



# 2018 Consumer Collateral Materials Catalog

## For Elected Offices

Covered California would like to provide consumer information to you to help your applicants and/or members understand the health care options available through Covered California. Legislative District Offices play a crucial role in outreaching and educating Californians about their access to health care.

This **Consumer Collateral Materials Catalog** lists items and images of the different types of materials – fact sheets, brochures, posters, etc. that your office can request to provide to your constituents.

If you would like for us to mail or drop off the materials to your office, please follow the instructions below:

1. **Review** the catalog.
2. **Select** the item you want by **identifying** the following information in an email message:
  - a. Item #
  - b. Page Number
  - c. Language Preferred
  - d. Quantity Amount
3. **Provide** the shipping contact name, address, phone number, and email address in the email message.
4. **Send** the email to [externalaffairs@covered.ca.gov](mailto:externalaffairs@covered.ca.gov).

If you have any questions regarding this process, please contact Waynee Lucero at 916-228-8669 or at [Waynee.lucero@covered.ca.gov](mailto:Waynee.lucero@covered.ca.gov).

Thank you,  
Kelly Green, External Affairs Director

## Contents

<b>2018 Consumer Collateral Materials Catalog.....</b>	<b>1</b>
<b>For Elected Offices .....</b>	<b>1</b>
1. Poster (16x20) - Open Enrollment 5 – Being Covered is the Best Plan.....	3
2. 8.5”x11” Sheet - Paper Calculator (Front and Back: English/Spanish).....	6
3. Brochure: Covered California Can Help You Get Affordable Health Coverage – What you need to know.....	8
4. 8.5”x11” Booklet- Enrollment Guide (4 pages).....	9
5. 8.5”x11” Sheet - Special Enrollment Fact Sheet (English and Spanish) .....	13
6. 8.5”x11” 4-Page Booklet – In-Person Enrollment Resource Guide (English and Spanish) .....	15
<b>Attachment A – Field Representatives Contact Information .....</b>	<b>17</b>

# Covered California 2018 Collateral Materials Catalog

---

For Consumers:

1. Poster (16x20) - Open Enrollment 5 – Being Covered is the Best Plan
- A1. Northern California Region (Pricing Regions 1-8)



- A2: Central California Region (Pricing Regions 9-14)

**BEING COVERED IS THE BEST PLAN**

Anthem. BlueCross  blue  of california

 Health Net\*  KAISER PERMANENTE.

**OPEN ENROLLMENT IS NOV. 1–JAN. 31**

 **COVERED CALIFORNIA**

For more information and enrollment help near you, contact:

CoveredCA.com

- A3: Los Angeles, Inland Empire, & Orange County Regions (Pricing Regions 15-18)

**BEING COVERED IS THE BEST PLAN**

 KAISER PERMANENTE. blue  of california

 Health Net\*  MOLINA HEALTHCARE

 L.A. Care  oscar

**OPEN ENROLLMENT IS NOV. 1–JAN. 31**

 **COVERED CALIFORNIA**

For more information and enrollment help near you, contact:

CoveredCA.com

- A4: San Diego Region (Pricing Region 19)

**BEING COVERED IS THE BEST PLAN**

blue of california

KAISER PERMANENTE

Health Net

MOLINA HEALTHCARE

SHARP HEALTH PLAN

**OPEN ENROLLMENT IS NOV. 1–JAN. 31**

For more information and enrollment help near you, contact:

 **COVERED CALIFORNIA**

[CoveredCA.com](https://www.CoveredCA.com)

*Open Enrollment Poster is also available in these languages:*

- Arabic
- Chinese
- Russian
- Ukraine
- English
- Korean
- Spanish
- Vietnamese

## 2. 8.5"x11" Sheet - Paper Calculator (Front and Back: English/Spanish)

Front:



# See if you can get help paying for your health insurance

**Covered California is where you can get quality, affordable health coverage. You may even get help paying for it.**

As part of the Affordable Care Act (ACA), Covered California is a program where lawfully present Californians and their families can compare quality health plans and choose the one that works best for their health needs and budget. Covered California is the only place where you can get financial help to pay for your health insurance.



