



**COVERED
CALIFORNIA**

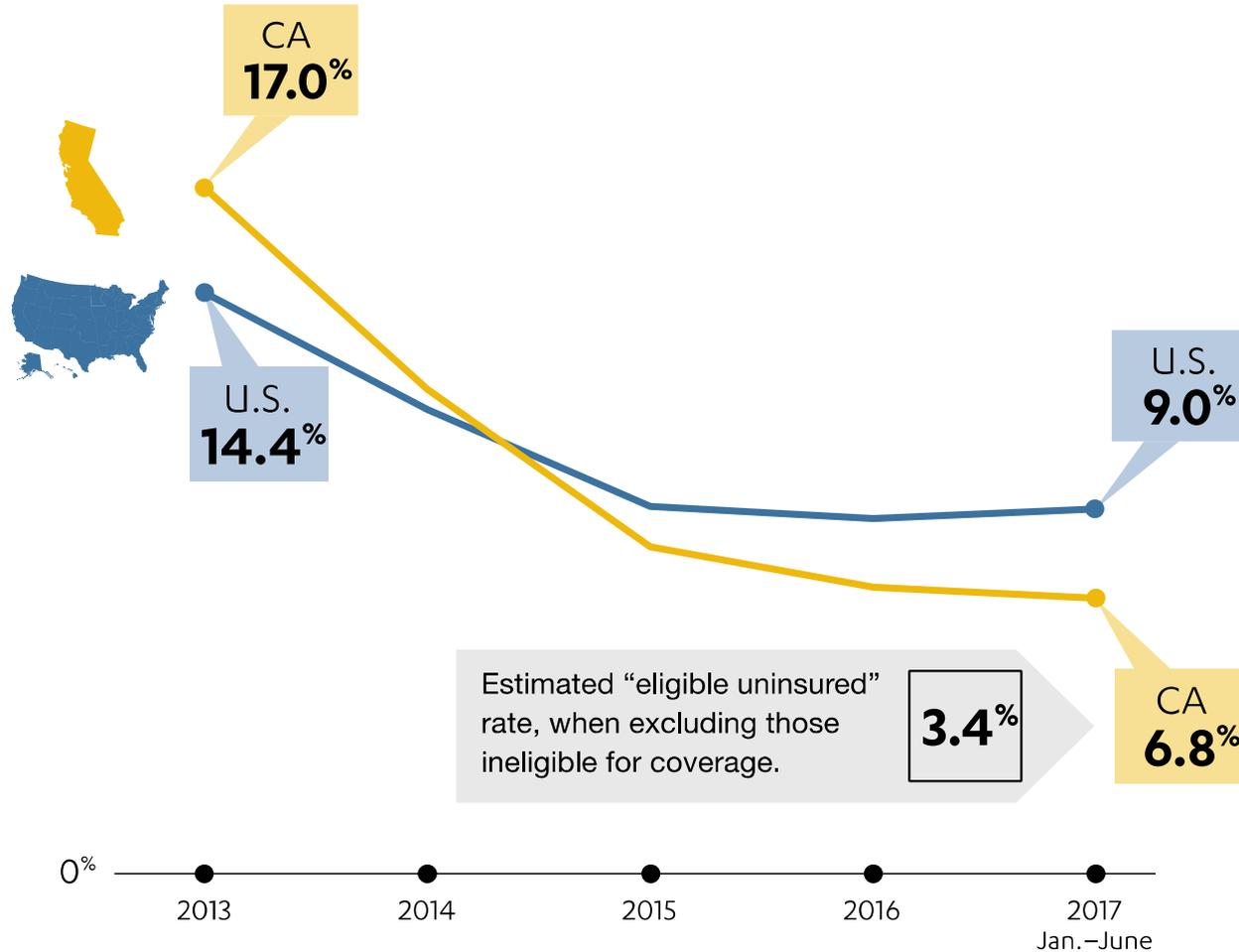


OVERVIEW

AGENDA

- I. Health Reform Impact**
- II. The Affordable Care Act and Covered California**
- III. Products Offered through Covered California**
- IV. Receiving Financial Assistance (Advanced Premium Tax Credits)**
- V. Eligibility and Enrollment**
- VI. Covered California Organization Structure**
- VII. Casework Overview**

