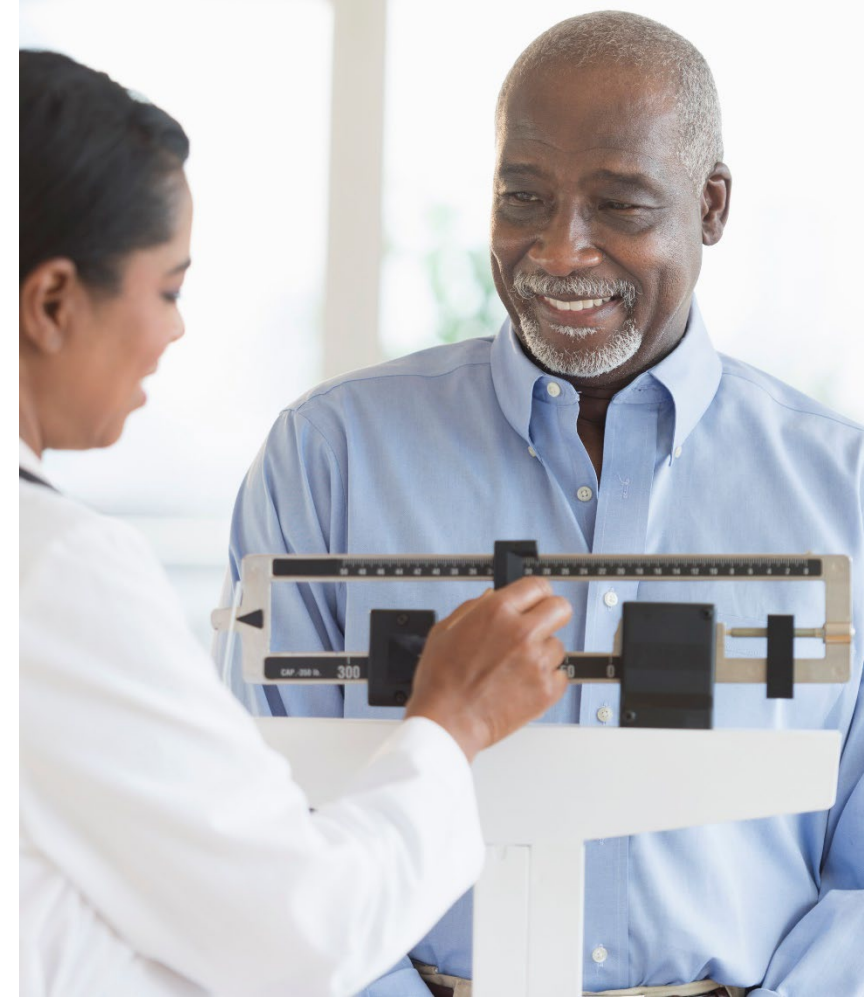




**COVERED
CALIFORNIA**



LET'S TALK HEALTH

OPEN ENROLLMENT PERIOD, 2025 PLAN YEAR



AGENDA

COVERED CALIFORNIA UPDATES

- DACA Final Rule
- Health Equity & Quality Updates
- 2025 Plan Rates & Offerings
- Plan Benefits
- Plan Hospital Network
- State-Enhanced Cost Sharing Reduction Plan Benefits

OPEN ENROLLMENT 25 READINESS

- Covered California for Small Business
- Important Dates
- CalHEERS & Enroller Portal Updates
- Communications & Marketing Updates
- Enroller Resources

Disclaimer:

Please note that the information provided in this presentation was accurate and up to date as of September 2024. For the most current information, policies, and updates, we encourage you to visit our official website at CoveredCA.com. Covered California is committed to providing the most accurate and timely information to our partners, but please be aware that details may have changed after this presentation was prepared. We appreciate your understanding and are here to assist you with any questions or concerns.

COVERED CALIFORNIA UPDATES

WHAT YOU NEED TO KNOW



WHAT IS DEFERRED ACTION FOR CHILD ARRIVAL (DACA*)?

- Deferred Action for Childhood Arrivals (DACA) is a **U.S. immigration policy** that allows certain undocumented immigrants who came to United States as children to receive a deferred action from deportation and become eligible for a work permit.
- To be eligible for DACA, an individual must meet certain criteria set by the [U.S. Citizenship and Immigration Services \(USCIS\)](#)

Deferred Action means:

- Immigration authorities to postpone the removal (deportation) of an individual who is unlawfully present in the United States.
- Does not provide legal status but grants temporary relief from deportation and allows the individual to remain in the country for a specified period. During this period, individuals may be eligible for employment authorization.



COVERED CALIFORNIA *Covered California is tracking the pending litigation regarding the final rule on the lawful presence of DACA recipients.

DACA* FINAL RULE

The U.S. Department of Health and Human Services published the [DACA Expansion final rule*](#) on **Friday, May 3, 2024**. This final rule:

Modifies Definition of “Lawfully Present”	Inclusion of DACA Recipients	Updates to “Qualified Noncitizen” Definition for Medicaid and CHIP**
<ul style="list-style-type: none"> • Applicable to eligibility for enrollment in Qualified Health Plans (QHP) and Basic Health Programs (BHP) through the Health Insurance Marketplace. • DACA recipients will no longer be excluded from this definition. 	<ul style="list-style-type: none"> • DACA recipients meeting all other eligibility requirements can enroll in a QHP with financial assistance like Advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs) or a BHP. • Effective from November 1, 2024. 	<ul style="list-style-type: none"> • Clarifies categories of noncitizens that states are required to cover.



*Covered California is tracking the pending litigation regarding the final rule on the lawful presence of DACA recipients.

**CHIP is Children’s Health Insurance Program.

DACA* RECIPIENTS ENROLLING IN COVERED CALIFORNIA

CalHEERS Application

- DACA recipients are **eligible to select a health plan** through Covered California.
- **Documentation may be required:** Notice of Action (I-797) issued by U.S. Citizenship and Immigration Services or Employment Authorization Document (Card) (I-766) (annotated C33)

Financial Assistance

- Advanced Premium Tax Credit (APTC)
- Cost-Sharing Reduction (CSR)

Enrollment Period and Start Date

- **Special Enrollment Period**, starting November 1, 2024, through December 31, 2024, using the “**gained lawful presence**” qualifying life event (QLE).
- **Open Enrollment Period**, November 1, 2024, through January 31, 2025.

Effective Date of Coverage

- Follows the **standard rules** for the effective date of coverage.

