

Overview:

The Covered California CalHEERS Online Application is the primary interface for submitting online applications during Open Enrollment and Special Enrollment, and for reporting changes or renewing eligibility to health coverage. The application is designed to be accessible via mobile devices like cell phones and tablets. A user may begin an application via their desktop and then continue the application via their mobile device. The application aims to improve the user experience by dynamically displaying only those questions that are relevant to the consumer based on prior data entered.

The application is organized into four main sections:

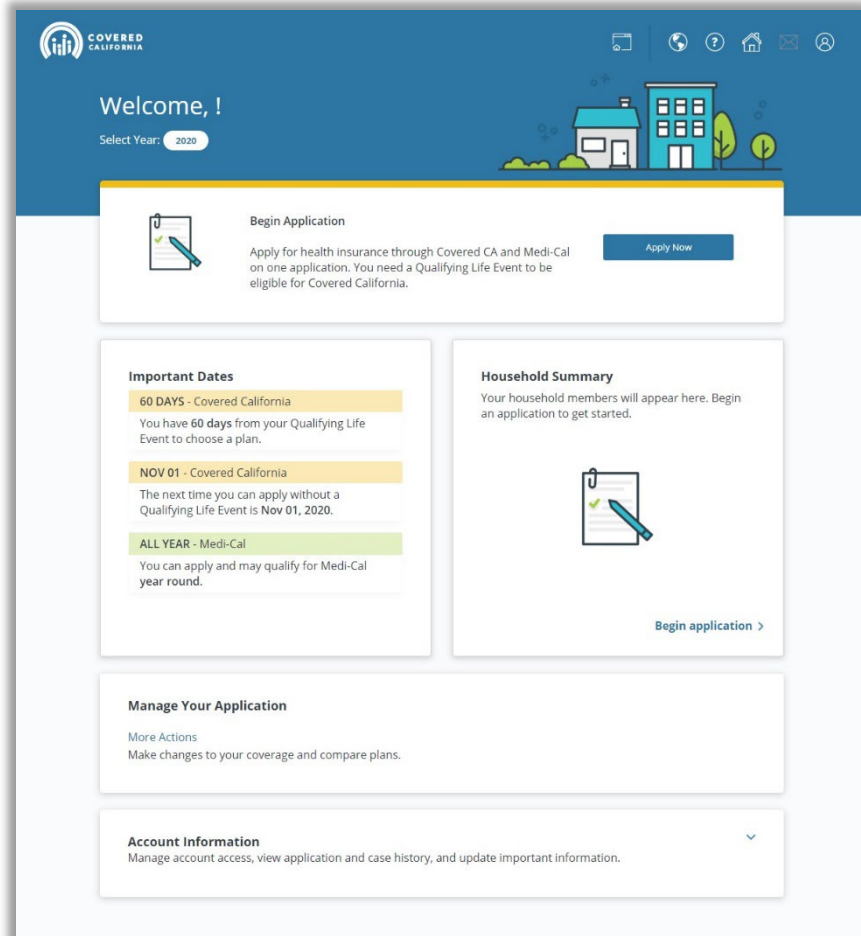
- **Introduction**
- **Household Information**
- **Individual Information**
- **Review and Submit**

This Job Aid will walk through these sections and assist enrollers on how to navigate the application.

Save and Exit

Throughout the application, the global **Save & Exit** button displays at the top of the page for the enroller to save their progress at any point and exit the application.

When you click **Save & Exit**, a pop-up displays a reminder that the application is incomplete and will expire if not completed and submitted by a certain date. The application automatically populates a date that is 30 days from the application initiation date.



Your Application Will Be Saved

Incomplete applications expire after 30 days or at the end of the open enrollment period, so make sure your application is completed by January 31, 2017.

Close

Important Note: During the Open Enrollment period, the expiration date is extended to the day after the Open Enrollment period ends if it has been 30 days since the initial application date.

Clicking the **Close** button returns consumers to the *Consumer Home* page. Enrollers use the **Save & Exit** button but return to the Admin portal.

Upon returning to the Individual home page, the consumer is reminded again to complete the application by a specific date. Click the **Continue Application** button on the Individual home page to resume a saved application.

Starting a New Application

Start by clicking the **Apply Now** button. The Introduction section begins with the *Welcome to Your Application* page. In this first section, the application confirms basic information regarding the applicants:

- Residency
- Consent to verify information submitted
- Qualification for healthcare subsidies

Regarding terms of residency, for example, Certified Enrollers or consumers must provide their zip code.

This is used to confirm that the applicant lives within the Covered California service area. Invalid zip codes will display an error message.

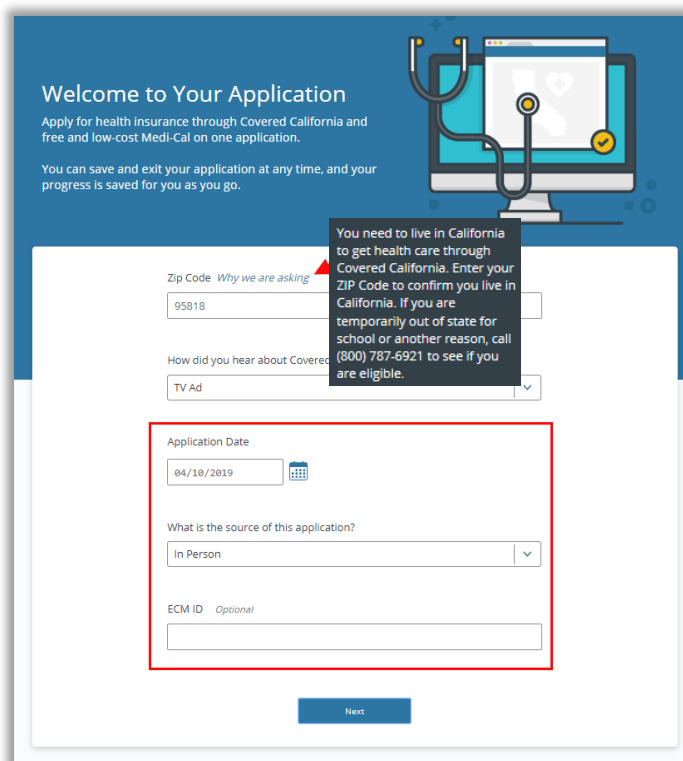
Note: Next to the Zip Code field there is a text link **Why we're asking**. Click this link to see helpful tips about the information requested. Tooltips links like this can be found throughout the application.

The next question, which is optional, asks the applicant how they heard about Covered California.

The subsequent fields that display for enrollers are required:

- **Application Date**
- **What is the source of this application?** (Mail, Email, Phone, FAX, In Person)
- **ECM ID** (Agents, CECs and PBEs should have no need to enter an ECM ID. Selecting the source of Phone or In Person means the ECM ID is optional and can be left blank.)

When finished click the **Next** button to continue.



Welcome to Your Application
Apply for health insurance through Covered California and free and low-cost Medi-Cal on one application.

You can save and exit your application at any time, and your progress is saved for you as you go.

Zip Code *Why we are asking*
95818

How did you hear about Covered California?
TV Ad

You need to live in California to get health care through Covered California. Enter your ZIP Code to confirm you live in California. If you are temporarily out of state for school or another reason, call (800) 787-6921 to see if you are eligible.

Application Date
04/10/2019

What is the source of this application?
In Person

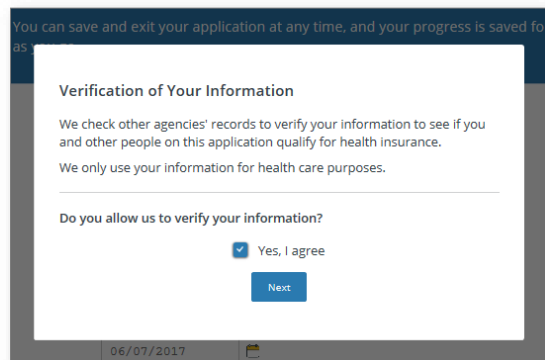
ECM ID *Optional*

Next

Consent to Verify

The *Verification of Your Information* pop-up displays asking the consumer for consent to verify household information provided during the application process.

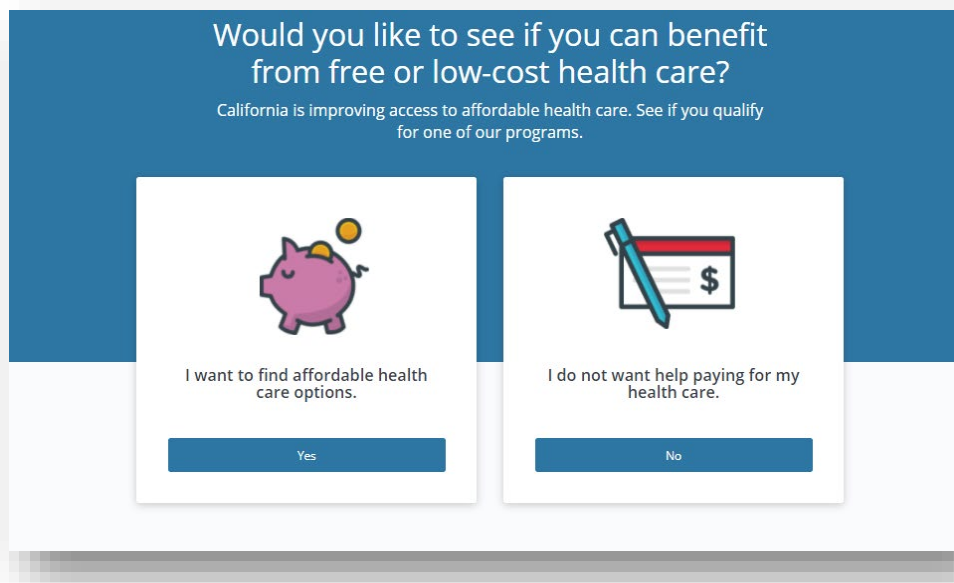
- Selecting the **Yes, I agree** checkbox activates the **Next** button and allows the enroller to proceed.
- Clicking on the **Next** button without checking the **Yes, I agree** checkbox displays a message that the application cannot be processed online without the consumer's consent.



Financial Help

The *See if You Qualify for Financial Help* page displays with the question, *Would you like to see if you qualify for free or low-cost health care?*

- If the user selects **Yes, I want to see if I qualify**, they are required to complete all sections of the application.
- If the user selects **No, I don't want help paying for my health care**, all income and tax related questions are suppressed when they proceed through the application.



After making a selection, click the **Next** button to complete the Introduction section.

Note: An Application Number is assigned after completing this question, which displays in the bottom-right of the screen.

Application Menu

After the *Introduction* section, enrollers navigate to the *Application Menu* that displays the application sections. The *Application Menu* allows you to navigate between sections once information is entered in every section.

Each section displays a button or link based on the progress of the application:

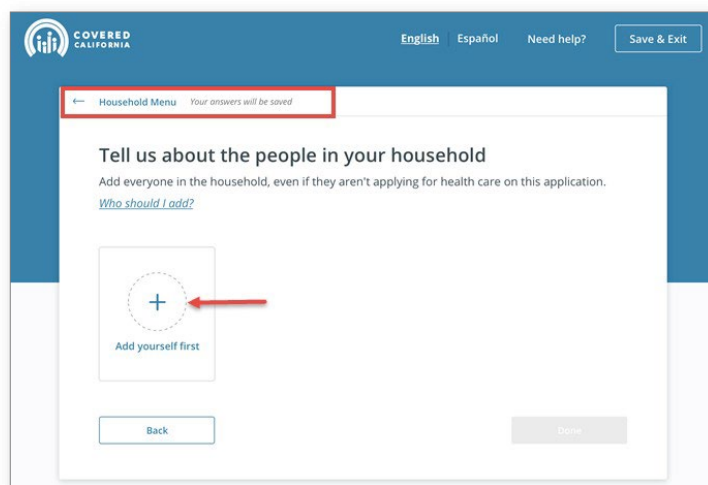
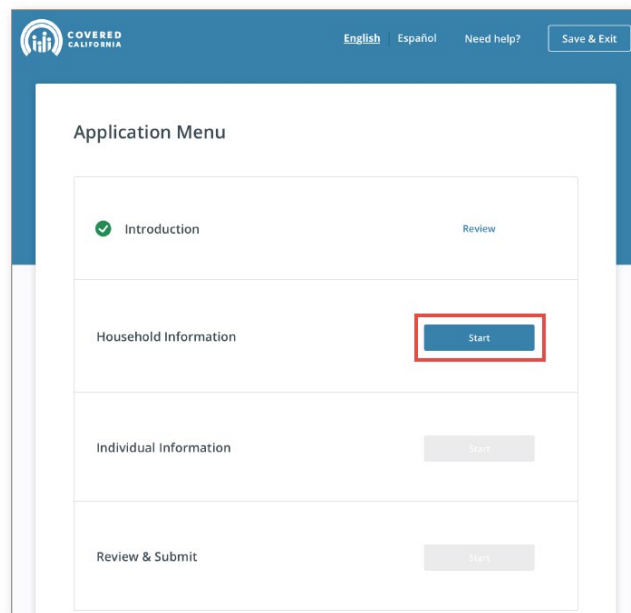
- **Review** – this link indicates the section is complete
- **Start** – this button indicates the section has not yet been initiated
- **Continue** – this button indicates the section is incomplete
- **Update** – this button indicates information entered in a previous section now requires updating based on information that was entered in a subsequent section. The following text alerts display: *This section requires updates before you can move on.*

A checkmark  displays next to the section title when a section is complete.