Coverage Expansion Having Dramatic Effects in California



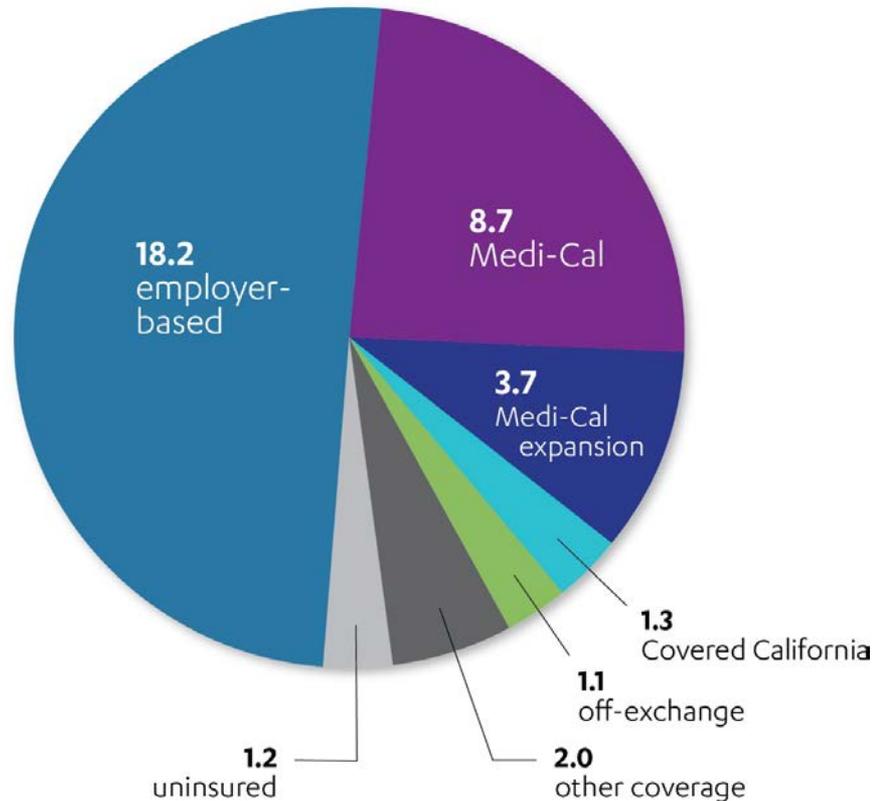
With California's expansion of Medicaid and the creation of a state-based marketplace, the rate of the uninsured has dropped to historic lows. Almost four million new enrollees are in the Medi-Cal program and 1.3 million people are enrolled through Covered California.

Source: U.S. Centers for Disease Control and Prevention's National Health Institute Survey

Coverage Expansion Has Been Woven Into the Fabric of Health Care in California

The Affordable Care Act has dramatically changed the health insurance landscape in California with the expansion of Medicaid, Covered California and new protections for all Californians.

California's 2015 Health Care Market (in millions — ages 0-64)



- As of June 2016, Covered California had approximately 1.4 million members who have active health insurance. California has also enrolled nearly 4 million more into Medi-Cal.
- Consumers in the individual market (off-exchange) can get identical price and benefits as Covered California enrollees.
- From 2013 to 2016, the Centers for Disease Control and Prevention report cutting the rate of uninsured in half (1.5 million are ineligible for Covered California due to immigration status). Not counting those ineligible puts California's uninsured at 1.2 million.

