



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}

## Take action to keep eligible dependents in your plan.

{CURRENT\_DATE}

Case Number: {CASE\_ID}

Dear {First Name} {Last Name},

Someone in your household may no longer qualify to stay in your health plan as an “eligible dependent.” An **eligible dependent** is the subscriber’s:

- Spouse or registered domestic partner,
- Tax-dependent child under the age of 26,
- Tax-dependent parent or stepparent who gets more than half of their financial support from the subscriber,
- Child of any age with a disability who is:
  - Not able to work because of a physically or mentally disabling injury, illness, or condition, **and**
  - Mostly dependent on the subscriber for financial support and care.

If your household member is not an eligible dependent, they may need to enroll in a separate plan or submit their own application. Call Covered California right away with your household member at **1-855-312-3255** (TTY 1-888-889-4500).

**If your household member is a child with a disability**, you will need to give your health insurance company proof of disability. Make sure to call them directly. Covered California does **not** accept proof of disability.

If you do not do anything, Covered California may move your household member into a separate plan for the 2025 benefit year.

For in-person help, visit [CoveredCA.com/find-help](https://CoveredCA.com/find-help).

Thank you,

Covered California

This notice is being sent to you in compliance with title 10 of California Code of Regulations Sections 6496 and 6498.

## If you think we made a mistake

1. Call Covered California for help at **1-800-300-1506** (TTY: 1-888-889-4500). We are open Monday – Friday 8 a.m. to 6 p.m.
2. If we cannot solve the problem, you can ask for an appeal. You must ask within **90 days** of the date on your eligibility notice. You can ask for an appeal in one of these ways:
  - **Online** with the State Hearings Division at [cdss.ca.gov/Hearing-Requests](https://cdss.ca.gov/Hearing-Requests) or through Covered California at [CoveredCA.com/appeals](https://CoveredCA.com/appeals)
  - **Call** the State Hearings Division at 1-855-795-0634
  - **Visit** your local county office

You have the right to appeal any eligibility or enrollment decision. This includes, but is not limited to:

- Your eligibility for Covered California or Medi-Cal
- The date your health plan coverage starts
- Your premium assistance amount or cost-sharing reduction level
- You have waited too long for a decision
- Your eligibility for an exemption

## About appeals

You only have **90 days** from the date of your eligibility notice to ask for an appeal. An appeal decision could change eligibility, enrollment, premium (monthly cost) or cost-sharing reduction for you or other household members.

Appeal hearings are by telephone, video conference or in person. You can speak for yourself or be represented (have someone speak for you). For free, local help with your appeal, call the Health Consumer Alliance at 1-888-804-3536.

If you need health services right away and a standard appeal could put your life or health in danger, call 1-855-795-0634. Ask for an **expedited** (fast) appeal.

If you have a Covered California plan, you can ask for **continued enrollment**. This will let you keep your health plan and premium assistance amount while you appeal. You must keep paying your premium (monthly cost).

## **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 or sexual orientation. Covered California does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Covered California provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters 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 Civil Rights Coordinator at 916-228-8764 or by email at [CivilRights@covered.ca.gov](mailto:CivilRights@covered.ca.gov).

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 Civil Rights Coordinator.

You can file a grievance in the following ways:

**Mail:** 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](mailto: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.

## Getting Help in a Language Other than English

**IMPORTANT:** Can you read this letter? You can call **1-800-300-1506** and ask for this letter translated to your language or in another format such as large print. For TTY call **1-888-889-4500** where you can also request this letter in alternate format.

**Español IMPORTANTE:** ¿Puede leer esta carta? Usted puede llamar al **1-800-300-0213** y pedir esta carta traducida en su idioma o en otro formato como en letras grandes. Para TTY, llame al **1-888-889-4500**, donde también puede pedir esta carta en algún formato diferente. **(Spanish)**

**中文/繁體字 重要事項:** 您能讀懂這封信嗎? 您可以致電 **1-800-300-1533** 並要求將這封信翻譯成您的語言或者索要其他格式如大字版本的信件。對於 TTY, 請致電

**1-888-889-4500**, 您也可以在那里索取其他格式的信件。**(Chinese)**

**Tiếng Việt QUAN TRỌNG:** Quý vị có thể đọc được bức thư này không? Quý vị có thể gọi điện đến số **1-800-652-9528** và yêu cầu được dịch bức thư này sang ngôn ngữ của quý vị hoặc chuyển sang định dạng khác như bản in khổ lớn. Người dùng TTY, hãy gọi số **1-888-889-4500** quý vị cũng có thể yêu cầu định dạng thay thế khác cho bức thư này. **(Vietnamese)**

**한국어 중요:** 이 편지를 읽을 수 있습니까? **1-800-738-9116** 으로 연락하여 귀하의 언어로 번역되거나 큰 활자와 같은 다른 형식으로 요청하십시오. TTY **1-888-889-4500** 에서도 이 편지의 다른 포맷을 요청할 수도 있습니다. **(Korean)**

**Tagalog MAHALAGA:** Maaari ba ninyong basahin ang sulat na ito? Maaari kang tumawag sa **1-800-983-8816** at humiling na isalin ang sulat na ito sa iyong wika o sa iba pang format katulad ng malalaking titik. Para sa TTY, tumawag sa **1-888-889-4500** kung saan maaari kang humiling ng alternatibong format ng sulat na ito. **(Tagalog)**

