

Expanding Your Portfolio with Covered California's Small Group (CCSB) and IFP Enrollment Opportunities

FOR COVERED CALIFORNIA CCSB and IFP PARTNERS

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Agenda

Hour 1: **CCSB Small Group Enrollment Basics**

- 1. Key benefits and features of CCSB plans**
 - 2. Eligibility and application requirements for small businesses**
 - 3. Walkthrough of the CCSB enrollment portal**
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Hour 2: **Individual and Family Plan Enrollment Basics**

- 1. Overview of Individual and Family plan options**
- 2. Eligibility criteria, including subsidies and tax credits**
- 3. Application Walkthrough**

Covered California for Small Business (CCSB)



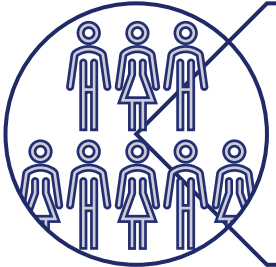
CCSB Training Objectives

- ☐ Introduce foundational knowledge for enrollment of small business groups with CCSB.
- ☐ Highlight key program features and benefits to enrolling groups with CCSB, group eligibility requirements, the application and enrollment process, and available broker resources.
- ☐ Introduce MyCCSB enrollment portal

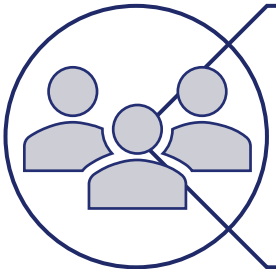
CCSB Membership



77,350
Members



9,130 Employer
Groups



8.5 Average
Group Size



Plan Options Available through CCSB


CCSB offers both HMO AND PPO options through Blue Shield of California, Kaiser Permanente, and Sharp Health Plan

CARRIERS	PRODUCTS AVAILABLE
Blue Shield of California	Access+ HMO, Trio HMO, PPO
Kaiser Permanente	HMO
Sharp Health Plan	Premier and Performance HMO



Standard and Alternate Benefit Designs

- CCSB offers **Standard Benefit Designs** and alternate benefit designs in all four metallic tiers
- Alternate Benefit Designs** include high-deductible health plans compatible with HSAs.

 <div> <div>2025 Plan Summary</div> <div>Covered California for Small Business</div> </div>							Light shading indicates plan benefit change from prior year.
Gold (80%)	Blue Shield 350/25 PCP (PPO) Sharp 350/25 PCP (Performance HMO)	(OON) = Out of Network Blue Shield 350/25 PCP (OON)	Kaiser 250/35 PCP (HMO) BlueShield 250/35 PCP (Trio HMO, Access +) Sharp 250/35 PCP (Premier HMO)	Kaiser 0/35 PCP Alt (HMO)	Kaiser 1000/40 Alt PCP (HMO)	Kaiser HDHP 1750/15% PCP ALT PCP (HMO)	
Service Type	In-Network	Out-of-Network	In-Network	In-Network	In-Network	In-Network	
Individual Deductible (if any)	Blue Shield: \$350 Sharp: \$350	\$1,000	Kaiser: \$250 Sharp: \$250 Blue Shield: \$250	\$0	\$1,000/\$250 Pharmacy	\$1,750	
Family Deductible (if any)	Blue Shield: \$700 Sharp: \$700	\$2,000	Kaiser: \$500 Sharp: \$500 Blue Shield: \$500	\$0	\$2,000/\$500 Pharmacy	\$3,500	
Preventive Care/Screening/Immunization	Blue Shield: No Charge Sharp: No Charge	Not Covered	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge	No Charge	
Primary Care Visit to treat an injury, illness or condition	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Kaiser: \$35 Sharp: \$35 Blue Shield: \$35	\$35	\$40	15% Coinsurance after deductible	
Other Practitioner Office Visit	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Kaiser: \$35 Sharp: \$35 Blue Shield: \$35	\$35	\$40	15% Coinsurance after deductible	
Specialist Visit	Blue Shield: \$50 Sharp: \$50	50% Coinsurance after deductible	Kaiser: \$55 Sharp: \$55 Blue Shield: \$55	\$60	\$60	15% Coinsurance after deductible	
Prenatal Care and Preconception Visit	Blue Shield: No Charge Sharp: No Charge	50% Coinsurance after deductible	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge	No Charge	
Urgent Care	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Kaiser: \$35 Sharp: \$35 Blue Shield: \$35	\$35	\$40	15% Coinsurance after deductible	
Laboratory Tests	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Kaiser: \$35 Sharp: \$35 Blue Shield: \$35	\$30	\$30	15% Coinsurance after deductible	
X-Rays and Diagnostic Imaging	Blue Shield: \$65 Sharp: \$65	50% Coinsurance after deductible	Kaiser: \$55 Sharp: \$55 Blue Shield: \$55	\$40	\$60	15% Coinsurance after deductible	
Emergency Room Facility Fee (waived if admitted)	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	20% Coinsurance after deductible	Kaiser: \$250 Copay after deductible Sharp: \$250 Copay after deductible Blue Shield: \$250 Copay after deductible	\$350	\$350	15% Coinsurance after deductible	
Emergency Room Physician Fee (waived if admitted)	Blue Shield: No Charge Sharp: No Charge	No Charge	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge	15% Coinsurance after deductible	

Dental Insurance Plans

- CCSB offers DHMO and DPPO dental coverage options through Delta Dental.
- Dental insurance plans can be offered as an elective benefit that employers can choose to offer as part of their health insurance program.
- If an employer chooses to offer dental insurance to their employees, they must select a Dental Reference Plan and choose how much they want to contribute to their employee's dental premiums.



Key Benefits of CCSB

MULTI-CARRIER PORTFOLIO

Featuring Kaiser Permanente, Sharp Health Plan, Blue Shield of California

4-METAL TIER OFFERING

Groups can offer their employees choices from 1-tier, 2-tier, 3-tier or 4-metallic tiers

OUT-OF-STATE COVERAGE

Remote employees can access Blue Shield BlueCard

FEDERAL TAX CREDIT

Lower the cost of coverage for qualifying small businesses

ADMINISTRATION

Simple to understand quote, consolidated applications and **ONE SINGLE BILL**.

No Admin Fees, No Billing Fees, No Late Fees.
No Recertification!

RELAXED PARTICIPATION

70% of eligible employees enrolled with CCSB or alternate creditable coverage



Exclusive Employer Tax Credits

CCSB is the only place where qualified small businesses are able to use federal tax credits to help pay for the cost of providing health coverage to employees.

- Small Businesses could be eligible for up to 50% of premium expenses, 35% for Non-Profits
- Companies with less than 25 full-time equivalent employees (FTEs)
- Average wage less than \$65,000 to qualify
- Does not include owner, partner, shareholder, family or in-laws
- The credit is only available for two consecutive years beginning with the first year you claim the credit

Collateral & calculator available online:

<https://www.coveredca.com/forsmallbusiness/taxcredit/>

YOUR SMALL BUSINESS COULD BE ELIGIBLE FOR A TAX CREDIT

Only available through Covered California for Small Business (CCSB)

With Covered California for Small Business (CCSB) you decide the level of coverage and provide employees with health insurance that fits your budget. CCSB may be eligible to receive a federal tax credit to help offset the cost of providing health insurance.

The amount of credit you are eligible to receive works off the cost of providing health insurance. CCSB may be eligible to receive a federal tax credit to help offset the cost of providing health insurance.

Up to 50% of Premiums
For-Profit Businesses

Up to 35% of Premiums
Non-Profit Businesses

The maximum tax credit is 50% of the cost of providing health insurance for for-profit businesses and 35% for non-profit businesses. This credit applies to the cost of providing health insurance through CCSB.

Your tax credit will depend on:

- Number of employees (including the owner) who are not full-time equivalent employees
- Average Wage of the employees (including the owner) who are not full-time equivalent employees
- Employer-paid Premiums for the cost of insurance

CoveredCA.com/ForSmallBusiness

IMPORTANT TAX INFORMATION: HOW TO GET A SMALL BUSINESS CREDIT

Only available through Covered California for Small Business (CCSB)

Small businesses that purchase coverage through CCSB may be eligible to receive a federal tax credit to help offset the cost of providing health insurance. To claim this tax credit, fill in and submit form **IRS form 8941**.

Your clients could receive*

Eligible Small Business must have:

- ① Employer-paid CCSB Premiums cover at least 50 percent of the cost of health coverage
- ② Fewer than 25 full-time equivalent employees (FTEs)
- ③ Average annual wage of less than \$65,000** per year per FTE

Easy steps to file:

1. Check "Yes" if health insurance was purchased through CCSB.
2. Enter "California" as the Marketplace identifier.
3. Enter Employer EIN.
4. Check "Yes" if the small business has not previously received a tax credit. Those businesses that have received a credit, and check "Yes" are ineligible to receive the credit again.

Read and fill in any applicable boxes for items 1 to 25. To complete, gather the following for that calendar year:

- Number of full-time equivalent employees (FTEs)
- Total CCSB premiums paid by the employer
- Total wages paid to the employees

For more details visit the IRS Page: <https://www.irs.gov/forms-pubs/about-form-8941>

Access our online tax credit calculator: [CoveredCA.com/ForSmallBusiness/TaxCredit](https://www.coveredca.com/forsmallbusiness/taxcredit/)

Have questions? Call your Insurance Broker or contact CCSB at 1-844-332-8384 or SmallBusiness@covered.ca.gov

COVERED CALIFORNIA SMALL BUSINESS



Small Group Eligibility and Underwriting Guidelines



Group Eligibility Requirements

- Groups must have at least one but no more than 100 full-time-equivalent employees and meet certain contribution and participation requirements.
- They must have at least one employee who receives a W-2.
- The majority of eligible employees are employed in California.
- Employers must offer CCSB coverage to all eligible employees.
- 70% of employees need to be covered by credible coverage including either CCSB or alternate valid coverage with submission of waivers.
- Employer must contribute a minimum of 50% towards the lowest cost employee only plan.

Defining and Calculating Full-Time Equivalent Employees

- An FTE employee is not an actual employee, but a calculation involving all part-time and full-time employees who worked during the preceding calendar year.
- If the final figure exceeds 100, then the employer is a large employer under California law and not eligible for CCSB.
- Employees who are not eligible for coverage include those employees who work less than 20 hours per week, receive a Form 1099 or are seasonal or temporary employees.
- You can find an FTE calculator within the CCSB website that helps in determining FTE count.

