

Your destination for quality healthcare, including Medi-Cal.

# {FIRST\_NAME} {LAST\_NAME} {ADDRESS\_LINE1} {ADDRESS\_LINE2} {CITY}, {STATE\_CD (FK)} {ZIPCODE}

## Important reminder about your health benefits

{CURRENT\_DATE}

Case Number: {CASE\_NUMBER}

## Dear {FIRST\_NAME} {LAST\_NAME},

This is a friendly reminder that you, or someone in your household, qualifies for Covered California Coverage until **{DUE\_DATE}** because some of the information you gave us on your application did not match the information in your electronic data records. Please give us the information listed below in this letter by **{DUE\_DATE}**. You can upload this information through your CoveredCA.com account.

**Please note:** This notice is about Covered California coverage only. If you, or someone in your household is enrolled in Medi-Cal, your local social services agency will contact you if more information is needed for your Medi-Cal coverage.

If you give us the information listed below by {**DUE\_DATE**}, you will get another letter from us that will tell you if your coverage will continue. If we do not get the information that we need by {**DUE\_DATE**}, your current health coverage may end and you will have to re-apply. It is important that you keep your current coverage so you can continue to see the doctor or get treatment. It will also make sure you don't have to pay the tax penalty next year because you did not have coverage this year.

# Information we need by {DUE\_DATE}

To keep your coverage after **{DUE\_DATE}**, you must send these documents for the household members below:

# {FIRST\_NAME} {LAST\_NAME}:

{insert Reason Snippet from CalNOD03 Snippet Table for each Individual}

# {FIRST\_NAME} {LAST\_NAME}:

CalNOD03

{insert Reason Snippet from CalNOD03 Snippet Table for each Individual}

# {FIRST\_NAME} {LAST\_NAME}:

{Insert Reason Snippet from CalNOD03 Snippet Table for each Individual}

### How do I send Covered California this information by the due date?

Please include the cover page at the end on this letter with any documents you give us to help us review your information more quickly.

The best way to give us a copy of these documents is to use your online account at CoveredCA.com and select the <"Upload Documents"> button. See the cover page at the end of this letter for step by step instructions.

You can also send us your information:

- By fax to **1-888-329-3700** (1-888-FAX-3700)
- By mail to:

P.O. Box 989725 West Sacramento, CA 95798-9725

If you have any questions about what information to send or if you have any problems sending us the information, you can contact the Service Center.

**NOTE:** Please include the cover page at the end on this notice with any information you give us.

#### What if there are changes in my household?

If there have been changes in your household since you applied, please let us know. You also must tell us about changes to your household that may happen later this year within 30 days of the change. For example, please let us know if:

- The number of people in your household went up or down during the year
- Your household income goes up or down
- You move to a new place

You can let us know about any changes when you log into your account at www.CoveredCA.com or by calling the Service Center at 1-800-300-1506. We want to make sure the type of health coverage or amount of financial assistance you or your family get is based on your most current information. If you do not tell about changes during the year, you may be paying more for your health care than you should or you may need to pay more money later when you file your taxes.

## **Questions?**

 If you have created a CoveredCA account, log into your account at <u>www.CoveredCA.com</u>; or • Call the Covered California Service Center at **1-800-300-1506**. You can call Monday through Friday 8 a.m. to 6 p.m. During certain times of the year the Service Center may be available Saturdays 8 a.m. to 5 p.m. The call is free.