



# 2021 Open Enrollment Kickoff Webinars Questions and Answers

These are the commonly asked questions received from our attendees at our 2021 Open Enrollment Period Kickoff webinars held in September and October 2020. They are categorized by topic. We also updated the responses as needed to reflect real time as of October 6, 2020. If you have questions regarding this document, please email [kickoffevents@covered.ca.gov](mailto:kickoffevents@covered.ca.gov).

## **General Open Enrollment:**

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### **Q: What are the dates of Open Enrollment?**

**A:** November 1, 2020 through January 31, 2021.

### **Q: What are the dates of the Active and Passive Renewals?**

**A:** Active Renewals opened on 10/1/2020 and will run through 12/15/2020. The system will conduct passive (auto) Renewals 10/31/2020 through 11/23/2020.

### **Q: When will the Shop and Compare tool be ready to use for the 2021 plan year?**

**A:** The Shop and Compare tool is live as of October 1, 2020 with 2021 plan year data.

### **Q: Is there a penalty for not having insurance in 2021?**

**A:** Yes, as of 2020, individuals and families residing in California will be subject to a state tax penalty for not having health insurance (or an exemption). For more information please visit [CoveredCA.com](http://CoveredCA.com). The California Franchise Tax Board also has [information about the penalty](#).

### **Q: How does Covered California plan to market the individual mandate?**

**A:** Covered California will market the California tax credits. Information about the individual mandate will be shared with consumers via collateral materials, ads, and social media. The Franchise Tax Board will continue to highlight the individual mandate.

## **Plan Information:**

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### **Q: What are the 2021 deductibles for the Silver plans (Silver 70, 73, 87, and 94?)**

**A:** See the table below. You can also view the complete [2021 health benefits table](#).

Coverage Category	Sliver 70	Enhanced Sliver 73	Enhanced Sliver 87	Enhanced Sliver 94
<b>Medical Deductible</b>	Individual: \$4,000 Family: \$8,000	Individual: \$3,700 Family: \$7,400	Individual: \$1,400 Family: \$2,800	Individual: \$75 Family: \$150
<b>Pharmacy Deductible</b>	Individual: \$300 Family: \$600	Individual: \$275 Family: \$550	Individual: \$100 Family: \$200	N/A



# 2021 Open Enrollment Kickoff Webinars Questions and Answers

**Q: Are Covered California Silver plan premiums generally more expensive than "off-Exchange" Silver plans due to the Cost Sharing Reduction (CSR) rule?**

**A:** Yes, this is known as the “Silver surcharge” or “Silver loading.” It still applies to Covered California Silver plans. When the federal government removed payments for cost-sharing reductions, rates for on-Exchange Silver plans were increased to offset the shortfall. For consumers receiving Advanced Premium Tax Credits (APTC), the premium increase is offset by the tax credit. For consumers who do not qualify for APTC, it is likely cheaper for them to enroll in an off-Exchange mirrored Silver plan.

**Q: What are the 2021 children's dental plans that are included with the health plans?**

**A:** The table below displays the children’s dental plan that is embedded in each of the health plans. You can also view the [information about children's dental at CoveredCA.com](https://www.coveredca.com/information-about-childrens-dental).

## 2021 Embedded Children’s Dental Coverage

Covered California Health Insurance Plan	Children’s Dental Coverage Embedded in Health Insurance
Anthem Blue Cross of California	Anthem Blue Cross DPPO
Blue Shield of California	Dental Benefit Providers DHMO, DPPO
CCHP	Delta Dental of California DHMO
Health Net	Dental Benefit Providers DHMO, DPPO
Kaiser Permanente	Delta Dental of California DHMO
L.A. Care Health Plan	Liberty Dental Plan DHMO
Molina Healthcare	California Dental Network DHMO
Oscar Health Plan of California	Liberty Dental Plan DHMO
Sharp Health Plan	Delta Dental of California DHMO
Valley Health Plan	Liberty Dental Plan DHMO
Western Health Advantage	Delta Dental of California DHMO



## 2021 Open Enrollment Kickoff Webinars Questions and Answers

**Q: Can consumers continue to stay enrolled in a Covered California family dental plan if they are disenrolled from their health plan for some reason?**

**A:** No, consumers must have an active health plan in order to be enrolled their family dental plan.

**Q: Can a consumer enroll in a Covered California family dental any time of the year or just during the Open Enrollment period?**

**A:** Enrollment in dental must be completed during Open Enrollment or during a Special Enrollment Period with a Qualifying Life Event (QLE).