Employer Reference Plan and Metal Tier Selection

- The reference plan the employer chooses determines the amount they will contribute towards employee premiums.
- This plan is selected when the employer enrolls with CCSB and can be changed only during their annual renewal period.
- Employers can elect to offer plans in one metal tier all the way up to four adjoining tiers.
- Employees then have the option to select any plan within those coverage levels

4 Metal Tier

Employees choose from health plans in **all four metal tiers**:



3 Metal Tier

Employees choose from health plans in the **three touching metal tiers**:



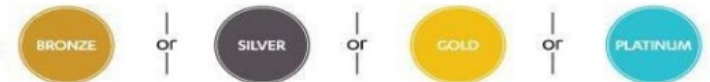
2 Metal Tier

Employees choose from health plans in the **two touching metal tiers**:



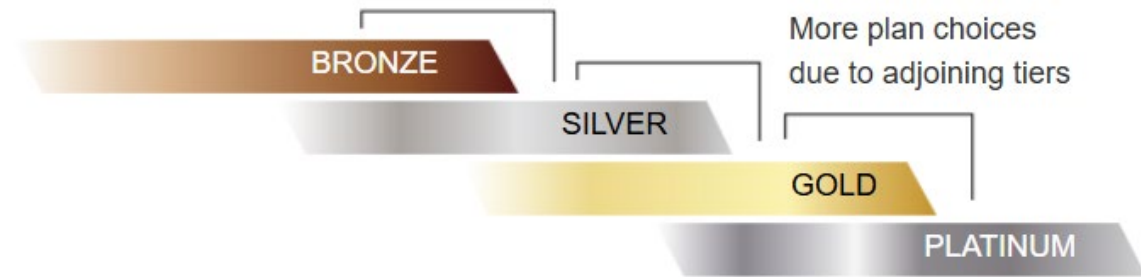
1 Metal Tier

Employees choose from health plans in the **one metal tier**:



Overview of Employer Required Premium Contribution

- Employers must contribute at least 50% of the lowest cost employee-only plan in their selected metal tier (Bronze, Silver, Gold, Platinum) for eligible employees' premiums.
- They also can opt to contribute towards dependents premiums as well with no minimum contribution requirement.
- Employees' premium contribution and out-of-pocket costs will depend on the reference plan, selected metal tiers and the plan(s) the employee selects.



New Group Quoting and Enrollment



Enrollment Periods

- CCSB new group enrollment is year-round
- There is also a Special Enrollment period each year between November 15th and December 15th where groups can apply with modified eligibility requirements
- During this period groups can apply without the requirement for 70% participation as well as the 50% minimum employer contribution requirement



Resources for New Group Quoting

CCSB's dedicated sales team is available to support you with new group quote proposals. You can contact them directly over the phone or complete our Quote Template form available on CCSB's broker webpage. To prepare a quote we will need group census information.

First Name	Last Name	Date of Birth*	Age*	Employee Medical Status (See Reference & Examples Below)**	Home Zip Code**	Gender (M,F)	GROUP INFORMATION	
				Click HERE to get started			Company Name:	
							Address:	
							Zip:	
							Contact Name:	
							Title:	
							Phone:	
							Email:	
							Effective Date:	
							# of Eligible Employees:	
							Current Carrier:	
							Current Renewal Date:	
							Contribution:	
							AGENT INFORMATION (optional)	
							Name:	
							Agency Name:	
							Email:	
							Phone:	
							Lic#:	

Training and Certification	
Agreements and Compensation	
Code of Conduct	
Learn About CCSB	
Contact Us	
CCSB Website	↗
MyCCSB Login	👤
Resources	
Quote Template	⬇
CCSB Toolkit	⬇



General Agency Partner Support

CCSB partners with seven General Agencies throughout the state who are available to assist you with new group quoting, application submission, and ongoing support for your enrolled groups.



Enrollment Process



2025 New Business Submission Deadlines

DATE		WITH SUBMISSION ACKNOWLEDGMENT FORM
JANUARY	12/27/2024	01/07/2025
FEBRUARY	01/27/2025	02/07/2025
MARCH	02/24/2025	03/07/2025
APRIL	03/27/2025	04/07/2025
MAY	04/26/2025	05/07/2025
JUNE	05/27/2025	06/07/2025
JULY	06/26/2025	07/07/2025
AUGUST	07/27/2025	08/07/2025
SEPTEMBER	08/27/2025	09/07/2025
OCTOBER	09/26/2025	10/07/2025
NOVEMBER	10/27/2025	11/07/2025
DECEMBER	11/26/2025	12/07/2025



Required New Group Documentation

- Their employer name, as reported to the California Employment Development Department.
- Their federal Employer Identification Number (FEIN) and state Employer Identification Number (SEIN).
- A copy of their local business license.
- A DE-9C reconciled by the employer or payroll records .
- The total number of full-time employees.
- The total number of part-time employees working 20 to 29 hours per week (if offering part-time employees coverage).
- Their employee roster, including addresses, hire dates, dates of birth and Social Security numbers or tax identification numbers.
- Dependent information (if offering dependents coverage), including the dependents' dates of birth to determine their age.

Application submission via the MyCCSB portal or via paper application

Covered California for Small Business (CCSB)

Enrollment Application for Employees

Covered California for Small Business offers a new way to offer health insurance to employees.

Who can use this application?

To be eligible for business coverage, you must:

- Have a private business
- Have a private business with 1 to 99 employees
- Offer coverage to all full-time employees

What you will need to apply

- A copy of your business documents
- Eligible employee information
- Full name
- Social Security Number
- Tax ID
- Date of birth

Get help

- Online: [CoveredCA.com/ForSmallBusiness](#)
- Phone: (855) 777-6782
- En Español: Llame a nuestro centro de ayuda gratis al (855) 777-6782

What happens next?

You'll send the completed application to the address on the form to let you know when to expect a response.

What happens next?

You'll send the completed application to the address on the form to let you know when to expect a response.

THINGS TO KNOW

Your information is private.

- We'll keep your information private as required by law.
- Your answers on this form will only be used to see if you are eligible to enroll in a Covered California for Small Business plan.

NEED HELP WITH YOUR APPLICATION? Contact your employer or your employer's Covered California Certified Insurance Agent with questions, visit [CoveredCA.com/ForSmallBusiness](#) or call us at (855) 777-6782. Para obtener una copia de este formulario en Español, llame: (855) 777-6782.

My Company

Employer Information

Doing Business As*

ACME LLC

Business Legal Name

First Name*

First Name

Suffix

Preferred Language (written/spoken - if not English)

Federal COBRA* Yes No

Federal Employer Identification Number (FEIN)*

123456789

If you are a Sole Proprietor and do not have an FEIN, enter the identifier used during tax filing.

Organization Type

Middle Name

Middle Name

Phone Number*

() - -

How Long Have You Been in Business?*



Binder and monthly premium payments

BINDER PAYMENT

- Upon submission and approval of the employer and employee applications CCSB will generate a single initial invoice with aggregated premium for all health and dental premiums. CCSB must receive the full payment by the due date indicated on the initial invoice before coverage can be effectuated.

RECURRING PAYMENTS

- Recurring monthly ACH payments can be setup via the MyCCSB portal and will pull funds on the 18th of the month.

Payment Details

Note! Employers who set up recurring payment will have their payments pulled on the 18th of each month. The next recurring payment sweep will be on the 18th of current month. If your due date occurs before the next sweep, please make sure you make a one-time payment to avoid loss of coverage.

Customer Name

Lilys Farm

Routing Number*

Bank Name*

Account Number*

Verify Account Number*



Annual Renewals



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Annual Group Renewal

- CCSB sends groups written notice of their plan renewal and annual election period 60 days prior to the end of their plan year.
- During this time employers can explore renewal options and make changes to their reference plan and contribution.
- Employees then have a least 20 days to review plan options and make changes for the upcoming plan year.
- CCSB also sends employers monthly email communications beginning six months out from their renewal date to provide useful information for utilization of benefits and specific renewal guidance as they near closer to their annual renewal month.



increasing employee engagement during your open enrollment

Open Enrollment Begins in 30 Days!

Your group's Open Enrollment is quickly approaching. This is the perfect time for employees to review and adjust their health plans for the next year, without needing a qualifying event. Whether you're currently going through the process or about to start, Covered California for Small Business is here to support you!

How to Prepare for Open Enrollment

Discuss the plan options with your employees using the information in your Covered California for Small Business renewal packet. Employers should use multiple communication methods to meet the varied preferences of your employees. For example, while some may prefer information via email or in print, others might benefit more from face-to-face meetings.

Federal and Cal-COBRA Administration

COVERAGE TYPE	WHO QUALIFIES?	WHO ADMINISTERS?
Federal COBRA	Employers with 20 or more eligible employees	Employer or an employer hired Third Party Administrator (TPA)
Cal-COBRA	Employers with 2-19 eligible employees	CCSB

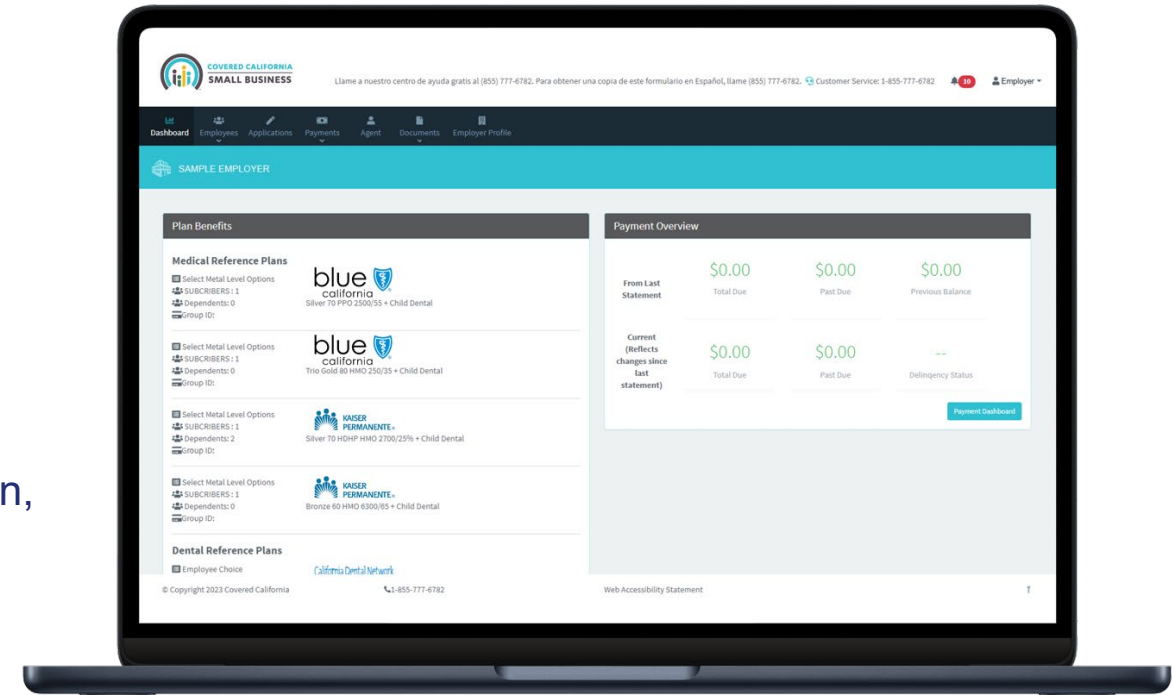
Under **federal COBRA**, the employer must provide qualified beneficiaries with certain notices explaining their COBRA rights, how to elect COBRA, and when it can be terminated in a timely manner when they experience a loss of health coverage.

