi-Cal eligible Asa Jackson	Federal Advanced Premium Tax Credit \$728.10 per month	View Details		
	Eligibility section when	Adaline Adele	CA Premium Subsidy \$36.71 per month	Report a Change		
	applicable.					
		Your Health Plans	oppo you have completed plan sheeping			
3.	Click the FINALIZE	You will be able to see your health plan(s) here once you have completed plan shopping. Your Dental Plans				
	PLANS button on the					
	Household Eligibility	You will be able to see your dental plan here once you have completed plan shopping. Start Shopping				
	Results Summary page.					

Note: If the Renewal is completed via the passive renewal process, the **FINALIZE PLANS** button on the *Household Eligibility Results Summary* page displays as **CHANGE PLANS**.

4. The page for enrollment groups displays with a tab to SHOP FOR HEALTH PLANS and SHOP FOR DENTAL PLANS. The consumer can choose to renew their existing plan if it is available or change their plan for the next benefit year.

SHOP FOR HEALTH PLANS		SHOP FOR DENTAL PLANS		
-	ange plans for your current enrollment gr nroll them in different groups, you can clie	oups as below. If coverage needs for your household member of here to start shopping in new groups.		
2019 Enrollments (2 members	s)			
Federal Advanced Premium Tax Crec per month	dit for this group in 2020: \$728.10 per mo	nth and CA Premium Subsidy for this group in 2020: \$36.71		
- Aca lackron				
🧭 Asa Jackson	Western Health			
Asa JacksonAdaline Adele	Western Health Bronze 60 HMO \$262.47 per month			

- To change the existing plan, click the you can click here to start shopping in new groups link. The consumer is navigated through the regular Plan Selection process
- To keep the current health plan, select the Renew or Change Plan button to proceed with the enrollment process

5. The SHOP FOR DENTAL PLANS tab displays.

SHOP FOR HEALTH PLANS		SHOP FOR DENTAL PLANS		
Renew or change plans for your current enrollment as below. If coverage needs for your household members have changed and you would ike to not renew some members you can click here to start shopping.				
2019 Enrollments (2 member	s)	^		
Asa JacksonAdaline Adele	Delta Dental Family Dental HMO \$29.98 per month			
		Renew or Change Plan		

- Similar to renewing or changing the health plan, the dental plan can be renewed or changed by the consumer. Click the Renew or Change Plan button to proceed with the enrollment process.
- 7. The Renew Your Plans page displays with information related to costs associated with coverage for the upcoming year. A user-friendly itemized list of *Monthly Premium* and net *Monthly Premium* and net *Monthly Premium* and net *Monthly Premium* Amount displays for the consumer.
 8. Click the Next button to proceed with the final step in renewing the enrollment plan.
 8. Click the Next button to proceed with the final step in renewing the enrollment plan.
 Note: The consumer has the view of the the final step in renewing the enrollment plan.

option to change their plan before continuing, the **Back to Shopping** button begins Plan selection.

Health Plan Asa , Adaline		Remove
	Monthly Premium	\$951.35
Western Health Advantage	Monthly Federal Tax Credit Adjust	-\$728.10
	Monthly CA Premium Subsidy	-\$36.71
Western Health Bronze 60 HMO		
Coverage Start Date: 01/01/2020	HEALTH MONTHLY PAYMENT	\$186.54
Cart Total		
	Health Monthly Payment	\$186.54
	TOTAL MONTHLY PAYMENT	\$186.54
Back to Shopping		Next

The Provide eSignature page is the last step in the plan renewal process. The Provide eSignature page is no different during renewal as it is during initial application or report a change. Click the Enroll button to sign and submit.

Provide eSignature

To checkout, 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 federal income tax return on or before the due date for the return (including extensions of time for filing) to claim the Federal Advanced Premium Tax Credit (APTC) if applicable.
- . To file a state income tax return on or before the due date for the return (including extensions of time for filing) to claim the CA Premium Subsidy if applicable.
- To report changes to Covered California that affect my eligibility, including: income, household size and address. These changes could affect the plans and Federal APTC subsidies for which I am eligible.
- I cannot switch plans outside of the Open Enrollment Period unless I have a qualifying life event. Some of the qualifying life events are a permanent move that
 results in access to new plans, birth or adoption of a child, marriage or domestic partnership.