Estimates based on survey data and adjusted for latest available administrative data, including:

- American Communities Survey, 2015 1-year estimates (Table B27010)
- CDC/National Health Interview Survey (2017) (<https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201702.pdf>)
- Covered California Active Member Profile (<http://hbex.coveredca.com/data-research>)
- DMHC and CDI data on enrollment in December 2015 ("AB 1083 reports") as compiled by California Health Care Foundation (<http://www.chcf.org/publications/2016/09/california-health-plans-insurers>)
- Department of Health Care Services Medi-Cal Medi-Cal Monthly Enrollment Fast Facts (Sept 2016) (http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Fast_Facts_Sept_16_ADA.pdf)

Effective Marketing and Outreach

- Marketing and outreach are crucial investments to promote enrollment in the individual health insurance market
- Selling health insurance is uniquely difficult. While sick people are motivated to buy health insurance, healthier people need to be reminded, nudged and encouraged; they need to be convinced of the value of having health care coverage.



LIFE-CHANGING EVENT?
Get health coverage now.

 **COVERED CALIFORNIA** [find out how](#)



Covered California
Publicado por Amanda Wright Daley (1) · 9 de diciembre de 2016 ·

We each have unique health needs. CoveredCA offers health plans from brand-name companies and free expert advice to help you select the best plan and find out if you can get it at a lower cost. Click here to get started: coveredca.com/apply





**IT'S MORE THAN
JUST HEALTH CARE.
IT'S LIFE CARE.**



**¿NUEVO
RESIDENTE LEGAL?**
Obtén seguro médico ahora.

 **COVERED CALIFORNIA** [entérate cómo](#)

THE AFFORDABLE CARE ACT AND COVERED CALIFORNIA

FEDERAL REFORMS UNDER THE AFFORDABLE CARE ACT

Individual / Employer Mandate:

Most U.S. citizens and legal residents required to have health coverage

*Beginning in 2019, the individual mandate tax penalty will no longer be in effect.

Health Benefit Exchanges:

Marketplaces to buy health insurance and receive financial assistance

Medicaid Expansion

Inclusion of low-income childless adults

WHAT IS COVERED CALIFORNIA?

- Enacting legislation: AB 1602 (Perez) & SB 900 (Alquist)
- First state health exchange formed under the ACA
- Governed by a five-member board
 - Board members are appointed by the Governor and the California Legislature
- Cannot receive monies from the California General Fund
 - *Startup funds provided by the Federal government*
- Covered California a self-sustaining organization
 - *Percentage of gross premium to cover administrative and operational costs*

WHAT IS COVERED CALIFORNIA?

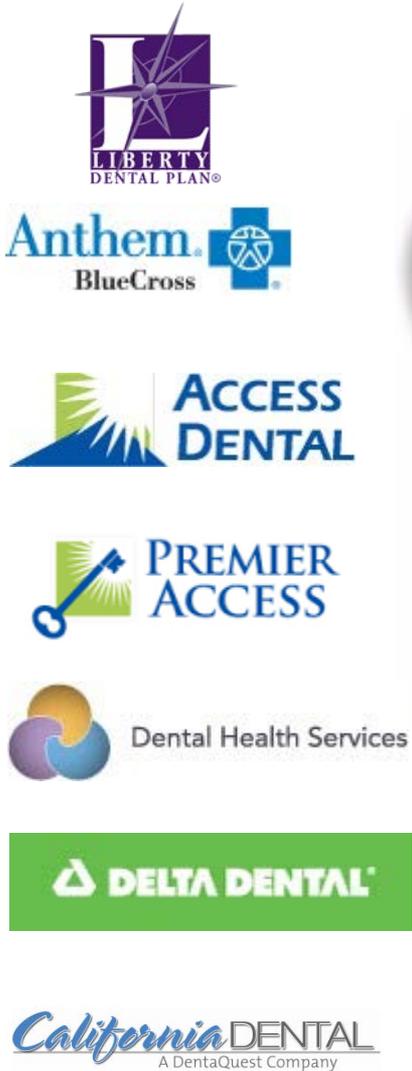
- State-run marketplace where eligible Californians can compare and shop for health insurance plans
- The only place where eligible Californians can receive federally-funded financial assistance to help pay for healthcare premiums
- Financial assistance are in the forms of tax credits paid in advance to the health plans — also known as **Advanced Premium Tax Credits (APTC)**
- **Cost-sharing reductions, or (CSRs)** are additional benefits to lower-income consumers in the form of lower copays and deductibles when they access care.