For **Cal-COBRA** (2 to 19 employees), the employer must notify CCSB of any employees or dependents who experience a qualifying event. **CCSB will send eligibility notifications to terminated employees on the employer's behalf.** Former Employees or eligible dependents must notify CCSB of their CAL-COBRA elections

MyCCSB Portal

MANAGE YOUR POLICY AND EMPLOYEES ONLINE

- Easy self-serve employee Adds, Terms and Changes
 - Up to 30 days retroactively!
- Invite new hires to enroll online and compare options
- One-time and Auto-Pay Feature for Employers
- Real-time Account Balances
- View previous invoices, payments, letters and notices
- View all employer details such as reference plan, contribution, COBRA status, addresses and contact information
- Ability to have a secondary account login for employers
- Cal-COBRA packets available electronically and mailed
- Employee Census export tool
- Enhanced Renewal process online



MyCCSB Portal Demo

Becoming Certified to Sell CCSB

- Covered California has agency contracts for the sale of both Individual and Family Plan coverage, CCSB, or both.
- It is vital for agencies that wish to sell both lines of business to confirm that they are contracted appropriately.
- To begin your transition to a dual IFP/CCSB Certified Agency, Agency Managers can contact agentcontracts@covered.ca.gov to submit your request for a new dual agency contract.
- You can find and review all contact terms and certification details on the CCSB website.

Training and Certification	
Agreements and Compensation	
Code of Conduct	
Learn About CCSB	
Contact Us	
CCSB Website	↗
MyCCSB Login	👤
Resources	
Quote Template	↓
CCSB Toolkit	↓



Agent Bonus Program

CCSB PAYS STANDARD 5% SMALL GROUP COMMISSION ON ALL SALES AS WELL AS ANNUAL BROKER BONUS PROGRAMS!

**a partnership
that pays**

**BONUS PROGRAM - COVERAGE EFFECTIVE:
JULY 1, 2025 TO JANUARY 1, 2026**

**EARN EXTRA WHEN YOU SELL
NEW SMALL GROUPS**

Group Size (Enrolled Employees)	Bonus Per Group (3 Groups / 6+ Groups)
51 - 100	\$ 8,000 / \$12,000
26 - 50	\$ 4,000 / \$6,000
11 - 25	\$ 2,000 / \$3,000
5 - 10	\$ 1,000 / \$1,500

Contact Us – We're here to help!

CCSB Sales

(844) 332-8384

www.CoveredCA.com/ForSmallBusiness

CCSB Agent Service Center

(855) 777-6782 (*Option 1 for English or 2 for Spanish > then 1 for Agents > then 2 for the Call Center*)

Agents@Covered.CA.gov

Case Submission & Eligibility

CCSBEligibility@Covered.CA.gov

Quotes

SmallBusiness@Covered.CA.gov

Questions?

Individual and Family Plan Options



**COVERED
CALIFORNIA**

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- **12** Health Carriers
- **All Californians** will have a choice of **2 or more** carriers.
- **92%** Californians will have a choice of **3 or more** carriers
- **85%** Californians will have a choice of **4 or more** carriers

Individual Market Health Carriers

2025 Plan year participation

2025 Health Plan Offerings

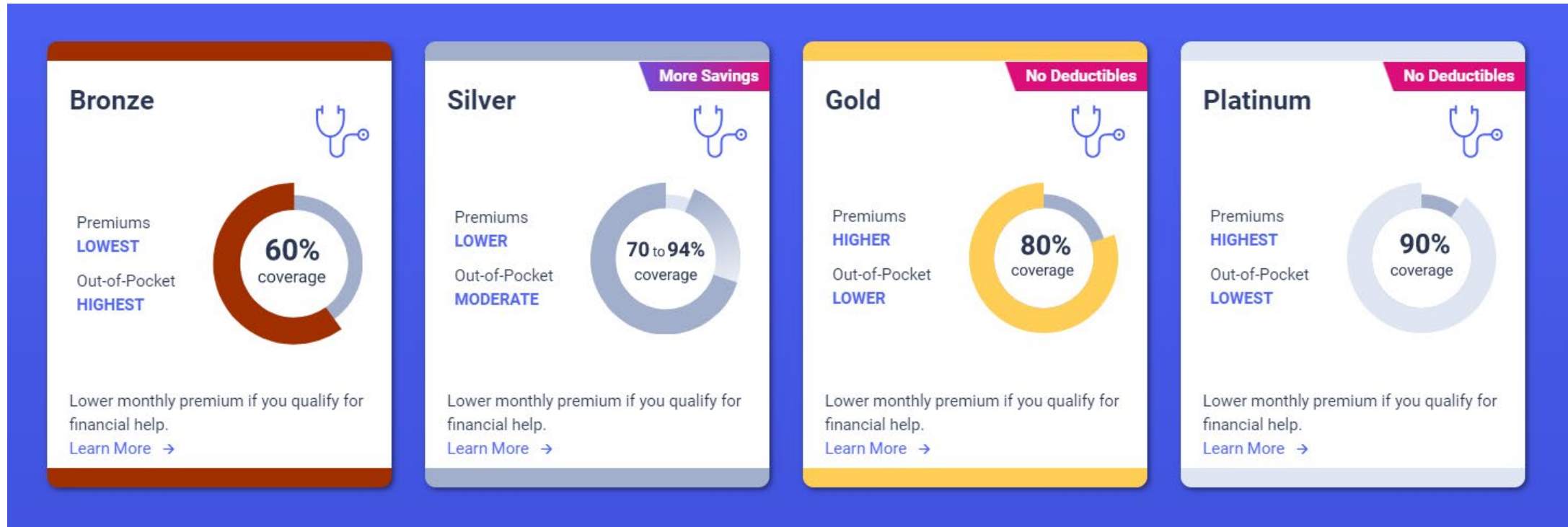


● Full Region
○ Partial Region

QHP Issuer	Pricing Region
Aetna	3, 5, 6 & 11
Anthem	HMO - 11, 15, 16, 17, 18, 19 EPO - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14
Blue Shield	HMO - all regions except 13 PPO - all regions
CCHP	4 & 8
HealthNet	HMO - 13, 14, 15, 16, 17, 18, 19 PPO - 3, 15, 16, 17, 18, 19
Inland Empire	17
Kaiser	all regions
LA Care	15 & 16
Molina	13, 15, 16, 17, 18, 19
Sharp 1 & 2	19
VHP	7
WHA	2 & 3

Rating Region	HM	HM	EP	HM	PP	HM	HM	PP	HM	HM	HM	HM	HM	HM	HM	HM
1 Northern counties			●	○	●						○					
2 North Bay Area			●	○	●						○					●
3 Greater Sacramento	●		●	○	●			○			○					○
4 San Francisco County			●	●	●	●					●					
5 Contra Costa County	●		●	●	●						●					
6 Alameda County	●		●	●	●						●					
7 Santa Clara County			●	●	●						○				●	
8 San Mateo County			●	●	●	●					●					
9 Santa Cruz, San Benito, Monterey			●	○	●						○					
10 Central Valley			●	○	●						○					
11 Fresno, Kings, Madera counties	●	●		○	●						○					
12 Central Coast			●	○	●						○					
13 Eastern counties			●		●		○				○		○			
14 Kern County			●	○	●		○				○					
15 Los Angeles County East		●		○	●		●	●			○	○	○			
16 Los Angeles County West		●		○	●		●	●			●	●	○			
17 Inland Empire		●		○	●		○	○	●		○		○			
18 Orange County		●		●	●		●	●			●		●			
19 San Diego County		●		○	●		●	●			○		●	○	○	

Health Plan Coverage Level: Metal Tiers



- A plan with a lower premium results in a larger copayment with higher deductibles and maximum out-of-pocket expense.
- Minimum coverage plans are also available to people who meet certain requirements, although these plans are not eligible for financial help.

Enhanced Silver Plan Benefits For Plan Year 2025 (Cost Sharing Reductions, Silver 73, 87, 94)

No Deductibles:

- This means that your plan does not require you to pay an amount out of pocket before your plan starts to pay its share, making healthcare more accessible.

Reduced Copayments and Coinsurance:

- Each visit to a healthcare provider or prescription pickup could cost you less, lowering the barrier to seeking necessary medical care.

Increased Out-of-Pocket Maximum Protection:

- With a lower out-of-pocket maximum, you're protected against high medical costs within a year. Once you reach this cap, your plan pays 100% of covered services.

Broader Accessibility to Services:

- With reduced costs, more services and treatments become financially accessible, potentially leading to better overall health and preventive care among enrollees.

Enhanced Financial Security:

- Lower healthcare costs can provide more financial stability for families and individuals, reducing the risk of medical debt.

2025 Family 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.

Drug prices are for a 30-day supply.

*Copay is for any combination of services (specialist) 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.