In the *Household Information* section, you create a profile for each household member (HHM), define relationships, identify roles within the household and input other relevant information such as tax and income data.

From the *Application Menu*, click the **Start** button next to the *Household Information* section. The *Tell us about the people in your household* page displays. Click the **Add Yourself First** button to begin. Primary Contact must be a household member over the age of 18; if the application is for child enrollment only, please add an adult as the primary contact.

Note: There is a navigation link near the top left of the page that allows you to return to the section menu while saving any information entered. In the example image to the right, users return to the Household Menu by clicking the link in the red box. This global navigation method can be found throughout the application.



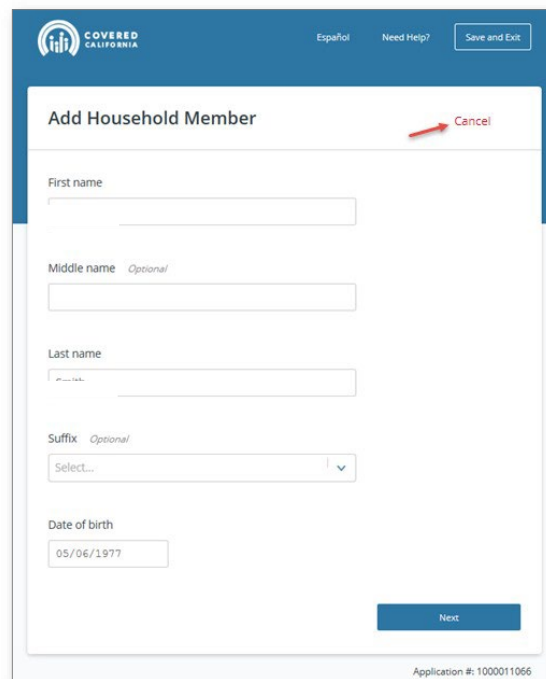
The first *Add Household Member* page displays asking for name and date of birth. Enrollers are prompted to provide the same type of information for each person added to the household.

This includes the following:

- Name/Date of Birth
- Student
- Gender
- Marital Status
- Contact Info
- Contact Preferences
- HHM Relationships
- Origin/Race (optional)

Note: Clicking the red **Cancel** link on upper right side of this page removes inputs and returns the user to the previous page without saving changes. A cancellation pop-up will display to confirm this action. This holds true for all other input pages in the application.

After completing the *Name and Date of Birth* page, the user is presented a series of three questions and is required to select



The screenshot shows the 'Add Household Member' page with the following fields: First name, Middle name (Optional), Last name, Suffix (Optional) with a dropdown menu, and Date of birth. A red arrow points to the 'Cancel' link in the top right corner. A 'Next' button is at the bottom right. The application number '1000011066' is displayed at the bottom right.

the appropriate response from the options displaying.

Questions include:

- *Is [HHM] attending school full-time?*

This displays only for HHM under the age of 18 and for subsidized households with members between the ages of 18 and 21.

- *What is [HHM]'s sex?*

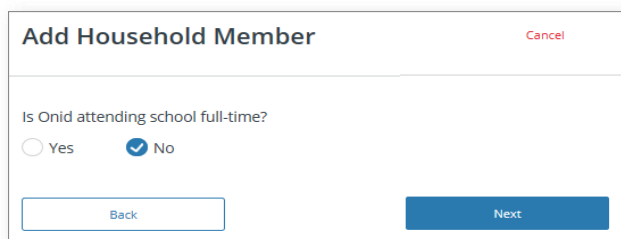
Gender choice includes Transgender options, as well as Male and Female.

- *What is [HHM]'s marital status?*

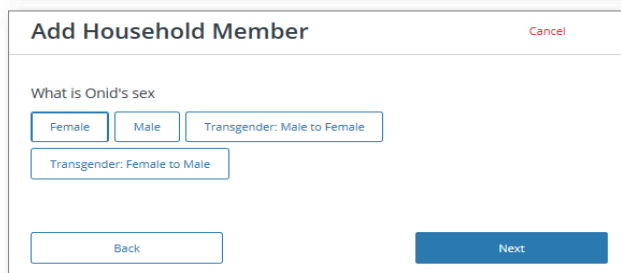
Marital status includes Registered Domestic Partner.

Optional contact information and language preferences are collected next. Note that there are two choices for language preferences, written and verbal.

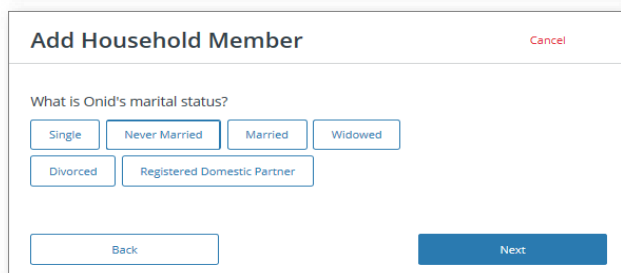
Important Note: After entering the first household member, the application number displays the applicant's



The screenshot shows the 'Add Household Member' page with the question 'Is Onid attending school full-time?'. The 'No' radio button is selected. There are 'Back' and 'Next' buttons at the bottom.




The screenshot shows the 'Add Household Member' page with the question 'What is Onid's sex?'. The options are 'Female', 'Male', 'Transgender: Male to Female', and 'Transgender: Female to Male'. There are 'Back' and 'Next' buttons at the bottom.



The screenshot shows the 'Add Household Member' page with the question 'What is Onid's marital status?'. The options are 'Single', 'Never Married', 'Married', 'Widowed', 'Divorced', and 'Registered Domestic Partner'. There are 'Back' and 'Next' buttons at the bottom.

name in the bottom-right of screen. The name of the first household member entered displays until the Primary Contact is identified in the *Basic Information* section.

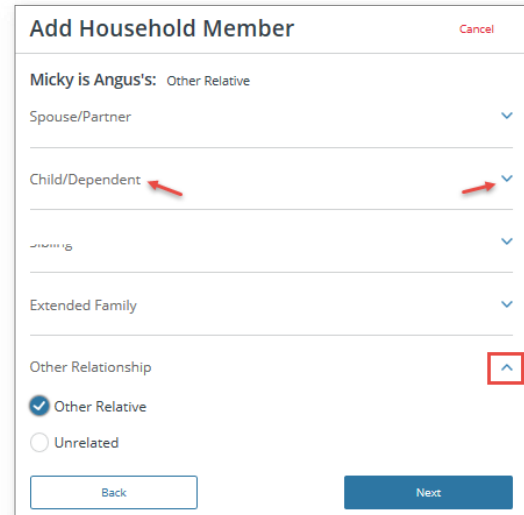
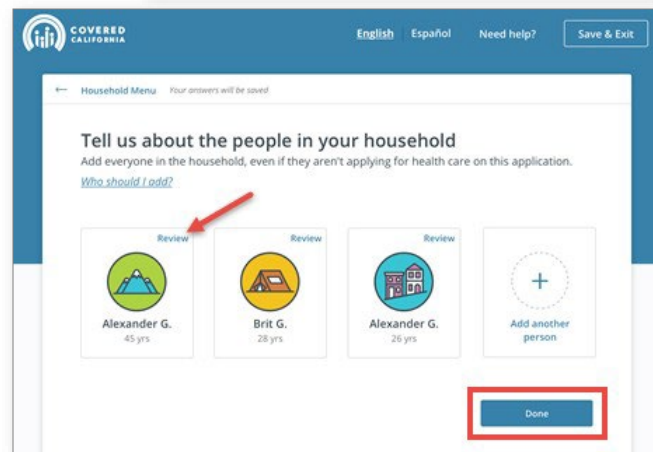
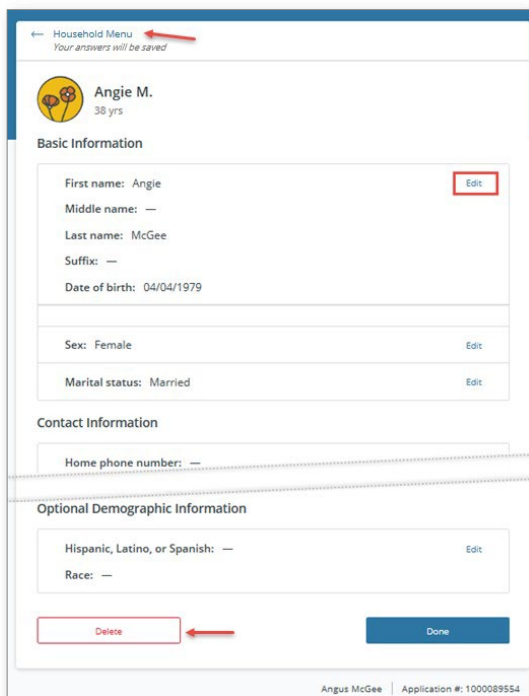
Once the *Basic Information* section is complete, the name of the Primary Contact displays next to the Application number.

Next, household relationships are established. Enrollers select the caret  symbol for one of the five categories to display relationship choices.

The last *Add Household Member* page, which is also optional, collects information on racial origin.

On this last page, clicking the **Done** button returns you to the *Tell us about the people in your household* page. Users can continue adding members or review and/or edit any of the prior information entered by clicking the **Review** link on the household member tile.

Clicking **Review** displays a new page with the name and age of the HHM and a summary of the information previously entered. To change information previously entered, click the **Edit** link

within a section. Household members can also be removed from the application by clicking the **Delete** button at the bottom of the page. A pop-up confirming the request to delete the HHM will display.

Note: If the HHM being deleted was identified as the Primary Contact, the pop-up advises that the Primary Contact will need to be reassigned. This is done in the *Household Information* section.



Click the **Done** button to return to the *Tell us about the people in your household* page.

When all household members are added, click the **Done** button on the *Tell us about the people in your household* page to complete this section. Alternatively, click the **Household Menu** link at the top left of the page to navigate back to the *Household Menu* page.

Basic Information Section

In this section, you are asked to provide additional information about household members.

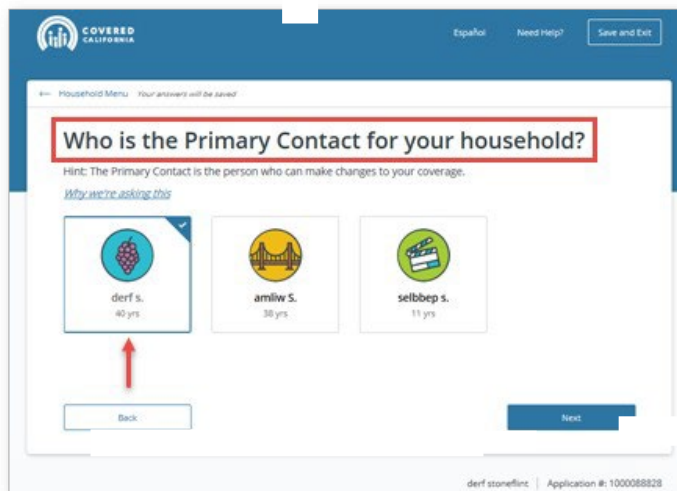
Information collected in this section includes:

- Qualifying Life Events (QLE)
- Primary Contact for your household?
- Confirm your Identity
- HHM not living with the Primary Contact
- Primary Caretaker for any children
- HHM applying for coverage
- HHM 18 years or older and in Foster care
- HHM in Medicare
- HHM who are U.S. citizens or Nationals
- HHM who are pregnant
- American Indian or Alaska Native HHM

Depending on the information being collected, users select either a single HHM or multiple members. For example, when you are asked to select a Primary Contact, only one HHM is selected. On the other hand, when asked to select household members that are applying for health care, more than one HHM can be selected.

A check mark displays in the upper-right corner of the tile when a member is selected. To deselect a HHM, click the tile again.

After selecting the appropriate member(s) and clicking the **Next** button, users are asked to provide additional details on subsequent pages for many of the categories listed above. Note that portions of these pages may be prepopulated with information previously entered in the application.