**Your notes:**

**Are you eligible? Find out here.**



**Maximum Annual Household Income to Qualify for Financial Help**

FAMILY SIZE	MEDI-CAL	COVERED CALIFORNIA
1	\$16,643	\$48,240
2	\$22,412	\$64,960
3	\$28,180	\$81,680
4	\$33,948	\$98,400
5	\$39,717	\$115,120
6	\$45,485	\$131,840

All numbers listed above are estimates. For larger households, please visit the Shop and Compare tool at CoveredCA.com to find out if your family qualifies.

*You may be eligible for low or no-cost Medi-Cal.*

*You may be eligible for financial help through Covered California.*

**Enrollment deadlines**

FOR COVERAGE EFFECTIVE ON	COMPLETE ENROLLMENT BY	PAY YOUR PREMIUM
January 1, 2018	December 15, 2017	Make sure to pay your first bill on time, and continue to make monthly payments by the due date on your invoice.
February 1, 2018	January 15, 2018	
March 1, 2018	January 31, 2018	

Avoid a tax penalty and ensure your coverage for 2018 by enrolling prior to January 31, 2018. Medi-Cal enrollment is year-round.

**Have questions? We can help.**

**CoveredCA.com | 800.300.1506**







Covered California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.300.0213 (TTY: 1.888.889.4500). 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1.800.300.1533 TTY 1.888.889.4500



# Averigua si puedes obtener ayuda para pagar tu seguro médico

  

**Covered California es el lugar donde puedes obtener cobertura de salud de calidad y a bajo costo. Hasta podrías obtener ayuda para pagarla.**

Como parte de la Ley de Cuidado de Salud a Bajo Precio (ACA, por sus siglas en Inglés), Covered California es un programa donde la mayoría de los residentes legales de California y sus familias pueden comparar planes de salud de calidad y elegir el que mejor se ajuste a sus necesidades de salud y presupuesto. Covered California es el único lugar en donde puedes obtener ayuda económica para pagar tu seguro médico.



### ¿Calificas? Entérate aquí.



**Ingreso familiar anual máximo para calificar para ayuda económica**

TAMAÑO FAMILIAR	MEDI-CAL	COVERED CALIFORNIA
1	\$16,643	\$48,240
2	\$22,412	\$64,960
3	\$28,180	\$81,680
4	\$33,948	\$98,400
5	\$39,717	\$115,120
6	\$45,485	\$131,840

Podrías calificar para Medi-Cal a bajo o sin costo alguno.

Podrías calificar para ayuda económica a través de Covered California.

Las cantidades mostradas son solo estimaciones. Para familias más grandes, visita la herramienta de Buscar y Comparar en [CoveredCA.com/espanol](http://CoveredCA.com/espanol) para saber si tu familia califica.

### Tus notas:

### Fechas límites de inscripción

PARA QUE LA COBERTURA EMPIECE EL	COMPLETA TU INSCRIPCIÓN ANTES DEL	PAGA TU PRIMA
1º de enero de 2018	15 de diciembre de 2017	Asegúrate de pagar tu primera factura a tiempo y continúa haciendo los pagos mensuales antes de la fecha de vencimiento en tu factura.
1º de febrero de 2018	15 de enero de 2018	
1º de marzo de 2018	31 de enero de 2018	

Evita una multa de impuestos y asegura tu cobertura para el 2017 inscribiéndote antes del 31 de enero de 2018. La inscripción en Medi-Cal es todo el año.

¿Tienes preguntas? Te podemos ayudar.

[CoveredCA.com/espanol](http://CoveredCA.com/espanol) | 800.300.0213







**Paper Calculator** is also available in these languages:

- [Arabic](#)
- [Farsi](#)
- [Korean](#)
- [Tagalog](#)
- [Armenian](#)
- [Hmong](#)
- [Lao](#)
- [Vietnamese](#)
- [Chinese](#)
- [Khmer](#)
- [Russian](#)

### 3. Brochure: Covered California Can Help You Get Affordable Health Coverage – What you need to know.

Outside:

#### What you'll need to enroll

The following is needed for every household member who will be covered:

- Proof of current household income\*
- California ID or driver's license for adults
- Proof of citizenship or satisfactory immigration status (e.g., U.S. passport, legal resident card, certificate of citizenship or naturalization document)\*\*
- Birth date
- Social Security number or Individual Taxpayer Identification number, if you have one
- Home ZIP Code

**Open Enrollment is**  
NOV. 1, 2017 — JAN. 31, 2018

**Enroll by Dec. 15 to be covered by Jan. 1**

Medi-Cal enrollment is year round.