Coverage Category	Minimum Coverage	Bronze	Silver	Silver 73 CA Enhanced CSR	Silver 87 CA Enhanced CSR	Silver 94 CA Enhanced CSR	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	>\$30,120 (Above 200% FPL)	\$22,591 to \$30,120 (>150% to ≤200% FPL)	up to \$22,590 (100% to ≤150% FPL)	N/A	N/A
Free Preventive Care Visit	\$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	\$60	\$50	\$35	\$15	\$5	\$35	\$15
Urgent Care		\$60	\$50	\$35	\$15	\$5	\$35	\$15
Specialist Visit		\$95*	\$90	\$85	\$25	\$8	\$65	\$30
Emergency Room Facility	Full cost per service until out-of-pocket maximum is met	40% after deductible is met	\$400	\$350	\$150	\$50	\$330	\$150
Laboratory Tests		\$40	\$50	\$50	\$20	\$8	\$40	\$15
X-Rays and Diagnostics		40% after deductible is met	\$95	\$95	\$40	\$8	\$75	\$30
Imaging			\$325	\$325	\$100	\$50	\$75 copay or 25% coinsurance***	\$75 copay or 10% coinsurance***
Tier 1 (Generic Drugs)	Full cost per script until out-of-pocket maximum is met	\$19	\$18	\$15	\$5	\$3	\$15	\$7
Tier 2 (Preferred Drugs)		40% up to \$500 per script after drug deductible is met	\$60**	\$55	\$25	\$10	\$60	\$16
Tier 3 (Non-preferred Drugs)			\$90**	\$85	\$45	\$15	\$85	\$25
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 - The amount you pay before the plan pays	N/A	Individual: \$5,800 Family: \$11,600	Individual: \$5,400 Family: \$10,800	N/A	N/A	N/A	N/A	N/A
Pharmacy Deductible - The amount you pay before the plan pays	N/A	Individual: \$450 Family: \$900	Individual: \$50 Family: \$100	N/A	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	\$9,200 individual \$18,400 family	\$8,850 individual \$17,700 family	\$8,700 individual \$17,400 family	\$6,100 individual \$12,200 family	\$3,000 individual \$6,000 family	\$1,150 individual \$2,300 family	\$8,700 individual \$17,400 family	\$4,500 individual \$9,000 family



2025 Dental Coverage



DENTAL COVERAGE TYPES:

- All health plans include dental care for children at no extra cost.
- For adults, a dental plan can be added to your health plan purchase.

<https://www.coveredca.com/dental/family/>

Included



Children's Dental

Children's preventive dental benefits are automatically included in the health plans we offer. There is no monthly cost for these plans. Depending on your health plan, you'll have access to different networks of dentists. All preventative and diagnostic services are offered at no cost, while you'll pay part of the cost for other services.

Additional Cost



Family Dental

Adults can add dental coverage once they've selected a health plan. Single adults and families can enroll in a family dental plan. Children's dental benefits are already included in our health plans, but you can enroll them in a family dental plan (all children would need to be enrolled in that plan).

2025 Children's Embedded Dental Plans by their Health Plan

Health Plan	Embedded Dental
Aetna CVS Health	Liberty Dental DHMO
Anthem Blue Cross of California EPO Anthem Blue Cross of California HMO	Anthem Dental Plan DPPO Anthem Dental Plan DHMO
Blue Shield of California HMO Blue Shield of California PPO	Dental Benefit Providers DHMO Dental Benefit Providers DPPO
Balance by CCHP	Delta Dental of California DHMO
Health Net HMO Health Net PPO	Dental Benefit Providers DHMO Dental Benefit Providers DPPO
Inland Empire Health Plan	Liberty Dental DHMO
Kaiser Permanente	Delta Dental of California DHMO
L.A. Care Health Plan	Liberty Dental DHMO
Molina Healthcare	California Dental Network DHMO
Sharp Health Plan	Delta Dental of California DHMO
Valley Health Plan	Liberty Dental DHMO
Western Health Advantage	Delta Dental of California DHMO

QDP Issuer	Pricing Region
Anthem	DHMO - 4, 5, 6, 15, 16, 17, 18, 19 DPPO - all regions
Blue Shield	DHMO - all except Region 1 DPPO - all
CA Dental Network	all except Region 1
Delta Dental	DHMO - all DPPO - all
Humana	DPPO - all




2025 Family Dental Plan Offerings



Vision Coverage for Children



Children under age 19 get free vision care included with their Covered California health plan.



Services


Free

Eye Exams

Free

1 Pair of Glasses Per Year (or contact lenses in lieu of glasses)

Deductible Doesn't Apply

A close-up photograph of a young child with brown hair, smiling while an adult's hands adjust a large, specialized vision testing frame over their eyes. The child is wearing a denim shirt.

Vision Coverage For Adults



We've selected three vision insurance companies to offer vision care to our customers. **Adults** can enroll **directly** through these companies. All offer excellent benefits.



[Adult Vision | Covered California™](#)

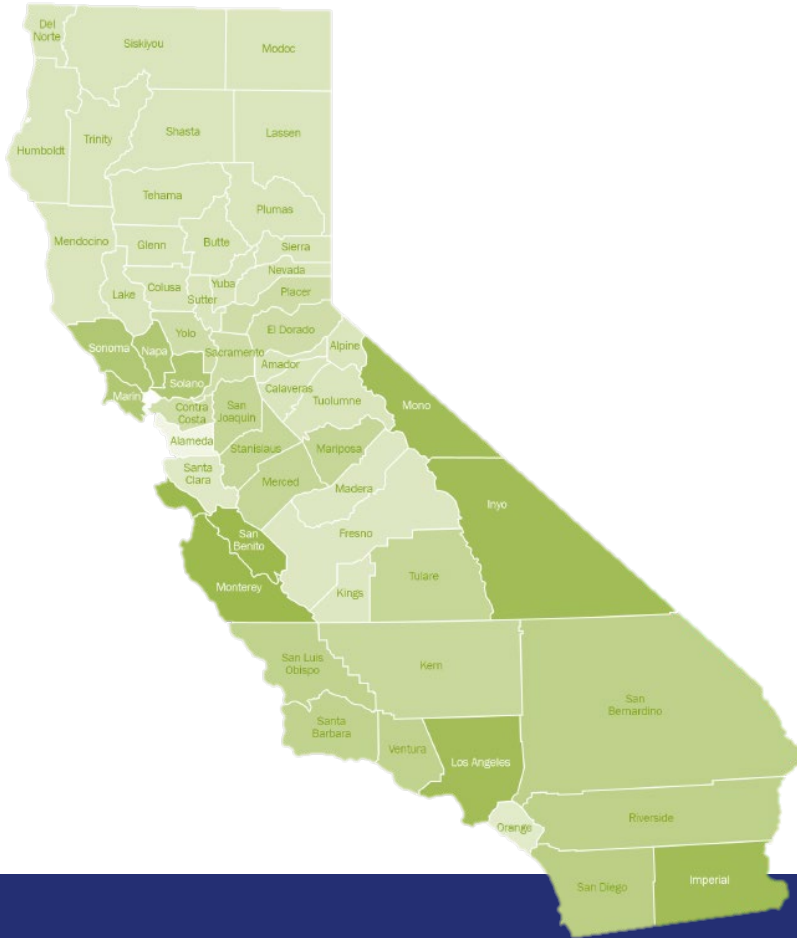
Eligibility Criteria



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Covered California Eligibility Rules



- **Be a California resident** or a person who intends to reside in California,
- **Be a citizen or national of the US, or a person lawfully present in the US**, though some immigrants may be eligible for restricted scope or full scope Medi-Cal.
- **Not be incarcerated.**

Financial Assistance Eligibility Factors

Factors that determine eligibility for financial assistance and the amount:



- Household **income**,
- Household **size**,
- **Age** of household members, and
- **Location** of the household (which determines the **pricing region**)
- **Not enrolled** in Minimum Essential Coverage (MEC) or have MEC **made available** to them

Members who received financial assistance from the federal premium tax credit in advance must file their federal taxes to reconcile the advanced premium tax credit amount with the IRS

Minimum Essential Coverage (MEC)

Coverage that under the regulations of the Affordable Care Act for individuals provides affordable minimum coverage and provides minimum value to its full-time employees (and their dependents). Minimum essential coverage designated by statute or regulations includes the following:

- Employer-sponsored coverage (including Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage and retiree coverage)
- Coverage purchased in the individual market, including a qualified health plan offered by the Health Insurance Marketplace (such as Covered California)
- Medicare Part A coverage and Medicare Advantage (MA) plans
- Most Medicaid coverage
- Certain types of veterans' health coverage administered by the Veterans Administration
- TRICARE
- Children's Health Insurance Program (CHIP) coverage
- Coverage provided to Peace Corps volunteers
- Coverage under the Non-appropriated Fund Health Benefit Program
- Refugee Medical Assistance supported by the Administration for Children and Families
- Self-funded health coverage offered to students by universities for plan or policy years that begin on or before Dec. 31, 2014 (for later plan or policy years, sponsors of these programs may apply to HHS to be recognized as minimum essential coverage)

Enrolling During the Special Enrollment Period



Consumers will need a **Qualifying Life Event (QLE)** to enroll in a plan.

- Most special-enrollment periods last **60 days** from the date of the major life change.
- For most qualifying life events, your coverage will **start on the first day** of the **following month** after you select a plan.

MORE INFORMATION CAN BE FOUND HERE - [MAJOR LIFE CHANGES](#)

Special Enrollment Period

QUALIFYING LIFE EVENTS

- **Year-round health insurance** outside the open enrollment period.
- **Must have** experienced certain **life changes (Qualifying Life Event)**.
- Qualifying Life Event date for Paid Penalty for Not Having Health Coverage is the **date the penalty payment is made**.

Lost Job or Income	Lost Health Insurance
Turned 26 Years Old	Moved to or Within California
Married or Entered a Domestic Partnership	A Child is Born, Adopted or Received into Foster Care
Change of Household Size	Domestic Abuse or Spousal Abandonment
County under State of Emergency	Returned from Active Military Service
Released from Jail or Prison	Gained Citizenship or Lawful Presence
Current Enrollees Who Experience a Life Event	Paid Penalty for Not Having Health Coverage

Financial Help from Covered California

ADVANCED PREMIUM TAX CREDITS (APTC)

- **Purpose:** Helps lower monthly health insurance premiums.
- **Eligibility:** Based on household income and family size.
- **How It Works:**
 - Subsidies applied directly to monthly premiums for a Covered California plan.
 - Available for all metal tiers of coverage (Bronze, Silver, Gold, Platinum).
- **Flexibility:** Allows households to choose a plan that fits their budget with reduced premiums.

COST SHARING REDUCTIONS (CSR)

- **Purpose:** Reduces out-of-pocket costs like deductibles, copayments, and coinsurance.
- **Eligibility:**
 - Must have a household income between 100%–250% of the federal poverty level.
 - Must enroll in a Silver-tier plan to access CSR benefits.
- **How It Works:**
 - Increases the value of the Silver plan, effectively lowering costs for care.
 - Makes healthcare services more affordable when using the plan.