**Q: Covered California family dental plan, Premier Access, is withdrawing from the plans offered on-Exchange for 2021. What will happen to the consumers enrolled in the Premier Access family dental plan?**

**A:** Premier Access has notified their enrollees in writing of the planned withdrawal from Covered California for the 2021 plan year. The plan also offered their enrollees the opportunity to pick any family dental plan available to them. Covered California also sent a notice to these enrollees in October 2020. If enrollees do not select a new family dental plan during their plan renewal period, Covered California will automatically renew them into the lowest-cost dental preferred provider organization (PPO) plan in their ZIP code similar to Premier Access. This way, enrollees can continue with their family dental coverage.

**Q: Do agents need to contract directly with vision carriers before receiving commission?**

**A:** Yes, you must be contracted (appointed) with all carriers in order to receive commissions.

**Q: How do you enroll consumers in Covered California contracted vision plans, EyeMed and VSP?**

**A:** Enrollment in a Covered California contracted vision plan is handled directly through EyeMed and VSP through our partnership websites listed below for our contracted rates. Covered California does not enroll consumers directly in a vision plan.

[EyeMed](#)

[VSP](#)

[Contact information for EyeMed and VSP](#)

It's important to note that all vision benefits for children are included in all health plans through Covered California. Vision care for adults is not considered an essential health benefit and is not offered in Covered California plans; therefore, Covered California contracts with EyeMed and VSP to offer coverage directly to consumers.



## 2021 Open Enrollment Kickoff Webinars Questions and Answers

**Q: Where can a full list of benefits, including HDHP, plans be found?**

**A:** See the full [report on the Covered California 2021 Patient Centered Benefit Designs](#).

**Q: What is balance billing, and when will this apply?**

**A:** Balance billing is when a health plan provider bills an enrollee for the balance remaining on the bill that the plan doesn't cover. For example, if the provider's charge is \$300 and the allowed amount is \$210, the provider may bill the consumer for the remaining \$90. This happens most often with out-of-network providers (non-preferred providers) that are not part of the consumer's plan provider network. A network provider (preferred provider) is not allowed to balance bill.

It's important to note that California law protects consumers from balance billing when an enrollee goes to an in-network facility such as a hospital, lab, or imaging center, but services are provided by an out-of-network contracted health provider; or an enrollee receives emergency services from a doctor or hospital that is not with the patient's health plan or medical group.

Please read more on [how consumers can get help with balance billing also known as surprise medical bills](#).

### **Eligibility and Enrollment:**

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**Q: When does Covered California use the Federal Poverty Level (FPL) income guidelines chart for the 2021 plan year?**

**A:** Annual FPL values are [published by the U.S. Department of Health and Human Services](#). Covered California uses FPL limits from the prior year to determine eligibility for its programs as required by regulation. Covered California recently shared the [FPL income guidelines](#) to determine eligibility for premium tax credits and cost sharing reductions for health plans effective in 2021.

[FPL income limits for plan year 2020](#) are also available.

**Q: How does Medi-Cal determine the household income, and what situations would lead to an individual over 138% FPL being determined eligible for Medi-Cal instead of Covered California?**

**A:** Medi-Cal eligibility is based on the current household monthly income. Children are eligible for Medi-Cal up to 266% FPL. Pregnant women are eligible up to 322% FPL. A fluctuating income can result in a Medi-Cal eligibility determination if the individual initially projects an annual income over 138% FPL and later reports a sudden decrease in income. It's also possible for an individual to project an annual income over 138% FPL but not be electronically verified as having such a high income, which would lead to an income inconsistency and a request that the individual prove their income.



## 2021 Open Enrollment Kickoff Webinars Questions and Answers

**Q: When a consumer projects income above the 138% FPL but adjusted gross income (AGI) is lower than 138% FPL when the consumer files taxes, is a consumer subject to paying back the APTC received?**

**A:** Consumers who project an income above 138% FPL and receive APTC but end up lower than 138% FPL during the tax reconciliation would not have to pay the tax credit back at tax time.

**Q: How is Covered California verifying that consumers truly have the special enrollment qualifying event related to COVID (Coronavirus)?**

**A:** There is no verification required beyond a consumer's attestation and signature under penalty of perjury.

**Q: What happens if the primary applicant/member is the one aging into Medicare, and I need to remove them from plan?**

**A:** The change should be reported to mark the Medicare-eligible consumer ineligible for coverage or not requesting coverage in the application. They will remain in the household on the case and can continue to be the Primary Contact, but they will not be enrolled in coverage. The remaining household members can continue enrollment and financial help as usual.

**Q: Split ZIP codes have portions of the geographic territory crossing county lines, making the same ZIP code available in two counties. For example, ZIP code 91361 is in both Ventura and Los Angeles counties. If a consumer lives in the Ventura County ZIP code, can I select Los Angeles County instead for that ZIP code so they can enroll in the Oscar health plan?**

**A:** No, please select the accurate region for the ZIP code, even though the ZIP code may cross county lines.

**Q: What type of notice does Covered California provide enrolled consumers who are approaching their 65<sup>th</sup> birthday and becoming Medicare eligible?**

**A:** Covered California mails notices to consumers four (4) months in advance of their 65<sup>th</sup> birthday advising them of their possible upcoming Medicare eligibility and actions to be taken to prepare for transition from Covered California to Medicare. These notices are mailed on a monthly cadence to these eligible consumers. It is up to the consumer to enroll in Medicare and terminate their Covered California plan if necessary.