PRODUCTS OFFERED THROUGH COVERED CALIFORNIA

2018 QUALIFIED HEALTH PLANS



DENTAL AND VISION



ESSENTIAL HEALTH BENEFITS

Regardless of the plan selected, the following essential benefits are covered:

- Outpatient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse disorder services
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventative and wellness services and chronic disease management
- Pediatric services

HOW ARE RATES DETERMINED?

Rates are based on:

- Age
- ZIP code
- Household size and income (to determine eligibility for premium assistance or Medi-Cal)
- Health plan and benefit level selected

Rates are NOT based on:

- Health status
- Gender
- Pre-existing conditions
- Tobacco usage

PRICING REGIONS



Pricing Region 1
Alpine, Del Norte, Siskiyou, Modoc, Lassen, Shasta, Trinity, Humboldt, Tehama, Plumas, Nevada, Sierra, Mendocino, Lake, Butte, Glenn, Sutter, Yuba, Colusa, Amador, Calaveras, Tuolumne

Pricing Region 2
Napa, Sonoma, Solano, Marin

Pricing Region 3
Sacramento, Placer, El Dorado, Yolo

Pricing Region 4
San Francisco

Pricing Region 5
Contra Costa

Pricing Region 6
Alameda

Pricing Region 7
Santa Clara

Pricing Region 8
San Mateo

Pricing Region 9
Santa Cruz, Monterey, San Benito

Pricing Region 10
San Joaquin, Stanislaus, Merced, Mariposa, Tulare

Pricing Region 11
Fresno, Kings, Madera

Pricing Region 12
San Luis Obispo, Ventura, Santa Barbara

Pricing Region 13
Mono, Inyo, Imperial

Pricing Region 14
Kern

Pricing Region 15
Los Angeles (partial)
The county of Los Angeles is made up of two pricing regions by ZIP code (Regions 15 and 16).

Pricing Region 16
Los Angeles (partial)
The county of Los Angeles is made up of two pricing regions by ZIP code (Regions 15 and 16).

Pricing Region 17
San Bernardino, Riverside

Pricing Region 18
Orange

Pricing Region 19
San Diego



2018 Patient-Centered Benefit Designs and Medical Cost Shares

Benefits in blue are NOT subject to a deductible. Benefits in blue with a white corner are subject to a deductible after the first three visits.