**Am I required to have health insurance?**  
Most people are required by law to have health insurance or pay a tax penalty. In 2018, the penalty is \$695/adult, \$347.50/child under 18 (up to \$2,085/family) or 2.5% of your annual household income over your tax filing threshold, whichever is higher.

\*Proof of current income of all members in the tax household such as a recent tax return, W-2, or pay stub. A dependent's income should only be included if their income level requires them to file a tax return. A household is defined as the person on whose basis a primary tax filer and all the dependents claimed on that person's taxes. If you don't file taxes, you can still qualify for free or low-cost insurance through Medi-Cal.  
\*\*You can apply for your child even if you are not eligible. Households that include members who are not lawfully present can also apply.

#### You have options

Covered California offers four levels of coverage: Bronze, Silver, Gold and Platinum. Insurance companies pay a portion of covered services, and the benefits offered within each level are the same no matter which insurance company you choose.

COVERAGE LEVEL	ANNUAL DEDUCTIBLE	AVERAGE PAID BY	
		INSURANCE COMPANY	YOU
Bronze	YES	60%	40%
Silver	YES	70%	30%
Gold	NO	80%	20%
Platinum	NO	90%	10%

- Choose **Platinum or Gold** and you'll pay a higher monthly premium, but you'll pay less for medical services.
- Choose **Silver or Bronze** and you'll pay a lower monthly premium, but you'll pay more for medical services.
- A **minimum coverage plan** is available to those under 30 or those 30 and over who have received a hardship exemption from U.S. Department of Health and Human Services.

\*Share of the only level where your deductible and other costs may be lower based on your household income.

## Covered California Can Help You Get Affordable Health Coverage

### What you need to know

For more information or to find free, local, in-person help, please contact:

CoveredCA.com | 800.300.1506

Inside:

## Welcome to Covered California

OPEN

**We've got you covered.**

Covered California is where Californians can shop for and compare quality health plans among a variety of brand-name insurance companies. You may even get help paying for it.

**We're here to help.**

Covered California offers free, local, in-person enrollment help, online chat, and telephone assistance in thirteen languages as well as for the hearing-impaired.

To get started, visit  
**CoveredCA.com**  
or call **800.300.1506**.

## See if you can get help paying for your health insurance.

Are you eligible? Find out here.

FAMILY SIZE	MEDI-CAL	COVERED CALIFORNIA
1	\$16,643	\$48,240
2	\$22,412	\$64,960
3	\$28,180	\$81,680
4	\$33,948	\$98,400
5	\$39,717	\$115,120
6	\$45,485	\$131,840

You may be eligible for free or no-cost Medi-Cal.

You may be eligible for financial help through Covered California.

All numbers listed above are estimates. For larger households, please visit the Shop and Compare tool at CoveredCA.com to find out if your family qualifies.

**More questions?** | Watch our "Welcome to Answers" videos at [CoveredCA.com/FAQS](http://CoveredCA.com/FAQS)

Covered California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIONES en idiomas español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.300.1506 (TTY: 1.888.689.4205). 注意：如蒙您提供有關資料，您可以免費獲得有關協助服務。一請致電：1.800.300.1506 (TYY: 1.888.689.4205)

This brochure is also available in these languages:

- [Arabic](#)
- [Farsi](#)
- [Korean](#)
- [Tagalog](#)
- [Armenian](#)
- [Hmong](#)
- [Lao](#)
- [Vietnamese](#)
- [Chinese](#)
- [Khmer](#)
- [Russian](#)

#### 4. 8.5"x11" Booklet- Enrollment Guide (4 pages)

Front:



# A step-by-step guide to enrolling in quality health coverage

## We've got you covered.

Covered California is where Californians can shop for and compare quality health plans among a variety of brand-name insurance companies. You may even get help paying for it.

This guide will help you better understand your coverage options so you can enroll in the health plan that best fits your needs.

## We're here to help.

Covered California offers free, local, in-person enrollment help, online chat, and telephone assistance in 13 languages as well as for the hearing-impaired. For help at any point during the enrollment process, call **800.300.1506** or visit **CoveredCA.com**.