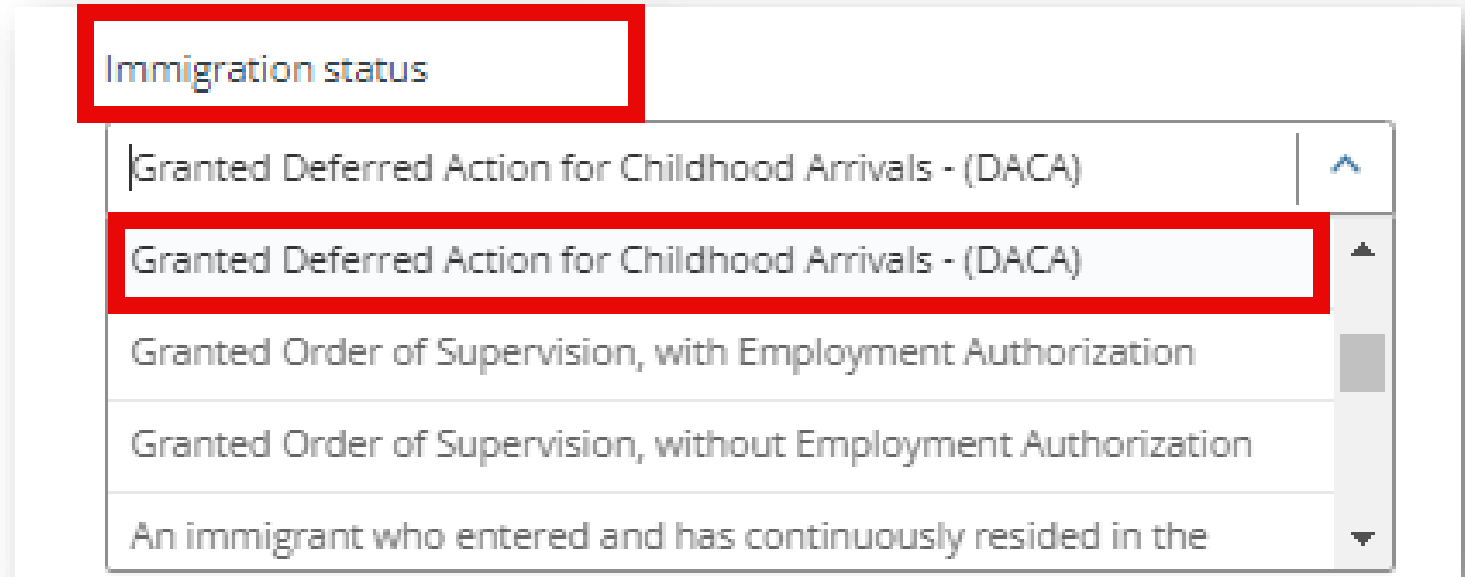


*Covered California is tracking the pending litigation regarding the final rule on the lawful presence of DACA recipients.

NO CHANGES TO THE CALHEERS APPLICATION FOR DACA* RECIPIENTS

No changes to the application process are expected.

"Granted Deferred Action for Childhood Arrivals - (DACA)" is already listed in the immigration status drop down menu



DACA* RECIPIENTS APPLICATION JOURNEY

Start Application

- Current DACA recipient qualify for SEP using the "**gained lawful presence**" qualifying life event (QLE).

Gather Your Information

- CalHEERS will **request information such as document types or numbers to** verify lawful presence status.

Complete Your Application

- Once eligibility criteria are met, **proceed with the application** process as any other consumer.

Review Your Plan Options

- Compare available health plans using the Shop and Compare Tool.
- Understand benefits, premiums, and out-of-pocket costs.

Enroll and Confirm

- Complete plan selection for enrollment and set up your payment details.
- Receive confirmation and welcome package.

Access Your Benefits

- Schedule your first health check-up.



*Covered California is tracking the pending litigation regarding the final rule on the lawful presence of DACA recipients.

DACA* RECIPIENTS UNABLE TO PROVIDE DOCUMENTATION

- DACA recipients may be required to submit supporting documents, these DACA recipients will **receive conditional eligibility**, assuming all other criteria are met.
- A **95-day Reasonable Opportunity Process (ROP)** is granted to submit necessary documents.
- ROP allows DACA recipients to **access healthcare coverage enrollment**.
- The ROP process for DACA recipients **mirrors** that of other applicants.



*Covered California is tracking the pending litigation regarding the final rule on the lawful presence of DACA recipients.

COVERED CALIFORNIA FOR DACA* RECIPIENTS

Losing DACA Status = Losing Coverage Eligibility

- Eligibility needs lawful presence in the U.S.
- If DACA status is lost, coverage continues only until the end of the year, unless changes are reported earlier.

What Happens at Renewal Time

- Lawful presence isn't checked during the year but is at renewal.
- If DACA status isn't renewed, coverage won't be renewed for the next year and ends with the current year.

Importance of Reporting and Renewing DACA

- DACA needs to be renewed regularly; it's not permanent.
- It's important to report any changes in DACA status to avoid losing coverage.



*Covered California is tracking the pending litigation regarding the final rule on the lawful presence of DACA recipients.

CALIFORNIA INDIVIDUAL MANDATE FOR DACA* RECIPIENTS

- As of November 1st, DACA recipients are considered lawfully present in the U.S.
- Being lawfully present means DACA recipients are now part of the state's health coverage system.
- **Individual Mandate and Penalty:**
 - With this status change, DACA recipients are subject to the state individual mandate.
 - This includes adherence to health coverage requirements and potential penalties for non-compliance.
- It's important for DACA recipients to understand this change and ensure they have qualifying health coverage to avoid penalties.
- Questions regarding the mandate and its implications can be directed to the Franchise Tax Board (FTB) for detailed information.



*Covered California is tracking the pending litigation regarding the final rule on the lawful presence of DACA recipients.

DACA* UNINSURED RECIPIENTS IN CALIFORNIA ELIGIBLE FOR SUBSIDIES



- **California Simulation of Insurance Markets (CalSIM) model Estimates**
 - UC Berkeley Labor Center's analysis using CalSIM
 - Rough estimate: **40,000 uninsured** Californians are DACA recipients**
 - Would now **qualify** for Covered California subsidies
- **Enrollment Impact**
 - Estimated **30,000** uninsured DACA recipients **may enroll**
 - Assumption: Take-up rates similar to general Californian population
- **Importance of Subsidized Coverage**
 - Acts as important **safety net** for DACA recipients
 - **Aligns with benefits** to citizens and lawfully present individuals
 - Helps in **closing health insurance gaps** due to income fluctuations or job transitions

*Covered California is tracking the pending litigation regarding the final rule on the lawful presence of DACA recipients.

**[UC Berkeley Labor Center Publication: Extending Covered California subsidies to DACA recipients would fill coverage gap for 40,000 Californians](#)

OUTREACH & EDUCATION EFFORTS UNDERWAY TO DACA* RECIPIENTS

External Affairs and Community Engagement

Working closely with partners and the community to gather feedback and share resources, focusing on reaching target groups effectively.

Communications and Public Relations

Creating clear messaging and responding to media queries, especially regarding DACA, and preparing educational materials in multiple languages.

Marketing

Targeting DACA audiences with tailored advertising, especially through digital platforms, and to conduct a comprehensive media campaign in various languages, assessing the impact of different outreach methods.

Outreach and Sales

Understanding the needs related to DACA changes, providing guides for easier enrollment, and engaging with agents and partners through email campaigns and meetings to refine strategies.



COVERED CALIFORNIA *Covered California is tracking the pending litigation regarding the final rule on the lawful presence of DACA recipients.

