

Overview

This Job Aid illustrates Shop and Compare Plan functionality available to the consumer and Enrollers. Consumers answer questions to determine what programs, plans, and subsidies their Household (HH) may be eligible to receive.

Consumers may shop anonymously for plans and apply for coverage by creating an account.

Shop and Compare Plans from the Covered California Home Page

1. Navigate to the Covered California home page at <u>http://www.coveredca.com</u>. The *Need a health plan now?* page displays. Consumers may enter household information in the fields provided and click the **Calculate** button to review a Quick Quote savings estimate.

	aith plan now?	
We've got you covered. <u>Ao</u>	aly today through special enrollment.	
S 35.000	95670 (a)	Quick Quote
Household Size 0	How many need coverage?	\$125
1 ×	1. ¥	per month
Ass of Passels Mandian Con		forefluenda
45	araga 🗢	After financial help from: Covered California
		Financial Help: \$451 per month
		Bronze Gold and Platinum place also

2. Click the **Shop and Compare** button. The *Shop and Compare* page displays.

Note: Any household information provided in the *Need a health plan now*? page pre-populates to the *Shop and Compare* page.



Shop and Compare Plans from the Enroller Portal

- 1. Log into the Enroller Portal.
- 2. Navigate to the Quick Links section on the right-hand side of the Home page.
- 3. Select **Shop and Compare**. The *Shop and Compare* page displays.

Q Search.,	≜ ⊝ -
Home Agency v My Team v My Profile My Delegations v Resources v Help v	
Welcome to your Agency Home Page!	
Manage your Book of Business, assist your consumers, and mo	re.
me Enroller Portal Notifications Notifications Archive Agency Book of Business My Book of Business More	Quick Links
wercome! Explore additional choices by navigating through the tabs on the right or My Reports from the menu	Secure Mailbox (12)
	Delegation Tool
	Start Application
	Enroller Toolkits
	My Reports
	Shop and Compare
	Affordability Calculator



Shop and Compare Job Aid for Enrollers

Shop and Compare Page

<image/>	IERED Formia	Español	Need He
Answer these questions to find out if you qualify for help to lower your health care costs. Coverage Year: 2023 What is your Zip Code? 0 95307 What is your total household income per year? 0 \$76567 How many people are in your household? 0 4 4 Coverage? 10 11 12 13 14 15 16 17 18 18 19 10 10 10 10 11 12 13 14 15 16 17 18 18 19 10 10 11 12 13 14 15 16 17 18 18 19 19 10 10 10 11 12 13 14 <t< th=""><th></th><th>Shop and Compare Tell us a little bit about yourself The information below will help us determine your potential health coverage program eligibility. You may qualify for help to lower your health care costs.</th><th></th></t<>		Shop and Compare Tell us a little bit about yourself The information below will help us determine your potential health coverage program eligibility. You may qualify for help to lower your health care costs.	
Coverage Year: 2023 Vhat is your Zip Code? 95307 What is your total household income per year? 76567 How many people are in your household, and tell us if they need coverage. Age of Head of Household: 37 Pregnant? 36 Age of Person 3: 10 10 Pregnant? 11 Pregnant? 12 Pregnant? 13 14 15 16 17 18 18 19 10 10 11 12 13 14 15 16 16 17 18 19 19 10 10 11	Answer these questions to find out if you quali	fy for help to lower your health care costs.	
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36 Needs Coverage? Pregnant? Blind or Disabled? Needs Coverage? 10 Pregnant? Pregnant? Blind or Disabled? Age of Person 4: Needs Coverage? Pregnant? Pregnant? Blind or Disabled? See My Results	Age of Person 2:	Blind or Disabled?	
36 Pregnant? () Age of Person 3: 10 Needs Coverage? 10 Pregnant? () Blind or Disabled? () Age of Person 4: 7 Needs Coverage? 7 Pregnant? () Blind or Disabled? () Edited Structure () Blind or Disabled? () Edited Structure () See My Results		Needs Coverage?	
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7 Pregnant? Blind or Disabled? See My Results	Age of Person 4:		
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Blind or Disabled? See My Results		Pregnant? ①	
See My Results		Blind or Disabled?	
See My Results			
		See My Results	

- 4. Select the **Coverage Year:** from the dropdown list.
- 5. Enter the zip code in the *What is your Zip Code*? field. *The What county do you live in*? field dynamically displays when the zip code spans multiple counties.