### Step one:

#### See if you qualify for help paying for health coverage

Based on your annual household income, you may qualify for what's called an Advanced Premium Tax Credit (APTC) to help reduce your monthly premiums. Or you may qualify for low or no-cost coverage through Medi-Cal.

#### Coverage Year 2018

FAMILY SIZE	Maximum Annual Household Income to Qualify for Financial Help	
	MEDI-CAL	COVERED CALIFORNIA
1	\$16,643	\$48,240
2	\$22,412	\$64,960
3	\$28,180	\$81,680
4	\$33,948	\$98,400
5	\$39,717	\$115,120
6	\$45,485	\$131,840

*You may be eligible for low or no-cost Medi-Cal.*

*You may be eligible for financial help through Covered California.*

All numbers listed above are estimates. For larger households, please visit the Shop and Compare tool at CoveredCA.com to find out if your family qualifies. Medi-Cal enrollment is year-round.



**Open enrollment is Nov. 1 – Jan. 31 | Enroll by Dec. 15 to be covered by Jan. 1**



## Enrolling in quality health coverage

### Step two:

#### Explore your coverage options

Covered California offers four levels of coverage: Bronze, Silver, Gold and Platinum. Insurance companies pay a portion of covered services, and the benefits offered within each level are the same no matter which insurance company you choose.

- Choose **Platinum** or **Gold** and you'll pay a higher monthly premium, but you'll pay less for medical services.
- Choose **Silver** or **Bronze** and you'll pay a lower monthly premium, but you'll pay more for medical services.
- A **minimum coverage plan** is available to those under 30 or those 30 and over who have received a hardship exemption from U.S. Department of Health and Human Services.

### Shop and Compare

Visit [CoveredCA.com](http://CoveredCA.com) and choose "Shop and Compare" to see which brand-name health plans are right for you.



### Standard coverage benefits by level

KEY BENEFITS	BRONZE Covers 60% of average annual cost	SILVER Covers 70% of average annual cost	GOLD Covers 80% of average annual cost	PLATINUM Covers 90% of average annual cost
Individual/Family Deductible	\$6,300/\$12,600	\$2,200/\$4,400**	No deductible	No deductible
Annual Preventive Care Visit	No cost	No cost	No cost	No cost
Primary Care Visit Copay	\$75*	\$30*	\$25	\$15
Urgent Care Visit Copay	\$75*	\$30*	\$25	\$15
Emergency Room Copay	Full cost up to deductible	\$350*	\$325	\$150
Generic Medication Copay	Full cost up to \$500 deductible	\$15*	\$15	\$5
Annual Out-of-Pocket Maximum for One	\$7,000	\$5,850	\$6,000	\$3,350
Annual Out-of-Pocket Maximum for Family**	\$14,000	\$11,700	\$12,000	\$6,700

\* Chart does not include all medical copays and coinsurance rates. For complete information, visit [CoveredCA.com](http://CoveredCA.com).  
 \*\* For Bronze Plans, the deductible is waived for the first three primary care or urgent care visits. Additional visits are charged at full cost until deductible is met.  
 \*\*\* Silver is the only level where your deductible and other costs may be lower based on your household income.  
 \* These benefits are not subject to any deductible.

Covered California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.  
 ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.300.0213 (TTY: 1.888.889.4500).  
 注意: 如果您使用中文, 您可以免費獲得語言援助服務。請致電 1.800.300.1533 (TTY: 1.888.889.4500)





## Enrolling in quality health coverage

### Step three:

#### What you need to enroll

The following is needed for every household member who is applying for coverage:

<input type="checkbox"/> Proof of current household income*	<input type="checkbox"/> Birth date
<input type="checkbox"/> California ID or driver's license for adults	<input type="checkbox"/> Home ZIP Code
<input type="checkbox"/> Social Security number or Individual Taxpayer Identification number, if you have one	<input type="checkbox"/> Proof of citizenship or satisfactory immigration status (e.g., U.S. passport, legal resident card, certificate of citizenship or naturalization document)**

#### The Affordable Care Act (ACA)

As part of the ACA, Covered California is a program where most legal residents of California and their families can compare quality health plans and choose the one that works best for their health needs and budget. The law requires that:

- Preexisting health conditions cannot prevent someone from being covered.
- Your plan cannot be canceled because you are sick or injured.
- Young adults can be covered under their parents' plan until the age of 26.
- All plans include free preventive care.