Program Eligibility by Federal Poverty Level for 2025

Federal Poverty Level for 2025



SEE NOTE BELOW FOR INCOMES IN THIS RANGE	Federal Premium Tax Credit*									Tax credit continues beyond 400%	
	American Indian / Alaska Native (AIAN) Zero Cost Sharing (100%-300%)									AIAN Limited Cost Sharing** (over 300%)	
	Silver 94 (100%-150%)			Silver 87 (>150%-200%)			Silver 73 (>200%)				

% FPL		0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%*
Household Size	1	\$0	\$15,060	\$21,597	\$22,590	\$30,120	\$33,335	\$37,650	\$41,629	\$45,180	\$50,393	\$60,240
	2	\$0	\$20,440	\$29,187	\$30,660	\$40,880	\$45,050	\$51,100	\$56,259	\$61,320	\$68,103	\$81,760
	3	\$0	\$25,820	\$36,777	\$38,730	\$51,640	\$56,765	\$64,550	\$70,889	\$77,460	\$85,813	\$103,280
	4	\$0	\$31,200	\$44,367	\$46,800	\$62,400	\$68,480	\$78,000	\$85,519	\$93,600	\$103,523	\$124,800
	5	\$0	\$36,580	\$51,957	\$54,870	\$73,160	\$80,195	\$91,450	\$100,149	\$109,740	\$121,233	\$146,320
	6	\$0	\$41,960	\$59,547	\$62,940	\$83,920	\$91,910	\$104,900	\$114,779	\$125,880	\$138,943	\$167,840
	7	\$0	\$47,340	\$67,137	\$71,010	\$94,680	\$103,625	\$118,350	\$129,409	\$142,020	\$156,653	\$189,360
	8	\$0	\$52,720	\$74,727	\$79,080	\$105,440	\$115,340	\$131,800	\$144,039	\$158,160	\$174,363	\$210,880
	add'l, add	\$0	\$5,380	\$7,590	\$8,070	\$10,760	\$11,715	\$13,450	\$14,630	\$16,140	\$17,710	\$21,520



Medi-Cal for Adults	Medi-Cal for Pregnant Individuals	Medi-Cal Access Program (for Pregnant Individuals)
Medi-Cal for Kids (0-18 Yrs.)		CCHIP (San Francisco, San Mateo, and Santa Clara county residents)

Advanced Premium Tax Credit (APTC):

3 MAJOR COMPONENTS FOR THE CALCULATION

INCOME & FPL



George:
40 years old,
resides in
Sacramento
earns
\$30,120/year =
200% FPL

REQUIRED CONTRIBUTION % & AMOUNT



Expected to contribute:
2% of his annual
income* = \$602
annually or **\$50** per
month before the \$1
California premium
credit.

SECOND-LOWEST SILVER PREMIUM



**Benchmark plan in
Sacramento Region:**
\$601 per month –

APTC is the difference
between the benchmark
plan and his required
contribution = **\$550**,
plus the **\$1*** California
premium credit.

= APTC MONTHLY AMOUNT

Benchmark Plan	\$601
George's required contribution	- \$50
APTC Amount	= \$551
CA Premium Credit	+ \$1*
Total Credit Amount for George to use	= \$552

George has the choice to select a higher-priced plan, but he will still only get \$552 to help cover the costs of those more expensive plans. Should George choose for a less expensive plan, the APTC used cannot exceed the amount of the premium's cost.

*All Covered California members receive a monthly \$1, California Premium Credit, which is funded by the state's general budget.

Application Walkthrough

TOOLKIT RESOURCE:

Single Streamlined Application for Enrollers Quick Guide




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Accessing the Enroller Portal

Covered California™ | The Official Health Insurance Marketplace

coveredca.com



COVERED CALIFORNIA

Get Started

Health ▾


Dental ▾

2. Click the "Sign In" link

1. Navigate to www.coveredca.com

Make the most of your health insurance.

Schedule your [free preventive care visit](#) and [get healthy-living tips](#).



Household Income ⓘ

\$ 25,000

ZIP Code

95815

Household Size ⓘ

1 ▾

How many need coverage?

1 ▾

When do you want to start coverage?

▾

Please enter a coverage year

Quick Quote

✓

\$18

per month

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55

Accessing the Enroller Portal

The screenshot shows the 'Log in or Create an Account to Get Covered' page. It features a 'Username' field with a red dashed box around the 'Forgot username?' link, a 'Password' field with a red dashed box around the 'Forgot password?' link, a 'Log In' button, and a 'Create an Account' link. Three yellow callout boxes with arrows point to these elements: Box 1 points to the Username field, Box 2 points to the 'Forgot username?' link, and Box 3 points to the 'Start Here to Submit Your Application' link at the bottom.

1. Enter your CalHEERS Username & Password

2. Click here for a forgotten Username and/or Password

3. Click here to apply to become a Certified CCA IFP/CCSB Agency

Multi Factor Authentication (MFA)

What is it?

Multi Factor Authentication is a requirement of **Minimum Acceptable Risk Standards for Exchanges (MARS-E)** standards.

Who does it affect?

Everyone!

- **Enroller** User Roles ☒
- Covered California **Staff** ☒
- **Consumers** – **COMING SOON!**

**Verification Method:
Email Address &
Phone Number**

Verification Method

Choose how you want Covered California to verify your identity. Please select a verification option.

What should I choose?

☐ Send a One Time Passcode to my email address: [redacted]@covered.ca.gov

☐ Send a One Time Passcode text message to my cell phone number: (•••)•••- [redacted]

Please note that standard text message rate applies.

Continue

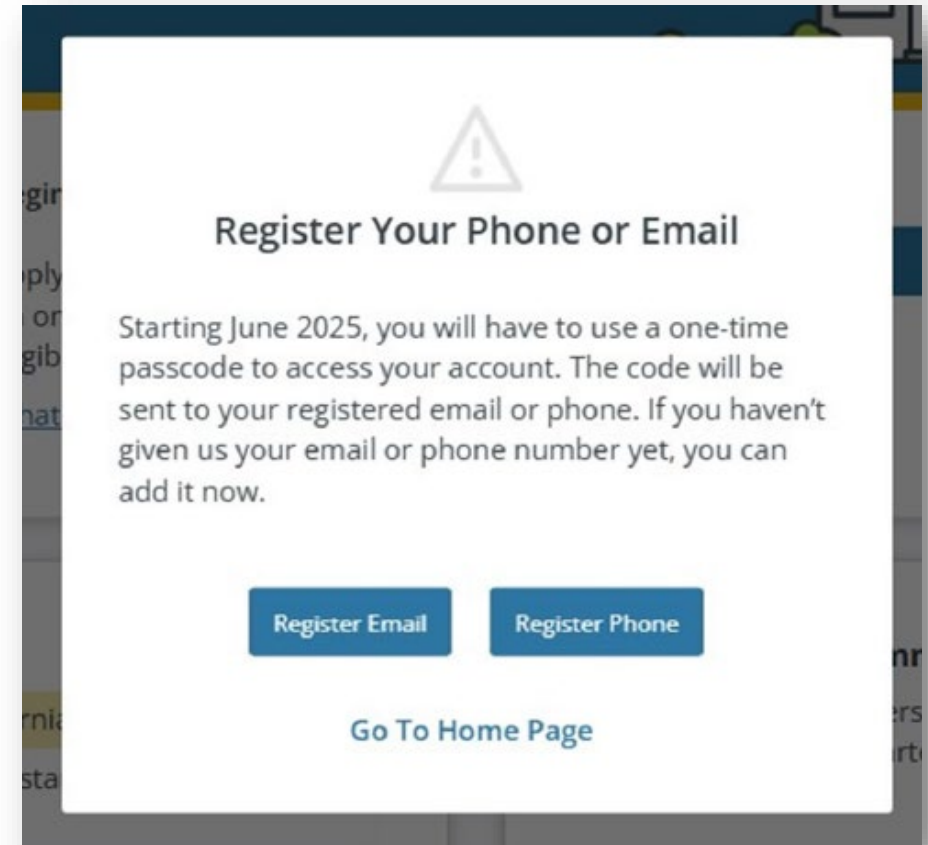
Enhanced Security with One-Time Passcode (OTP)

Security Questions Removed:

- February 2025 – Removed for Enrollers
- June 2025 – Removed for your Consumers

Registration Requirement: ALL users must register at an email address or a cell phone number for account verification, enhancing security measures.

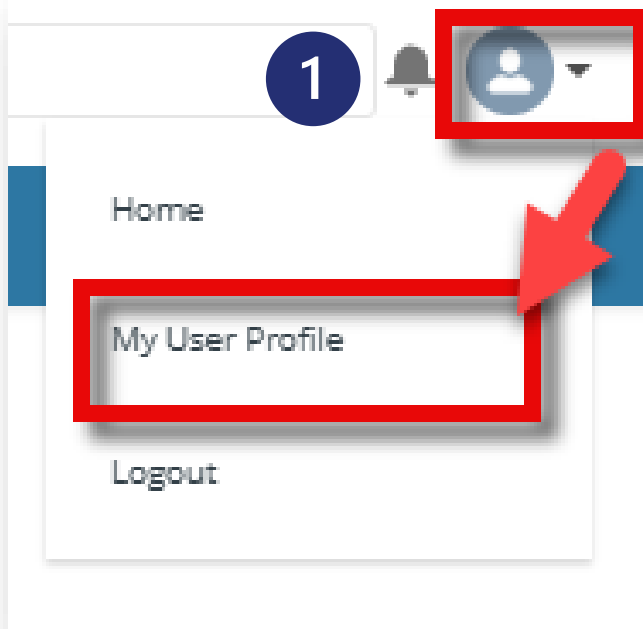
Consumer Home Page Notification: A Banner Notification and pop-up will display for users that have NOT registered a cell phone or email.