Coverage Category	Minimum Coverage	Bronze	Silver	Enhanced Silver 73	Enhanced Silver 87	Enhanced Silver 94	Gold	Platinum
Percent of cost coverage	Covers 0% until out-of-pocket maximum is met	Covers 60% average annual cost	Covers 70% average annual cost	Covers 73% average annual cost	Covers 87% average annual cost	Covers 94% average annual cost	Covers 80% average annual cost	Covers 90% average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A	N/A	\$24,121 to \$30,150 (>200% to ≤250% FPL)	\$18,091 to \$24,120 (>150% to ≤200% FPL)	up to \$18,090 (100% to ≤150% FPL)	N/A	N/A
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	After first 3 non-preventive visits, full cost per instance until out-of-pocket maximum is met	\$75*	\$35	\$30	\$10	\$5	\$25	\$15
Urgent Care		\$75*	\$35	\$30	\$10	\$5	\$25	\$15
Specialist Visit	Full cost per service until out-of-pocket maximum is met	\$105*	\$75	\$75	\$25	\$8	\$55	\$30
Emergency Room Facility		Full cost until deductible is met	\$350	\$350	\$100	\$50	\$325	\$150
Laboratory Tests		\$40	\$35	\$35	\$15	\$8	\$35	\$15
X-Rays and Diagnostics		Full cost until deductible is met	\$75	\$75	\$25	\$8	\$55	\$30
Imaging		\$300	\$300	\$100	\$50	\$275 copay or 20% coinsurance***	\$75 copay or 10% coinsurance***	
Tier 1 (Generic Drugs)	Full cost per script until out-of-pocket maximum is met	Full cost up to \$500 after drug deductible is met	\$15**	\$15**	\$5 or less	\$3 or less	\$15 or less	\$5 or less
Tier 2 (Preferred Drugs)			\$55**	\$50**	\$20**	\$10 or less	\$55 or less	\$15 or less
Tier 3 (Non-preferred Drugs)			\$80**	\$75**	\$35**	\$15 or less	\$75 or less	\$25 or less
Tier 4 (Specialty Drugs)			20% up to \$250** per script	20% up to \$250** per script	15% up to \$150** per script	10% up to \$150 per script	20% up to \$250 per script	10% up to \$250 per script
Medical Deductible	N/A	Individual: \$6,300 Family: \$12,600	Individual: \$2,500 Family: \$5,000	Individual: \$2,200 Family: \$4,400	Individual: \$650 Family: \$1,300	Individual: \$75 Family: \$150	N/A	N/A
Pharmacy Deductible	N/A	Individual: \$500 Family: \$1,000	Individual: \$130 Family: \$260	Individual: \$130 Family: \$260	Individual: \$50 Family: \$100	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	\$7,350 individual only	\$7,000 individual \$14,000 family	\$7,000 individual \$14,000 family	\$5,850 individual \$11,700 family	\$2,450 individual \$4,900 family	\$1,000 individual \$2,000 family	\$6,000 individual \$12,000 family	\$3,350 individual \$6,700 family

Drug prices are for a 30 day supply.

* Copay is for any combination of services (primary care, specialist, urgent care) for the first three visits. After three visits, future visits will be at full cost until the medical deductible is met.

** Price is after pharmacy deductible amount is met.

*** See plan Evidence of Coverage for imaging cost share.

RECEIVING FINANCIAL ASSISTANCE (ADVANCED PREMIUM TAX CREDITS)

TWO FORMS OF FINANCIAL ASSISTANCE

1. PREMIUM ASSISTANCE

Reduces Your Premium

(The amount you pay per month to be a member of your health plan)

2. COST-SHARING ASSISTANCE

Reduces Your Out-of-Pocket Cost

(The amount you pay for a health care service)

Depending on income, an individual can qualify for both forms of financial assistance

PROGRAM ELIGIBILITY

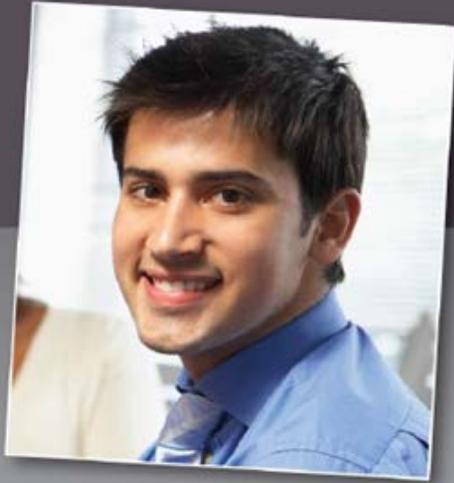
PROGRAM ELIGIBILITY BY FEDERAL POVERTY LEVEL

PLAN YEAR 2018

You may qualify for a Covered California plan with financial assistance, or free or low-cost Medi-Cal, depending on your household income and family size.