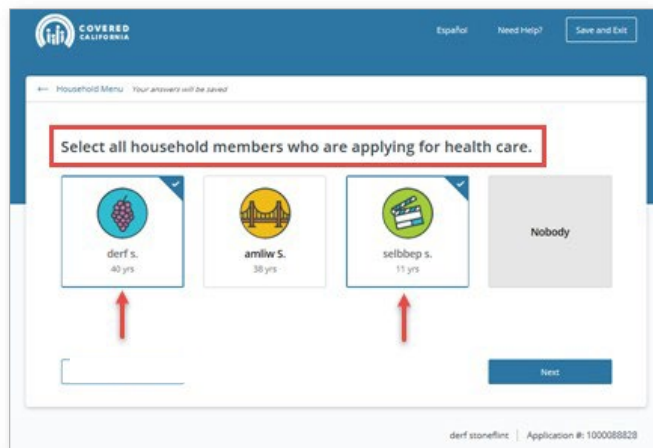


Who is the Primary Contact for your household?
Hint: The Primary Contact is the person who can make changes to your coverage.
Why we're asking this

derf s. 40 yrs
amiliw S. 38 yrs
selbbep s. 11 yrs

Back Next

derf stonefire | Application #: 1000088828



Select all household members who are applying for health care.

derf s. 40 yrs
amiliw S. 38 yrs
selbbep s. 11 yrs
Nobody

Next

derf stonefire | Application #: 1000088828

Special Enrollment

You must have a qualifying life event to apply for health insurance through Covered California during special enrollment. Regardless of the life event selected, we will see if you are eligible for Medi-Cal.

Have any of the following events happened to anyone in your household in the last 60 days or is anyone a federally recognized American Indian or Alaska Native?

Hint: You can also report events that you expect to occur in the next 60 days. You only need to report one event per household. [?](#)

Select...



Next

Selecting a Qualifying Life Event

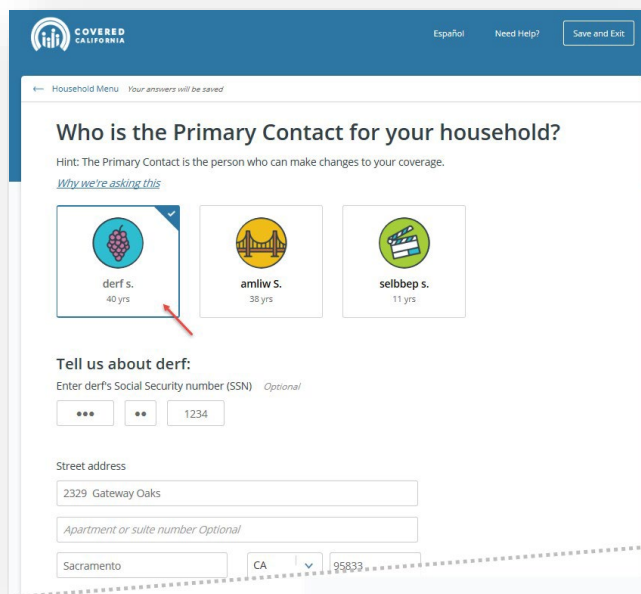
The *Basic Information* section begins by displaying either an *Open Enrollment* or *Special Enrollment* page for consumers to report life events affecting eligibility. Qualifying Life Events (QLEs) display in a dropdown on the page. Consumers applying during the Special Enrollment period must select a value from the dropdown. Selecting **None of the above** continues to review the consumer's application for Medi-Cal or MCAP.

QLEs can also be applied during Open Enrollment; however, if there is no Qualifying Life Event, select **None of the Above** from the dropdown.

Selecting Household Primary Contact

The next question displayed is *Who is the Primary Contact for your household?* You must click a member tile to continue. Clicking a member displays text fields for manually entering a Social Security Number (optional), resident address and mailing address.


Note: If the member selected as Primary Contact already has a Covered California login account, information from that account prepopulates the text fields of this page.




Household Menu Your answers will be saved

Who is the Primary Contact for your household?


Hint: The Primary Contact is the person who can make changes to your coverage.
[Why we're asking this](#)



derf s.
40 yrs



amilw S.
38 yrs



selbbep s.
11 yrs

Tell us about derf:

Enter derf's Social Security number (SSN) *Optional*

*** ** 1234

Street address

2329 Gateway Oaks

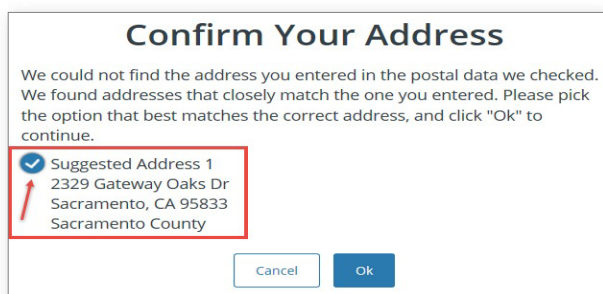
Apartment or suite number *Optional*

Sacramento CA 95833

Address Validation

After entering the street address, a *Confirm Your Address* pop-up appears when an exact match is not found in the postal verification database. If the exact address is not confirmed, you would select the closest match from a list of alternates. If the address is not found, you can correct any errors by clicking **Cancel**, or click **Ok** to continue with the application and the address as it was entered.

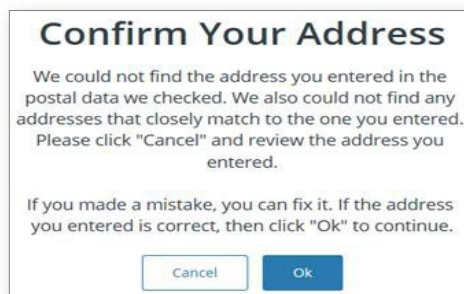
For addresses using a zip code that spans more than one county, a list of those counties will display. Users must select one of the counties listed so that the postal validation can take place.



Confirm Your Address

We could not find the address you entered in the postal data we checked. We found addresses that closely match the one you entered. Please pick the option that best matches the correct address, and click "Ok" to continue.

☒ Suggested Address 1
2329 Gateway Oaks Dr
Sacramento, CA 95833
Sacramento County



Confirm Your Address

We could not find the address you entered in the postal data we checked. We also could not find any addresses that closely match to the one you entered. Please click "Cancel" and review the address you entered.

If you made a mistake, you can fix it. If the address you entered is correct, then click "Ok" to continue.

After the street address is resolved, you are asked if it can also be used as the member's Mailing Address. Selecting the **Yes** button navigates the user to communication preferences. Selecting **No** displays new address fields to complete the mailing address.

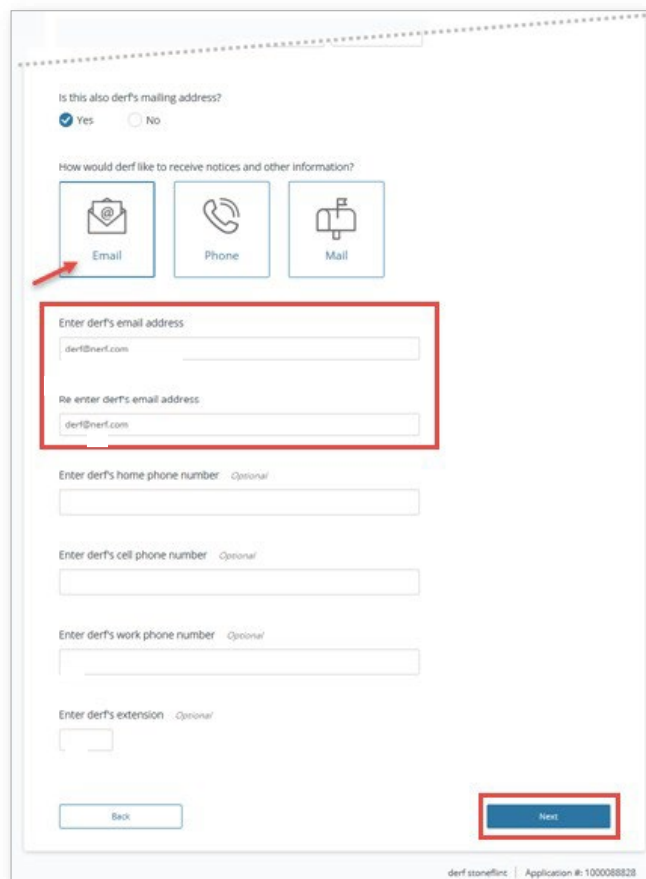
Consumer's **Communication Preferences** are selected next. The following three choices display for the question, *How would [HHM] like to receive notices and other information?*

- Email
- Phone
- Mail

Consumers who have already selected a preferred contact method at account creation are asked, *Is this still the best way to contact you about this application?* If not, consumers can change it at this time.

If a contact method has not been previously selected, consumers must select one of the three options and enter contact information for that choice before continuing.

Note: When a consumer chooses **Email** as the communication method and an email fails delivery, CalHEERS changes the method of communication to **Mail**. A notice is mailed to inform the consumer of the change, with instructions on how to reset the method of communication.



Is this also derf's mailing address?
☒ Yes ☐ No

How would derf like to receive notices and other information?

☒ Email ☐ Phone ☐ Mail

Enter derf's email address:
derf@nerf.com

Re-enter derf's email address:
derf@nerf.com

Enter derf's home phone number Optional

Enter derf's cell phone number Optional

Enter derf's work phone number Optional

Enter derf's extension Optional

derf stanefint | Application #: 100008828

Confirming Primary Contact Identity

Upon completing the *Primary Contact* page, click the **Next** button to continue. A page to confirm the primary contact's identity displays. This page displays slightly differently for consumers than enrollers.

Several methods are available for confirming the Primary Contact's identity. They include:

- Online
- Phone
- Electronic Upload
- In Person
- Mail
- Fax

Enrollers can attest that they have visually identified the person's identity with the use of acceptable documentation.

Enrollers can also access a Remote Identity Proofing (RIDP) service to confirm a consumer's identity. The page presents 3 to 5 unique questions that the consumer must answer when selecting the RIDP option.

Household Members Not Living With Primary Contact

Next, enrollers are asked to *Select all household members who do not live with [Primary Contact]*. The resident and mailing address must be entered for any members selected. If all members of the household live with the Primary Contact, select **Nobody** and click the **Next** button to continue.

Primary Caretaker

The *Primary Caretaker* page displays when the household has more than one member 20 years old or younger. When this is the case, names of the children are listed, and the user is asked if they all have the same Primary Caretaker.

- If **Yes**, the user clicks one of the adult household member tiles listed or clicks **Someone else** and enters their name and phone number.
- If **No** is selected, a Primary Caretaker will need to be selected individually for each of the household members 20 years old and under. When complete the **Next** button becomes active and you continue to the next page.

Identity Proofing Options

To start your application for affordable coverage through Covered California, you will need to provide some information to help us confirm your identity.

There are several ways to do this:

Online ^

To continue your online application, you must answer a few identifying questions. After you answer the questions correctly, you can continue. If your answers do not match the information provided by our vendor, you can use one of the other methods below to confirm your identity.

Phone v

Electronic Upload v

In Person v

Mail v

Fax v

Close

Household Members Applying for Care

Next, you are asked to select all HHMs that would like to apply for healthcare. At least one HHM must be selected in order to continue; however, users can select multiple members before continuing.

Former Foster Youth

Next, you are asked to select household members that are Former Foster Youth (FFY). Household member tiles display for anyone between the ages of 18 and 26, as of the current system date. Text on the page explains that foster care could have been provided in any state and that qualifying individuals could be eligible for free Medi-Cal up to age 26 irrespective of income.

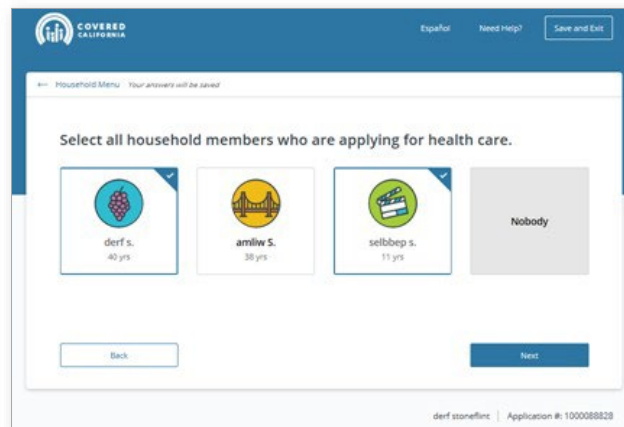
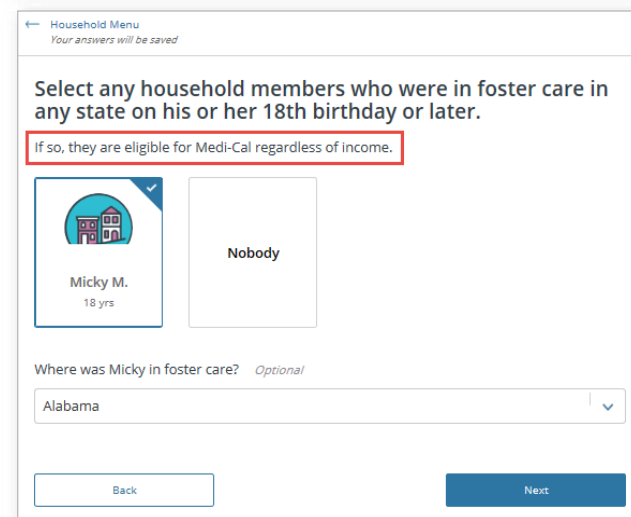
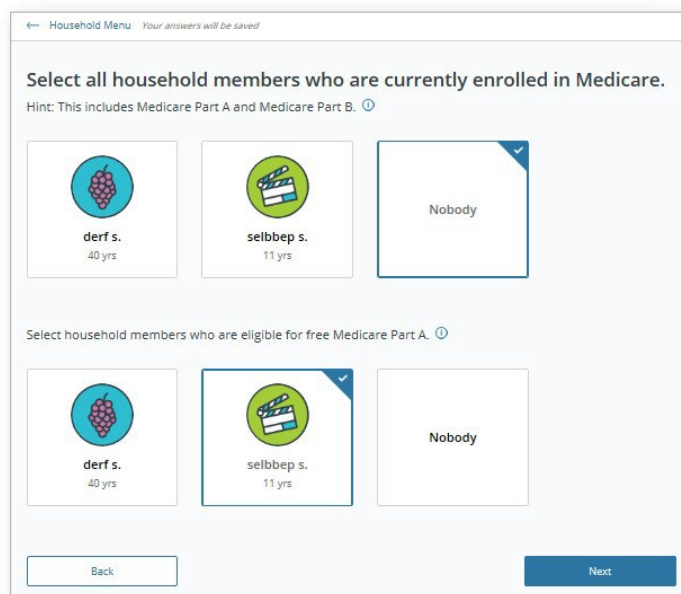
- Select any of the HHMs that qualify, or select **Nobody** to continue.