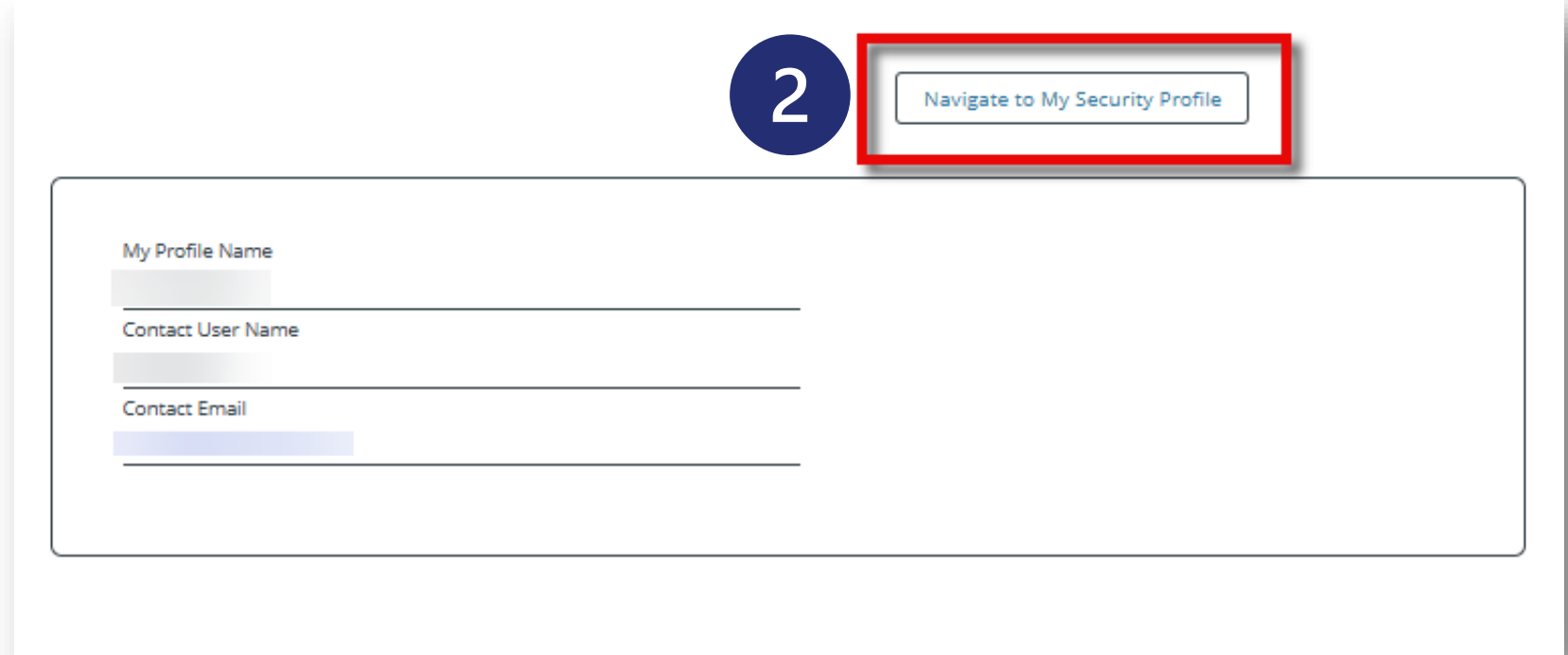
Action Required: Users previously relying on security questions are now required to register an Email or Cell Phone Number for enhanced account security.

Setting Up or Editing your MFA

1 My User Profile



2 Navigate to My Security Profile



Setting Up or Editing your MFA

Register Your Account

Register Your Account 3

Set up one of the following verification methods to register your account before you start your application.

If you forget your username, password, or need to view your tax forms, you must register your email address or cell phone number to access your account.


Email ✓ [Input Field] [Remove](#) | [Edit](#)

Cell Phone Number ✓ [Input Field] [Remove](#) | [Edit](#)



Standard text message rate applies.

[Save & Continue](#)

Start a New Application from the Enroller Portal



Search...



HomeAgency ▼My Team ▼My ProfileMy Delegations ▼Resources ▼Help ▼

Welcome to your Agency Home Page!

Manage your Book of Business, assist your consumers, and more.

HomeEnroller Portal NotificationsNotifications ArchiveAgency Book of BusinessMy Book of BusinessMore

Welcome!

Explore additional choices by navigating through the tabs on the right or My Reports from the

Within the Enroller Portal, the landing page for Agency users is the Welcome to your Agency Home Page!

1. Navigate to the Quick Links section on the right side of the Home page and select Start Application

Quick Links

[Secure Mailbox \(0\)](#)

[Delegation Tool](#)

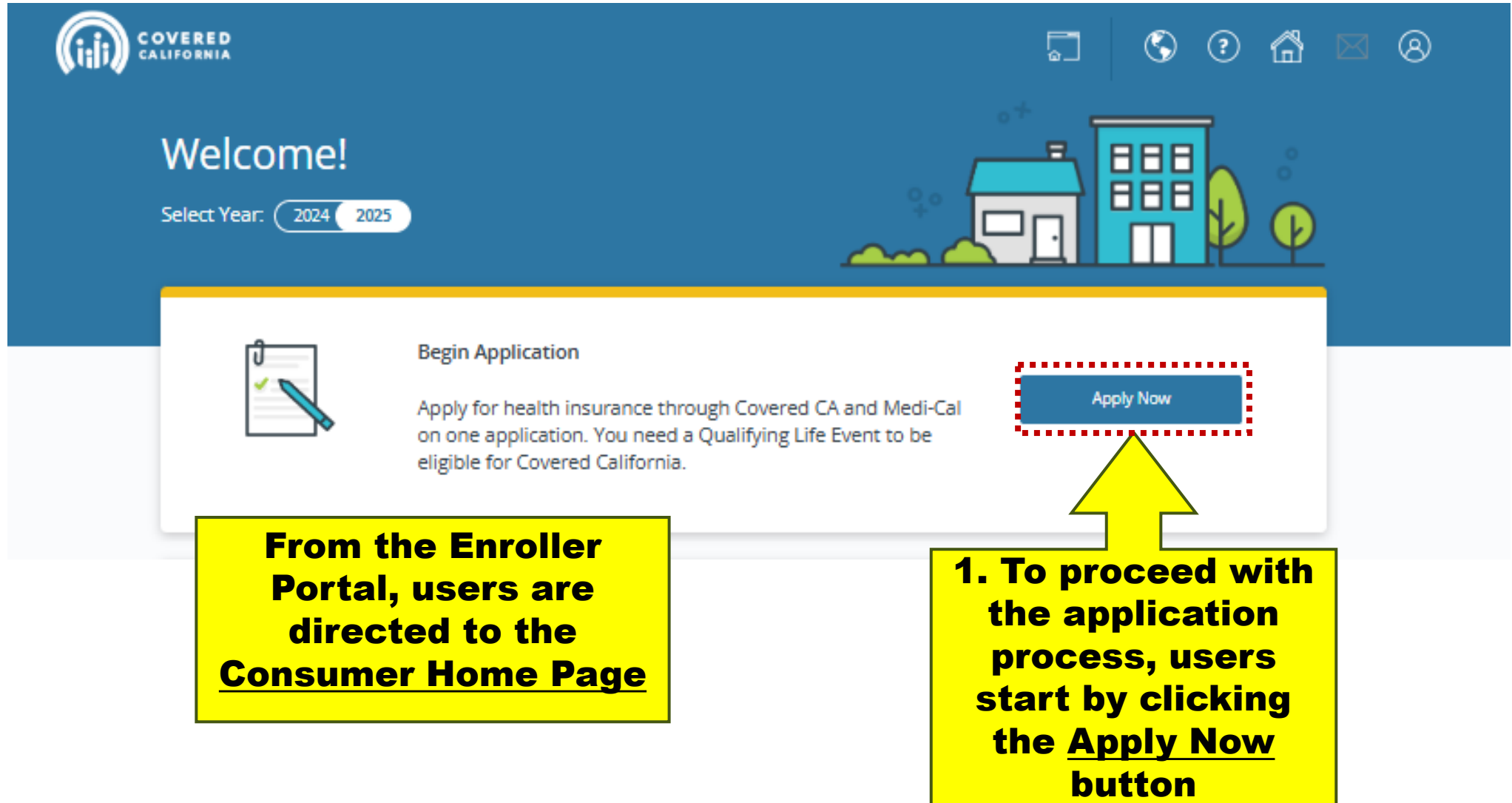
[Start Application](#)

[Enroller Toolkits](#)

[My Reports](#)

[Shop and Compare](#)

The Consumer Home Page



The screenshot shows the Covered California website interface. At the top left is the Covered California logo. To its right is a navigation bar with icons for a calendar, a globe, a question mark, a house, an envelope, and a user profile. Below the logo, the text "Welcome!" is displayed, followed by a "Select Year:" dropdown menu showing "2024" and "2025". On the right side of the header is a cartoon illustration of a house and a building. The main content area features a "Begin Application" section with a clipboard icon, a description of the application process, and a red-dashed "Apply Now" button. A yellow arrow points from a yellow box below to the "Apply Now" button. Another yellow box is positioned to the left of the "Begin Application" section.

From the Enroller Portal, users are directed to the Consumer Home Page

1. To proceed with the application process, users start by clicking the Apply Now button

Welcome to Your Application Page

1. Residency
2. Consent to verify information
3. Qualification for financial help

COVERED CALIFORNIA

Welcome to Your Application

Apply for health insurance through Covered California and 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.

Save & Exit

Zip Code *Why we are asking*

91910

How did you hear about Covered California? *Optional*

Other

Application Date

05/23/2025

What is the source of this application?

In Person

Mail

Fax

Phone

In Person

Next

Verification of Your Information

We check other agencies' records to verify your information to see if you and other people on this application qualify for health insurance. We only use your information for health care purposes.

Do you allow us to verify your information?

☒ Yes, I agree

FPD

Would you like to see if you can benefit from free or low-cost health care?

California is improving access to affordable health care. See if you qualify for one of our programs.

I want to find affordable health care options.

Yes

I do not want help paying for my health care.

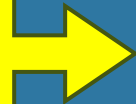
No

Application Types

Subsidized

Requires:

- Tax Information
- Income Reporting
- All tax household members



I want to find affordable health care options.

Yes



I do not want help paying for my health care.

No



Unsubsidized

Does not require:

- Tax Information
- Income Reporting
- All tax household members

Application Sections

The screenshot shows a web application menu titled "Application Menu". It contains four main sections, each with a green checkmark icon on the left and a "Review" link on the right:

- Introduction** (with a red checkmark icon next to it)
- Household Information**
- Individual Information**
- Review & Submit** (with a blue "Start" button next to it)

- **Introduction** ✓
- **Household Information**
 - **Household Members**
 - **Basic Information**
 - **Tax, Income Information**
- **Individual Information**
 - **Current Healthcare Enrollment**
 - **Social Security Number**
 - **Citizenship, Lawful Presence**

- **Review for Accuracy and Submit**

Sign and Submit the Application

← 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 Agree to report changes as needed**

I agree to report any changes to the information in this application to Covered California or to the local county 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 under penalty of perjury that I have read the reporting requirements.
- 2 Provide consent for verification**

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 Provide consent - Agent delegation**

AGENT/BROKER ASSIGNMENT: I provide consent to the automatic transfer of my currently-delegated agent/broker to my Covered California enrollment so they may continue to serve me in my new enrollment.

☐ Yes ☒ No

Note: Delegation transfer is dependent on your agent's current Certification with Covered California and receipt of information from your health insurance carrier. Once the agent/broker has been added to your enrollment, you can remove their delegation at any time by clicking "Manage Delegates" in your Account Home or by calling the Service Center at (800) 300-1506.

- 4 Full legal terms and conditions**

Please read the full legal terms and conditions before you submit your application.

Medi-Cal Estate Recovery Alert
The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members for payments made, including managed care premiums, for nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed. For more information you may visit the Estate Recovery website at <http://dhcs.ca.gov/er> or call (916) 650-0590.

Covered California Nondiscrimination Policy
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. Covered California does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Covered California provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats and other formats).

Covered California also provides free language services to people whose primary language is not English, such as qualified interpreters.