6. Enter income in the What is your total household income per year? field.

Note: Include the gross income (before taxes are deducted) for all household members.

- 7. Select **How many people are in your household?** from the dropdown.
- 8. Enter the age for each person in the household.

Note: Household member fields dynamically display based on the answer entered in step 4. For example: **Age of Head of Household**, **Age of Person 2**, **Age of Person 3**, etc.

9. Click the **Needs Coverage?** checkbox to indicate household member coverage.

Note: The checkbox is preselected.

10. Click the applicable checkbox to indicate **Pregnant?** and/or **Blind** *or* **Disabled?** for each household member (HHM).

	Pret household has at least one member who is blind or disabled.
_	Blind or Disabled?
Se yo ex to	lect this option if anyone in ur household is pregnant. An pectant mother will have access special programs.

Note: A tooltip ^① displays on the page next to the following questions to provide users with additional information to answer the questions correctly:

- What is your Zip Code?
- What is your total household income per year?
- How many people are in your household?
- Pregnant?
- Blind or Disabled?
- 11. All fields on the *Shop and Compare* page are required. Error messages display when a field is left blank. **The See My Results** button is enabled when all questions have been completed.



- 12. Click the **See My Results** button. The *This isn't an application for health coverage*. popup displays explaining the results are only an estimate
 - Clicking the Cancel button closes the popup
 - Clicking the **Continue** button navigates the consumer to the *My Options* page

This isn't an application for health coverage.

This is just a quick check to tell you if you might qualify for Covered California, Medi-Cal, or other health programs offered by the state of California.

We ask for only basic information to quickly tell if you might qualify. The coverage application itself asks for more details.

The only way to know for sure if you qualify is to apply. You can do that anytime, even if the results on the next page say that you don't appear to qualify. If you qualify for a Special Enrollment Period, you can enroll outside of the yearly Open Enrollment Period.

If you need help, you can click Get Help to find Local assistance to help you apply.





My Options Page

A summary of the household information displays on the My Options page with preliminary results for the program(s) for which they may qualify. Each program lists the Household Member's (HHM) number, age, and type of coverage based on each HHM's potential eligibility along with the following:

- Clicking the **More Information** link navigates the user to the *How much does it cost to buy insurance through Covered California*? page
- Clicking the **Preview Plans** button navigates the user to preview Covered California healthcare and dental plans
 - The **Preview Plans** button does not display when the preliminary results include either Medi-Cal, CCHIP or MCAP for all HHMs
- Clicking the **Fact Sheet** link in the *Medi-Cal Programs* section navigates the user to the *MEDI-CAL: COVERING MORE CALIFORNIANS Fact Sheet*
 - The message *These results are only an estimate.* You will need to complete an *application.* displays above the **Back** button

Note: A tooltip ^① displays next to the message to provide users with a link to return to the Covered CA homepage.

- Clicking the **Back** button returns the user to the *Shop and Compare* page
- Clicking the **Apply Now** button navigates the Consumer to the *Log in or Create an Account to Get Covered* page

Note: The *Coverage not Requested* section displays when there is at least one household member not requesting health coverage.



	My Options
Here is what you t	told us:
Zip code:	
95307	
Total household income:	
\$76567	
Household members:	
4	
Age of Head of Household:	
27.000	Needs Coverage? Pregnant? Blind or Disabled?
ary years	
age of reison 2	Needs Courses 2 Personal Directory
36 years	Mind or Disabled?
Age of Person 3	
10 years	Meeds Coverage? Pregnant? Blind or Disabled?
Age of Person 4	
7 years	Needs Coverage? Pregnant? Blind or Disabled?
Based on what you told u	is, here is what you may qualify for:
Based on what you told u We've grouped your househo Covered Californ	is, here is what you may qualify for: Id members based on each person's potential eligibility. nia Programs
Based on what you told u We've grouped your househo Covered Californ Click 'Preview' to view th Household Member	is, here Is what you may qualify for: Id members based on each person's potential eligibility. In Programs e available health plans through Covered California. Potential Eligibility
Based on what you told u We've grouped your househo Covered Califorr Click Preview to view th Household Member Person 1 (37)	is, here Is what you may qualify for: Id members based on each person's potential eligibility. The Programs e available health plans through Covered California. Potential Eligibility Lower Monthly Premium and Lower Out of Pocket Costs
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Shopping for Plans – Health Plan Preference Page

Consumers have the option to enter health care preferences on the *Health Plan Preferences* page so the plans presented match their health care needs.