Note: If there are no HHMs within this age range, the page will not display.

Medicare

Household members currently enrolled in Medicare Part A or Part B are selected next. Users choose from the list of HHMs on the page.

- If no one is enrolled, select **Nobody**. The page expands and asks the user to select any HHM that may be eligible for free Medicare Part A. Again, select a HHM or click **Nobody**. Note that only HHMs applying for care will display.

Citizenship

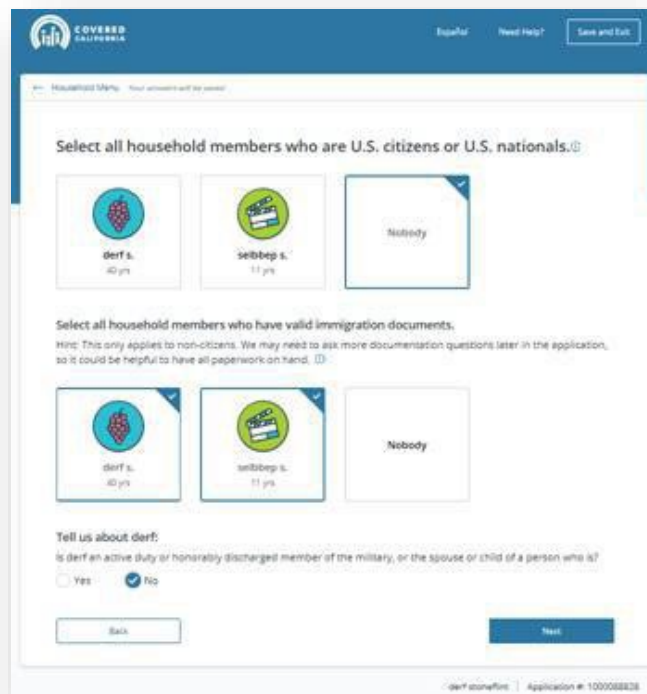
Next, you are asked to select household members who are U.S. citizens or U.S. nationals.

The HHMs displayed will only include those applying for care. If all HHMs are selected, the **Next** button becomes active and the user can continue.

If any of the HHMs are not selected, or **Nobody** is selected, the page expands and asks the user to *Select all household members who have valid immigration documents.*

In addition, non-citizens over the age of 16 years old are asked, *Is [HHM] an active duty or honorably discharged member of the military, or the spouse or child of a person who is?*

Once selections are complete, click the **Next** button to continue.



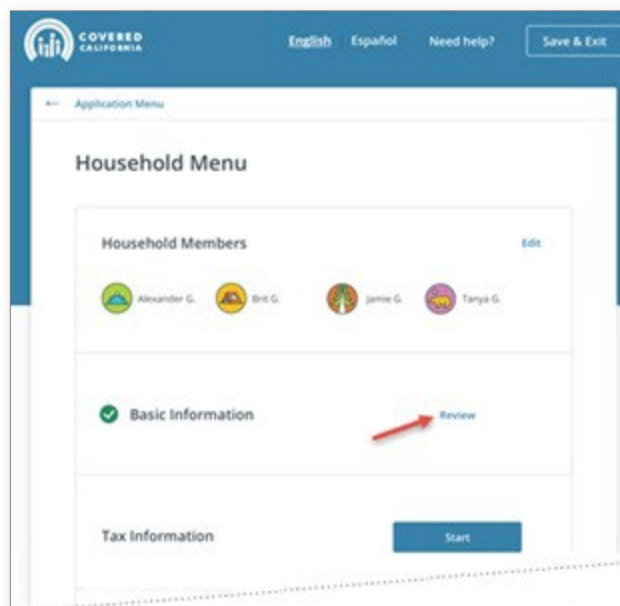
Pregnancy

Select any household members who are pregnant. Clicking a HHM tile prompts the user to provide the expected due date and the number of babies expected for each household member selected.

American Indian/Alaska Native Household Members

Next you are asked to select household members who are either American Indian or Alaska Native (AI/AN). Upon selecting a HHM, you are asked to confirm that the member is a federally recognized American Indian or Alaska Native tribe.

- Selecting **No**: Users click the **Done** button to continue.
- Selecting **Yes**: Users choose the state that the tribe is recognized in from a dropdown list.
 - The user then selects the name of the tribe from a second dropdown. If the name is not listed, users select *Tribe not Listed*.



Clicking **Done** from the American Indian or Alaska Native page navigates the user back to the Household Menu and completes the Basic Information Section.

From the Household Menu page, users may review and edit any of the information previously entered by clicking the **Review** link adjacent to the Basic Information section.

If edits are made, return to the *Household Menu* by clicking the **Done** button from the *Basic Information Review* page.

Tax Information Section

Users begin the *Tax Information* section next by clicking the **Start** button from the *Household Menu* page. The *Tax Information* page displays with a brief overview of the section, information on what to expect and a helpful tip on the documentation needed.

- Click the **Begin Section** button to get started.

Select Primary Tax Filer

The question, *Who is the Primary Tax Filer for your household?* displays. Users are reminded that this is typically the first person listed on the tax return. Select a HHM as the Primary Tax Filer or select the **Nobody files taxes** tile if no one in the household plans to file taxes.

Note: In order to be eligible for tax credits, a Primary Tax Filer must be selected.

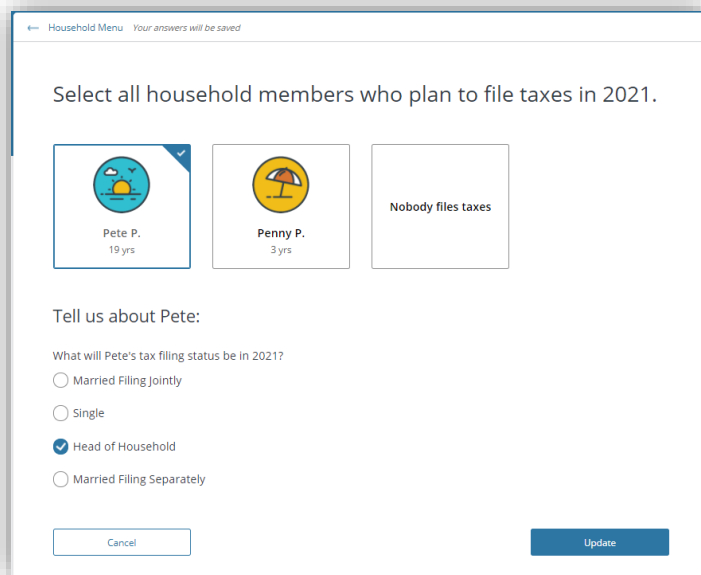
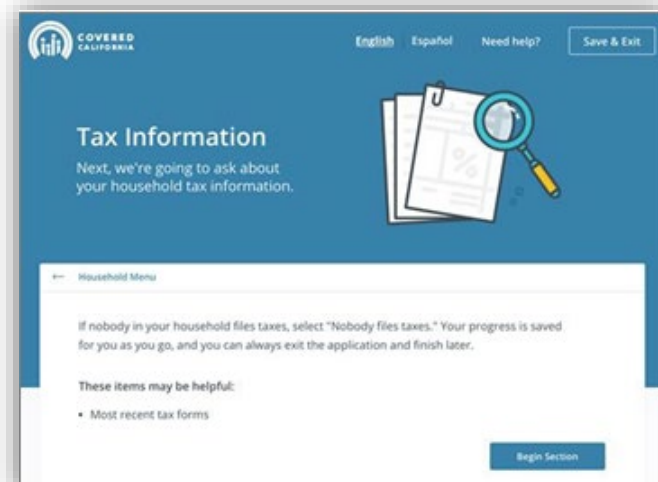
After assigning the Primary Tax Filer, the user must select the filing status of that person. Choices include:

- Head of Household
- Single
- Married Filing Jointly
- Married Filing Separately

Note: Married applicants filing taxes separately are not eligible for financial assistance.

Household Members Planning to File Taxes

Once the *Primary Tax Filer* page is complete, click the **Next** button to continue. Users are asked to select all household members who plan to file taxes in the current year. All HHM tiles display except the Primary Tax Filer. Click on any of the **HHM** tiles to indicate that they plan to file taxes or click the **Nobody files taxes** Tile to continue. For each of the HHMs selected, users are asked to select the filing status of that person as described above.



Household Members Required to File Taxes

Select household members required to file taxes. To help users understand which HHMs to select, click the **Tool Tip** link on this page to display the IRS link, *Do I need to file a tax return?* After selecting applicable HHMs, click the **Next** button to continue.

Household Members Claimed as Dependents

Select household members expected to be claimed as a dependent for tax return purposes. A list of HHMs displays (excluding the Primary Tax Filer).

- Select a dependent by clicking a HHM tile.
- Identify the person who is claiming the dependent on their tax return.

This can be a HHM previously added in the application or someone else not added. Choices include:

- **All HHMs** (other than the selected dependent)
- **Someone else**
- **Nobody files taxes**

When **Someone else** is selected, the user is prompted to enter the phone number of the person claiming the dependent.

- After all dependents and claimants are selected, click the **Done** button to return to the Household menu.
- If none of the HHMs listed are expected to be a tax dependent, select the **Nobody expects to be claimed as a dependent** tile.

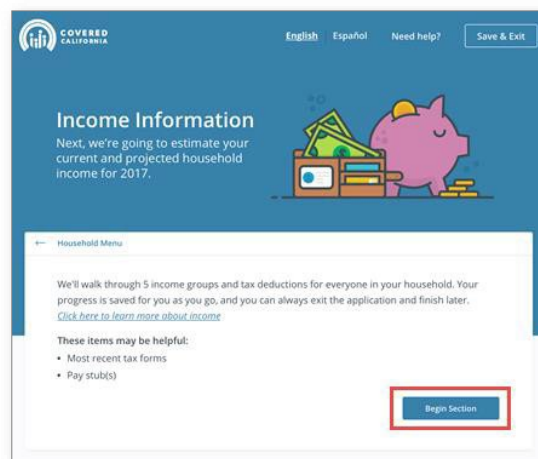
Household Income Pages

Household Income pages collect data used to determine eligibility for help paying for coverage. Note that Income pages will not appear on the application for a one-person household that identifies as Former Foster Youth.

Clicking the **Begin Section** button navigates users to the *Estimate [year] Household Income* page. From the *Estimate [year] Household Income* page users select individual household members to view, add or edit income information.

When adding income, users navigate through five income groups. These groups include:

- Employment & Self-Employment Income
- Government & Assistance Income
- Investment and Interest Income
- Retirement Income
- Other Taxable Income




Each of these groups contains a list of the most common types of income. The user must navigate through each group when first adding income for a household member.

Selecting the **+ add** button from the *Estimate [year] Household Income* page for a household member navigates the user to that individual's *Income* page starting with the Employment & Self-Employment Income page.

