

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

## We've got you covered.

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

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

# We're here to help.

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



## Step one:

See if you qualify for help paying for health coverage

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

#### Coverage Year 2020

| $\mathring{\mathcal{O}}\mathring{\mathcal{O}}\mathring{\mathfrak{o}}\mathring{\mathfrak{o}}$ | Maximum Annu<br>to Qualify for Fi                      | al Household Income<br>nancial Help                                      |
|--|--|--|
| FAMILY SIZE  | MEDI-CAL   | COVERED CALIFORNIA   |
| 1  | \$17,237   | \$74,940   |
| 2  | \$23,336   | \$101,460  |
| 3  | \$29,436   | \$127,980  |
| 4  | \$35,535   | \$154,500  |
| 5  | \$41,635   | \$181,020  |
| 6  | \$47,735   | \$207,540  |
|  | You may be eligible<br>for low or no-cost<br>Medi-Cal. | You may be eligible for<br>financial help through<br>Covered California. |

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





# Enrolling in quality health coverage

## **Step two:**

## Explore your coverage options

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

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

# Shop and Compare

Visit CoveredCA.com and choose "Shop and Compare" to see which brand-name health plans are right for you.



## Standard coverage benefits by level

| KEY<br>BENEFITS                           | <b>BRONZE</b> Covers 60% of average annual cost | <b>SILVER</b><br>Covers 70% of<br>average annual cost | <b>GOLD</b><br>Covers 80% of<br>average annual cost | <b>PLATINUM</b><br>Covers 90% of<br>average annual cost |
|---|---|---|---|---|
| Individual/Family Deductible              | \$6,300/\$12,600                                | \$4,000/\$8,000**                                     | No deductible                                       | No deductible   |
| Annual Preventive Care Visit              | No cost   | No cost   | No cost   | No cost   |
| Primary Care Visit Copay                  | \$65*   | \$40  | \$30  | \$15  |
| Urgent Care Visit Copay                   | \$65*   | \$40  | \$30  | \$15  |
| Emergency Room Copay                      | 40% up to deductible                            | \$400   | \$350   | \$150   |
| Generic Medication Copay                  | \$18  | \$16  | \$15  | \$5   |
| Annual Out-of-Pocket Maximum for One      | \$7,800   | \$7,800   | \$7,800   | \$4,500   |
| Annual Out-of-Pocket Maximum for Family** | \$15,600  | \$15,600  | \$15,600  | \$9,000   |

Chart does not include all medical copays and coinsurance rates. For complete information, visit Covered CA.com.

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



<sup>\*</sup> For Bronze Plans, the deductible is waived for the first three primary care or urgent care visits. Additional visits are charged at full cost until deductible is met.

<sup>\*\*</sup> Silver is the only level where your deductible and other costs may be lower based on your household income.



# Enrolling in quality health coverage

# Step three:

## What you need to enroll

| The following is needed for every household member who is applying for coverage:     |   |  |  |  |
|--|---|--|--|--|
| Proof of current household income*   | Birth date  |  |  |  |
| California ID or driver's license for adults   | ☐ Home ZIP Code   |  |  |  |
| Social Security number or Individual Taxpayer Identification number, if you have one | Proof of citizenship or satisfactory immigration status (e.g., U.S. passport, legal resident card, certificate of citizenship or naturalization document)** |  |  |  |

# The Affordable Care Act (ACA)

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

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



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

In California, most people are required by law to have health insurance or pay a tax penalty. In 2020, the penalty is \$695/adult, \$347.50/child under 18, or 2.5% of your annual household income over your California tax filing threshold, whichever is higher.

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

Most insurance companies offer three types of plans:

#### **HMOs**

Health Maintenance
Organizations only
cover medical services
inside the plan's network.
HMOs often require
members to get a referral
from their primary care
doctor to see a specialist.

#### **PPOs**

Preferred Provider
Organizations pay for
medical services both
inside and outside the
plan's network, but
members pay a higher
amount of the cost for
out-of-network care.
No referral is required
to see a specialist.

#### **EPOs**

Exclusive Provider
Organizations generally
don't cover care outside
the plan's network, but
members may not need
a referral to see an
in-network specialist.

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

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

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



# Enrolling in quality health coverage

# **Step four:**

## Create an account and enroll

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

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

# **Step five:**

## Save your info

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

USERNAME PASSWORD

APPLICATION ID NUMBER ACCESS CODE

CASE NUMBER HEALTH INSURANCE COMPANY'S NAME

INSURANCE PLAN INFORMATION (PLAN NUMBER, GROUP NUMBER, ETC.)

NAME AND CONTACT INFORMATION OF THE CERTIFIED ENROLLMENT COUNSELOR (CEC), CERTIFIED INSURANCE AGENT OR PLAN-BASED ENROLLER (PBE) WHO HELPED YOU ENROLL

# **Step six:**

## Pay your premium

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

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