		PREMIUM ASSISTANCE											
		AMERICAN INDIAN / ALASKA NATIVE PLANS											
		ENHANCED SILVER PLANS (100%-250%)											
		SILVER 94 (100%-150%)			SILVER 87 (>150%-200%)			SILVER 73 (>200%-250%)					
% OF FPL	100%	± 138%	> 138%	150%	200%	> 213%	250%	± 266%	> 266%	300%	± 322%	400%	
HOUSEHOLD SIZE	1	\$12,060	\$16,643	\$16,644	\$18,090	\$24,120	\$25,688	\$30,150	\$32,080	\$32,081	\$36,180	\$38,833	\$48,240
	2	\$16,240	\$22,411	\$22,412	\$24,360	\$32,480	\$34,591	\$40,600	\$43,198	\$43,199	\$48,720	\$52,293	\$64,960
	3	\$20,420	\$28,180	\$28,181	\$30,630	\$40,840	\$43,495	\$51,050	\$54,317	\$54,318	\$61,260	\$65,752	\$81,680
	4	\$24,600	\$33,948	\$33,949	\$36,900	\$49,200	\$52,398	\$61,500	\$65,436	\$65,437	\$73,800	\$79,212	\$98,400
	5	\$28,780	\$39,716	\$39,717	\$43,170	\$57,560	\$61,301	\$71,950	\$76,555	\$76,556	\$86,340	\$92,672	\$115,120
	6	\$32,960	\$45,485	\$45,486	\$49,440	\$65,920	\$70,205	\$82,400	\$87,674	\$87,675	\$98,880	\$106,131	\$131,840
	7	\$37,140	\$51,253	\$51,254	\$55,710	\$74,280	\$79,108	\$92,850	\$98,792	\$98,793	\$111,420	\$119,591	\$148,560
	8	\$41,320	\$57,022	\$57,023	\$61,980	\$82,640	\$88,012	\$103,300	\$109,911	\$109,911	\$123,960	\$133,050	\$165,280
	each additional person, add	\$4,180	\$5,768	\$5,769	\$6,270	\$8,360	\$8,903	\$10,450	\$11,119	\$11,120	\$12,540	\$13,460	\$16,720
		MEDI-CAL FOR ADULTS						MEDI-CAL ACCESS PROGRAM (FOR PREGNANT WOMEN)					
		MEDI-CAL FOR KIDS (0-18 yrs.)											
								COUNTY CHILDREN'S HEALTH INITIATIVE PROGRAM					

11/2017



Age: 22

Marital status: Single

Annual income*: \$22,000

Dependents: None

Pricing region: 16

*Modified adjusted gross income

[◀ Back to preferences](#)

[HEALTH PLANS](#) [DENTAL PLANS](#) [CART 0](#)

Browse Health Plans

45 plans for 1 adult in ZIP code 91606.

Coverage could start as early as 01/01/2017.

Monthly premiums displayed have been reduced by your estimated monthly tax credit of \$109.00 .

Sort By

Total Expense Estimate ▾

1 2 3 4 >

Filter By

Plan Type

- HMO
- EPO
- PPO

Plan Features

- CSR Eligible** Includes cost sharing reductions (lower out-of-pocket costs)
- HSA Compatible** Can be used with a Health Savings Account

Metal Tier

- Platinum:** highest premiums, lowest out-of-pocket costs
- Gold:** higher premiums, lower out-of-pocket costs
- Silver:** lower premiums, moderate out-of-pocket costs
- Bronze:** lowest premiums, highest out-of-pocket costs
- Minimum Coverage:** limited eligibility (catastrophic plan)

Yearly Deductible

- \$499 and under
- \$500 to \$999

[ADD TO CART](#)

MOLINA HEALTHCARE
Bronze 80 HMO

BRONZE	HMO
Monthly Premium	\$47.94
	after \$109.00 tax credit
Primary Care Visits	\$75
Generic Drugs	100%
Yearly Deductible	\$6300 / \$500 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆

[COMPARE](#) [VIEW DETAIL](#)

[ADD TO CART](#)

MOLINA HEALTHCARE
Silver 87 HMO

SILVER	HMO
Monthly Premium	\$91.43
	after \$109.00 tax credit
Primary Care Visits	\$10
Generic Drugs	\$5
Yearly Deductible	\$650 / \$50 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆

[COMPARE](#) [VIEW DETAIL](#)

[ADD TO CART](#)

LA Care HEALTH PLAN
Bronze 80 HMO

BRONZE	HMO
Monthly Premium	\$80.08
	after \$109.00 tax credit
Primary Care Visits	\$75
Generic Drugs	100%
Yearly Deductible	\$6300 / \$500 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆

[COMPARE](#) [VIEW DETAIL](#)

[ADD TO CART](#)

KAISER PERMANENTE
Bronze 80 HMO

BRONZE	HMO
Monthly Premium	\$81.31
	after \$109.00 tax credit
Primary Care Visits	\$75
Generic Drugs	100%
Yearly Deductible	\$6300 / \$500 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★★★

[COMPARE](#) [VIEW DETAIL](#)

[ADD TO CART](#)

LA Care HEALTH PLAN
Silver 87 HMO

SILVER	HMO
Monthly Premium	\$102.65
	after \$109.00 tax credit
Primary Care Visits	\$10
Generic Drugs	\$5
Yearly Deductible	\$650 / \$50 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆

[COMPARE](#) [VIEW DETAIL](#)

[ADD TO CART](#)

KAISER PERMANENTE
Bronze 80 HDHP HMO

BRONZE	HSA	HMO
Monthly Premium	\$82.88	
	after \$109.00 tax credit	
Primary Care Visits	40%	
Generic Drugs	40%	
Yearly Deductible	\$4800 (May Not Apply)	
Total Expense Estimate	Lower	
Quality Rating	★★★★★	

[COMPARE](#) [VIEW DETAIL](#)

COST-SHARING ASSISTANCE

PROGRAM ELIGIBILITY BY FEDERAL POVERTY LEVEL

PLAN YEAR 2018

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 MEDI-CAL FOR ADULTS		MEDI-CAL ACCESS PROGRAM (FOR PREGNANT WOMEN)	
MEDI-CAL FOR KIDS (0-18 yrs.)		COUNTY CHILDREN'S HEALTH INITIATIVE PROGRAM	

TAX RECONCILIATION

Form **1095-A** Health Insurance Marketplace Statement OMB No. 1545-2232

Department of the Treasury Internal Revenue Service **2014** Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a. CORRECTED

Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)
13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part II Coverage Household

A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16				
17				
18				
19				
20				

Part III Household Information

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
21 January			

Form **8962** Premium Tax Credit (PTC) OMB No. 1545-0074

Department of the Treasury Internal Revenue Service **2014** Attachment Sequence No. 73 Information about Form 8962 and its separate instructions is at www.irs.gov/form8962. Attach to Form 1040, 1040A, or 1040NR.

Name shown on your return Your social security number Relief (see instructions)

Part 1: Annual and Monthly Contribution Amount

1 Family Size: Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d	1
2a Modified AGI: Enter your modified AGI (see instructions)	2a
b Enter total of your dependents' modified AGI (see instructions)	2b
3 Household Income: Add the amounts on lines 2a and 2b	3
4 Federal Poverty Line: Enter the federal poverty amount as determined by the family size on line 1 and the federal poverty table for your state of residence during the tax year (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input type="checkbox"/> Other 48 states and DC	4
5 Household Income as a Percentage of Federal Poverty Line: Divide line 3 by line 4. Enter the result rounded to a whole percentage. (For example, for 1,542 enter the result as 154, for 1,549 enter as 155.) (See instructions for special rules.)	5
6 Is the result entered on line 5 less than or equal to 400%? (See instructions if the result is less than 100%.) <input type="checkbox"/> Yes. Continue to line 7. <input type="checkbox"/> No. You are not eligible to receive PTC. If you received advance payment of PTC, see the instructions for how to report your Excess Advance PTC Repayment amount.	
7 Applicable Figure: Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7
8a Annual Contribution for Health Care: Multiply line 3 by line 7	8a
b Monthly Contribution for Health Care: Divide line 8a by 12. Round to whole dollar amount	8b