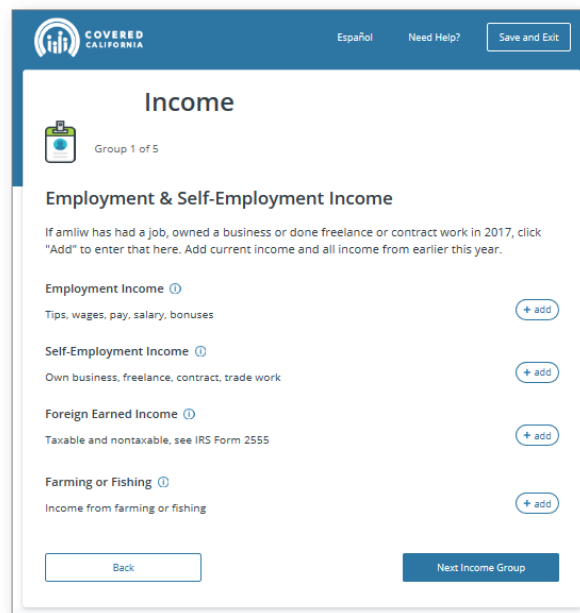
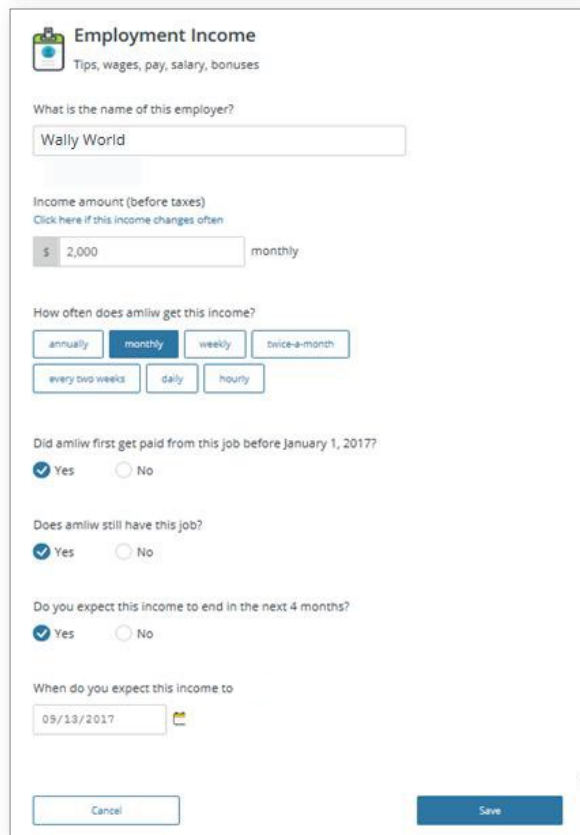
Employment & Self-Employment Income

Within the *Employment & Self-Employment Income* page, users select appropriate subcategories to complete the income entry form. Income entry form fields vary depending on the subcategories chosen and the input given.

- From the *Employment & Self-Employment Income* page select a subcategory by clicking the **+add** button. The subcategory income entry form displays asking for the name of the employer or the income source. After adding a name, additional income questions dynamically appear. For example, the *Employment Income* page would include the following questions:

- Income amount (before taxes)?*
- How often does [name] get this income?*
- Did [HHM] first get paid from this job before Jan 1, [year]?*
Yes – Displays next question
No – Displays the question: *When did [name] first get paid from this job?* and a date field displays
- Does [HHM] still have this job?*
Yes – Displays next question
No – Displays the question: *When was the last time [HHM] got paid from this job?* and a date field displays
- Do you expect this income to end in the next 4 months?*
Yes – Displays the question: *When do you expect this income to end?* and a date field displays
No – Activates the **Save** button.

Note: If the consumer reports they are paid hourly or daily, a required field displays to capture the number of Hours or Days per week.

Click the **Save** button after answering the questions. The *Employment & Self-Employment Income* page displays showing the income added and an **edit** link in case further changes are needed. When ready, click the **Next Income Group** button to navigate to the next group, *Government & Assistance Income*.

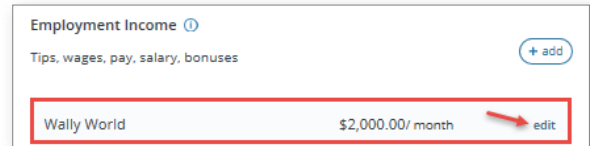
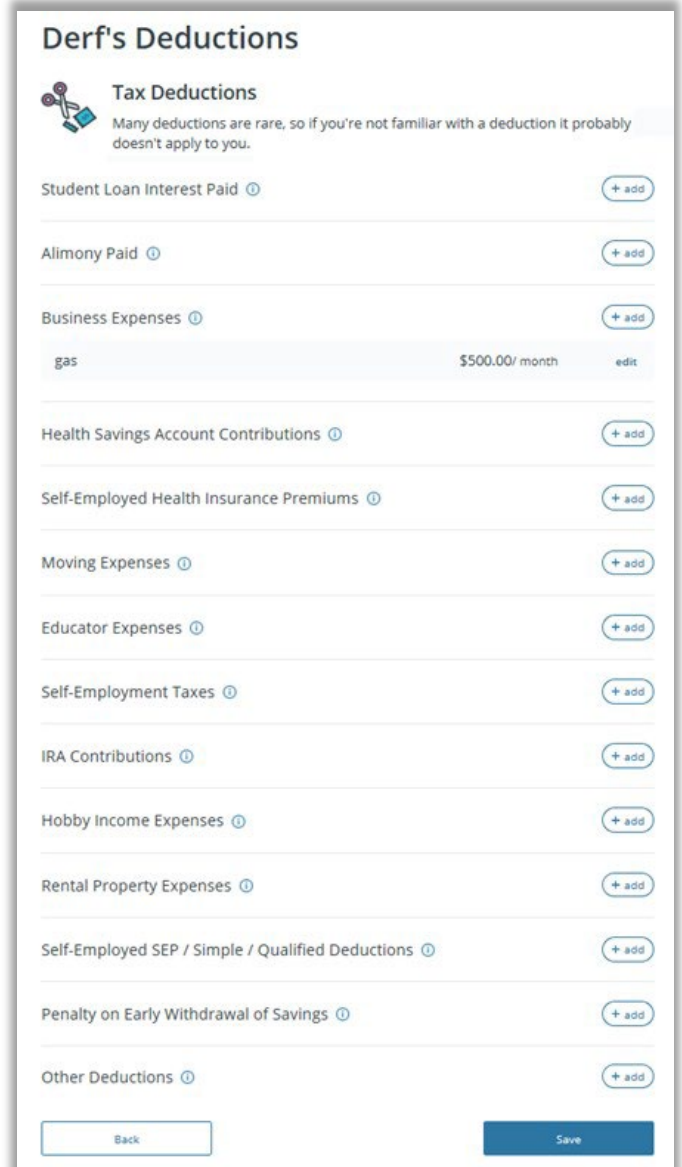
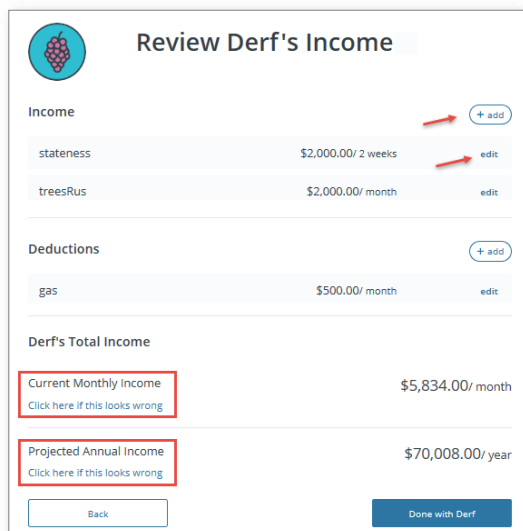
Users continue to navigate through each income group before completing this section of the application. The income reporting process described here is similar for each income group. If there is no income to report for a group, skip it by clicking the **Next income group** button.

Tax Deductions Page

Once all income is reported, a message displays stating that you are almost done and asks if the household member would like to claim any tax deductions. Click the **Continue** button. The *Tax Deductions* page displays for the same household member.

To claim deductions for the current tax year, users click the **+ add** button for an applicable deduction category and completes the deduction entry form. Navigation to complete this form is very similar to reporting income, as described above.

If there are no deductions to claim, users may skip this page by clicking the **Save** button without selecting a deduction type. Either way, clicking the **Save** button navigates the user to the *Review [HHM]'s Income* page.

Review [HHM]'s Income page

Review the information on the *Review [HHM]'s Income* page. If the information looks complete and accurate, click the **Done with [HHM]** button to navigate back to the *Estimate [year] Household Income* page.

If it turns out that changes are still needed, the **+ add** button and **edit** link for both *Income* and *Deductions* can be used before continuing.

The *Review [HHM]'s Income* page also displays the calculated *Current Monthly Income* and *Projected Annual Income* amounts based on the input provided.

Current Monthly and Projected Annual Income

If the *Current Monthly Income (CMI)* or *Projected Annual Income (PAI)* amount does not align with a consumer's expectations:

- Select the **Click here if this looks wrong** link under *Current Monthly Income*. This displays a pop-up with instructions for updating Current Monthly Income.
- Alternatively, select the **Click here if this looks wrong** link under *Projected Annual Income* to override the PAI amount. The *Adjust Projected Annual Income* pop-up displays. Enter a new PAI amount and click **Update** to save changes and to navigate back to *Review [HHM]'s Income* page.

CalHEERS displays both the previous and the updated PAI amounts. Links also display to **delete** or **edit** the amount if the consumer needs to make further adjustments.

After reviewing income, click **Done with [HHM]** button to navigate back to the *Estimate (Current Year) Household Income* page.

Important notes about income:

- CalHEERS prorates income with a mid-month begin and end date.
- Current Monthly Income displays only the income items with date ranges in the current month from each income type (Employment, Self-Employment, Other).

Upon returning to the *Estimate (Current Year) Household Income* page, household members with income will have a caret [v] next to the income amount reported. Clicking the caret symbol will expand the income section for that member and display an **edit** button.

Clicking the **edit** button displays the *Review [HHM]'s Income* page. An **edit** link on the *Review [HHM]'s Income* page displays the *Edit [HHM]'s Income* pop-up where you can

Current Monthly Income (CMI)

Current Monthly Income (CMI) is the income you told us you will get this month.

CMI helps us determine which health plan we can offer and how much we can lower the price.

If your CMI doesn't look right, you can update it by adding, editing or deleting the income information you entered earlier.

Got it

Adjust Projected Annual Income (PAI)

Projected Annual Income (PAI) is how much we expect your income to be for 2017, based on what you reported.

PAI helps us determine which health plan we can offer and how much we can lower the price.

To calculate PAI, we add your current, past and expected income for 2017, and get a monthly average. Then, we project that monthly average over a full year. If the PAI we calculated doesn't look right, update it to what you expect your income to be in 2017.

Based on what you've told us, we expect your PAI to be **\$68,000.00** in 2017. If you expect this number to be different, update it here.

\$ 68,000 in 2017

Cancel

Update

Total Income

Current Monthly Income \$5,834.00/ month
[Click here if this looks wrong](#)

Projected Annual Income \$70,000.00/ year




Projected Annual Income **UPDATED** \$68,000.00/ year
[delete](#) [edit](#)

Back

Done with Derf

Estimate 2017 Household Income

Click "add" to enter income for your household members. Enter income for each person separately.

	Derf e, (40)	\$70,008.00/ year	▼
	S. (38)	\$16,866.63/ year	▲
Income			
	Wally World	\$2,000.00/ month	
		edit	
	Selbbep s, (11)	\$0.00	+ add

Projected Household Income: \$84,866.63/ year

Back

Done adding income

make further income changes or delete income. When clicking the **Delete** button a pop-up display asks if you are sure about deleting the income previously entered.

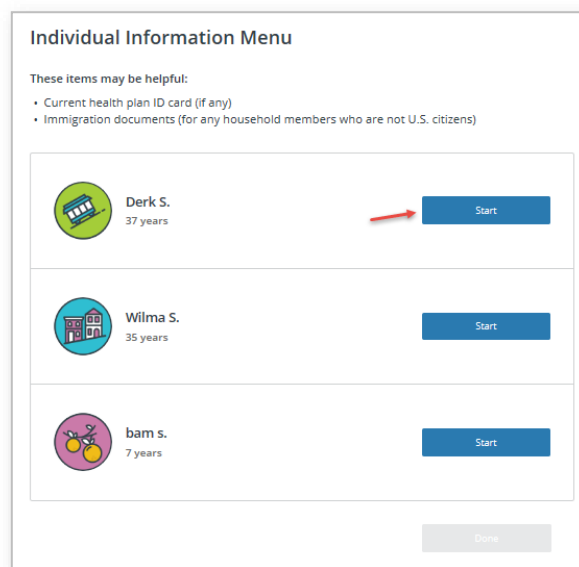
- Click the **Done adding income** button on the *Estimate (Current Year) Household Income* page if no further income changes are needed.

The *Household Menu* page displays. You may view or update information previously entered using a **Review** link or click the **Done** button to complete the section and return to the *Application Menu*.

Individual Information Section

In the Individual Information section, users submit information about current healthcare enrollment, existing healthcare needs and citizenship status.




- Click the **Start** button on the *Application Menu* page, adjacent to the *Individual Information* section. The *Individual Information Menu* page displays listing the HHMs added earlier.
- Click the **Start** button for each HHM and answer the questions presented.