☒ I agree and certify that I have read the full legal terms and conditions.
- 5 Enter PIN and Electronic Signature**

By entering your PIN and electronic signature, you agree to the terms and conditions of the application.

Electronic Signature PIN ⓘ

Electronic Signature

Kaiser Guy

Back Submit Application



Household Eligibility Results Summary

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 01/31/2023 to start your coverage on 02/01/2023.

Tommy T.	Trisha T.	Cara T.	Sara T.
33 years old	32 years old	12 years old	6 years old
Program Eligibility	Program Eligibility	Program Eligibility	Program Eligibility
Covered California Plan	Covered California Plan	Covered California Plan	Covered California Plan
Financial Help	Financial Help	Financial Help	Financial Help
Enhanced Silver Benefits			
See Full Details	See Full Details	See Full Details	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 01/31/2023 to start your coverage on 02/01/2023.
Complete any other required actions later. Choosing a plan first will not affect your eligibility or plan options.

Choose a Plan

Displays timeline for plan shopping

Provides detailed eligibility information for each household member

Leads user to the Enrollment Dashboard to begin plan shopping

Eligibility – Full Details

< Go Back

Callie C. ★
34 years old

Callie C.

Program

Covered California Plan

Financial Help

Enhanced Silver Benefits

Status

Conditionally Eligible

Conditionally Eligible

Conditionally Eligible

Quick Link

[Jump to this section](#)

[Jump to this section](#)

[Jump to this section](#)

Callie's Next Steps

1 Callie, you need to choose a plan.

To enroll in a Covered California plan, we need to collect some additional information about your job(s).

[Choose a Plan](#)

1 You must provide the following documents by 03/16/2025 or risk losing coverage or benefits.

- Proof of Minimum Essential Coverage
- Proof of Income
- Proof of Immigration Status

[Upload Documents](#)

Shows consumer eligibility start date

Show eligibility status for each category

Shows document types needed for verification with due date

Plan Shopping – Enrollment Dashboard

Enrollment Dashboard

Select year: 2024 2025

Case Summary View Submitted App Eligibility Enrollment

Enrollment Dashboard Enrollment History

Update your household information
[Report a Change](#)

Health Plans Dental Plans 1

Group 1

Add a Health Plan

Expected coverage dates
01/01/2025 - 12/31/2025

Covered household members

Callie Callahan (34 years old) ★

Savings - \$391.48 /mo

Total Advance Premium Tax Credit (APTC) - \$390.48 /mo

CA Premium Credit - \$1.00 /mo

After the Household Groups are created, click “Add a Health Plan”

Provider and Hospital Search

Provider Preferences

PREFERENCES PLANS CONFIRMATION

Group 1: [1 Member](#) 95815

Group 1's Providers

Use this page to search for providers, including doctors, hospitals, and children's dentists. You may choose up to 5 providers for Group 1.

Search for providers

First choose the provider type. Then enter your ZIP Code to find the providers closest to you.

Provider Type

Your ZIP

Distance from ZIP Code

Doctor

95815

20 miles

Doctor

Hospital

Children's Dentist

First name

About Your Search Results

We update the health plan provider lists monthly but our list may be incomplete. Check with the health plan to be sure the provider you choose works with the plan.

Back

Next

Users can search by:

- **Provider Name**
- **Hospital or Facility Name**

In their ZIP code and in the surrounding area

To help find the plan that best fits the needs of the household

Selecting the Plan

Users can filter by:

- Metal Tiers
- Health Plans
- Network Types

Group 1: 1 Member 95815 Preferences

By using Covered California, you'll save \$391.48/mo on your health plan. Your estimated yearly cost includes these savings.

Filters: Based on Preferences (7) All Plans (33)

7 out of 33 Health Plans Sort by: Lowest estimated yearly cost

Filters: Silver Silver CSR Clear All

Metal Tiers

- ☐ Platinum
- ☐ Gold
- ☒ Silver
- ☒ Silver CSR
- ☐ Bronze
- ☐ HSA Eligible

Insurance Companies

- ☐ Aetna
- ☐ Health Net-HMO
- ☐ Anthem Blue Cross
- ☐ Blue Shield
- ☐ Kaiser
- ☐ Western Health

Network Types

- ☐ Exclusive Provider Organization (EPO)
- ☐ Health Maintenance Organization (HMO)
- ☐ Preferred Provider Organization (PPO)

Blue Shield Silver 73 Trio HMO Compare ☐

Quality rating in future

SILVER CSR

You pay \$147.42 /mo

Extra Savings

Choose Plan

Primary care visits \$35 Copay

Generic prescription drugs \$15 Copay

Your preferred providers

- John Scharf
- Charlie Johnson
- MERCY GENERAL HOSPI...

Yearly deductible \$0 /year

Estimated yearly cost Not Available

Plan Details >

Anthem Blue Cross Silver 73 EPO Compare ☐

Quality rating in future

SILVER CSR

You pay \$176.87 /mo

Extra Savings

Choose Plan

Primary care visits \$35 Copay

Generic prescription drugs \$15 Copay

Your preferred providers

- John Scharf
- Charlie Johnson
- MERCY GENERAL HOSPI...

Yearly deductible \$0 /year

Estimated yearly cost Not Available

Plan Details >

Initial plans displayed will be chosen by best match based on how the health preference questions were answered

Plan Confirmation and Pay Now

Consumers must make an initial payment, also called the Binder Payment to access plan benefits and services

Plan Confirmation and Payment

Expected coverage start date: 01/01/2025

[Print](#)

You have successfully confirmed the plan selection for Group 1

✓ PREFERENCES — PLANS — CONFIRMATION

Now that you have chosen a health plan, you need to make a payment. You must make your first payment by the due date for your coverage to start. You will get a bill from your insurance company with your due date. Or you can make a payment now by clicking on "Pay Now".

blue of california

Blue Shield

Silver 73 Trio HMO

\$147.42 /mo

Extra Savings

Pay Now

Group members

Callie C. (34 years) (Subscriber) ★

Monthly premium

Premium before savings	\$538.90 /mo
Savings	- \$391.48 /mo ▼
Amount you pay <small>(Group 1's monthly premium)</small>	\$147.42 /mo

[Exit to Enrollment Dashboard](#) >

Selecting the Pay Now button will redirect the user to the health plan's website for the collection of the first payment

Adding a Dental Plan

Enrollment Dashboard

Select year: 2024 2025

Case Summary

View Submitted App

Eligibility

Enrollment

Enrollment Dashboard

Enrollment History

Health Plans

Dental Plans

Update your household information

[Report a Change](#)

Quick links


[Documents & Correspondence](#)

Add a Dental Plan


Expected coverage dates

01/01/2025 - 12/31/2025

Covered household members

 Callie Callahan (34 years old) ★

AFTER processing a Health Plan Enrollment, consumers can select a Family Dental Plan if desired



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CALIFORNIA

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Enroller Portal Features & Agent Resources



New Printable Cost Estimate Page



Enables printing of the Shop and Compare page and shopping page for both logged-in and anonymous users, as well as during the Enrollment Shopping flow.

Health Plan Details

[← Back to Choose a Health Plan](#) Expected coverage start date: 03/01/2025

[PREFERENCES](#) [HEALTH](#) [DENTAL](#) [APPLY](#)

Group 1: [1 Member](#) [95670](#) [\\$63,500](#) [Preferences](#)

Kaiser
Silver 73 HMO
SILVER

Choose Plan

Quick Navigation

- Key costs and features
- Monthly premium
- Estimated yearly cost

Print Page Summary

[Print Page Summary](#)

Key Costs and Features

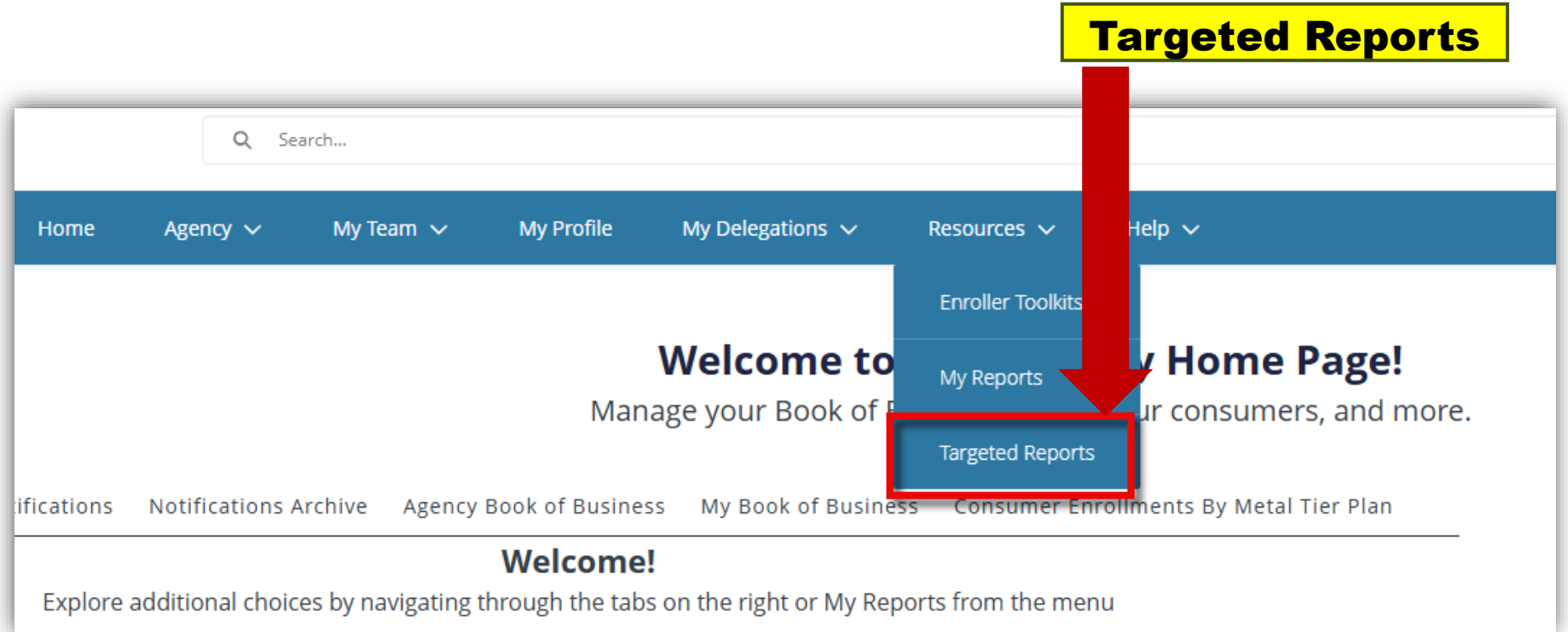
This summary shows the health plan's coverage and costs. For more details, use the left-side menu or the Summary of Benefits and Coverage (SBC).
[Download the Summary of Benefits and Coverage \(SBC\)](#) | [View the plan brochure](#)