Part 2: Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Did you share a policy with another taxpayer or get married during the year and want to use the alternative calculation? (see instructions)
 Yes. Skip to Part 4, Shared Policy Allocation, or Part 5, Alternative Calculation for Year of Marriage. No. Continue to line 10.

10 Do all Forms 1095-A for your tax household include coverage for January through December with no changes in monthly amounts shown on lines 21-32, columns A and B?
 Yes. Continue to line 11. Compute your annual PTC. Skip lines 12-23. No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual	A. Premium	B. Annual Premium Amount of SLCSP	C. Annual	D. Annual Maximum	E. Annual Premium	F. Annual Advance Payment of PTC

ELIGIBILITY AND ENROLLMENT



Who is Eligible?

Who is:

- **Legal California residents**

Who's not:

- **Undocumented immigrants**
- **Currently incarcerated individuals**



ENROLLMENT WINDOWS

Open Enrollment:

Specific time windows in which eligible Californians can sign-up for Covered California. Unless qualified for “special enrollment,” individuals and families cannot enroll outside of the open enrollment period.

Special Enrollment:

Short time window in which eligible Californians can sign-up for Covered California. Special Enrollment can only be triggered by a change of coverage status (loss of employment, marriage, birth, relocation, etc...)

SPECIAL ENROLLMENT EXAMPLES



• **Marriage or domestic partnership**



• **Number of people in household changes**



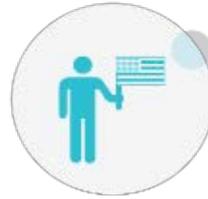
• **Move to California or to another area in California**



• **Loss of health coverage**



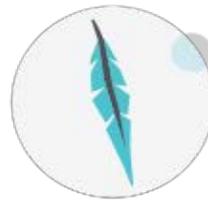
• **Income change: Newly eligible or ineligible for premium assistance**



• **New Citizen or Newly Lawfully Present**



• **Misinformation, Misrepresentation, or Inaction**



• **American Indian or Alaskan Native may enroll or change once a month**

HELPING CONSUMERS ENROLL

▶ One application for Covered California or Medi-Cal

www.CoveredCA.com

ONLINE



Service Center
(800) 300-1506

PHONE



or



MAIL OR FAX



Certified
Insurance
Agent

IN-PERSON



Certified
Enrollment
Counselor

IN-PERSON

Local county
human or social
services office

IN-PERSON

Covered California Available Data

Visit: <http://hbex.coveredca.com/data-research/>

- View Active Member Profile
 - The Active Member Profile shows counts of enrollees who have paid and have effective coverage through Covered California during the reporting month.
 - Data is available through multiple cross sections including ethnicity, zip code, product, age, county and health plan.

CASEWORK

ESCALATING CONSTITUENT ISSUES

If your office needs assistance with Covered CA casework, you can email it to at externalaffairs@covered.ca.gov.

It is helpful to include the following information in your email to help us research the case:

- Constituent's Name,
- Constituent's Telephone Number,
- Case # or Application ID # (optional),
- Constituent's Date of Birth, and
- Description of the issue.

CONSTITUENT ESCALATION

EXTERNALAFFAIRS@COVERED.CA.GOV

**FOR QUESTIONS OR TO REQUEST
MORE INFORMATION CONTACT:**

EXTERNALAFFAIRS@COVERED.CA.GOV