Individual Information Menu

These items may be helpful:

- Current health plan ID card (if any)
- Immigration documents (for any household members who are not U.S. citizens)

 Derk S. 37 years	Start
 Wilma S. 35 years	Start
 bam s. 7 years	Start

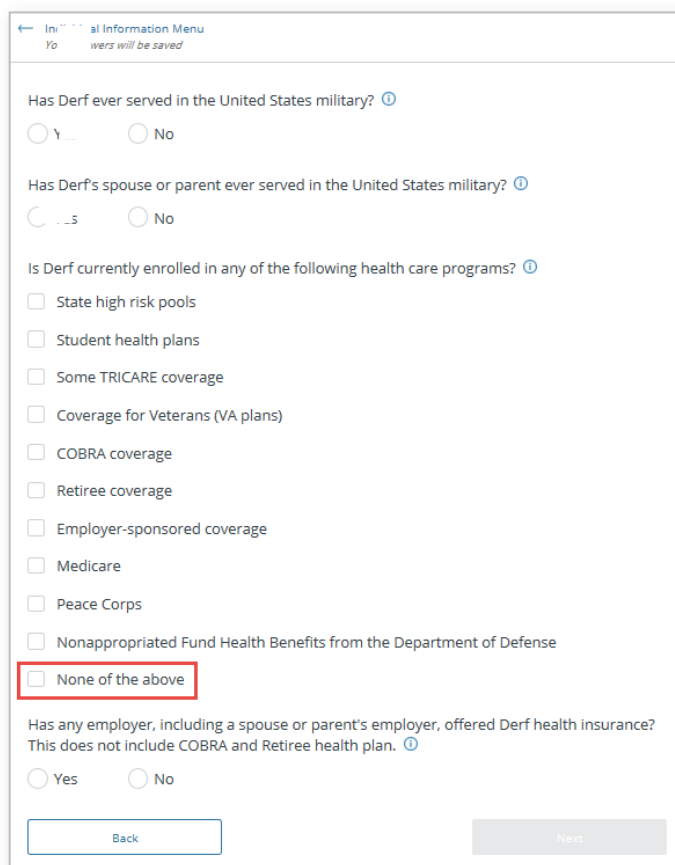
Done

Current Healthcare Enrollment

A *Yes* or *No* question presents next for each HHM asking if they have ever served in the United States military. This question is optional but helps determine if household members are, or may be, eligible for health insurance through the military or veteran health system.

Enrollers are required to select health care programs that their clients are currently enrolled in. The Medicare checkbox is dynamically marked as checked if Medicare was selected earlier in the application.

- Applicants select one or more of the plans listed or the **None of the above** checkbox.



← Individual Information Menu
Your answers will be saved

Has Derf ever served in the United States military? ⓘ

☐ Yes ☐ No

Has Derf's spouse or parent ever served in the United States military? ⓘ

☐ Yes ☐ No

Is Derf currently enrolled in any of the following health care programs? ⓘ

☐ State high risk pools

☐ Student health plans

☐ Some TRICARE coverage

☐ Coverage for Veterans (VA plans)

☐ COBRA coverage

☐ Retiree coverage

☐ Employer-sponsored coverage

☒ Medicare

☐ Peace Corps

☐ Nonappropriated Fund Health Benefits from the Department of Defense

☐ None of the above

Has any employer, including a spouse or parent's employer, offered Derf health insurance? This does not include COBRA and Retiree health plan. ⓘ

☐ Yes ☐ No

Back **Next**

After choosing any of the plans listed, you are presented with the following question:

Does [HHM] expect their current health care program or Medicare coverage to end in the next 60 days, resulting in loss of coverage?

- Selecting **Yes** to this question displays a required date field to enter the expected end date for that coverage.


Note: When selecting **Medicare**, consumers are self-attesting to being enrolled in and eligible for Medicare. Also, selecting plans from this list does not preclude users from applying for coverage.

- Selecting **No** displays a message that the applicant may still enroll in a Covered California plan but they will not be eligible for financial assistance.

Does Derf expect their current health care program or Medicare coverage to end in the next 60 days, resulting in loss of coverage?

☒ Yes ☐ No

Enter the expected end date of Derf's health care.



Does Derf expect their current health care program or Medicare coverage to end in the next 60 days, resulting in loss of coverage?

☐ Yes ☒ No

You may be able to enroll in a Covered California health plan today with this coverage. You will not qualify for financial help to lower the cost.

If you end this coverage in the future, you may qualify for financial help. You will get more information on your choices when you submit your application.

This does not impact your ability to qualify for free or low cost Medi-Cal.

Important Note: Keep in mind, questions appear dynamically on the page depending on how the initial questions were answered. As such, users are guided through the page and prompted to answer subsequent questions according to their previous responses.

For most applicants, including those choosing **None of the above**, the next question displays:

Has any employer, including a spouse or parent's employer, offered [HHM] health insurance? This does not include COBRA and Retiree health plan.

Note: This question displays for non-Medi-Cal eligible applicants only, or when the HHM is not eligible for free Medicare Part A.

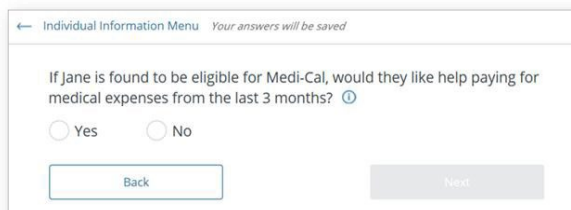
- Selecting **No** navigates the consumer to the next page.
- Selecting **Yes** displays the next two questions which include:
 - *Does this plan meet the minimum value standards?*
 - *Does this plan meet affordability standards?*

The **Next** button becomes active when selecting either **Yes** or **No** for both questions; clicking **Next** navigates the user to the next page.

It is important to note that consumers with certain types of Minimum Essential Coverage (MEC) may be eligible to receive APTC/CSR if they have been offered but turned down enrollment in these MECs, or if their enrollment will be terminated before their coverage in a subsidized Covered California plan starts.

Users must answer the following **Yes** or **No** questions in order to complete the section:

- Has [HHM] ever gotten a service from the Indian Health Service, a tribal health program, or an urban Indian health program or through a referral from one of these programs?
(For households without AI/AN members, this question will not display)
- If [HHM] is found to be eligible for Medi-Cal, would they like help paying for medical expenses from the last 3 months?
- Does [HHM] need help with Long-Term Care or Home and Community-Based Services?
- Does [HHM] have a physical, mental, emotional, or developmental disability?
- Earlier you said that [HHM] is a U.S. citizen. Are they naturalized or Derived citizen?
- Does [HHM] have a Social Security Number (SSN)?



← Individual Information Menu Your answers will be saved

If Jane is found to be eligible for Medi-Cal, would they like help paying for medical expenses from the last 3 months? ⓘ

☐ Yes ☐ No

Back Next

Social Security Number (SSN)

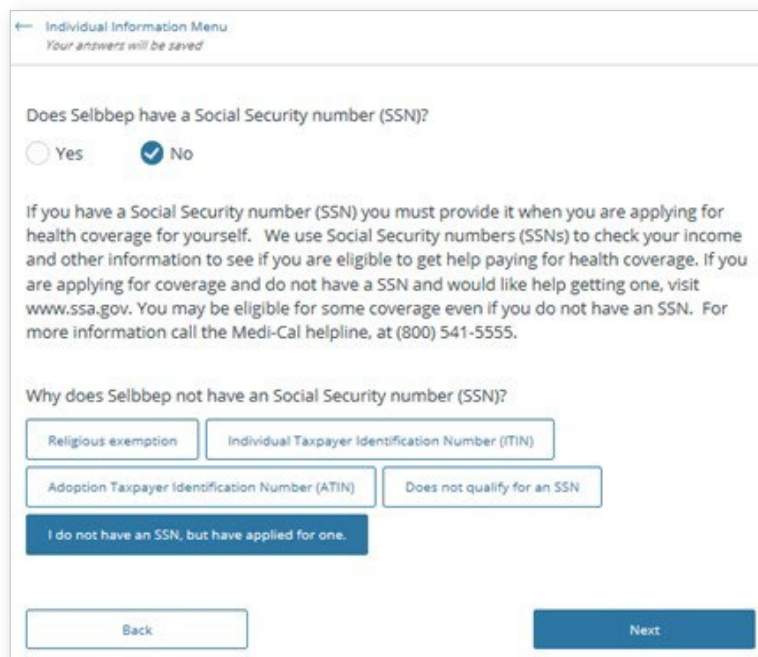
Social security numbers are used to check income and other information when determining eligibility. Household members applying for health coverage must provide an SSN.

The radio button defaults to **Yes** for the question: *Does [HHM] have a Social Security number (SSN)?*

- If the response is **Yes**, the applicant is prompted to enter their SSN.
- If **No** is selected, a response is required to the question: *Why does [HHM] not have a Social Security number (SSN)?*
Choices Include:

Note: The SSN is pre-populated if the SSN was entered previously during account creation or for the primary contact.

- ☐ Religious exemption
- ☐ Individual Taxpayer Identification Number (ITIN)
- ☐ Adoption Taxpayer Identification Number (ATIN)
- ☐ Does not qualify for an SSN
- ☐ I do not have an SSN, but have applied for one



← Individual Information Menu Your answers will be saved

Does Selbbep have a Social Security number (SSN)?

☐ Yes ☒ No

If you have a Social Security number (SSN) you must provide it when you are applying for health coverage for yourself. We use Social Security numbers (SSNs) to check your income and other information to see if you are eligible to get help paying for health coverage. If you are applying for coverage and do not have a SSN and would like help getting one, visit www.ssa.gov. You may be eligible for some coverage even if you do not have an SSN. For more information call the Medi-Cal helpline, at (800) 541-5555.

Why does Selbbep not have a Social Security number (SSN)?

Religious exemption Individual Taxpayer Identification Number (ITIN)

Adoption Taxpayer Identification Number (ATIN) Does not qualify for an SSN

I do not have an SSN, but have applied for one.

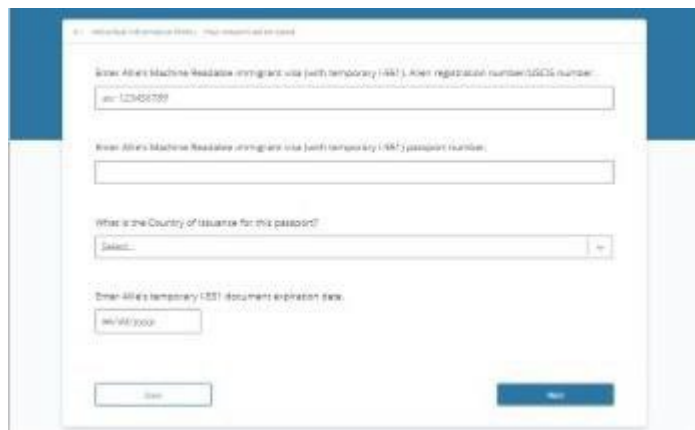
Back Next

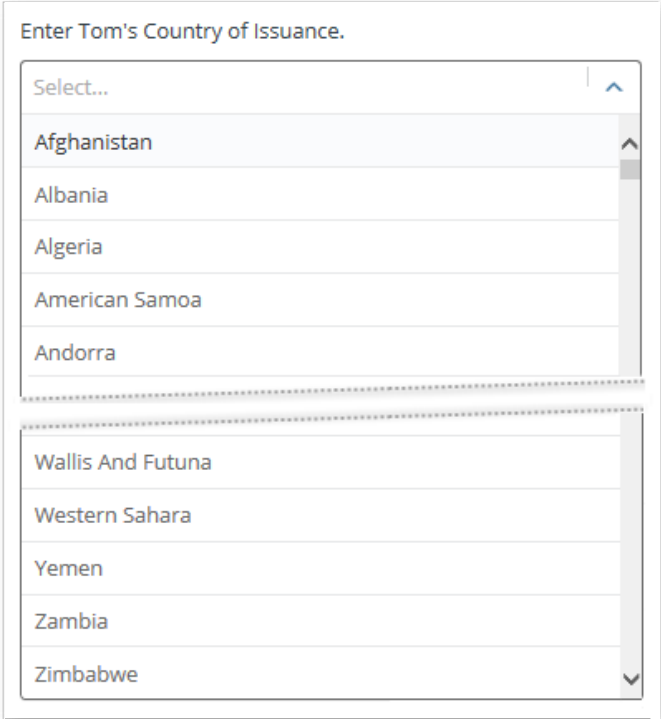
Note: If ITIN or ATIN is selected, users are required to enter an ID number in order to continue.


Citizenship and Immigration Status

Next, complete immigration documentation and immigration status details for household members who are not U.S. Citizen or U.S. Nationals.

- Select an option from the **Document Type** and **Immigration Status** dropdown lists.
- You may be prompted to enter additional information in the fields that display based on the immigration document selected.
- Examples of other changes in the *Citizen Information* section which may display based on **Document Type** selection are shown in the table below.