Monthly premium	\$454.75 /month
Yearly deductible ⓘ	\$0 /year
Out-of-pocket maximum ⓘ	\$6,100 /year

View and Export Targeted Reports


Enrollers will be able to view and export the following targeted reports:





- **Delegations lost**
- **Consumer cases by carrier**
- **Active consumers only**



Customize and Save Reports

HomeAgency ▼My Team ▼My ProfileMy Delegations ▼Resources ▼Help ▼



 Report: Contact Application and Enrollees
My Book of Business





  Add Chart  

Edit

▼


Total Records
2

<input type="checkbox"/> CalHEERS Case ID ↑ ▼	Year of Application ▼	First Name ▼	Middle Name ▼	Last Name ▼	Customer DOB ▼	SSN Last 4 ▼	Residence Address Line 1 ▼	Residence Address Line 2 ▼	Address - City ▼	Address - State ▼	Address - Zip ▼	Customer Phone ▼
<input type="checkbox"/> - (2)	2023	jane	-	smith	3/1/1981	-	-	-	-	-	-	 -
	2025	Mike	-	Williams	1/1/1980	-	-	-	-	-	-	 -

  Add Chart  

Edit

▼

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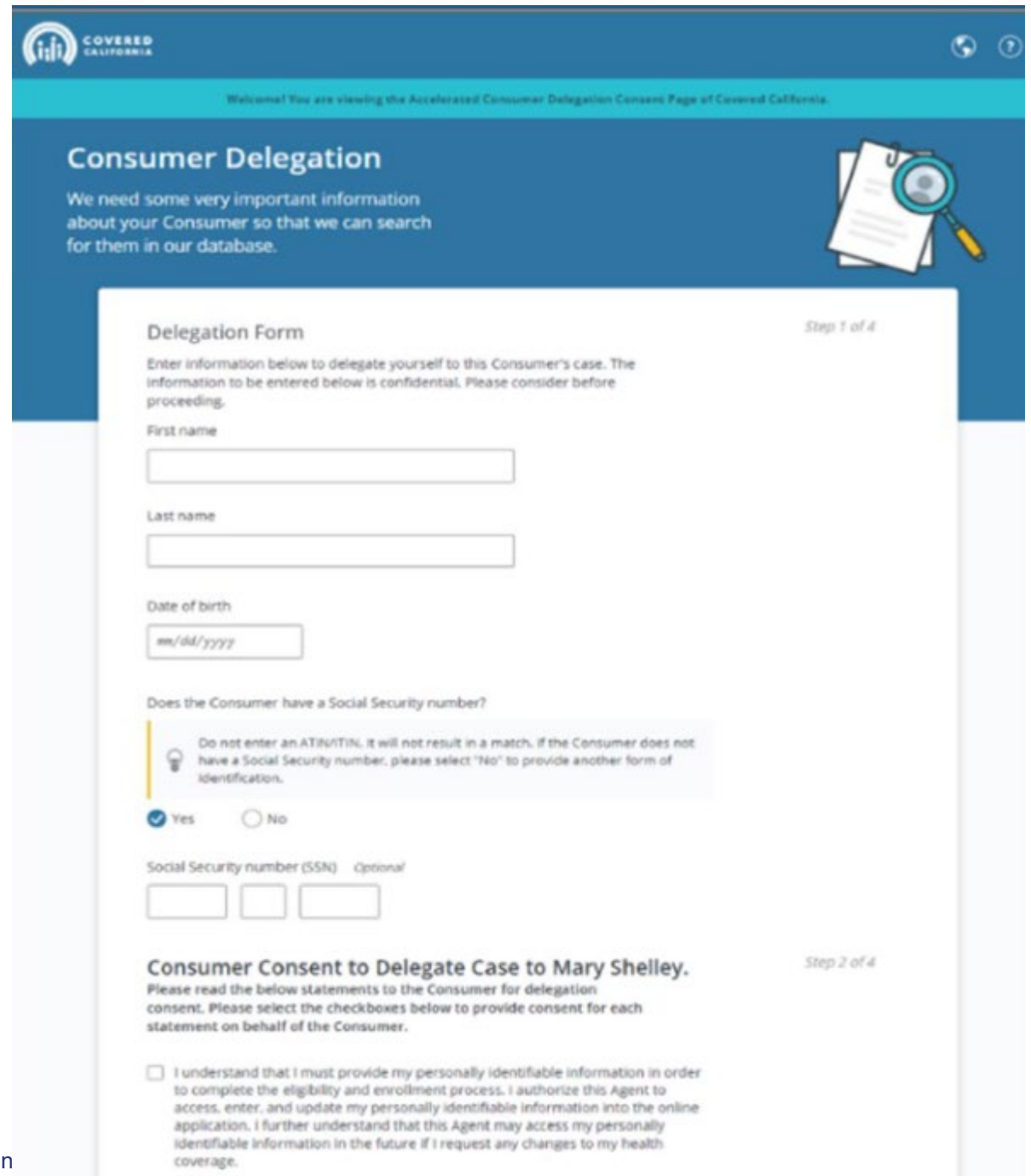
Accelerated Consumer Delegation Tool

SELF-SERVE DELEGATIONS

Agents can complete delegation requests with the express written consent of a consumer.

Using consumer information and a one-time passcode, the consumer's case will be delegated to the Agent's Book of Business.

[Accelerated Consumer Delegation Consent Quick Guide for Enrollers](#)



The screenshot shows the 'Consumer Delegation' page of the Covered California website. The page has a blue header with the Covered California logo and a welcome message. The main content area is white with a blue border. It features a 'Delegation Form' section with fields for First name, Last name, and Date of birth. Below these fields is a question: 'Does the Consumer have a Social Security number?' with 'Yes' and 'No' radio button options. A warning message states: 'Do not enter an ATIVITIN. It will not result in a match. If the Consumer does not have a Social Security number, please select "No" to provide another form of identification.' Below this is a field for 'Social Security number (SSN)' with a note 'Optional' and three input boxes. The bottom section is titled 'Consumer Consent to Delegate Case to Mary Shelley.' and contains a checkbox for consent, followed by a paragraph explaining the consent process.

Consumer Delegation

We need some very important information about your Consumer so that we can search for them in our database.

Delegation Form Step 1 of 4


Enter information below to delegate yourself to this Consumer's case. The information to be entered below is confidential. Please consider before proceeding.

First name

Last name

Date of birth

Does the Consumer have a Social Security number?

 Do not enter an ATIVITIN. It will not result in a match. If the Consumer does not have a Social Security number, please select "No" to provide another form of identification.

☒ Yes ☐ No

Social Security number (SSN) Optional

Consumer Consent to Delegate Case to Mary Shelley. Step 2 of 4

Please read the below statements to the Consumer for delegation consent. Please select the checkboxes below to provide consent for each statement on behalf of the Consumer.

☐ I understand that I must provide my personally identifiable information in order to complete the eligibility and enrollment process. I authorize this Agent to access, enter, and update my personally identifiable information into the online application. I further understand that this Agent may access my personally identifiable information in the future if I request any changes to my health coverage.

Stay Informed with Your Daily Summary Emails



DAILY UPDATES

A summary email will be sent out every day to keep you informed about the status of cases in your Book of Business (BoB).

EFFICIENT COMMUNICATION

This daily summary email ensures you're always up-to-date with the latest case developments, allowing for timely actions and decisions.

EMAIL SUBJECT LINE

- **Alerts Present:** When there are cases that trigger alerts, the email will detail these notifications.
- **No Alerts:** If there are no cases in your BoB triggering any alerts for the day, the subject line of the email will simply state “**No Alerts**”.


[Daily Summary Emails – Notices Description Guide](#)

Special Enrollment Toolkit

Toolkits can be found in your Enroller Portal “Quick Links” for easier access.

A “one-stop shop” guide with resource links for 2025 Sign-up information and resources to support Covered California members through the renewal and new enrollment process.

- Quick Guides
- Job Aids
- Webinars
- Plan Information
- FPL chart
- Sample Consumer Notices
- Many more!



Special Enrollment Period Toolkit

Overview

Consumers can enroll in a Covered California health plan or change their current plan only during Open Enrollment unless they experience a Qualifying Life Event (QLE) – this is called a Special Enrollment Period (SEP). During this period, Certified Enrollers may assist all consumers eligible for a Special Enrollment; they cannot complete new or in-progress applications without a defined Qualifying Life Event.

Below is a list of resources Certified Enrollers can use to find information on Qualifying Life Events, Special Enrollment Verification, Health, Dental and Vision Plan information, as well as resources to support Covered California consumers.

Check back frequently for updates.

Special Enrollment Period Resources		
Resource	Type	Description
Special Enrollment Period Job Aid	Job Aid	Walkthrough of the online application for the Special Enrollment Period.
Special Enrollment Period Verification	Quick Guide	Information on Covered California's Special Enrollment Period Verification process and how to assist members with Special Enrollment Verification.
Special Enrollment Period FAQ	FAQ	Common questions and answers regarding the Special Enrollment Period.
Continuity of Care	Guide	Guide to explain the Continuity of Care QLE that triggers a Special Enrollment Period.
Healthcare Stipend	Quick Guide	Information about health care stipends available to qualified individuals.
Single Streamlined Application	Job Aid	Provides an overview of the Single Streamlined Application, with a focus on highlighting features and pages for Certified Insurance Agents (Agents), Certified Enrollment Counselors (CECs), and Plan Based Enrollers (PBEs).

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Special Enrollment Period Toolkit

Resource	Type	Description
Covered California Plan Selector	Quick Guide	How to assist Covered California members with reviewing, selecting, and enrolling in a Covered California Qualified Health Plan (QHP).
2025 Health, Dental, and Vision Plan Summary	Handout	Recording and Sign-Up Deck for the 2025 Health, Dental, and Vision Plan Summary.
2025 Regional Rates by County	Handout	Covered California regional Bronze and Silver rates for plan year 2025.
2025 Health, Dental, and Vision Plan Summary	Handout	Covered California Qualified Health Plan hospital networks by county for plan year 2025.
Link to website outlining health insurance plan costs, according to metal tier, for individual health insurance plans	Handout	Link to website outlining health insurance plan costs, according to metal tier, for individual health insurance plans.

Contact Us

Reach us by email: outreachandsales@covered.ca.gov

OR

Contact your local Individual & Family Plan [Covered California Field Representative](#)



Questions?

Thank you!