1. Click the **Preview Plans** button on the *My Options* page to begin shopping for a plan. The *Health Plan Preferences* page displays.

Based on what you told us, h	ere is what you may qualify for:
We've grouped your household m	nembers based on each person's potential eligibility.
Covered California	Programs
Click 'Preview' to view the ava	ilable health plans through Covered California.
Household Member	Potential Eligibility
Person 1 (37)	Lower Monthly Premium and Lower Out of Pocket Costs
More Information	Preview Plans



Health Plan Pr	eferences
	PREFERENCES HEALTH DENTAL APPLY
	Group 1: 4 Members 9 95307 (3 \$76,567
	Group 1's Health Plan Preferences
	The questions below will help you find an affordable health plan that fits this
	group's needs. It is okay if you don't have exact answers, your best guess is fine.
	Choose which is more important to you.
	A lower premium (monthly cost), with higher costs when you get care Recommended for members with few health care needs
	A higher premium (monthly cost), with lower costs when you get care Recommended for members with many health care needs
	What level of health care will work best for Group 1 in ? Choose the level based on the Group 1 member with the most health care needs.
	If you do not answer, we will use "MEDIUM USE."
	Low use: 1 doctor visit and tests: preventive services too.
	MEDIUM USE: 4-5 doctor visits that include tests and treatment.
	HIGH USE: surgery or outpatient treatment; a number of doctor visits and tests.
	VERY HIGH USE: a hospital stay, outpatient treatment: a number of doctor visits and tests.
	What level of prescription drug use will work best for Group 1 in ? Choose the level based on the Group 1 member with the most prescriptions. If you do not answer, we will use "MEDIUM USE."
	2-3 prescriptions during the year for brief illness.
	HIGH USE: 3 prescriptions each month, often higher cost drugs.
	4 or more prescriptions each month OR very high cost drugs.
	Back Next



A progress tracker displays with four steps: PREFERENCES, HEALTH, DENTAL and APPLY. A step displays as in-progress when bolded with a dotted line. A white checkmark displays next to the step title when the step is successfully complete.

A line displays under the links titled **HEALTH** and **DENTAL** to indicate clickable links when these steps are in-progress:

- Clicking the **HEALTH** link navigates the user to the *Choose a Health Plan* page
- Clicking the **DENTAL** link navigates the user to the *Choose a Dental Plan* page
- 2. Select the button that applies best to the group for each of the following questions:
 - Choose which is more important to you
 - What level of health care will work best for Group 1 in [YYYY]?
 - What level of prescription drug use will work best for Group 1 in [YYYY]?

The health care preference questions are optional. When no selections are made all questions default to **MEDIUM USE:**.

3. Click the **Next** button.



Shop and Compare Job Aid for Enrollers

Provider Prefe	erences			
	PREFERENCES			
	Group 1: 2 Members	9 95833 6 \$50,000		
	Group 1's Providers			
	Use this page to search for providers, including doctors, hospitals, and children's dentists. You may choose up to 5 providers for Group 1.			
	Search for providers			
	First choose the provider type. Then en providers closest to you.	ter your ZIP Code to find the		
	Provider Type Your ZIP	Distance from ZIP Code		
	Doctor • 95833	20 miles -		
	Provider name			
	Q. Enter first or last name			
	Your providers (4/5)			
	DOCTOR	×		
	Andrew Jones Family Medicine	4860 Y St Sacramento, CA 95817		
	DOCTOR	×		
	Sarah Jones Family Medicine	1201 Alhambra Blvd Satramento, CA 95816		
	DOCTOR	×		
	Sylvia Jones Internal Medicine	1650 Response Rd Sacramento, CA 95815		
	We update the health plan provider list incomplete. Check with the health plan works with the plan.	s monthly but our list may be to be sure the provider you choose		

Covered California Outreach and Sales Division <u>OutreachandSales@covered.ca.gov</u>

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- 4. The *Provider Preferences* page displays with the following options for users to search:
 - Provider Type
 - Your ZIP
 - Distance from ZIP Code
 - Provider Name

In order to add a Provider to the plan preferences, enter a name in the **Provider name** field. The *Your providers (#/5)* section dynamically displays up to five providers that match the search criteria.