Page Feature	Description
	<p>Country of Issuance is required when selecting the following Document types and/or entering a Passport Number:</p> <ul style="list-style-type: none"> • Temporary I-551 Stamp (on passport or I-94, I-94A) • Unexpired Foreign Passport • Machine Readable Immigrant Visa (with Temporary I-551 Language) • Arrival/Departure Record in Unexpired Foreign Passport (I-94) • Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20) • Document indicating American Indian born in Canada – LPR – I-55 • Document indicating member of a federally-recognized Indian tribe • Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee • Office of Refugee Resettlement (ORR) eligibility letter • Cuban/Haitian Entrant, Document indicating withholding of removal • Resident of American Samoa • Resident of Commonwealth of the Northern Mariana Islands • Notice of Action (I-797) • Other document with an Alien Number/USCIS Number • Other document with I-94 document

	<p>The Country of Issuance dropdown list includes the 196 countries recognized by the Department of Health Services, in alphabetical order.</p>
	<p>The Card Number</p> <p>Consumers who may have applied but not yet received their Permanent Resident card can enter their receipt number instead of a card number.</p> <p>The Document Expiration Date field is optional for some document types such as the <i>Permanent Resident Card (Green Card)</i> but required for others, such as the <i>Employment Authorization Card (I-766)</i>.</p>
	<p>This question displays for HHMs who indicate they are not a U.S. Citizen or National. This question is optional for non-applicants but required for applicants. It allows Individuals to attest to qualified non-citizen status.</p> <p>Tooltip text descriptions give more information. Qualified non-citizenship status does not impact eligibility at this time.</p>

Once all citizenship and immigration status fields have been completed for a household member, click the **Done** button to return to the *Individual Information* menu.



The *Individual Information* menu will have a **Review** link next to the HHM's name once the section is completed. Click **Review** to revisit or edit the information previously submitted. When satisfied with the information entered for all household members, click the **Done** button to complete the section and return to the *Application Menu*.

Application Menu

Individual Information Menu



These items may be helpful:

- Current health plan ID card (if any)
- Immigration documents (for any household members who are not U.S. citizens)

CCUSP T.
38 yrs

Review

Husband T T.
39 yrs

Review

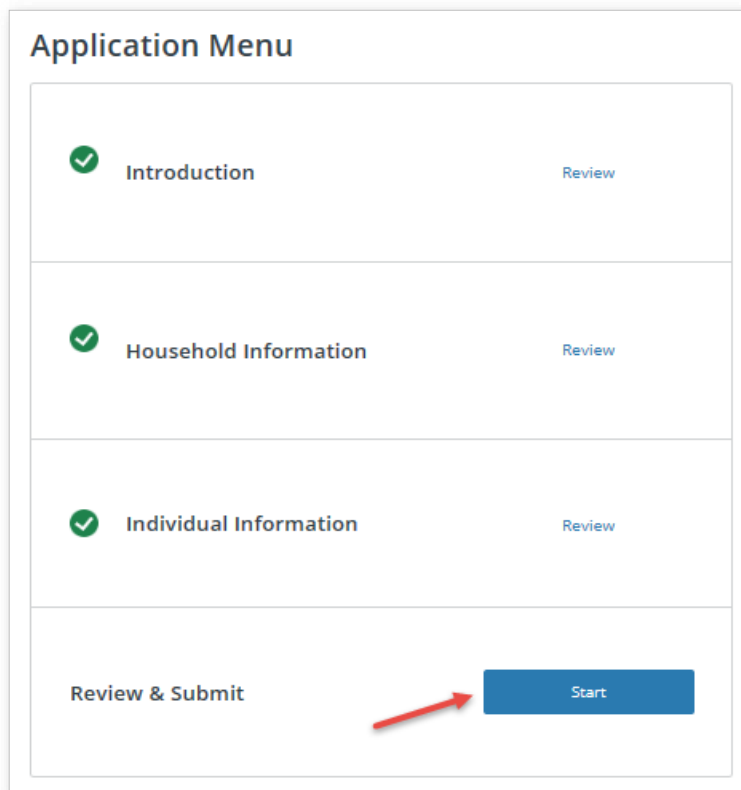
Done

Review & Submit Section

The Review and Submit section summarizes information entered from all application pages. Users are asked to review the information provided before submitting the application. If necessary, updates can still be made by clicking an **Edit** link adjacent to the information.

For each section of the application, users click the **Confirm** button to acknowledge that the information is correct and that the review is complete. Review sections include:

- Review Household Information
- Review Tax Information
- Review Household Income
- Review Individual Information



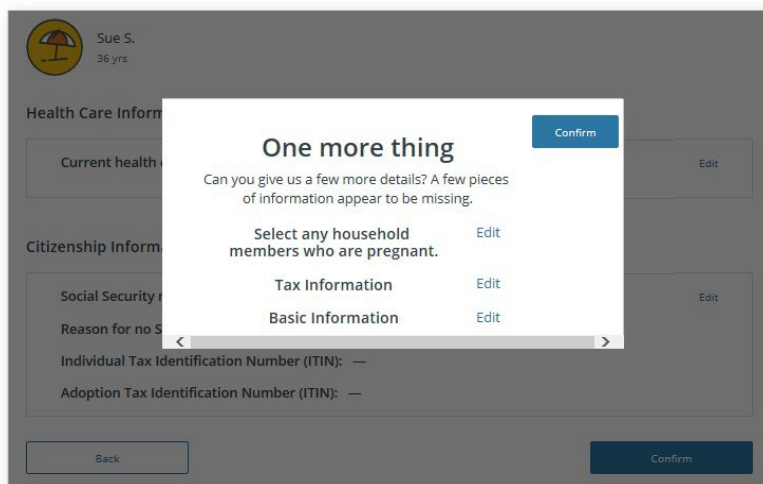
Application Menu

✓ Introduction	Review
✓ Household Information	Review
✓ Individual Information	Review
Review & Submit	Start

A red arrow points to the **Start** button in the Review & Submit row.

Important Note: Editing previously entered information after completing a section can have downstream impacts to other areas of the application.

Before navigating to the *Final Review* section, CalHEERS performs a data check to see if it is missing information needed to determine eligibility. When required data is missing, the *One more thing* pop-up displays. Information identified as needed is listed alongside an **Edit** link. Clicking the **Edit** link navigates the user to the applicable page where updates can be made. CalHEERS navigates the user back to the *One more thing* pop-up to repeat the process until all information is updated. After updating the necessary information, users continue through the *Final Review* section.



One more thing

Can you give us a few more details? A few pieces of information appear to be missing.

Select any household members who are pregnant.	Edit
Tax Information	Edit
Basic Information	Edit

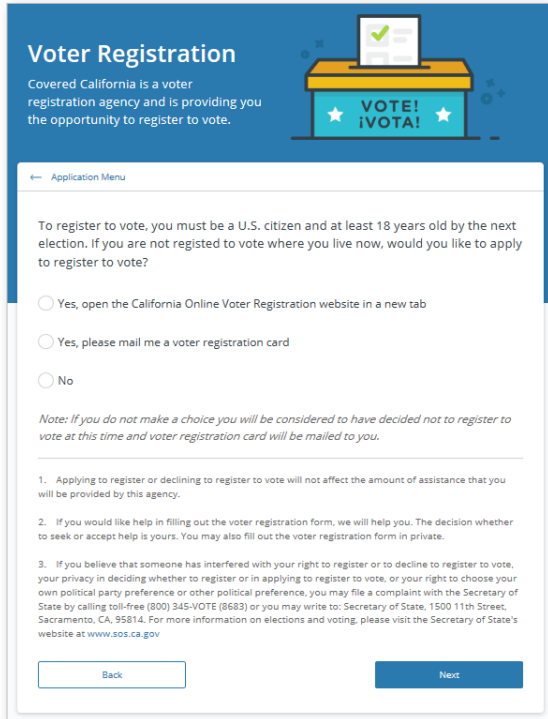
Background form fields visible:

- Health Care Information: Current health insurance plan
- Citizenship Information: Social Security Number, Reason for no Social Security Number
- Individual Tax Identification Number (ITIN): —
- Adoption Tax Identification Number (ITIN): —

Buttons: Back, Confirm

Voter Registration

The *Voter Registration* page displays once the last **Confirm** button in the *Application Review* section is clicked. Completing the *Voter Registration* page is optional. Selecting the **Next** button navigates the user to the *Sign and Submit Your Application* page.



Voter Registration

Covered California is a voter registration agency and is providing you the opportunity to register to vote.

← Application Menu

To register to vote, you must be a U.S. citizen and at least 18 years old by the next election. If you are not registered to vote where you live now, would you like to apply to register to vote?

☐ Yes, open the California Online Voter Registration website in a new tab

☐ Yes, please mail me a voter registration card

☐ No

Note: If you do not make a choice you will be considered to have decided not to register to vote at this time and voter registration card will be mailed to you.

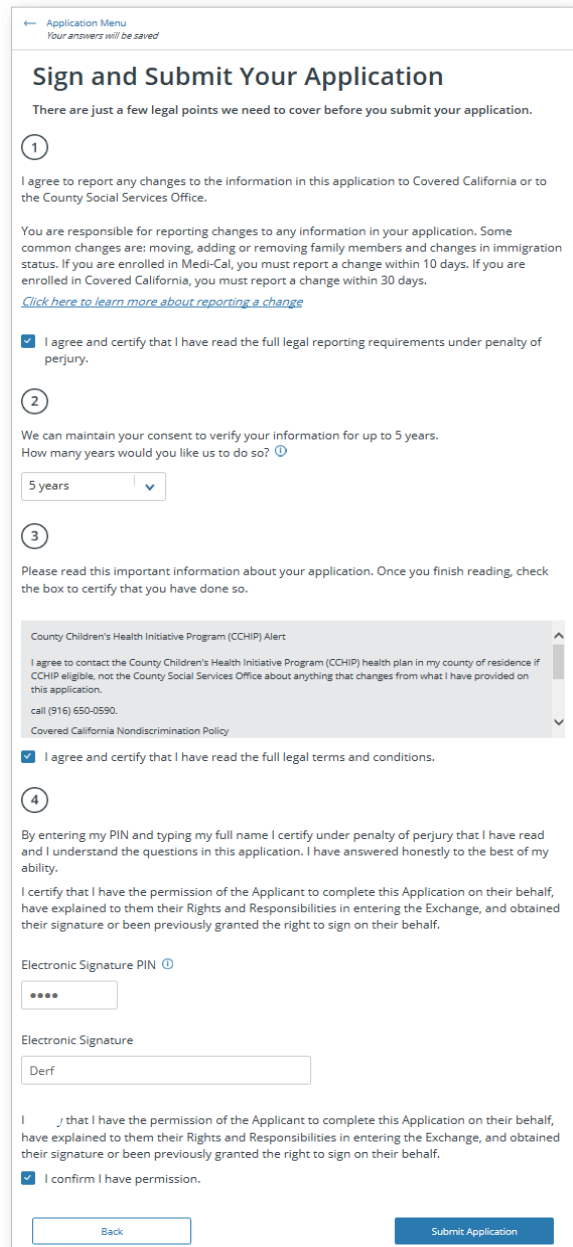
1. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may also fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 11th Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at www.sos.ca.gov

[Back](#) [Next](#)

Sign and Submit Your Application

The *Sign and Submit Your Application* page includes four legal points to be addressed before submitting the application:

1. An agreement to report any changes to the information given in the application.
2. The applicant's consent to allow CalHEERS to verify household information for up to 5 years by an identity proofing service.
3. An agreement to the terms and conditions of the application.
4. Certifying, by electronic PIN and electronic signature, that the questions in the application have been read, understood and answered honestly.



← Application Menu
Your answers will be saved

Sign and Submit Your Application

There are just a few legal points we need to cover before you submit your application.

1

I agree to report any changes to the information in this application to Covered California or to the County Social Services Office.

You are responsible for reporting changes to any information in your application. Some common changes are: moving, adding or removing family members and changes in immigration status. If you are enrolled in Medi-Cal, you must report a change within 10 days. If you are enrolled in Covered California, you must report a change within 30 days.

[Click here to learn more about reporting a change](#)

☒ I agree and certify that I have read the full legal reporting requirements under penalty of perjury.

2

We can maintain your consent to verify your information for up to 5 years. How many years would you like us to do so? ⓘ

5 years

3

Please read this important information about your application. Once you finish reading, check the box to certify that you have done so.

County Children's Health Initiative Program (CCHIP) Alert

I agree to contact the County Children's Health Initiative Program (CCHIP) health plan in my county of residence if CCHIP eligible, not the County Social Services Office about anything that changes from what I have provided on this application.

call (916) 650-0590.

Covered California Nondiscrimination Policy

☒ I agree and certify that I have read the full legal terms and conditions.

4

By entering my PIN and typing my full name I certify under penalty of perjury that I have read and I understand the questions in this application. I have answered honestly to the best of my ability.

I certify that I have the permission of the Applicant to complete this Application on their behalf, have explained to them their Rights and Responsibilities in entering the Exchange, and obtained their signature or been previously granted the right to sign on their behalf.