#### ? Am I required to have health insurance?

Most people are required by law to have health insurance or pay a tax penalty. In 2018, the penalty is \$695/adult, \$347.50/child under 18 (up to \$2,085/family) or 2.5% of your annual household income over your tax filing threshold, whichever is higher.

#### The ABCs of HMOs, PPOs and EPOs

Most insurance companies offer three types of plans:

<b>HMOs</b>	<b>PPOs</b>	<b>EPOs</b>
Health Maintenance Organizations only cover medical services inside the plan's network. HMOs often require members to get a referral from their primary care doctor to see a specialist.	Preferred Provider Organizations pay for medical services both inside and outside the plan's network, but members pay a higher amount of the cost for out-of-network care. No referral is required to see a specialist.	Exclusive Provider Organizations generally don't cover care outside the plan's network, but members may not need a referral to see an in-network specialist.

It's important to note that not all HMOs, PPOs and EPOs are the same. Before choosing a plan, use the Shop and Compare tool at CoveredCA.com to get details like what doctors and hospitals are covered and what it will cost to see a doctor out-of-network.

\* Proof of current income of all members in the tax household, such as a recent tax return, W-2, or pay stub. A dependent's income should only be included if their income level requires them to file a tax return. A household is defined as the person who files taxes as the primary tax filer and all the dependents claimed on that person's taxes. If you don't file taxes, you can still qualify for free or low-cost insurance through Medi-Cal.

\*\* You can apply for your child even if you are not eligible. Households that include members who are not lawfully present can also apply.

Back:



## Enrolling in quality health coverage

### Step four: Create an account and enroll

Enroll in your plan at CoveredCA.com. Simply create a user account and follow the enrollment process with the information in step three.

As always, we're here to help. If you have questions or to find free, local, in-person help, please visit **CoveredCA.com** or call **800.300.1506**.

### Step five: Save your info

Be sure to keep a record of key information regarding your application.

USERNAME	PASSWORD
<input type="text"/>	<input type="text"/>
APPLICATION ID NUMBER	ACCESS CODE
<input type="text"/>	<input type="text"/>
CASE NUMBER	HEALTH INSURANCE COMPANY'S NAME
<input type="text"/>	<input type="text"/>
INSURANCE PLAN INFORMATION (PLAN NUMBER, GROUP NUMBER, ETC.)	
<input type="text"/>	
NAME AND CONTACT INFORMATION OF THE CERTIFIED ENROLLMENT COUNSELOR (CEC), CERTIFIED INSURANCE AGENT OR PLAN-BASED ENROLLER (PBE) WHO HELPED YOU ENROLL	
<input type="text"/>	

### Step six: Pay your premium

Be sure to pay your monthly premium in full and on time to ensure that your coverage continues. Failing to pay your premium may disrupt or even cancel your health coverage.

**For more information or to find free, local, in-person help, please contact:**

	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

**CoveredCA.com | 800.300.1506**



Enrollment Guide is also available in these languages:

- [Arabic](#)
- [Armenian](#)
- [Chinese](#)
- [Farsi](#)
- [Hmong](#)
- [Khmer](#)
- [Korean](#)
- [Lao](#)
- [Russian](#)
- [Tagalog](#)
- [Vietnamese](#)

## 5. 8.5"x11" Sheet - Special Enrollment Fact Sheet (English and Spanish)

Front:



COVERED CALIFORNIA

# Special Enrollment Fact Sheet

Covered California is where you can get quality, affordable health coverage. You may even get help paying for it.

As part of the Affordable Care Act (ACA), Covered California is a program where citizens and lawfully present Californians and their families can compare quality health plans and choose the one that works best for their health needs and budget. Covered California is the only place where you can get financial help to pay for your health insurance.

Your notes:

### What is special enrollment?

Individuals and families that experience a qualifying life event can enroll in a Covered California health insurance plan outside of the annual open enrollment period. This is called special enrollment. In most cases you have 60 days from the date of the qualifying life event to enroll in a health insurance plan (or change your existing plan) through Covered California. If you know ahead of time when you are going to lose your health coverage, you will also have an additional 60 days to enroll before that date to prevent any gaps in coverage.