HEALTH EQUITY AND QUALITY UPDATES

PLAN PERFORMANCE REPORT UPDATES AND IMPROVEMENTS



A BRIEF HISTORY OF AB929 & THE PLAN PERFORMANCE REPORT (PPR)

AB929 Passed in 2019

- Covered California has the authority to collect and publish data to hold health plans accountable to improve quality and reduce disparities
- Requires Covered California to annually release report on cost, quality, and disparities

PPR Published in 2021

- Includes data from MY2017 to MY2019
- Includes data across quality, utilization, measures at the QHP level
- Stratified by race and ethnicity

PPR Published in 2023

- Includes data from MY2020 to MY2021
- Stratifies QHP-level data by race and ethnicity

2024 Brings a Renewed Focus on Actionable Data

- Alignment with Covered California Strategic Plan & Contract Refresh
- Improved analytic abilities to enable additional stratification
- Refined measure selection criteria

MORE MEASURES AND EXPANDED STRATIFICATION

Current measures

- Adult Preventive Visits
- Ambulatory Emergency Room Visits
- Breast Cancer Screening
- Diabetes Hemoglobin A1c Testing
- Proportion of Days Covered

&

and new measures

- Pharmacotherapy for Opioid Use Disorder (POD)
- Concurrent Use of Opioids and Benzodiazepines (COB)
- Use of High Dose Opioids (HDO)
- Primary Care Visits / 1000
- Behavioral Health Visits / 1000
- PC Telehealth Visits / 1000
- BH Telehealth Visits / 1000
- Non-utilizer rates

will be stratified* by...

Race and ethnicity

Subpopulation for Asian, Hispanic-Latino

Preferred Language

Income (FPL)

Rural vs Urban

ALL POPULATION PERFORMANCE PRIMARY CARE VISITS PER 1000 MEMBERS

Definition: The Primary Care Visits per 1000 members is the number of members who had a visit with a primary care practitioner during the year per 1,000 enrolled members.

Of note, this measure includes all modalities of primary care visits including in-person visits and visits delivered through telehealth modalities.

Key Findings:

- Overall primary care visit rates **decreased in 2020** likely due to the COVID-19 pandemic, **increased in 2021** thought to be due to a return to care, and then **decreased again in 2022**.
- We observed statistically significant differences in primary care visit rates when stratifying by race/ethnicity.

ALL POPULATION PERFORMANCE PRIMARY CARE VISITS PER 1000 MEMBERS BY RACE/ETHNICITY

- Members identifying as **American Indian/Alaska Native** have *statistically significant higher rates* of visits as compared to other race/ethnicity groups from 2019-2022
- Members identifying as **Asian** have *statistically significant lower rates* of visits in 2019-2020, but this difference did not persist into 2021-2022.

Race/Ethnicity	2019	2020	2021	2022
All Population	2011	1919	2076	1985
American Indian / Alaska Native	2884	2712	2820	2684
Asian American	1782	1554	1734	1715
Black or African American	2190	2294	2417	2101
Hispanic or Latino	2146	2125	2242	2105
Multi-racial	1939	1854	2026	1921
Native Hawaiian / Pacific Islander	2063	1985	2025	1736
Non-Respondent	2025	1952	2127	2057
Other	2078	1953	2130	2030
White	2026	1958	2112	2009

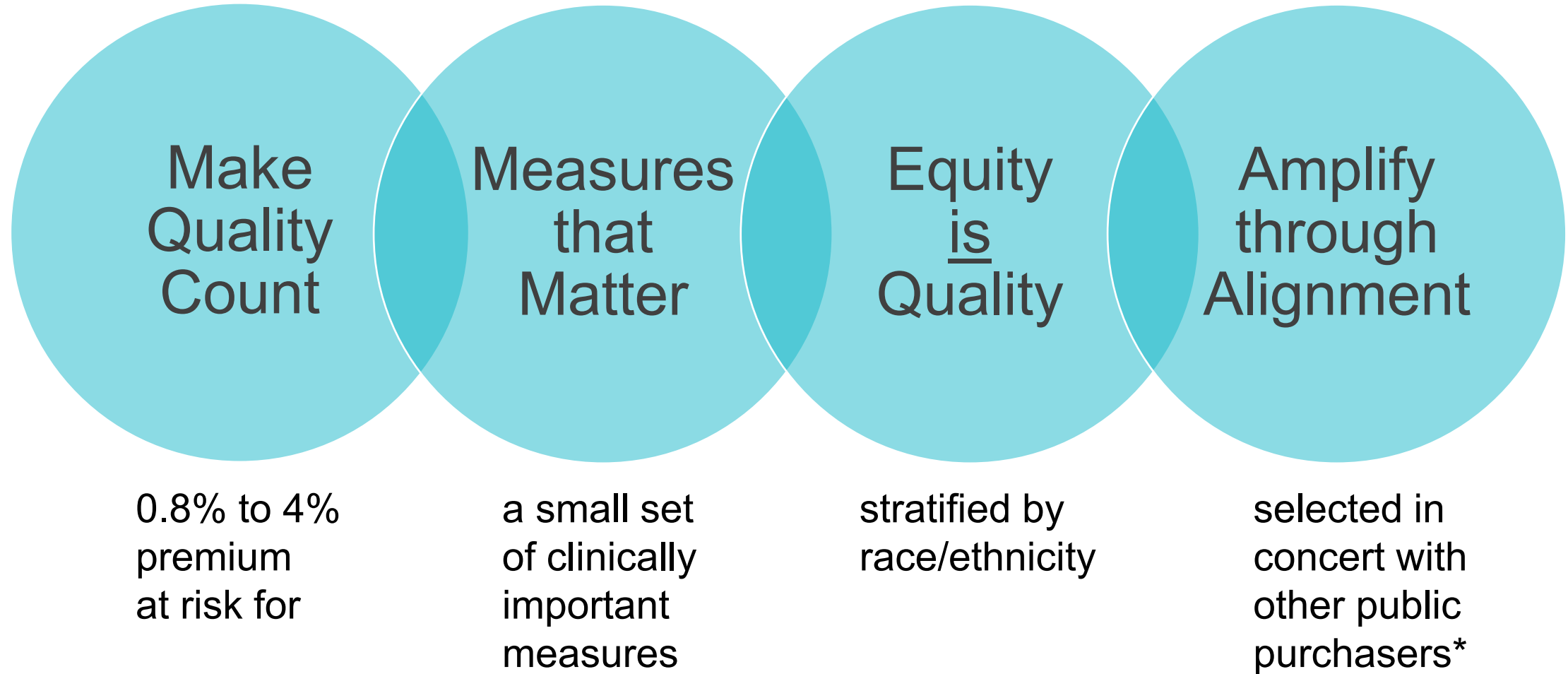
Values marked as low-rate outliers, based on z-scores or Interquartile Range, are identified with a red box. High-rate outliers are identified with a blue circle.



POPULATION HEALTH INITIATIVE



QUALITY TRANSFORMATION INITIATIVE



*Public purchasers includes CalPERS and DHCS/Medi-Cal

GUIDING PRINCIPLES: USE OF FUNDS

Centered on goal to improve health outcomes for Covered California enrollees



Equity First: funds should preferentially focus on geographic regions or communities with the largest identified gaps in health and quality among California subpopulations



Direct: use of funds should lead to measurable improvements in quality and outcomes for enrollees that are related to QTI Core Measure performance



Evidence-based: use of funds should be grounded in approaches that have established evidence of success in driving improvements in quality or outcomes



Additive: funds should be used to advance quality in a currently underfunded arena.