Electronic Signature PIN ⓘ

Electronic Signature

Derf

I , that I have the permission of the Applicant to complete this Application on their behalf, have explained to them their Rights and Responsibilities in entering the Exchange, and obtained their signature or been previously granted the right to sign on their behalf.

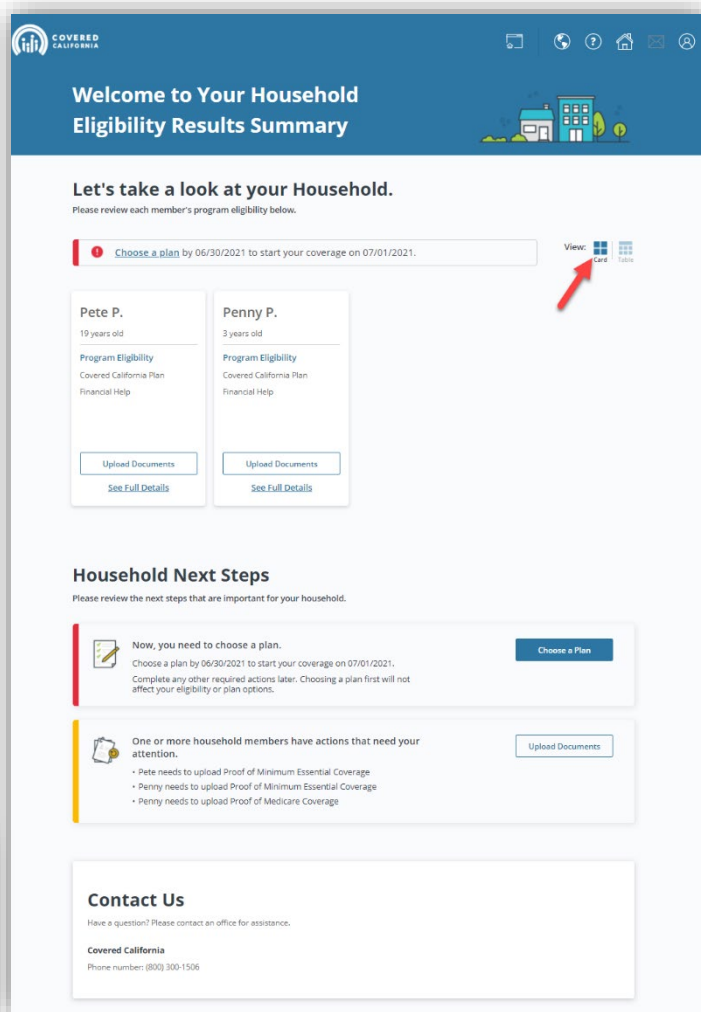
☒ I confirm I have permission.

[Back](#) [Submit Application](#)

Select the **Submit Application** button at the bottom of the page to submit the application. The *Household Eligibility Results* page displays.

- If eligible, click the **Choose Plan** button to proceed to health and dental plan selection.
- Once the application is submitted and the eligibility results reviewed, the user can continue to the plan selection and enrollment.

If at least one member in the household is employed and eligible or conditionally eligible for APTC, the *Employer Contact Information* page will appear next. The consumer is required to provide employer address information before continuing with plan selection.



Welcome to Your Household Eligibility Results Summary

Let's take a look at your Household.
Please review each member's program eligibility below.

Choose a plan by 06/30/2021 to start your coverage on 07/01/2021.

Pete P.
19 years old
Program Eligibility
Covered California Plan
Financial Help
Upload Documents
See Full Details

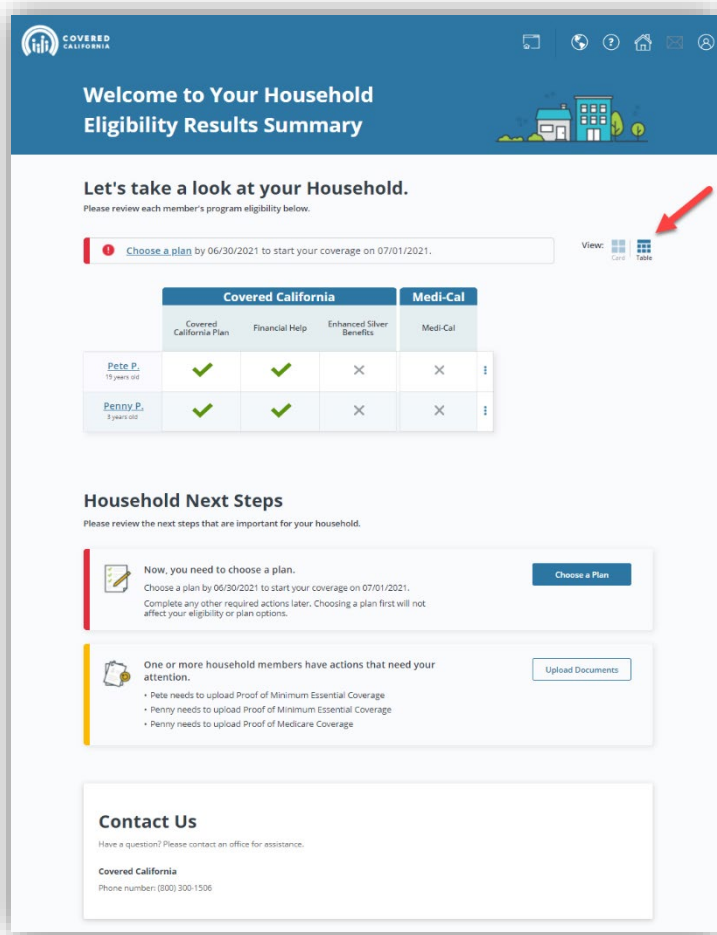
Penny P.
3 years old
Program Eligibility
Covered California Plan
Financial Help
Upload Documents
See Full Details

Household Next Steps
Please review the next steps that are important for your household.

Now, you need to choose a plan.
Choose a plan by 06/30/2021 to start your coverage on 07/01/2021.
Complete any other required actions later. Choosing a plan first will not affect your eligibility or plan options.

One or more household members have actions that need your attention.
• Pete needs to upload Proof of Minimum Essential Coverage
• Penny needs to upload Proof of Minimum Essential Coverage
• Penny needs to upload Proof of Medicare Coverage

Contact Us
Have a question? Please contact an office for assistance.
Covered California
Phone number: (800) 300-1506



Welcome to Your Household Eligibility Results Summary

Let's take a look at your Household.
Please review each member's program eligibility below.

Choose a plan by 06/30/2021 to start your coverage on 07/01/2021.

	Covered California			Medi-Cal
	Covered California Plan	Financial Help	Enhanced Silver Benefits	Medi-Cal
Pete P. 19 years old	✓	✓	✗	✗
Penny P. 3 years old	✓	✓	✗	✗

Household Next Steps
Please review the next steps that are important for your household.

Now, you need to choose a plan.
Choose a plan by 06/30/2021 to start your coverage on 07/01/2021.
Complete any other required actions later. Choosing a plan first will not affect your eligibility or plan options.

One or more household members have actions that need your attention.
• Pete needs to upload Proof of Minimum Essential Coverage
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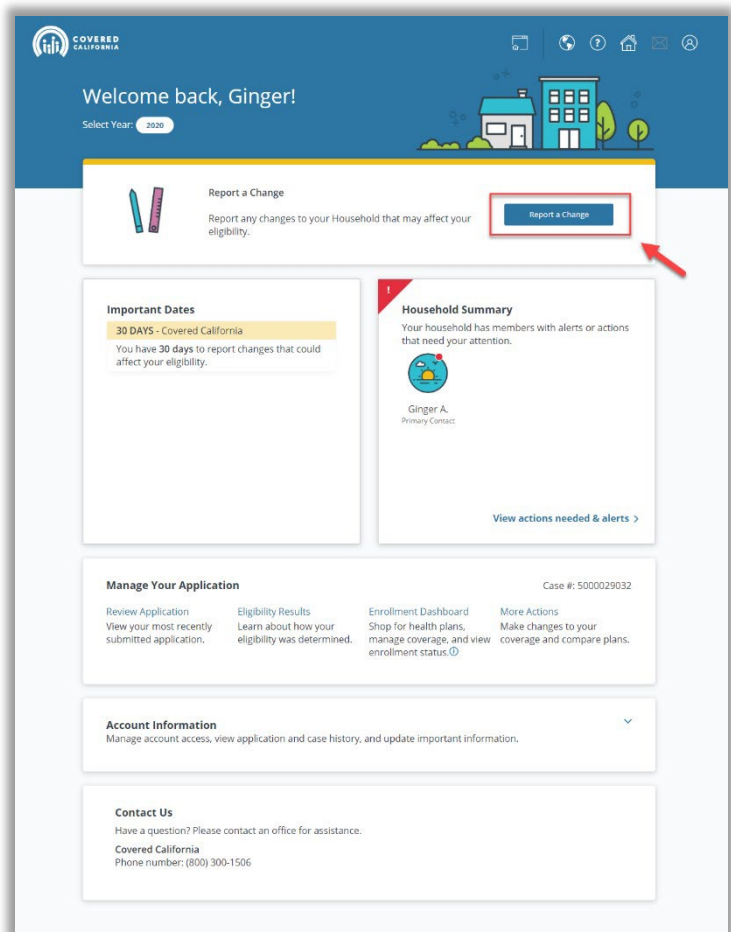
Report a Change

To report a change, click the **Report a Change** button on the *Consumer Home* page.

Change Application Type

If the application submitted is unsubsidized (without premium tax credits or Medi-Cal), users can change application type from within the *Application Review* page.

- Click the **Report a Change** button from the *Consumer Home* page to change the application type.
- Click the **Consumer View** button from the **View Confirmation** pop-up.



The *Special Enrollment* page displays.

- Select the special enrollment event from the dropdown and complete the subsequent questions that display.
- Clicking the **Next** button navigates you to the *Application Review* page.
- From the *Application Review* page click the text link **See if I qualify for free or low cost health care**. The *Great choice!* pop-up displays.
- Click **Yes** to the question, *Can we ask you some additional questions to see if you qualify for financial assistance?* This displays the *Household Menu* page where users are prompted to update the necessary application information used to determine subsidized assistance.

Special Enrollment

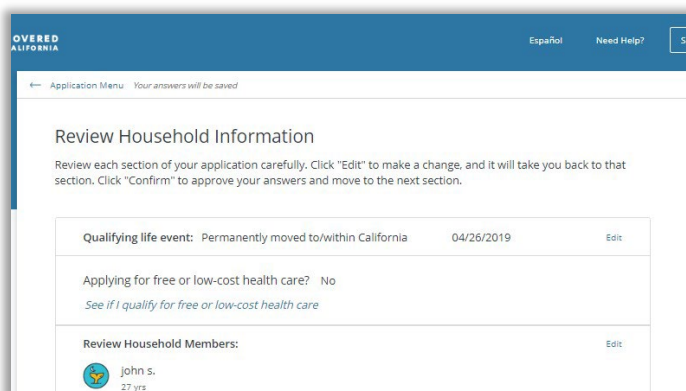
You must have a qualifying life event to apply for health insurance through Covered California during special enrollment. Regardless of the life event selected, we will see if you are eligible for Medi-Cal.

Have any of the following events happened to anyone in your household in the last 60 days or is anyone a federally recognized American Indian or Alaska Native?

Hint: You can also report events that you expect to occur in the next 60 days. You only need to report one event per household. ⓘ

Select...

Next



COVERED CALIFORNIA Español Need Help? Save

← Application Menu Your answers will be saved


Review Household Information

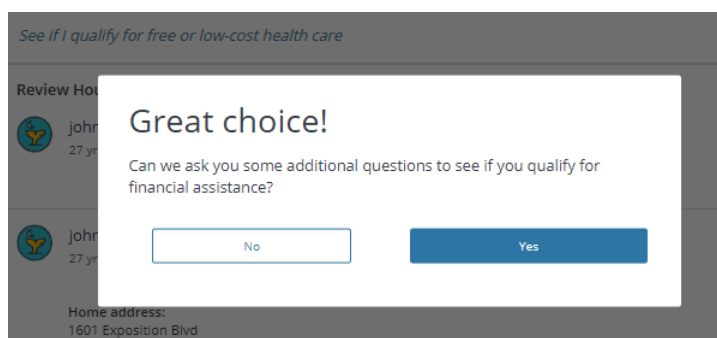
Review each section of your application carefully. Click "Edit" to make a change, and it will take you back to that section. Click "Confirm" to approve your answers and move to the next section.

Qualifying life event:	Permanently moved to/within California	04/26/2019	Edit
------------------------	--	------------	------

Applying for free or low-cost health care? No
[See if I qualify for free or low-cost health care](#)

Review Household Members: Edit

	John S. 27 yrs
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See if I qualify for free or low-cost health care

Great choice!

Can we ask you some additional questions to see if you qualify for financial assistance?

No Yes

Home address:
1601 Exposition Blvd
Berkeley, CA 94704