Examples of qualifying life events:



INSURANCE CARD  
1234 5678 1101 1121  
YOUR NAME 5/20

Lost health coverage



Got married



Moved to or within California

To find out about other qualifying life events, visit [CoveredCA.com](https://CoveredCA.com).

To find free, expert enrollment help near you, visit [CoveredCA.com/get-help/local](https://CoveredCA.com/get-help/local)

## Is financial help available?

Yes. Covered California is the only place that offers financial help to get health coverage. The amount of financial help depends on your household income, family size, and where you live. In general, the lower your income, the more financial help you may receive. Use the chart below to help determine if you qualify.

### Coverage Year 2017

 FAMILY SIZE	Maximum Annual Household Income to Qualify for Financial Help	
	MEDI-CAL	COVERED CALIFORNIA
1	\$16,643	\$47,520
2	\$22,412	\$64,080
3	\$28,180	\$80,640
4	\$33,948	\$97,200
5	\$39,717	\$113,760
6	\$45,485	\$130,320

*You may be eligible for low or no-cost Medi-Cal.*

*You may be eligible for financial help through Covered California.*

All numbers listed above are estimates. For larger households, please visit the Shop and Compare tool at CoveredCA.com to find out if your family qualifies. Medi-Cal enrollment is year-round.

## When will my coverage begin?

You will need to plan ahead to avoid gaps in health coverage. It helps to know that in general, the start date for health coverage depends on the date you enroll. If you enroll by the 15th day of the month, your coverage will start on the first day of the next month. If you enroll after the 15th day of the month, your health coverage will start on the first day of the second month.

## How do I enroll?

You can enroll online by visiting [CoveredCA.com](http://CoveredCA.com). On our website you can also find free, expert help from certified enrollment representatives in your area.

If you qualify for **Medi-Cal**, you can enroll at anytime. To find out if you or someone in your family is eligible, you can apply at [CoveredCA.com](http://CoveredCA.com) or call your county human services agency.

Covered California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.300.0213 (TTY: 1.888.889.4500). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.300.1533 或 1.888.889.4500

For more information and free in-person enrollment help, please contact:

- 
- 
- 

CoveredCA.com | 800.300.1506



## 6. 8.5"x11" 4-Page Booklet – In-Person Enrollment Resource Guide (English and Spanish)

Available for the following areas:

-  Bay Area
-  East LA
-  East Los Angeles County r.1
-  Eureka-Arcata
-  Fresno-Central Valley
-  Hacienda Heights r.1
-  Hollywood-Watts
-  Inglewood-Lawndale
-  LA-South Bay
-  Menifee-Wildomar-Murrieta-Temecula
-  Monterey
-  Northridge-Canoga Park
-  Ontario-Chino-Rancho Cucamonga
-  Orange County South
-  Orange County-Anaheim
-  Orange County-Garden Grove
-  Orange County-North
-  Orange County-Santa Ana
-  Orange County-Westminster

-  Palm Desert-Indio-Coachella
-  Palmdale-Lancaster
-  Redding-Shasta County
-  Riverside-Moreno-Corona r.1
-  Sacramento r.1
-  San Benito
-  San Diego-Central
-  San Diego-East
-  San Diego-North
-  San Diego-South
-  San Gabriel Valley
-  San Luis Obispo
-  Santa Barbara County r.1
-  Santa Cruz
-  Santa Rosa
-  Ventura County
-  Victorville-Apple Valley

**COUNTY HUMAN SERVICES OFFICES OF CINAS DE SERVICIOS DE SALUD DE SU CONDADO**

Your local county office will help you enroll in a Covered California health plan or in the cost or no-cost Medi-Cal coverage. Your information is kept confidential.

Los trabajadores de su oficina local de contacto le podrán ayudar a inscribirse en un plan de salud de Covered California o en un plan gratuito o de bajo costo a través de Medi-Cal. Su información se mantiene confidencial.