PROPOSED 2025 POPULATION HEALTH INVESTMENTS

1



Early Investments in Childhood Health and Wellness

- Funds deposited directly into CaKIDS Child Savings Account to incentivize timely vaccination and well-child visits
- Targets families with newborns enrolled in Covered California and children under 2 years old

2



Direct Investments to Enhance Food Security

- Reusable cards loaded with funds available for use at grocery stores and other retailers with food facilitated by a third-party for disbursement and data collection.
- Targets Covered California members with income levels below 250% of the Federal Poverty Level (FPL), with a chronic condition, and identified as food insecure

3



Equity and Practice Transformation

- Funds will accelerate adoption of practice transformation through high-quality, 1:1 coaching, subject matter expertise, and foster sustainable practice change and disseminate innovative models statewide.
- Targets primary care practices enrolled in DHCS EPT program and serving Covered California enrollees

HEALTH CARRIER PARTICIPATION & PLAN RATES

2025 PLAN YEAR





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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





Valley Health Plan
exits
Pricing Region 9:
Monterey and San
Benito Counties

VHP EXITS REGION 9

MONTEREY & SAN BENITO COUNTIES





Kaiser Permanente enters in 14 zip codes in **Pricing Region 9:** Monterey County

93901	93912	95004
93902	93915	95012
93905	93933	95039
93906	93955	95076
93907	93962	

KAISER ENTERS REGION 9

MONTEREY COUNTY



2025 HEALTH PLAN OFFERINGS

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

● Full Region
○ Partial Region

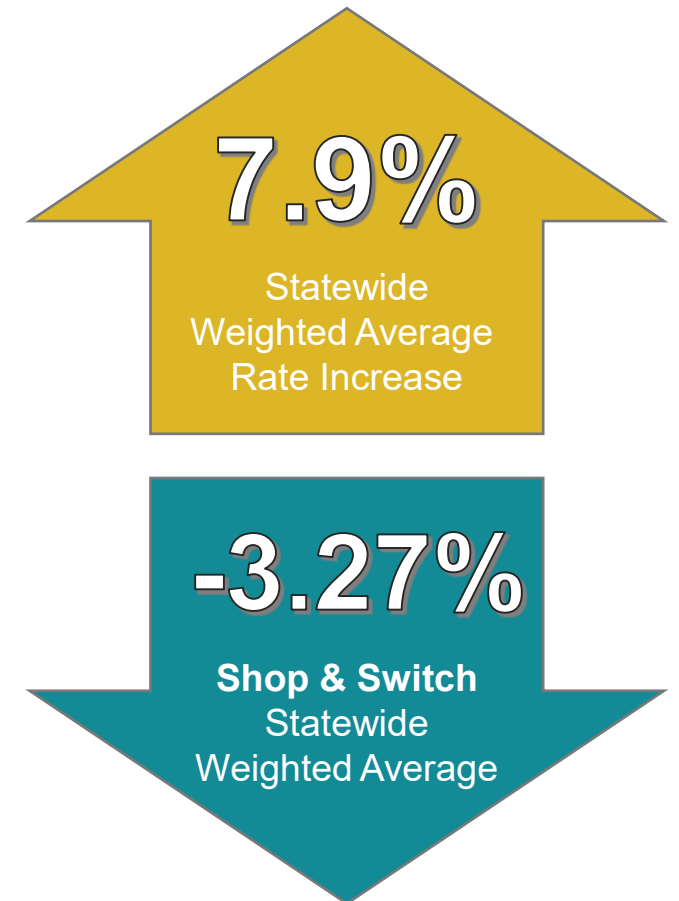
Rating Region	AETNA	ANHEM	BLUE SHIELD	CCHP	HEALTH NET	INLAND EMPIRE	KAISER	L.A. CARE	MOLINA	SHARP	VHP	WESTERN HEALTH ADV.
	HMO	HMO EPO	HMO PPO	HMO	HMO PPO	HMO	HMO	HMO	HMO	HMO-1 CoPay	HMO-2 Contribution	HMO
1 Northern counties			○									
2 North Bay Area		●	○				○					●
3 Greater Sacramento	●	●	○		○		○					○
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		●	○	●	●		○	○	○			



COVERED CALIFORNIA INDIVIDUAL MARKET 2025 HEALTH PLAN PRELIMINARY* WEIGHTED AVERAGE RATE

Total Enrollment
As of March 2024 **1,757,812**

Plan Year	2021	2022	2023	2024	2025	5-Year Average
Weighted Average	0.5%	1.8%	5.6%	9.6%	7.9%	5.0%



*The preliminary rates have been filed with California’s Department of Managed Health Care (DMHC) and are subject to final review and public comment. The final rates, which may change slightly from the proposed rates, will go into effect on Jan. 1, 2025.

[Covered California 2025 Health Plan Rates Press Release](#)



COVERED CALIFORNIA INDIVIDUAL MARKET RATE CHANGES BY CARRIER

Carrier	Weighted Average % Rate Change from 2024
Aetna CVS Health	15.4%
Anthem Blue Cross	12.7%
Blue Shield of California	8.5%
Chinese Community Health Plan	4.0%
Health Net	6.4%
Inland Empire Health Plan	1.8%
Kaiser Permanente	6.5%
LA Care Health Plan	6.3%
Molina Healthcare	6.4%
Sharp Health Plan	5.9%
Valley Health Plan	9.7%
Western Health Advantage	4.3%
Overall Weighted Average %	7.9%

- Inland Empire Health Plan has the **lowest** weighted average rate change of **1.8%**
- Aetna CVS Health has the **highest** weighted average rate change of **15.4%**



COVERED CALIFORNIA

The weighted average rate change refers to the overall average throughout the state. Actual rate changes for consumers may vary based on their personal circumstances, the area they live in and their plan's metal tier.

COVERED CALIFORNIA INDIVIDUAL MARKET RATE CHANGES BY RATING REGION FOR 2025 PLAN YEAR

Rating Region	Total enrollment ¹	Avg. rate change	Shop and switch ²
Region 1 Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba counties	63,562	10.0%	6.9%
Region 2 Marin, Napa, Solano and Sonoma counties	60,595	7.7%	-1.4%
Region 3 Sacramento, Placer, El Dorado and Yolo counties	99,303	8.7%	-2.5%
Region 4 San Francisco County	36,310	7.7%	-0.6%
Region 5 Contra Costa County	55,021	7.6%	1.3%

¹ [Effectuated enrollment for coverage in the month of March 2024.](#)

² Shop and switch refers to the average rate change consumers could see if they shop around and switch to the lowest-cost plan in their current metal tier.



COVERED CALIFORNIA INDIVIDUAL MARKET RATE CHANGES BY RATING REGION FOR 2025 PLAN YEAR

Rating Region	Total enrollment ¹	Avg. rate change	Shop and switch ²
Region 6 Alameda County	76,398	7.9%	2.6%
Region 7 Santa Clara County	72,281	8.5%	-0.5%
Region 8 San Mateo County	30,602	7.3%	0.1%
Region 9 Monterey, San Benito and Santa Cruz counties	29,201	15.7%	-2.5%
Region 10 San Joaquin, Stanislaus, Merced, Mariposa and Tulare counties	85,674	9.3%	5.8%
Region 11 Fresno, Kings and Madera counties	43,524	11.7%	3.6%
Region 12 San Luis Obispo, Santa Barbara and Ventura counties	79,964	10.7%	1.0%

¹ [Effectuated enrollment for coverage in the month of March 2024.](#)

² Shop and switch refers to the average rate change consumers could see if they shop around and switch to the lowest-cost plan in their current metal tier.