## 2021 Open Enrollment Kickoff Webinars Questions and Answers

### **Q: What is the family glitch, and has there been any updates about it?**

**A:** Under the Affordable Care Act, employer coverage is considered affordable if the employee's share of the employee-coverage premium is less than 9.78% of household income for the 2020 plan year. However, the affordability only applies to the employees—not their dependents. Their dependents can be charged up to 100% of the premium for coverage. If the employer offers health insurance to the dependents, the dependents do not qualify for premium assistance if they enroll in a Covered California health plan. This is known as the “family glitch.”

Current federal legislation (House Bill HR 1425) addresses this issue: If the employee's cost to cover themselves and family members exceeds 9.5% of household income, then the employer plan is deemed not affordable, and dependents could get financial help on for on-Exchange coverage. However, the outcome of House Bill HR 1425 is uncertain.

### **Q: How will the Form 1095-A work for both state and federal taxes?**

**A:** There will be separate forms for state and federal tax filing. California Form FTB 3895, which is very similar to the IRS Form 1095-A, will be used for California taxes. The IRS Form 1095-A will continue to be used for federal tax purposes.

### **Agent:**

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### **Q: What is the agent extranet?**

**A:** The [Agent Extranet](#), found outside of the Individual Marketplace online application (CalHEERS), is where Covered California uploads important reports for agents, such as their monthly Conditional Eligibility Extract.

### **Q: How can agents receive more training and information on how to reconcile a Book of Business?**

**A:** To request support for reconciling your Book of Business, please contact your Regional Field Representative. See [Regional Field Team contact information](#).

### **Q: Will Covered California provide unique enroller-affiliated links for enrollers to use on their websites to promote Covered California?**

**A:** No, not at this time.



## 2021 Open Enrollment Kickoff Webinars Questions and Answers

### **Certified Enrollment Counselors (CECs):**

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**Q: Do the CECs have to redo their LIVE Scan again for the annual recertification process?**

**A:** The recertification process does not require a CEC to redo their Live Scan. However, if the CEC does not complete the recertification training in the Learning Management System (LMS) within 30 calendar days of training enrollment, they may be decertified. If they are decertified, they will need to restart the Certification process as if new, which would require a new Live Scan.

**Q: How can an entity transfer delegations from a CEC who is no longer with the entity to another active CEC?**

**A:** The entity Admin user can transfer delegations between CECs within their organization in CalHEERS without calling the Service Center. Currently, this transfer can be done in batches of 10 households at a time.

**Q: How can a CEC who changes entity affiliation quickly transfer their delegations to the new entity? Does it need to be done for each individual, or can it be done in bulk somehow?**

**A:** CECs are not allowed to transfer their delegations to themselves at the new entity unless authorized by each individual consumer to do so. This is because the entity owns the delegations of CECs affiliated to them. If a CEC leaves an entity, the CEC's delegations remain with the entity. If a consumer wishes to be delegated to a CEC transfers to a new entity, it must be done individually from the consumer's request with a new Authorization for Enrollment Assistance form or by calling the [Agent/CEC Service Center](#).

### **Enroller Resources:**

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**Q: Where can we obtain the sales tools for storefront locations?**

**A:** You can obtain sales tools by contacting your Covered California Regional Field Representative or Account Services Representative. See [Regional Field Team contact information](#).

**Q: How can enrollers update their storefront contact information such as the emails and phone numbers on the "Find Local Help"?**

**A:** If you need to update your contact information on the "Find an Agent" page on [www.CoveredCA.com](http://www.CoveredCA.com), please email [AgentContracts@covered.ca.gov](mailto:AgentContracts@covered.ca.gov) (for Agents) or [CommunityPartnerCertSupport@covered.ca.gov](mailto:CommunityPartnerCertSupport@covered.ca.gov) (for CECs). Note that the find an agent information is pulled directly from the agent's CalHEERS profile.

If you are a Covered California Certified Storefront and need to update your storefront information on our "Storefront Finder" page on [www.CoveredCA.com](http://www.CoveredCA.com), please email [Storefront@covered.ca.gov](mailto:Storefront@covered.ca.gov).



## 2021 Open Enrollment Kickoff Webinars Questions and Answers

**Q: Do enrollers have the option to send standard quotes to consumers?**

**A:** No, not currently. Covered California is working on this functionality development to transmit quotes to consumers and hope to launch this enhancement early next year.

