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

{HOH_FIRST_NAME} {HOH_LAST_NAME}
{HOH_MAILING_ADDRESS_LINE_1}
{HOH_MAILING_ADDRESS_LINE_2}
{HOH_MAILING_ADDRESS_CITY}, {HOH_MAILING_STATE} {HOH_MAILING_ZIPCODE}

# You may not be eligible for financial help in 2027

{CURRENT_DATE} Case Number: {AHBX_CASE_ID}

Dear {HOH_FIRST_NAME} {HOH_LAST_NAME},

We are writing to let you know about a possible change to your financial help for 2027.

In 2025, President Trump signed the One Big Beautiful Bill Act (also called HR-1), which removes financial help for people with certain immigration statuses. Beginning in 2027, you must have one of the following immigration statuses to get financial help through Covered California:

- Lawful Permanent Resident
- Cuban and Haitian Entrant
- Compact of Free Association (COFA) Migrant

If you do not have one of the above immigration statuses, you can still enroll in a health plan in 2027. But you will not get financial help, and your premium (monthly payment) may be higher.

**What is financial help?**
Financial help includes advanced premium tax credit (APTC) and cost-sharing reductions (CSR). APTC lowers the cost of the health insurance premium (monthly payment), and CSR lowers the out-of-pocket costs like copays and deductibles for eligible individuals and families.

**Am I eligible for financial help in 2026?**
Yes. This change does not affect your plan costs for 2026. You are still eligible for financial help in 2026.

**What can I do?**

- **Review Your Information**
  Make sure your information is up to date with Covered California. If your immigration status changes, tell us right away.
- **Keep Using Your Plan in 2026**
  This does not affect your current health plan costs, and you will continue to be eligible for financial help in 2026. This change will start on January 1, 2027.

- **Review Your Payment Method**
  If your premium (monthly payment) is automatically taken from your bank account, change it before January 2027 to avoid an unexpected bigger payment that month.
- **Shop for a Plan During Renewals**
  Covered California will send information about your 2027 plan costs and options in October 2026. You can decide to keep your plan without financial help or cancel your plan for 2027. You must cancel your plan by December 15, 2026.

**For questions or to update your information:**

- **With Agent** {**Get free in-person help:** Last time you worked with {Agency Business Name/Entity Business Name}. Call them at {Agent Phone Number/Entity Phone Number}.}
- **Go online:** Log into your Covered California account at CoveredCA.com.
- **Stay informed:** Find more information at https://covrdca.com/LPI.
- **Call Covered California:** Monday – Friday, 8 a.m. to 6 p.m. at 800-300-1506 (TTY: 1-888-889-4500).
- **No Agent** {**Get free in-person help:** To find a certified enroller or insurance agent to help you, go to CoveredCA.com/find-help.}
- **Get free legal help:** Visit the California Department of Social Services (CDSS) Legal Services page at cdss.ca.gov/inforesources/immigration/legal-services or call 916-651-8017.

Thank you,

Covered California

This letter is being sent to you in compliance with California Code of Regs, title 10, section 6474, subdivision (c).

## Section 1557 of the Patient Protection and Affordable Care Act (ACA)

Covered California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, sex characteristics including intersex traits, sex stereotypes, or pregnancy and related conditions. Covered California does not exclude people or treat them differently because of race, color, national origin including primary language and limited English proficiency, age, disability, sex, gender identity or sexual orientation.

Covered California provides reasonable modifications and free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, auxiliary aids and services, and written information in other formats (large print, audio, accessible electronic formats and other formats). Covered California also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the Section 1557 Civil Rights Coordinator at 1-916-228-8764 or by email at CivilRights@covered.ca.gov. Or, go to CoveredCA.com/accessibility.

If you believe that Covered California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation, you can file a grievance with the Section 1557 Civil Rights Coordinator.

You can file a grievance in the following ways:

**Mail:** Section 1557 Civil Rights Coordinator
P.O. Box 989725
West Sacramento, CA 95798-9725

**Phone:** 916-228-8764

**Fax:** 916-228-8909

**Email:** CivilRights@covered.ca.gov

You can also file a civil rights complaint with the Office for Civil Rights at the U.S. Department of Health and Human Services.