COVERED CALIFORNIA INDIVIDUAL MARKET RATE CHANGES BY RATING REGION FOR 2025 PLAN YEAR

Rating Region	Total enrollment ¹	Avg. rate change	Shop and switch ²
Region 13 Mono, Inyo and Imperial counties	14,546	6.6%	3.6%
Region 14 Kern County	26,179	6.6%	-0.1%
Region 15 Los Angeles County (northeast)	232,961	7.2%	-7.7%
Region 16 Los Angeles County (southwest)	292,743	7.0%	-11.1%
Region 17 San Bernardino and Riverside counties	167,522	5.3%	-7.2%
Region 18 Orange County	163,746	9.6%	0.1%
Region 19 San Diego County	127,689	8.1%	-4.5%

¹ [Effectuated enrollment for coverage in the month of March 2024.](#)

² Shop and switch refers to the average rate change consumers could see if they shop around and switch to the lowest-cost plan in their current metal tier.



ADVANCED PREMIUM TAX CREDIT (APTC): 3 MAJOR COMPONENTS FOR THE CALCULATION

INCOME & FEDERAL POVERTY LEVEL FPL



George:
40 years old,
resides in
Sacramento, CA
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)



Benchmark plan in
Sacramento Region:
\$600 per month –

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

	\$600
–	\$50
=	\$550
APTC	
+	\$1*
=	\$551
total credit	

George can shop for a more expensive plan but will continue to receive only \$551 toward the cost of those more expensive plans. If George decides on a less expensive plan, the APTC applied cannot exceed the amount of the premium.

*\$1 California Premium Credit is provided by the state general budget fund to all Covered California members on a monthly basis.

COVERED CALIFORNIA QUALIFIED HEALTH PLAN 2025 REGIONAL RATES BY COUNTY

AS OF JULY 24, 2024

[CLICK ON THIS LINK TO VIEW ALL 58 COUNTIES](#)

Please note that the health premium rates for the 2025 plan year are preliminary and are currently in regulatory review with the Department of Managed Health Care. The sample slides provided in this deck are organized in alphabetical order by county name. The premium rates presented apply to individuals aged 25 and 40, assuming a single status and an annual household income of \$30,120, living in a specific zip code within the mentioned county. For a more accurate estimate of health care premiums and to explore available plan options, please utilize the [Shop & Compare Tool](#). Email outreachandsales@covered.ca.gov if you have questions.



- Covered California Outreach & Sales Division -

COVERED CALIFORNIA QUALIFIED HEALTH PLAN 2025 REGIONAL BRONZE & SILVER RATES

AS OF JULY 24, 2024

[CLICK ON THIS LINK TO VIEW 14 SAMPLE COUNTIES](#)

Please note that the health premium rates for the 2025 plan year are preliminary and are currently regulatory review with the Department of Managed Health Care. The sample slides provided in this deck are organized in alphabetical order by county name. The bronze and silver premium rates presented apply to individuals aged 25 and 40, assuming a single status and an annual household income of \$30,120, living in a specific zip code within the mentioned county. For a more accurate estimate of health care premiums and to explore available plan options, please utilize the [Shop & Compare Tool](#). Email outreachandsales@covered.ca.gov if you have questions.



- Covered California Outreach & Sales Division -

COVERED CALIFORNIA QUALIFIED HEALTH PLAN 2025 HOSPITAL NETWORK BY COUNTY

AS OF JULY 24, 2024

[CLICK ON THIS LINK TO VIEW ALL 58 COUNTIES](#)

Qualified Health Plan Hospital Network Overview

Please note this deck overview is about the hospital networks proposed for the 2025 plan year by Covered California Qualified Health Plans' (QHPs) and is subject to change. Always contact your health insurance provider for the most current and detailed information regarding their hospital network and coverage. Email outreachandsales@covered.ca.gov if you have questions.

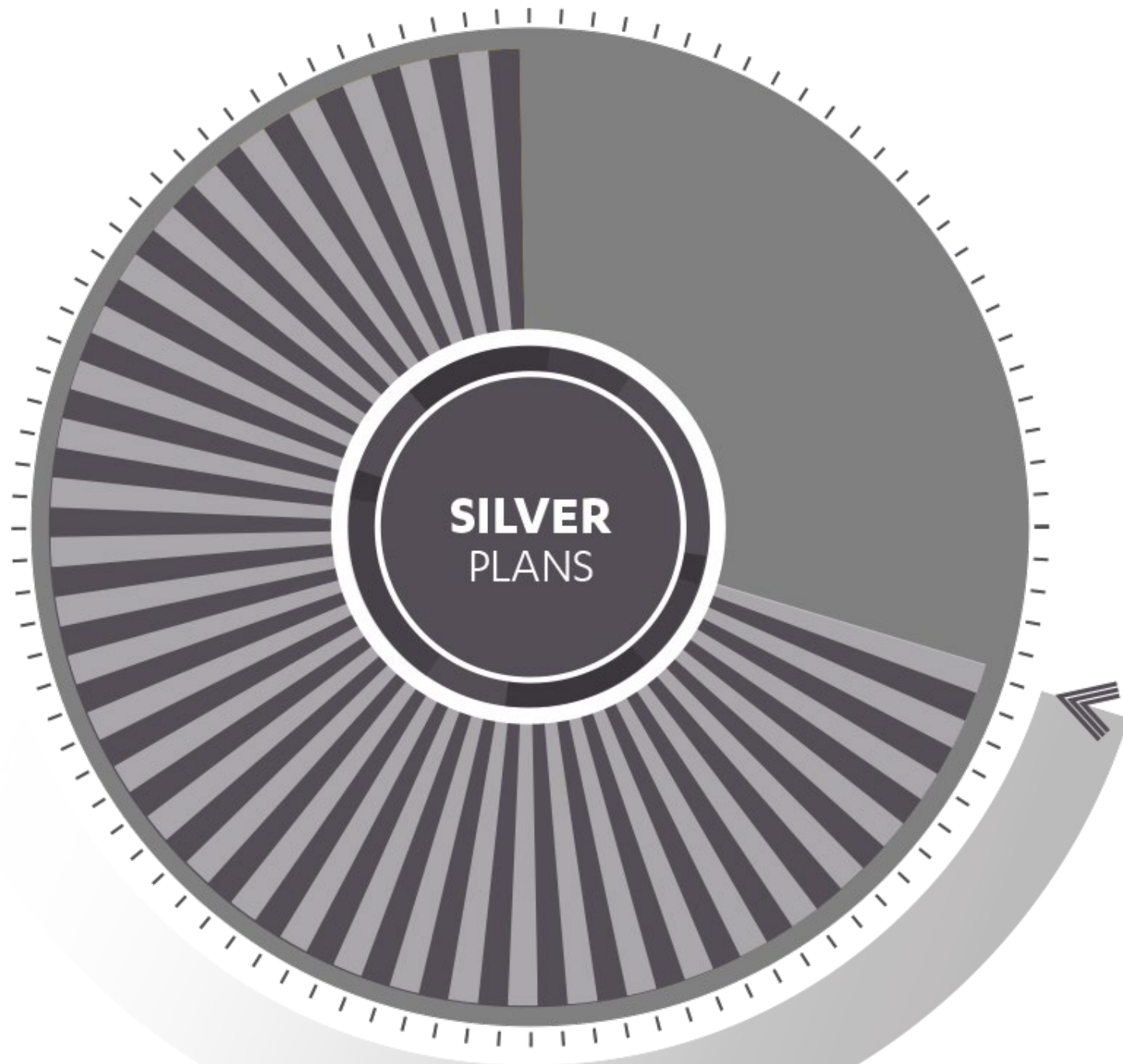


- Covered California Outreach & Sales Division -

HEALTH PLAN BENEFITS

2025 PLAN YEAR





STATE- ENHANCED COST SHARING REDUCTION PLAN BENEFITS

2025 Plan Year

STANDARD COST-SHARING SILVER PLANS: 73, 87, AND 94

Silver

More Savings

Premiums **LOWER**

Out-of-Pocket **MODERATE**

70 to 94% coverage

Lower monthly premium if you qualify for financial help.
[Learn More ->](#)

An Enhanced Silver plan provides lower deductibles, co-pays, and out-of-pocket maximum costs.