**العربية هام:** هل يمكنك قراءة هذا الخطاب؟ يمكنك الاتصال بـ **1-800-826-6317** وطلب هذا الخطاب مترجماً إلى لغتك أو بصيغة أخرى، بخط كبير مثلاً. للصم والبكم، اتصل بـ **1-888-889-4500** حيث يمكنك أيضاً أن تطلب هذا الخطاب بصيغة مختلفة. **(Arabic)**

**հայերեն ԿԱՐԵՎՈՐ Է:** Դուք կարո՞ղ եք կարդալ այս նամակը: Դուք կարո՞ղ եք զանգահարել **1-800-996-1009** և խնդրել, որ այս նամակը թարգմանվի Ձեր լեզվով կամ Ձեզ տրվի մեկ այլ ձևաչափով, օրինակ՝ խոշորատառ: TTY-ի համար զանգահարեք **1-888-889-4500**, որտեղ կարո՞ղ եք նաև այլընտրանքային ձևաչափով խնդրել այս նամակը: **(Armenian)**

**ភាសាខ្មែរ សំខាន់:** តើលោកអ្នកអាចអានលិខិតនេះបានដែរឬទេ? លោកអ្នកអាចទូរស័ព្ទមកលេខ **1-800-906-8528** និងស្នើសុំឱ្យគេបកប្រែលិខិតនេះជាភាសារបស់លោកអ្នក ឬជាទម្រង់មួយផ្សេងទៀតដូចជាអក្សរពុម្ពធំៗ សម្រាប់ TTY ទូរស័ព្ទមកលេខ **1-888-889-4500**

**ខ្មែរលោកអ្នកអាចស្នើសុំលិខិតនេះជាទម្រង់ផ្សេងទៀតបានផងដែរ។ (Khmer)**

**Русский ВАЖНАЯ ИНФОРМАЦИЯ:** Вы можете прочитать это письмо? Вы можете позвонить по телефону **1-800-778-7695** и запросить получение этого письма, переведенного на Ваш родной язык, или распечатанного крупным шрифтом. Лица со сниженным слухом могут позвонить по телефону **1-888-889-4500**, чтобы запросить это письмо в ином формате. **(Russian)**

**فارسی مهم:** آیا می توانید این نامه را بخوانید؟ می توانید با شماره **1-800-921-8879** تماس بگیرید و تقاضا کنید که این نامه به زبان شما ترجمه شود یا به فرمت دیگری مانند حروف درشت به شما ارسال شود. برای TTY با شماره **1-888-889-4500** تماس بگیرید و از طریق همان شماره همچنین می توانید درخواست کنید که این نامه به فرمت دیگری به شما ارسال شود. **(Farsi)**

**Hmoob TSEEM CEEB:** Koj nyeem puas tau tsab ntawv no? Koj hu tau rau **1-800-771-2156** thiab nug kom daim ntawv txais ua yog koj cov lus los sis yog lwm hom xws lis luam tus ntawv loj. Hu tau TTY ntawm **1-888-889-4500** ua koj thov hloov tau lwm hom. **(Hmong)**

**महत्वपूर्ण:** क्या आप यह पत्र पढ़ सकते हैं? इस पत्र को अपनी भाषा में अनुवाद करने के लिए या बड़े प्रिंट की तरह किसी अन्य प्रारूप में प्राप्त करने के लिए **1-800-300-1506** पर कॉल करके अनुरोध कर सकते हैं। TTY के लिए **1-888-889-4500** पर कॉल करें जहाँ आप इस पत्र को किसी अन्य प्रारूप में प्राप्त करने का अनुरोध कर सकते हैं। **(Hindi)**

**重要:** この文書を読むことができますか? 希望の言語に翻訳された文書、または大きな文字など別の形式の文書をご希望の場合、**1-800-300-1506**までお電話ください。TTYの場合、**1-888-889-4500**にお電話いただければ、その他の形式の文書をリクエストすることもできます。 **(Japanese)**

**ਮਹੱਤਵਪੂਰਨ:** ਕੀ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਨੂੰ ਪੜ ਸਕਦੇ ਹੋ? ਤੁਸੀਂ **1-800-300-1506** 'ਤੇ ਕਾਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਇਸ ਪੱਤਰ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਸਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪਰਿੰਟ ਲਈ ਪੁੱਛ ਸਕਦੇ ਹੋ। ਟੀਟੀਟਾਈ ਲਈ **1-888-889-4500** 'ਤੇ ਕਾਲ ਕਰੋ ਜਿੱਥੇ ਕਿ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਦੇ ਵਿਕਲਪਕ ਰੂਪ ਵਿਚ ਸਰੂਪ ਲਈ ਬੇਨਤੀ ਵੀ ਕਰ ਸਕਦੇ ਹੋ। **(Punjabi)**

**สำคัญ:** คุณสามารถอ่านจดหมายฉบับนี้ได้หรือไม่ คุณสามารถติดต่อได้ที่เบอร์ **1-800-300-1506** เพื่อขอให้แปลจดหมายฉบับนี้เป็นภาษาของคุณ หรือขอเปลี่ยนแปลงรูปแบบตัวอักษรให้เป็นรูปแบบอื่น เช่นตัวอักษรขนาดใหญ่ สำหรับระบบ TTY คุณสามารถติดต่อได้ที่เบอร์ **1-888-889-4500** ซึ่งคุณสามารถขอจดหมายฉบับนี้ในรูปแบบอื่น ๆ ได้ **(Thai)**