**Alameda County  
Dept. of Human Services**  
2060 San Pablo Ave.  
Oakland, CA 94612

**Contra Costa County  
Dept. of Human Services**  
7305 Morcorrad Ave.  
Richmond, CA 94807

**Santa Clara County  
Social Services Office**  
233 W. Julian St.  
San Jose, CA 95110

**Contra Costa County  
Dept. of Human Services**  
40 Douglas Drive  
Martinez, CA 94553

**San Francisco County  
Dept. of Human Services**  
770 O'Farrell St.  
San Francisco, CA 94103

**When you are ready to enroll, you will need the following:**

- Number of people being enrolled (whole or partial family), including the birth date of each person
- Social Security number(s) for each family member
- Home ZIP code
- Most recent income tax filings, including dependent tax information and head of household status (if any)
- Employer and income information for everyone in your family
- Legal immigration information, such as your immigration number
- Information about your status as a member of a federally recognized tribe
- Individual identifiers, such as a driver's license.

\* No se debe proporcionar nombres, direcciones, o números de teléfono.

**Cuando esté listo para inscribirse, tendrá que saber lo siguiente:**

- El número de personas que se inscriben (familia como esta o parcial), incluyendo la fecha de nacimiento de cada persona
- El número de Seguro Social de cada miembro de la familia
- El código postal de la casa
- Las declaraciones de ingresos más recientes, incluyendo la información fiscal de los dependientes y la situación del jefe de la familia (si lo hay)
- Información sobre el empleador y los ingresos para cada miembro de la familia
- Información legal migratoria, como su número de inmigración
- Información sobre sus títulos como miembro de una tribu reconocida federalmente
- Tenga su identificación individual, como licencia de conducir

\* No se debe proporcionar nombres, direcciones, o números de teléfono.



CoveredCA.com



Bay Area

**GET COVERED  
Free Help Near You**

**Enroll by January 31**

**ASEGÚRATE  
Ayuda Gratis Cerca de Usted**

**Inscríbete antes del 31 de enero**



Bay Area

**GET COVERED  
Free Help Near You**

**Sign up today for health insurance that meets your needs.**

**Enroll by January 31**

This sheet can help you find someone to help you enroll. Your insurance is free, and your information is kept confidential. Help is available in a variety of languages.

**STOREFRONTS OFICINAS INMÓVILES**

Covered California partners have locations where you can get help enrolling in a health care plan. Most of these locations have qualified representatives that speak a variety of languages, including English and Spanish.

Las organizaciones asociadas con Covered California tienen locales donde puede recibir ayuda para inscribirse en un plan de salud asequible. La mayoría de estos locales tienen representantes calificados que hablan una variedad de idiomas, incluyendo inglés y español, entre otros.

**American Health Advocates**  
2223 Santa Clara Ave., #34  
Alameda, CA 94501  
(866) 689-2304

**Glee Financial**  
4637 3rd Basin Way  
San Diego, CA 92106  
(408) 859-9996

**Mary Wong Insurance Services**  
838 El Camino Real, #180  
Burlingame, CA 94010  
(415) 793-7979

**Brady-Harbord-Payne  
Insurance Brokers**  
3626 Grand Ave., #2  
Oakland, CA 94613  
(510) 624-5665

**Health Markets**  
543 W. Capitol Dr.  
San Jose, CA 95136  
(408) 941-1111

**PHP Insurance Agency**  
818 Tully Road  
San Jose, CA  
(408) 578-1578

**eHealth Plans Inc**  
1550 Northgate St.  
San Francisco, CA 94122  
(415) 661-3885

**Khalsa Insurance Agency**  
3750 McFee Road  
San Jose, CA 95127  
(408) 272-2500

**Van Berg & Associates**  
8423 Briarwood Blvd., #A1  
Brentwood, CA 94515  
(925) 334-7599

**CERTIFIED ENROLLMENT ENTITIES ENTIDADES DE INSCRIPCIÓN CERTIFICADAS**

These organizations have trained counselors who will work with you for free to find the health coverage that is best for you. Counselors speak a variety of languages, including English and Spanish.

Estas organizaciones tienen consejeros entrenados que le ayudarán sin costo a encontrar la cobertura de salud que mejor le convenga. Los consejeros hablan una variedad de idiomas, incluyendo inglés y español, entre otros.