**Mail:** U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F, HHH Building
Washington, DC 20201

**Phone:** 1-800-368-1019 or TTY: 1-800-537-7697

**Online:** Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available on the U.S. Department of Health and Human Services Office for Civil Rights website.

**Get help in another language or format:** Can you read this letter? You can get free help. To get this letter translated to your language or in another format like large print, or to get information about free auxiliary aids and services, call **1-800-300-1506** (TTY **1-888-889-4500**).

**Obtenga ayuda en otro idioma o formato:** ¿Puede usted leer esta carta? Usted puede obtener ayuda gratuita. Para obtener esta carta traducida en su idioma o en otro formato como letra en grande, o para obtener información sobre ayudas y servicios auxiliares gratuitos, llame al **1-800-300-0213** (TTY **1-888-889-4500**). **(Spanish)**

以其他語言或格式获取協助: 您能讀懂這信件嗎? 您可以獲取免費幫助。要將這信件翻譯成您的語言或採用其他格式 (如大字 體)、或獲取有關免費輔助工具和服務的信息、請致電 **1-800-300-1533** (TTY **1-888-889-4500**)。**(Chinese)**

**Nhận trợ giúp bằng ngôn ngữ hoặc định dạng khác:** Bạn có thể đọc được lá thư này không? Bạn có thể nhận được sự giúp đỡ miễn phí. Để dịch thư này sang ngôn ngữ của bạn hoặc ở định dạng khác như chữ in lớn, hoặc để nhận thông tin về các dịch vụ và hỗ trợ phụ trợ miễn phí, hãy gọi **1-800-652-9528** (TTY **1-888-889-4500**). **(Vietnamese)**

**다른 언어 또는 형식으로 도움 받기:** 이 편지를 읽으실 수 있으세요? 무료로 도움을 받으실 수 있습니다. 이 편지를 귀하의 언어로 번역하거나 큰 글씨 등 다른 형식으로 받거나, 무료 보조 도구 및 서비스에 대한 정보를 원하시면, **1-800-738-9116** (TTY **1-888-889-4500**) 으로 전화하십시오. **(Korean)**

**Makakuha ng tulong sa iba pang wika o format:** Nababasa mo ba ang liham na ito? Maaari kang makakuha ng libreng tulong. Upang maipasalin ang liham na ito sa iyong wika o sa iba pang format tulad ng malaking print, o upang makakuha ng impormasyon tungkol sa mga libreng karagdagang tulong at serbisyo, tumawag sa **1-800-983-8816** (TTY **1-888-889-4500**). **(Tagalog)**

**احصل على المساعدة بلغة أو صيغة أخرى:** هل يمكنك قراءة هذه الرسالة؟ يمكنك الحصول على مساعدة مجانية. للحصول على هذه الرسالة مترجمة إلى لغتك أو بصيغة أخرى مثل الطباعة بحروف كبيرة، أو للحصول على معلومات حول المعينات التكميلية والخدمات المجانية، اتصل على الرقم **1-800-826-6317** كاتبة عن بعد (TTY **1-888-889-4500**). **(Arabic)**

**Ստացեք օգնություն այլ լեզվով կամ ձեւաչափով.** Կարո՞ղ եք կարդալ այս նամակը: Դուք կարող եք ստանալ անվճար օգնություն: Որպեսզի այս նամակը թարգմանվի ձեր լեզվով կամ այլ ձեւաչափով, օրինակ տպատառերով, կամ որպեսզի տեղեկություն ստանաք անվճար օժանդակ օգնականների ու ծառայությունների մասին, զանգահարե՛ք **1-800-996-1009** հեռախոսահամարով (TTY **1-888-889-4500**): **(Armenian)**

