



Renewals Quick Guide for Certified Enrollers

Step-By-Step Renewal Guide

1. Update consumer information in the application.
 - The renewal journey will prompt enrollers and consumers at the very beginning of the application to pick a path in the application:
 - **Get Started:** To walk through the application and report changes for the consumer's upcoming 2025 benefit year
 - **No Changes to Report:** Allows the enroller or consumer to bypass the pages of the application if there are no changes between the information for 2024 and 2025.
 - Ensure consumers have provided their consent for Covered California to verify their information electronically. Review the [Consent for Verification Quick Guide](#) for more information on helping consumers.
 - Ensure you update consumer contact and demographic information.
 - Changes made to the 2024 coverage year will be carried over on the 2025 renewal summary screen if made by renewal due date found on the Renewal Notice (CaINOD12) – see below.
2. Consumer Renewal Journey
 - Health Plan renewal notice sent to consumer at the beginning of October 2024. 2025 premium amount provided; no Advanced Premium Tax Credit (APTC) amount provided.
 - Renewal Notice (CaINOD12) sent to consumers start the clock on automatic renewal (15 days from date of notice) – first batch mailed October 1, 2024.
 - [Renewal Notice](#) mailed to consumers in an enrolled or pending status.
 - Do nothing and consumers will automatically re-enroll into their same plan, if same plan is available by the date listed on Renewal Notice.
 - Shop & Compare – see #3 below.
 - Covered California Eligibility and Welcome Notice (CaINOD01) – new 2023 APTC amount provided.
 - Invoice from Health Plan.
 - Pay invoice (binder payment).
3. Shop & Compare
 - Review the latest [Patient-Centered Benefit Designs and Medical Cost Shares Chart](#). The chart is updated on the website at the start of the renewal period.
 - Review the changes to the [standard benefit designs](#).
 - Shop & Compare plans
 - 2025 plan rates are available on <http://www.coveredca.com/>.



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4. Complete renewal by December 31, 2024, for coverage that is effective January 1, 2025
 - Consumers can change plans throughout the 2025 Sign-up process – November 1, 2024 – January 31, 2025.
 - Most changes to cases in “pending” status will cancel the application.
 - Consumers who do not wish to renew and who have not terminated coverage by October 15, 2024, must contact Covered California to opt-out of 2025 Renewal.



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Key Information in Renewal Notices

Renewal Notice from Health Plan: Sent at the end of September 2024

Includes the following information:

- 2024 APTC amount – 2024 gross and net premium amount
- 2024 gross premium amount prior to 2024 Advanced Premium Tax Credit applied
- Reason for premium change
- Benefit change explanation (plan discontinuance)
- Referral to Covered California to report any changes

Renewal Notice from Covered California (CaINOD12): First Batch Sent October 1, 2024

Includes the following information:

- Covered California Case ID Number
- 2024 Plan Selection
- 2024 attested income
- Refers consumer to health plan renewal letter for 2024 premium
- Instructions to complete the renewal
- Date by which coverage will be passively renewed if no action is taken

Covered California Eligibility/Welcome Notice (CaINOD01): Receive October – December 2024

Includes the following information:

- Case number
- Final 2024 Advanced Premium Tax Credit calculation amount
- Eligibility determination outcome for each member

Health Plan Invoice: Receive December 15, 2024 – January 1, 2025

Includes the following information:

- Final 2025 Advanced Premium Tax Credit amount
- 2025 net premium
- Payment due date – 4 business days prior to the end of the month



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Medi-Cal Reminders:

- **Note:** During the national COVID -19 public health emergency (PHE), states that administer Medicaid (Medi-Cal) cannot terminate a beneficiary's enrollment, with few exceptions. Please refer to the [Medi-Cal Reminders and When to Contact County Social Services Guide](#) for additional information.
- Modified Adjusted Gross Income (MAGI) Medi-Cal Renewals ("Redeterminations") are performed every 12 months following the initial eligibility determination for a Medi-Cal case
- Households with MAGI Medi-Cal members should seek assistance from their local county social services office to update their application information
- Certified Enrollers may not make changes to household applications with Medi-Cal members
- The local county social services office sends consumer notices when it is their time to renew their eligibility in Medi-Cal