- 5. Click the **Next** button. The *Your Health Plan Filters* popup displays.
- 6. Click **OK** on the Your Health Plan Filters popup to navigate to the Choose a Health Plan page.

Your Health Plan Filters
We used filters based on your health plan preferences. Change the filters to see other health plans.
ОК



Choose a Health Plan

The *Choose a Health Plan* page displays plans within the consumer's reported ZIP code along with the potential coverage start date, estimated monthly premium, and estimated monthly tax credit.

A Back to Provider Preferences link displays in the header. Click the Back to Provider **Preferences** link to navigate the user to the *Provider Preferences* page.

	PREFERENCES	PLANS	CONFIRMATION	
Group 2: <u>1 Member</u> 950	053			O Preferences ~
By using Covered California.	you'll save \$441.23/mo on your hea	alth plan. Your estimated total	cost includes these savings.	
Filters	Based on P	references (5)	All	Plans (23)
Metal Tiers	^			
Platinum	5 out of 23 Health I	Plans	Sort by: Low	est estimated yearly cost 👻
Gold	Filters: (Silver X) (Silver	CSR X Clear All		
Silver				
Silver CSR		Valley health Silve	r 73 HMO	Compare 🗸
Bronze	Valley Health Plan'			
HSA Eligible	★★★☆☆ ⊙	Primary care visits \$35 Copay	Generic prescription drugs \$15 Copay	Your preferred providers You have not added any
Insurance Companies	SILVER CSR	Yearly deductible 💿		providers. To add providers, go to Preferences.
	You pay	\$0 /year		+ Add providers
Valley health	Extra Savings	Estimated total cost \$1,415.41 /year		Disc Data II
Bronze		Based on your health care ne	eds	Plan Details >
HSA Eligible	Choose Plân			
Insurance Companies	^			
Valley health	KAISER PERMANENTE-	Kaiser Silver 73 HM	10	Compare
Anthem Blue Cross	***** 0	Primary care visits	Generic prescription drugs	Your preferred providers
Blue Shield	SILVER CSR	¥35 Copay Yearly deductible ①	\$15 Copay	rou nave not added any providers. To add providers, go to Preferences.
Bronze	You pay	\$0 /year		+ Add providers
HSA Eligible	\$69.11 /mo	Estimated total cost		
	Extra Savings	Based on your health care ne	eds	Plan Details >
insurance companies	Choose Plan			

A consumer can search for a health plan by clicking the **Sort by** dropdown menu to display the search results according to the following:

• **Lowest premium** –based on which health plans have the lowest Monthly Premium payment (low to high)



- **Preferred providers** based on the number of preferred providers in network. The *Preferred providers* dropdown option only displays when the user has added preferred providers on the *Provider Preferences* page
- Lowest estimated yearly cost based on which health plans have the lowest total expense estimate (low to high)

Compare Plans

Consumers may compare the details for up to three plans by doing the following:

1. Select plans to compare by checking the **Compare** box for each plan. A *Compare Plans bar* displays.

Filters		Based on P	references (5)		All Plans (23)	
Metal Tiers	^					
Platinum		5 out of 23 Health F	lans	Sort by:	Lowest estima	ted yearly cost 👻
Gold		Filters: Silver X Silver	csr 🗙 Clear All			
Silver						
Silver CSR			Valley health Silver	73 HMO		Compare 🗹
Bronze		Volley Health Plan"				
HSA Eligible		★★★ ☆☆ ⊙	Primary care visits \$35 Copay	Generic prescription drug \$15 Copay	s Your p You ha	referred providers ve not added any ers. To add providers.
Insurance Companies	~	SILVER CSR	Yearly deductible 🧿		go to P	references.
-		You pay 552 35 /mo	\$0 /year		+ A4	3d providers
Valley health		Extra Savings ()	Estimated total cost \$1,415.41 /year			Disc Details
Bronze			Based on your health care nee	sds.		Pian Details >
HSA Eligible		Choose Plan				
Insurance Companies	^					
Valley health		PERMANENTE.	Kaiser Silver 73 HM	0		Compare 🗹
Anthem Blue Cross		***** 0	Primary care visits \$35 Copay	Generic prescription drug \$15 Copay	gs Your pi You ha	referred providers ve not added any
E Blue Shield		SILVER CSR	Yearly deductible 🛈		go to P	references.
Bronze		You pay	\$0 /year		+ A4	d providers
HSA Eligible		Extra Savings ①	Estimated total cost \$1,604.53 /year			Plan Details >
Insurance Companies	^	Choose Plan	Based on your health care nee	103		
Valley health						
Anthem Blue Cross						
Blue Shield		Anthem.	Anthem Blue Cross	Silver 73 EPO		Compare
🗋 Kaiser		******	Primary care visits \$35 Copay	Generic prescription drug \$15 Copay	gs Your p You ha	referred providers we not added any
Network Types	^	SILVER CSR	Yearly deductible		provid go to P	ers. To add providers. Treferences.
Exclusive Provider		You pay	\$0 /year		+ 4	dd providers
Organization (EPO)		\$160.86 /mo	Estimated total cost			
Health Maintenance Organization (HMO)		Extra Savings 💿	\$2,705.53 /year Based on your health care nee	ds		Plan Details >
Preferred Provider Organization (PPO)		Choose Plan				
Compare Plans (2/3) ~					Remove All	Compare Plans

- Clicking the down arrow displays each plan being compared
- Clicking the X on the plan tile removes the plan from the Compare Plans bar



• Clicking the **Remove All** link removes all plans from the *Compare Plans* bar



2. Click the **Compare Plans** button. The *Compare Health Plans* page displays.

Compare Health Plans Page

The *Compare Health Plan* page displays up to three plans to compare. Scroll down the page to review the details of the plan coverage details.

Compare Health	n Plans		
	a minimus	·	
Group 1: 1 Member 9 95833	8 ¥55,000		
	A44	TartnaCW locks	Western Plants
	Species	Retta	Research Aught
	Bronue 60 HIMO	Bronue 63 HMO	Brisrue 60 HMO
	Choose Plan	Chaose Plan	Choose Plan
	Plan Details	Plan Details	Plan Details
Key Costs and Features			
Monthly premium	\$209.72 /manth	\$216.77 /munch	\$191.33 /month
Yearly deductible O	\$6,300 (year	\$6,300 /year	\$6,500 iyear
Out-of- pocket O maximum	B600.00 /year	8200.00 /year	8200.00 /pear
Primary care visits	865.00 Copuy with deduct/blie	965.00 Copay with deductible	%65.00 Copair with deductible
Mental and behavioral health visits and outpatient services	\$2.00	365.00 Copay with deductible	\$455.00 Copay with deductible
Generic prescription drugs	\$18.00 Copay after deductible	\$18.00 Copay alter Bebuildle	\$18.00 Copay after deductible
Estimated o	\$3406.98 /year	\$3491.58./year	\$3186.3 /year
Your preferred	You have not added any providers: To add provident, go to Professions	This falser not added any proteines. To add presations, go to Professorias.	You have not added any providers. To add provident, go to Protorences
	+ Add providers	+ Add providers	+ Add providers
Doctors in your area			10000
10 mins + Zip Code: 15833	Detters	Dectors	pecters
Plan type	HMO	HMO	HNO
Health Savings Account © (HSA)			

• The *Compare Plans* page allows users to expand or collapse plan details by clicking the caret icon in the header of each section. Links, tooltips, and pins also display in these sections.



Rating No rating yet	No rating yet	No rating yet
Cost of Services		Show all
✓ Yearly Deductible and Out-of-Pocket Costs		
✓ Doctor Visits		

- The *Key Costs and Features* section is static and compares the plans by the following details:
 - Monthly premium
 - o Yearly deductible
 - Out-of-pocket maximum
 - Primary care visits
 - Mental and behavioral health visits and outpatient services
 - Generic prescription drugs
 - Estimated total cost
 - Your preferred providers
 - Doctors in your area
 - o Plan type
 - Health Savings Account (HSA) eligible