**Axis Community Health**  
4361 Railroad Ave.  
Pleasanton, CA 94566  
(925) 201-6668

**Daly City Clinic**  
382 50th St.  
Daly City, CA 94015  
(650) 301-6600

**Tiburcio Vasquez Health Center**  
2233 Mission St.  
Hayward, CA 94541  
(510) 471-5880

**Community Health Partnership**  
401 Parkmoor Ave., #200  
San Jose, CA 95126  
(408) 536-6655

**Ravenswood Family Health Center**  
1769 Bay Road  
East Palo Alto, CA 94303  
(650) 330-7446

**CERTIFIED INSURANCE AGENTS AGENTE DE SEGUROS CERTIFICADO**

These certified agents do not charge for helping you find the coverage that is best for you and your family. Your information is kept confidential. Agents speak a variety of languages, including English and Spanish. You can find additional agents at CoveredCA.com.

Estos agentes certificados no cobran para ayudarle a encontrar la cobertura que mejor le convenga a usted y a su familia. Su información se mantiene confidencial. Los agentes hablan una variedad de idiomas, incluyendo inglés y español, entre otros. Infórmese más en CoveredCA.com/español.

**Marshaw Harris**  
589 Estudillo Ave.  
San Leandro, CA 94577  
(510) 682-9449

**Huang Quach**  
2177 Center Street, #12  
San Jose, CA 95112  
(866) 310-3838

**Linda White**  
7751 Nevada St.  
San Francisco, CA 94124  
(415) 748-2462

**Marc Protencic**  
1200 Contra Costa Blvd.  
Concord, CA 94523  
(408) 441-7777

**Monica Tracht**  
2221 Mission St.  
San Francisco, CA 94112  
(415) 710-3824

**Karl Wong**  
838 Grant Ave., #303  
San Francisco, CA  
(415) 677-9770

# Attachment A – Field Representatives Contact Information



## Outreach & Sales Field Operations Team

Sales Area	Field Representative*
<b>1 Northern California</b> Rating Regions 1, 2, 3	<b>Adam Unger</b> 916-584-4952 Adam.Unger@covered.ca.gov
<b>2 Bay Area</b> Rating Regions 4, 5, 6, 7, 8	<b>Marc Ross</b> 916-539-5524 Marc.Ross@covered.ca.gov
<b>3 Central Coast</b> Rating Regions 9, 12	<b>Diannah Thomas</b> 916-591-5444 Diannah.Thomas@covered.ca.gov
<b>4 Central Valley</b> Rating Regions 10, 11, 13, 14	<b>Aaron Johnson</b> 916-591-3178 Aaron.Johnson@covered.ca.gov
<b>5-E Los Angeles - East</b> Rating Region 15	<b>Claudie Kiti Bustamante</b> 916-539-4773 Claudie.KitiBustamante@covered.ca.gov
<b>5-W Los Angeles - West</b> Rating Region 16	<b>Vacant- Contact Daniel Rivas</b> 916-539-5417 Daniel.Rivas@covered.ca.gov
<b>6 Inland Empire</b> Rating Region 17	<b>Edith Lara-Trad</b> 916-539-5757 Edith.Lara-Trad@covered.ca.gov
<b>7 Orange County</b> Rating Region 18	<b>Vacant - Contact Daniel Rivas</b> 916-539-5417 Daniel.Rivas@covered.ca.gov
<b>8 San Diego County</b> Rating Region 19	<b>Vacant - Contact Daniel Rivas</b> 916-539-5417 Daniel.Rivas@covered.ca.gov



### Field Operations Management Team

**Jamie Yang**, Statewide Field Manager  
[Jamie.Yang@covered.ca.gov](mailto:Jamie.Yang@covered.ca.gov)  
 916-228-8377

**Vacant**, Northern California Regional Field Manager— Sales Areas 1-4  
 Contact **Jamie Yang**  
[Jamie.Yang@covered.ca.gov](mailto:Jamie.Yang@covered.ca.gov)  
 916-228-8377

**Daniel Rivas**, Southern California Regional Field Manager— Sales Areas 5-8  
[Daniel.Rivas@covered.ca.gov](mailto:Daniel.Rivas@covered.ca.gov)  
 916-539-5417

**\*Field Representatives** – To support the Certified Insurance Agents and community partners on the ground with sales insights, tools, and resources to increase enrollments and retain consumers in Covered California. They also support other Covered California teams’ request for public outreach and enrollment campaigns.