Enhanced Cost-Sharing Reduction Plan	Household Income Eligibility by Percentage of FPL	Household Size of <u>One</u> Income Limit
Silver 94	100% up to 150%	\$21,870
Silver 87	Above 150% up to 200%	\$29,160
Silver 73	Above 200% up to 250%	\$36,450





Household Income Eligibility by Percentage of Federal Poverty Level (FPL)	2025 California Enhanced Cost-Sharing Reduction Product
100% up to 150%	Silver 94
Above 150% up to 200%	Silver 87
Above 200% up to 250%	Silver 73
Above 250%	Silver 73
American Indian/Alaska Native Above 300%	Silver 73

FY 24-25 STATE BUDGET: \$165 MM FOR THE CALIFORNIA ENHANCED-COST SHARING REDUCTION PROGRAM

PLAN YEAR 2025



2025 FAMILY PATIENT- CENTERED BENEFIT DESIGNS AND MEDICAL COST SHARES

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



MINIMUM COVERAGE & BRONZE PLAN COST SHARING CHANGES FOR 2025 PLAN YEAR

Coverage Category	Minimum Coverage	Bronze
Percent of cost coverage	Covers 0% until out-of-pocket maximum is met	Covers 60% average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A
Annual Wellness Exam	\$0	\$0
Primary Care Visit	After first 3 non- preventive visits, full cost per instance until out-of-pocket maximum is met	\$60*
Urgent Care		\$60*
Specialist Visit		\$95*
Emergency Room Facility	Full cost per service until out-of-pocket maximum is met	40% after deductible is met
Laboratory Tests		\$40
X-Rays and Diagnostics		40% after deductible is met
Imaging		
Tier 1 (Generic Drugs)	Full cost per script until out-of-pocket maximum is met	\$17** \$19**
Tier 2 (Preferred Drugs)		40% up to \$500 per script after drug deductible is met
Tier 3 (Non-preferred Drugs)		
Tier 4 (Specialty Drugs)		
Medical Deductible	N/A	Individual: \$6,300 \$5,800 Family: \$12,600 \$11,600
Pharmacy Deductible	N/A	Individual: \$500 \$450 Family: \$1,000 \$900
Annual Out-of-Pocket Maximum	\$9,450 \$9,200 individual \$18,900 \$18,400 family	\$9,100 \$8,850 individual \$18,200 \$17,700 family

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



SILVER & CA ENHANCED SILVER PLANS COST SHARING CHANGES FOR 2025 PLAN YEAR

Coverage Category	Silver	CA Enhanced Silver 73	CA Enhanced Silver 87	CA Enhanced Silver 94
Percent of cost coverage	Covers 70% average annual cost	Covers 73% average annual cost	Covers 87% average annual cost	Covers 94% average annual cost
Cost-sharing Reduction Single Income Range	N/A	>\$30,120 (≤250% Above 200% FPL)	\$22,591 to \$30,120 (>150% to ≤200% FPL)	Up to \$22,590 (100% to ≤150% FPL)
Annual Wellness Exam	\$0	\$0	\$0	\$0
Primary Care Visit	\$50	\$35	\$15	\$5
Urgent Care	\$50	\$35	\$15	\$5
Specialist Visit	\$90	\$85	\$25	\$8
Emergency Room Facility	\$450 \$400	\$350	\$150	\$50
Laboratory Tests	\$50	\$50	\$20	\$8
X-Rays and Diagnostics	\$95	\$95	\$40	\$8
Imaging	\$325	\$325	\$100	\$50
Tier 1 (Generic Drugs)	\$19 \$18	\$15	\$5	\$3
Tier 2 (Preferred Drugs)	\$60**	\$55	\$25	\$10
Tier 3 (Non-preferred Drugs)	\$90**	\$85	\$45	\$15
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
Medical Deductible	Individual: \$5,400 Family: \$10,800	N/A	N/A	N/A
Pharmacy Deductible	Individual: \$150 \$50 Family: \$300 \$100	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	\$9,100 \$8,700 individual \$18,200 \$17,400 family	\$6,100 individual \$12,200 family	\$3,000 individual \$6,000 family	\$1,150 individual \$2,300 family

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.



GOLD & PLATINUM COST SHARING CHANGES FOR 2025 PLAN YEAR

Coverage Category	Gold	Platinum
Percent of cost coverage	Covers 80% average annual cost	Covers 90% average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A
Annual Wellness Exam	\$0	\$0
Primary Care Visit	\$35	\$15
Urgent Care	\$35	\$15
Specialist Visit	\$65	\$30
Emergency Room Facility	\$350	\$150
Laboratory Tests	\$40	\$15
X-Rays and Diagnostics	\$75	\$30
Imaging	\$75 copay or 25% coinsurance***	\$75 copay or 10% coinsurance***
Tier 1 (Generic Drugs)	\$15	\$7
Tier 2 (Preferred Drugs)	\$60	\$16
Tier 3 (Non-preferred Drugs)	\$85	\$25
Tier 4 (Specialty Drugs)	20% up to \$250 per script	10% up to \$250 per script
Medical Deductible	N/A	N/A
Pharmacy Deductible	N/A	N/A
Annual Out-of-Pocket Maximum	\$8,700 individual \$17,400 family	\$4,500 individual \$9,000 family



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.

DENTAL CARRIER PARTICIPATION & PLAN RATES

2025 PLAN YEAR



2025 CHILDREN EMBEDDED DENTAL PLAN 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



<https://www.coveredca.com/dental/childrens-dental/>

2025 CHILDREN'S EMBEDDED DENTAL BENEFIT DESIGNS AND COST SHARES

Coverage Category	Coinsurance Plan		Copay Plan
Percent of cost coverage	Covers 86.2% average annual cost	Covers 86.2% average annual cost	Covers 84.9% average annual cost
Age: Pediatric Dental Enhanced Health Benefits	Up to 19	Up to 19	Up to 19
Plan Network Provider	In-Network	Out-of-Network	In-Network Only
Waiting Period (Waivered Condition provision, as defined in Health & Safety Code 1357.50 (a)(3)(J)(4) and Insurance Code 10198.6(d))	None	None	None
Office Visit Copay	\$0	\$0	\$0
Dental Deductible	Individual: \$75 Family*: \$150	Individual: \$75 Family*: \$150	Individual: None Family*: Not Applicable
Out of Pocket Maximum	Individual: \$350 Family*: \$700	Individual: None Family*: None	Individual: \$350 Family*: \$700
Annual Benefit Limit (the maximum amount the dental plan will pay in the benefit year)	None	None	None

Member Cost Share amounts describe the Enrollee's out of pocket costs.

Children's Dental Plan can be offered in both the Individual Marketplace and Covered California for Small Business.