Binding Arbitration Agreement:

🕀 Print

	unauthorized or were improperly, negligently, or incompetently rendered), or premises liability. I understand that, if I select
o enter your eSignature, plea Eva Tomez	e enter your full name. *
I have read and agree to th	Binding Arbitration Agreement.*
	Binding Arbitration Agreement.*
I have read and agree to th	Binding Arbitration Agreement.*
IN Number * 😧	Binding Arbitration Agreement.*

Confirmation

You have completed checkout with Covered California. You will be enrolled once you pay your premium bill to the plan(s) you chose. Congratulations!

Health Plans			
Asa Jackson, adaline adele		Expected Start Date	: 01/01/2020
Western Health Advantage	Western Health Bronze 60 HMO	Monthly Premium (monthly cost)	\$ 951.35
		You will receive billing statements and instructions for paying offline from your in	isurer.
		Total Monthly Premium Cost	\$ 951.35
		Monthly Federal Tax Credit	-\$ 728.10
		Monthly CA Premium Subsidy	-\$ 38.71
		Your Total Monthly Premium Payments	\$ 186.54
Making Changes to Your Plan			
If changes occur in your household, to repo	ort them, log in to your account a	and click on "Report a Change" or "Change Plans".	
Disclaimers			
You are not enrolled until your plan(s) rece resubmit your application and may have to		you do not pay your first payment(s) your application may expire. If your application expires you may be rea nent Period.	quired to
		Shop For More Members 🛛 🕀 Print Page 🛛 Go to D	Dashboard

10. The *Confirmation* page confirms the enrollment process is complete and the consumer is renewed for the upcoming year. A message displays You have completed checkout with Covered California. You will be enrolled once you pay your premium bill to the plan(s) you chose. Congratulations!

SCR and CEW Skip to Final Review Option



Covered California Plan Auto-Enrollment

Covered California automatically enrolls 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 *Consumer Home* page. Auto-Enrollment 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.

Health insurance carriers notify consumers of an upcoming year plan substitution to a similar plan if their current year plan is no longer available. If the current plan is not available for the upcoming year, the consumer must take action and select a new plan no later than December 15 of the current year to prevent a break in coverage.

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

- MAGI Medi-Cal only cases
- Cases terminated before October 12, 2019

Renew Mode Page - Opt In/Out

An Admin user (Service Center Representative or County Eligibility Worker) has the functional option to move a case out of Renew mode (to exempt it), and then move it back into Renew

Rer

mode, if a process or policy should warrant this action.

Note: If a household has completed the renewal process for the upcoming year, access to the *Renew Mode* page is not available.

- From the Search Individual page, enter search criteria to locate the consumer, and then click the corresponding radio button from the results list. Click the Manual Verification button. The Household Verifications page displays.
- Click the **Renew Mode** tab from the left-hand *Verification* panel. The *Renew Mode* page displays.

Exempt Case from Renewal

- 3. Select the **Off** value from the dropdown and then click the **Update** button.
- 4. An **Opt-in / Opt-out Confirmation** popup displays stating: Your update has been successfully saved.
- 5. Click the **Ok** button. The Consumer Home page reflects the consumer is no longer in Renew mode.
- Repeat the above steps to move the consumer back into Renew mode – only this time select the **On** value from the dropdown.

eturn Administration			Y FOR HE	EALTH	
	EXPLORE What's Right For	PREVIEW Health Plans	APPLY To Get Covered	GET HE	
VERIFICATION	Please select an	HOLD VERI Individual to view their ver Members SSN 544-55-6635 544-55-6600		Gender Female Male	0
				Redet	ermine Eligibility
Return Administration Consumer Nome		APPLY FOR H	HEALTH INSU	JRANCE	
	XPLORE /hat's Right For You	PREVIEW Health Plans		PLY Get Covered	GET HELP Find Answer
VERIFICATION Iousehold Rensonal Vertification Rensew Mode	Exempt this case from the	DE FOR COVER e automated renewal processes. altorna Programs for 2019. Renew Mode			MS
rogram Override				Update	
	RENEW MODE	FOR COVERE			IS
me ⁻ in	Opt-in / Opt-out Your update has be	Confirmation		×	not to participate in