**ទទួលបានជំនួយជាភាសា ឬទម្រង់ផ្សេងទៀតៈ**
តើអ្នកអាចអានលិខិតនេះបានទេ?
អ្នកអាចទទួលបានជំនួយដោយឥតគិតថ្លៃ។
ដើម្បីទទួលបានលិខិតនេះបកប្រែ ជាភាសារបស់អ្នក ឬក្នុងទម្រង់ផ្សេងទៀតដូចជាការបោះពុម្ពជាអក្សរធំ ឬដើម្បីទទួលបានព័ត៌មានអំពីជំនួយនិងសេវាកម្មជំនួយឥតគិតថ្លៃ ហៅទូរស័ព្ទទៅលេខ **1-800-906-8528** (TTY **1-888-889-4500**)។ **(Khmer)**

**Получите помощь на другом языке или в другом формате:** Можете ли Вы прочитать это письмо? Вы можете получить бесплатную помощь. Чтобы получить это письмо в переводе на Ваш язык или в другом формате, например, крупным шрифтом, или чтобы получить информацию о бесплатных вспомогательных средствах и услугах, позвоните по номеру **1-800-778-7695** (TTY **1-888-889-4500**). **(Russian)**

**برای دریافت کمک به زبان یا فرمت دیگر:** آیا می‌توانید این نامه را بخوانید؟ می توانید کمک رایگان دریافت کنید. برای دریافت ترجمه این نامه به زبان خودتان یا به فرمت دیگری مانند چاپ بزرگ، یا برای دریافت اطلاعات درباره کمک‌ها و خدمات کمکی رایگان، با شماره **1-800-921-8879** (TTY **1-888-889-4500**) تماس بگیرید. **(Farsi)**

**Koj pua yuav kev pab muab cov ntaub ntawv sau ua lwm hom lus los sis lwm hom ntawv:** Koj nyeem tsab ntawv no puas tau? Koj muaj peev xwm tau txais kev pab dawb. Xav kom muab tsab ntawv no txais ua koj hom lus los sis muab luam tawm ua lwm hom xws li luam tawm kom loj, los sis xav tau cov ntaub ntawv ntsig txog cov khoom pab dawb thiab cov kev saib xyuas, ces hu rau **1-800-771-2156** (TTY **1-888-889-4500**). **(Hmong)**

**किसी और भाषा या फॉर्मेट में सहायता प्राप्त करें:** क्या आप इस पत्र को पढ़ सकते हैं? आप मुफ़्त सहायता प्राप्त कर सकते हैं। इस पत्र का अपनी भाषा में अनुवाद करवाने के लिए या किसी और फॉर्मेट में प्राप्त करने के लिए, जैसे कि बड़ा प्रिंट, या मुफ़्त सहायक उपकरण और सेवाओं के बारे में जानकारी प्राप्त करने के लिए, **1-800-300-1506** (TTY **1-888-889-4500**) पर कॉल करें। **(Hindi)**

**別の言語またはフォーマットでヘルプを入手する:** 本書を読むことができますか？ 無料のサポートを受けることができます。この文書をお使いの言語に翻訳したり、活字を大きくするなど別のフォーマットにしたり、また、無料の補助器具やサービスに関する情報を入手するには、**1-800-300-1506** (TTY **1-888-889-4500**) にお電話ください。**(Japanese)**

**ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰੋ:** ਕੀ ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਤੁਸੀਂ ਮੁਫ਼ਤ ਵਿੱਚ ਮਦਦ ਲੈ ਸਕਦੇ ਹੋ। ਇਸ ਪੱਤਰ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਲਈ, ਜਾਂ ਮੁਫ਼ਤ ਸਹਾਇਕ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਬਾਰੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, **1-800-300-1506** (TTY **1-888-889-4500**) 'ਤੇ ਕਾਲ ਕਰੋ। **(Punjabi)**

**รับความช่วยเหลือในภาษาหรือรูปแบบอื่น:**
คุณอ่านจดหมายฉบับนี้ได้หรือไม่
คุณสามารถรับความช่วยเหลือได้โดยไม่เสียค่าใช้จ่าย
หากต้องการแปลจดหมายฉบับนี้เป็นภาษาของคุณหรือในรูปแบบอื่นเช่น การพิมพ์ขนาดใหญ่ หรือรับข้อมูลเกี่ยวกับความช่วยเหลือและบริการเสริมที่ไม่เสียค่าใช้จ่าย โทร **1-800-300-1506** (TTY **1-888-889-4500**) **(Thai)**