### **Covered California for Small Business (CCSB)**

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**Q: What is a Professional Employer Organization (PEO) Takeover?**

**A:** Some employers use PEOs for payroll services, human resources, and benefits administration. Often, the health insurance options are limited and expensive. A group can remain in the PEO for payroll and Human Resources but can enroll in CCSB for group health insurance.

**Q: How does the tax credit work, and is it based from the bottom line or from employees' tax liability?**

**A:** A federal tax credit is available for employers that qualify. The main parameters are number of employees and average wages. View the flyer on the final page of this document.

**Q: How many years do employers receive tax credits?**

**A:** 2 years (Consecutive tax years)

**Q: Are you able to set up a monthly auto pay on Covered California for Small Business?**

**A:** No, not through CCSB currently. We are working on this capability, however. In the meantime, employers can set up auto pay through their bank.

**Q: How is the status of employees determined when a court order is issued to add a dependent on group policy? Is EE subject to violation?**

**A:** If a court order is received, we will add a dependent to the group coverage, excepts in the case where a group has an "Employee Only" plan. In that case, the dependent cannot be added to the group plan.

**Q: Are agents selling small business plans encouraged to go through a general agency?**

**A:** No. Agents can choose the distribution channel that works best for their business. They may work with us directly, or with a General Agent. We leave that completely up to you.

**Q: When will CCSB offer all 4 tier levels to the business, like CAL CHOICE?**

**A:** CCSB is hoping to expand tier options by 2021.

# 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. 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.

The amount of credit you are eligible to receive works on a sliding scale. The smaller your business and/or the lower your annual average wage, the larger your credit will be.



of Premiums  
For-Profit Businesses



of Premiums  
Non-Profit Businesses

The maximum tax credit available is 50 percent of premium expenses as a for-profit employer. The maximum credit for tax-exempt employers is 35 percent. This credit applies to two consecutive tax years.\* Small businesses must purchase health insurance through CCSB to be eligible for the tax credits offered.

Your tax credit will depend on a number of factors including but not limited to:

- **Number of Employees:** The business must have less than 25 full-time equivalent employees (FTEs). Owners and immediate family members of the owner are not counted as employees when calculating the tax credit.
- **Average Wage of Employees:** The employees must have an average annual wage of less than \$55,000\*\* per year. This limit has been adjusted for inflation since 2014.
- **Employer-Paid Premiums:** The employer must contribute at least 50 percent of the cost of insurance coverage for each employee.

[Covered CA.com/For Small Business](https://coveredca.com/for-small-business)



**COVERED CALIFORNIA**  
**SMALL BUSINESS**

\*Not all businesses will qualify. To verify that your small business is eligible for a federal tax credit, please consult a professional tax adviser. The credit only applies for two consecutive tax years based on premiums paid for employees.\*\*Federal tax credit income limits are adjusted annually as updated in IRS publications for the prior tax year and become available in the first quarter of the preceding calendar year. For example, the 2020 tax income limit will not become available until early 2021. Please refer to [Form 8941: Credit for Small Employer Health Insurance Premiums](#) for the most current information.



## Example of a Small Business Receiving Tax Credit for Health Insurance

### Veterinary Office with 10 Full-Time-Equivalent Employees

Employees	10 full-time-equivalent employees
Wages	\$260,000 total, or an average of \$26,000 per employee**
Employer Contribution for Health Insurance	\$70,000 per year
Tax Credit (Year 1)	\$35,000 (50%)
Tax Credit (Year 2)	\$35,000 (50%)
Tax Credit (Year 3)	Not eligible for tax credit

## We make it easy

To use our online tax credit calculator

Visit:

[Covered CA.com/For SmallBusiness/ TaxCredit](https://covered.ca.com/For SmallBusiness/ TaxCredit)

Click on:



You will be redirected to our online tool to calculate your potential credit.



For more details, please refer to the Internal Revenue Service:

[IRS.gov/affordable-care-act/employers/small-business-health-care-tax-credit-and-the-shop-marketplace](https://www.irs.gov/affordable-care-act/employers/small-business-health-care-tax-credit-and-the-shop-marketplace)

Have questions? Call your Broker and/or Tax Professional

Or contact CCSB at ☎ 1-844-332-8384 or ✉ [SmallBusiness@covered.ca.gov](mailto:SmallBusiness@covered.ca.gov)

\*Not all businesses will qualify. To verify that your small business is eligible for a federal tax credit, please consult a professional tax adviser. The credit only applies for two consecutive tax years based on premiums paid for employees.\*\*Federal tax credit income limits are adjusted annually as updated in IRS publications for the prior tax year and become available in the first quarter of the proceeding calendar year. For example, the 2020 tax income limit will not become available until early 2021. Please refer to [Form 8941: Credit for Small Employer Health Insurance Premiums](#) for the most current information.