2025 CHILDREN'S EMBEDDED DENTAL BENEFIT DESIGNS AND COST SHARES

Procedure Category	Service Type	Coinsurance Plan		Copay Plan
		Member Cost Share	Member Cost Share	Member Cost Share
Diagnostic & Preventive	Oral Exam	No charge	10%	No charge
	Preventive - Cleaning	No charge	10%	No charge
	Preventive - X-ray	No charge	10%	No charge
	Sealants per Tooth	No charge	10%	No charge
	Topical Fluoride Application	No charge	10%	No charge
	Space Maintainers - Fixed	No charge	10%	No charge
Basic Services	Restorative Procedures	20% Deductible Applies	30% Deductible Applies	See 2025 Dental Copay Schedule**
	Periodontal Maintenance Services			
Major Services	Periodontics (other than maintenance)	50% Deductible Applies	50% Deductible Applies	See 2025 Dental Copay Schedule**
	Endodontics			
	Crowns and Casts			
	Prosthodontics			
	Oral Surgery			
Orthodontia	Medically Necessary Orthodontia	50% Deductible Applies	50% Deductible Applies	\$350

Member Cost Share amounts describe the Enrollee's out of pocket costs.

Children's Dental Plan can be offered in both the Individual Marketplace and Covered California for Small Business.



Returning Carriers:



2025 statewide average dental rate increase by 0.8% from 2022.

Dental Carrier	Weighted Average Rate
Anthem Blue Cross Dental	-0.2%
Blue Shield of CA Dental	4.5%
California Dental	0.0%
Delta Dental	0.0%
Humana	n/a
Statewide	1.54%

New Carrier:



INDIVIDUAL MARKET FAMILY DENTAL PLANS

2025 PLAN YEAR PARTICIPATION & RATES



2025 FAMILY DENTAL PLAN OFFERINGS

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

● Full Region
○ Partial Region



PRICING REGION		ANTHEM DHMO	ANTHEM DPPO	BLUE SHIELD DHMO	BLUE SHIELD DPPO	CA. DENTAL NETWORK DHMO	DELTA DENTAL DHMO	DELTA DENTAL DPPO	HUMANA DPPO
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	●	●	●	●	○	○	●	●



2025 FAMILY DENTAL BENEFIT DESIGNS AND COST SHARES

Coverage Category	Family Dental Coinsurance Plan				Family Dental Copay Plan	
Percent of cost coverage	Covers 86.2% average annual cost		Not Calculated		Covers 84.9% average annual cost	Not Calculated
Age: Pediatric Dental EHB & Adulty Dental	Up to 19		Age 19 and Older		Up to 19	Age 19 and Older
Plan Network Provider	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	In-Network Only
Waiting Period <small>(Waivered Condition provision, as defined in Health & Safety Code 1357.50 (a)(3)(J)(4) and Insurance Code 10198.6(d))</small>	None	None	6 months for Major Services, Waived with Proof of Prior Coverage	6 months for Major Services, Waived with Proof of Prior Coverage	None	None
Office Visit Copay	\$0	\$0	\$0	\$0	\$0	\$0
Dental Deductible	Individual: \$75 Family*: \$150	Individual: \$75 Family*: \$150	Individual: \$50 Family*: \$N/A	Individual: \$50 Family*: \$N/A	Individual: None Family*: N/A	Individual: None Family*: N/A
Out of Pocket Maximum	Individual: \$350 Family*: \$700	None	None	None	Individual: \$350 Family*: \$700	None
Annual Benefit Limit <small>(the maximum amount the dental plan will pay in the benefit year)</small>	None	None	\$1,500		None	None

Member Cost Share amounts describe the Enrollee's out of pocket costs.

Children's Dental Plan can be offered in both the Individual Marketplace and Covered California for Small Business.



2025 FAMILY DENTAL BENEFIT DESIGNS AND COST SHARES

Procedure Category	Service Type	Family Dental Coinsurance Plan				Family Dental Copay Plan	
		Member Cost Share		Member Cost Share		Member Cost Share	Member Cost Share
Diagnostic & Preventive	Oral Exam	No charge	10%	No charge	10%	No charge	No charge
	Preventive - Cleaning	No charge	10%	No charge	10%	No charge	No charge
	Preventive - X-ray	No charge	10%	No charge	10%	No charge	No charge
	Sealants per Tooth	No charge	10%	10%	10%***	No charge	No charge***
	Topical Fluoride Application	No charge	10%	10%	10%***	No charge	No charge***
	Space Maintainers - Fixed	No charge	10%	10%	10%***	No charge	No charge***
Basic Services	Restorative Procedures	20% Deductible Applies	30% Deductible Applies	20% Deductible Applies	30% Deductible Applies	See 2025 Dental Copay Schedule**	See 2025 Dental Copay Schedule**
	Periodontal Maintenance Services						
Major Services	Periodontics (other than maintenance)	50% Deductible Applies	50% Deductible Applies	50% Deductible Applies	50% Deductible Applies	See 2025 Dental Copay Schedule**	See 2025 Dental Copay Schedule**
	Endodontics						
	Crowns and Casts						
	Prosthodontics						
	Oral Surgery						
Orthodontia	Medically Necessary Orthodontia	50% Deductible Applies	50% Deductible Applies	Not Covered	Not Covered	\$350	Not Covered

Member Cost Share amounts describe the Enrollee's out of pocket costs.

Children's Dental Plan can be offered in both the Individual Marketplace and Covered California for Small Business.



VISION COVERAGE FOR INDIVIDUALS & FAMILIES

2025 PLAN YEAR



VISION COVERAGE FOR CHILDREN



COVERED
CALIFORNIA

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



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™](#)

COVERAGE FOR AMERICAN INDIANS & ALASKA NATIVES

WHAT YOU NEED TO KNOW



HEALTH INSURANCE OPTIONS FOR AMERICAN INDIANS AND ALASKA NATIVES

The Patient Protection and Affordable Care Act includes information specific to American Indians and Alaska Natives.

American Indians and Alaska Natives can **buy** a health insurance plan through **Covered California** or qualify for **Medi-Cal** and receive certain benefits.

American Indians and Alaska Natives are **not required** to purchase insurance, as most other Californians are.

There is **no penalty** for American Indians, Alaska Natives, or other individuals eligible for services through an Indian health care provider or the Indian Health Service who do not have health insurance.



SPECIAL BENEFITS FOR ELIGIBLE MEMBERS OF TRIBES

NO HEALTH CARE EXPENSES, DEPENDING ON INCOME

American Indians and Alaska Natives who **earn less than 300 percent of the federal poverty level will not have to pay certain out-of-pocket costs**, such as copays, if they buy their insurance through Covered California.

NO COSTS FOR MEDICAL CARE FROM MANY DOCTORS AND HOSPITALS

There is **no cost for** any American Indian or Alaska Native for **any item or service received directly through** the federal Indian Health Service, through tribes, through tribal organizations, through urban American Indian organizations or through organizations that have a contract to deliver medical services locally.

CONTINUITY OF CARE

When enrolled in a plan through Covered California, American Indians and Alaska Natives can **continue to receive services from their local Indian health care provider**.

ABILITY TO BUY INSURANCE ANYTIME

American Indians and Alaska Natives **can buy or change health insurance plans once a month** through Covered California if they would like.



