Qualified Health Plan (QHP) Certification Application for Plan Year 2019 Covered California for Small Business
Attachment D1 Member Communication Calendar

Applicant must submit this document detailing the communications it intends to send to their members. Draft documents submitted with this attachment may be draft placeholders.

It is important to denote the cobranded communications and those including the Covered California 800-number.

Communication Description of communication sent to consumers:	Frequency How often will this be sent to consumers:	Delivery/ Drop Date When will this be delivered:	Estimated Volume Number of consumers this will be sent to:	Audience Target audience for this piece:	Covered CA Contact Info Provided (Yes/No)	Co-Branded (Yes/No)	Embed File 1. Click in cell 2."Insert" tab 3.Select "Object" (Adobe Acrobat Doc or Word Doc) 4.Check box "Display as Icon" 5. Browse and select your file	Document Status Is document complete:	Action needed by Covered CA Needed from CC in order to complete:
ID Card *Required Material*									
Welcome Letter/Package *Required Material*									
Print Advertisement									

Please add additional rows to include the following types of communication specifically for CoveredCA members, including but not limited to:

- Any materials that need to be co-branded, such as billboards, advertisements, etc.

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Please add additional rows to include the following types of <u>optional</u> communication specifically for CoveredCA members, including but not limited to:

- General letters and member communications such as newsletters, website copy, etc.
- Notices for appeals, case management or authorizations, etc.
- Notices such as invoice errors, other issue notification, etc.
- Member Outreach Scripts and Robo Calls such as welcome calls, reminders, renewal reminders, etc.