Shop and Compare Job Aid for Enrollers

y costs and reatures			
Monthly premium	\$69.11 /month Extra Savings	\$53.35 /month Extra Savings	
Yearly [©] deductible	\$0 /year	\$0 /year	
Out-of- pocket maximum	\$6,100 /year \$6,100 /year		
Primary care visits	\$35 Copay \$35 Copay		
Mental and behavioral health visits and outpatient services	\$35 Copay	\$35 Copay \$35 Copay	
Generic prescription drugs	\$15 Copay	\$15 Copay	
Estimated _© total cost	\$1604.53 /year	\$1415.41 /year	
Your preferred providers	You have not added any providers: To add providers, go to Preferences. + Add providers	You have not added any providers. To add providers, go to Preferences. + Add providers	
Doctors in your area 10 miles Zip Code: 95053	912 Doctors 889 Doctors		
Plan ₀ type	НМО	нмо	
Health Savings Account ⊙ (HSA) eligible			



Monthly premium	\$116.17 /month	\$6.01 /month	
Yearly deductible [©]	\$7,050 /year	\$7,050 /year	
Out-of- pocket © maximum	\$7,050 /year	\$7,050 /year	
Primary care visits	0% Coinsurance after deductible	0% Coinsurance after deductible	
Mental and behavioral health visits and outpatient services	0% Coinsurance after deductible	0% Coinsurance after deductible	
Generic prescription drugs	0% Coinsurance after deductible	0% Coinsurance after deductible	
Estimated total cost	Not Available	Not Available	
Your preferred providers	You have not added any providers. To add providers, go to Preferences. + Add providers	You have not added any providers. To add providers, go to Preferences. + Add providers	
Doctors in your area 10 miles ~ Zip Code: 95833	1414 Doctors	941 Doctors	
Plan type	EPO	нмо	
Health Savings Account © (HSA) eligible	~	~	
Overall Quality Rating	****	****	
of Services		hide all 👘 Show all	
Yearly Deductible and Out-o	f-Pocket Costs		
Yearly deductible O	\$7,050 /year	\$7,050 /year	
Prescription	Included in Yearly	Included In Yearly	



Apply

In order to enroll in the plan(s) selected, a submitted application is required.

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Group II: 238ertis	en • SLID	0 414,000
How to Finish	Your Enrollment with (2) Complete your Apprendix and the number of the control of	Nish year avvilarant
Apply to Co eccelerate you apply foreign your plan informat Covered California, the will Health Plan	unned California su from you . He will save your sider for you while 	Apply New ris Sare USINg for you apply Demos. Fact
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tri Farniy Sental HIKO 1222 82 Iron Kon keng Charge Pan	Annual you pay	\$22.82.0mg
Randleads 2		
Total Monthly Paymen	ĸ	\$116.50/mo
Contact Us	n contract an office for assistance.	

- Clicking the **Print Page Summary** button displays the *Choose Your Categories* popup • allowing consumers to select the details included in the plan summary.
- Clicking the Apply Now button on the Create Your Covered California Account page • navigates the user to the Log in or Create an Account to Get Covered page.

Consumers with existing plan coverage may also access the Shop and Compare feature by clicking the Shop and Compare link in the Manage Your [YYYY] Application section on the Covered California **Outreach and Sales Division**



Consumer Home page. This allows a consumer to view and compare plans outside the Open Enrollment and Special Enrollment period.

	50688
Welcome back, Brooks! Select Year: 2024 2025	
Complete Coverage Choose a plan that best fits your no any additional changes to your hou a change to redetermine your eligit	eeds. If you wish to make usehold, you can still report bility.
Tax Forms & Other Important Documents	
Important Dates OCT 16 - Covered California You will be auto renewed on Oct 16, 2024. DEC 31 - Covered California You can change your plan until Dec 31, 2024.	Image: Provide service of the servi
	View actions needed & alerts >
Manage Your 2025 Application Review Application Eligibility Results View your most recently Learn about how your submitted application. eligibility was determined.	Case #: 5193228244 Enrollment Dashboard Shop for health plans, manage coverage, and view enrollment status.
Account Information Manage account access, view application and case history,	, and update important information.
Contact Us Have a question? Please contact an office for assistance. Covered California Phone number: (800) 300-1506	

Covered California Outreach and Sales Division OutreachandSales@covered.ca.gov