COVERED CALIFORNIA TRIBAL CONSULTATION & ADDITIONAL RESOURCE LINKS



Tribal Consultation Meeting

October 9, 2024, 1:00PM - 4:00PM
1601 Exposition Blvd.
Sacramento, CA 95835

The purpose of this Tribal Consultation Policy is to help structure and build meaningful relationships with California's Indian Tribes and to establish a clear, concise and mutually-acceptable process through which consultation can take place between the Exchange and Tribes. The Exchange will strive to engage in consultation prior to finalizing policies impacting Tribes.

<https://hbex.coveredca.com/tribal-consultation/>

- [The Centers for Medicare and Medicaid Services' "Outreach & Education Resources" page](#)
- [Information About the Affordable Care Act From the Indian Health Service](#)
- [The Centers for Medicare and Medicaid Services' information page for special populations](#)
- [The California Rural Indian Health Board's website about Covered California and the Affordable Care Act](#)
- [The California Consortium for Urban Indian Health](#)
- [Covered California Tribal Consultation](#)



QUESTIONS



COVERED CALIFORNIA FOR SMALL BUSINESS



CCSB ADVANTAGES

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

FEDERAL TAX CREDIT

- Lower the cost of coverage for qualifying small businesses.

PEO SUB-GROUPS

- Employers in and out of a PEO are eligible with as little as PEO payroll.

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 or valid waiver.

Groups 1 to 100 FTEs

OUT-OF-STATE COVERAGE

Remote employees can access Blue Shield BlueCard.

GREAT FOR START-UPS

As little as 2 weeks of payroll!

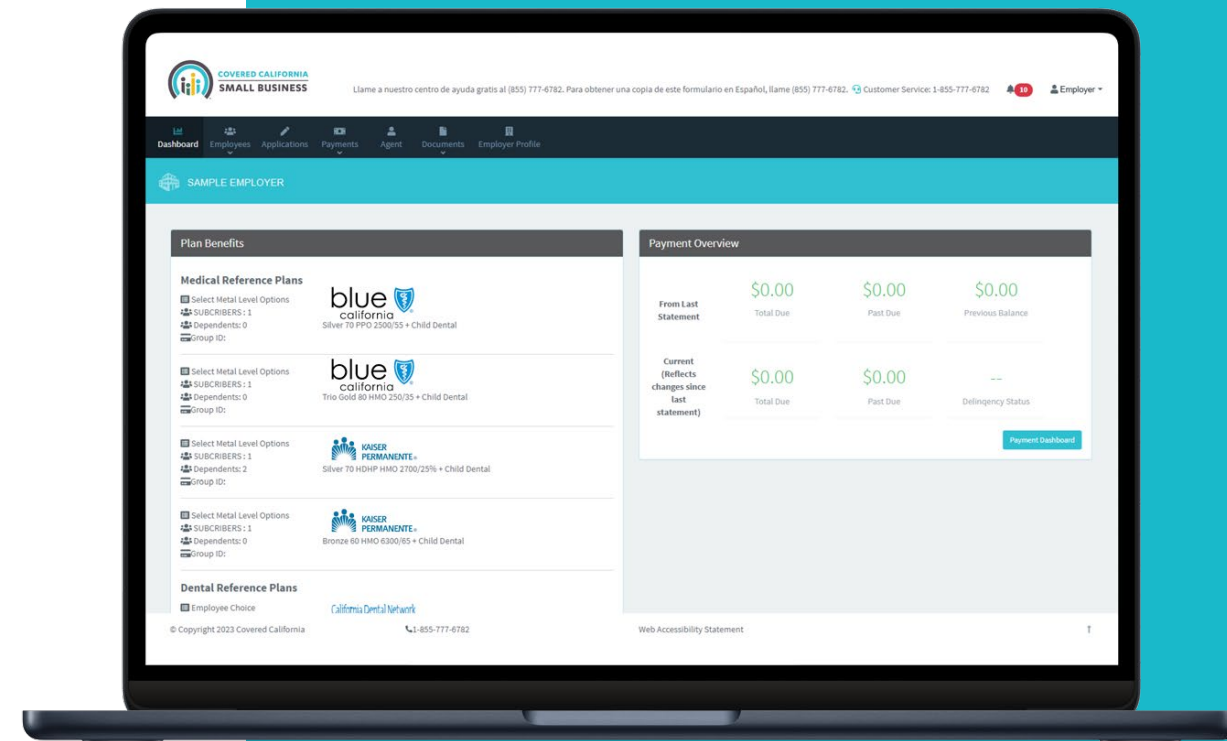
Unusual Situation You Need Help With? Reach Out To Your Sales Team!



MYCCSB PORTAL

MANAGE YOUR POLICY AND EMPLOYEES ONLINE!

- Easy self-serve employee Adds, Terms and Changes
 - Up to 30 days retroactively!
- View carrier subscriber IDs online.
- 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
- And much more!



[MyCCSB.com](https://www.myccsb.com)



HEALTH PLAN PARTNERS

BLUE SHIELD PLANS EFFECTIVE 7/1/23

HDHP PPO

- Silver Full PPO Savings 2300/25%
- Bronze Full PPO Savings 7000

ACCESS+ HMO

- Access+ Platinum 90 HMO 0/20
- Access+ Gold 80 HMO 250/35
- Access+ Silver 70 HMO 2500/55

TRIO HMO

- Bronze Trio HMO 7000/70

KAISER PLAN EFFECTIVE 1/1/24

- Platinum 90 HMO 250/30 ALT

TOP PLANS 2024

1. Blue Shield Platinum 90 PPO 0/15
2. Blue Shield Gold 80 PPO 350/25
3. Kaiser Gold 80 HMO 250/35
4. Blue Shield Silver 70 PPO 2500/55
5. Kaiser Platinum 90 HMO 0/10 ALT
6. Kaiser Silver 70 HMO 2250/55
7. Blue Shield Silver HDHP PPO 2300/30%
8. Blue Shield Bronze HDHP PPO 7500/0
9. Kaiser Silver 70 HMO 1650/55
10. Blue Shield Trio Silver 70 HMO 2000/45

TOP PLANS BY TOTAL ENROLLMENT

1. Kaiser Gold 80 HMO 250/35
2. Blue Shield Gold 80 PPO 350/25
3. Blue Shield Platinum 90 PPO 0/15
4. Kaiser Silver 70 HMO 1900/65
5. Blue Shield Silver 70 PPO 2500/55

blue  of california

 KAISER PERMANENTE®

 SHARP Health Plan

BROKER BONUS PROGRAM!

a partnership that pays

In addition to the standard 5% commission:

- Bonus Period includes effective dates of 7/1/2024 – 1/1/2025
- Must write **3 or More Groups** during the Bonus Period to qualify
- Write 6 or more groups, and **ALL bonuses increased by 50%!!!**
- Business written through partnering General Agencies qualify

Terms and Conditions apply. Please see official flyer for the details, limitations, disclaimers.

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

4 – 10

\$ 1,000 / \$1,500



CONTACT US

CCSB Sales

(844) 332-8384

SmallBusiness@Covered.CA.gov

Agent Service Center

(855) 777-6782 - Agents@Covered.CA.gov

(Option 1 for English or 2 for Spanish >
then 1 for Agents > then 2 for the Call Center)

Case Submission & Eligibility

CCSBeligibility@Covered.CA.gov

Online: MyCCSB.com

Quotes

CCSBquotes@Covered.CA.gov

General Agent Partners



BEERE&PURVES

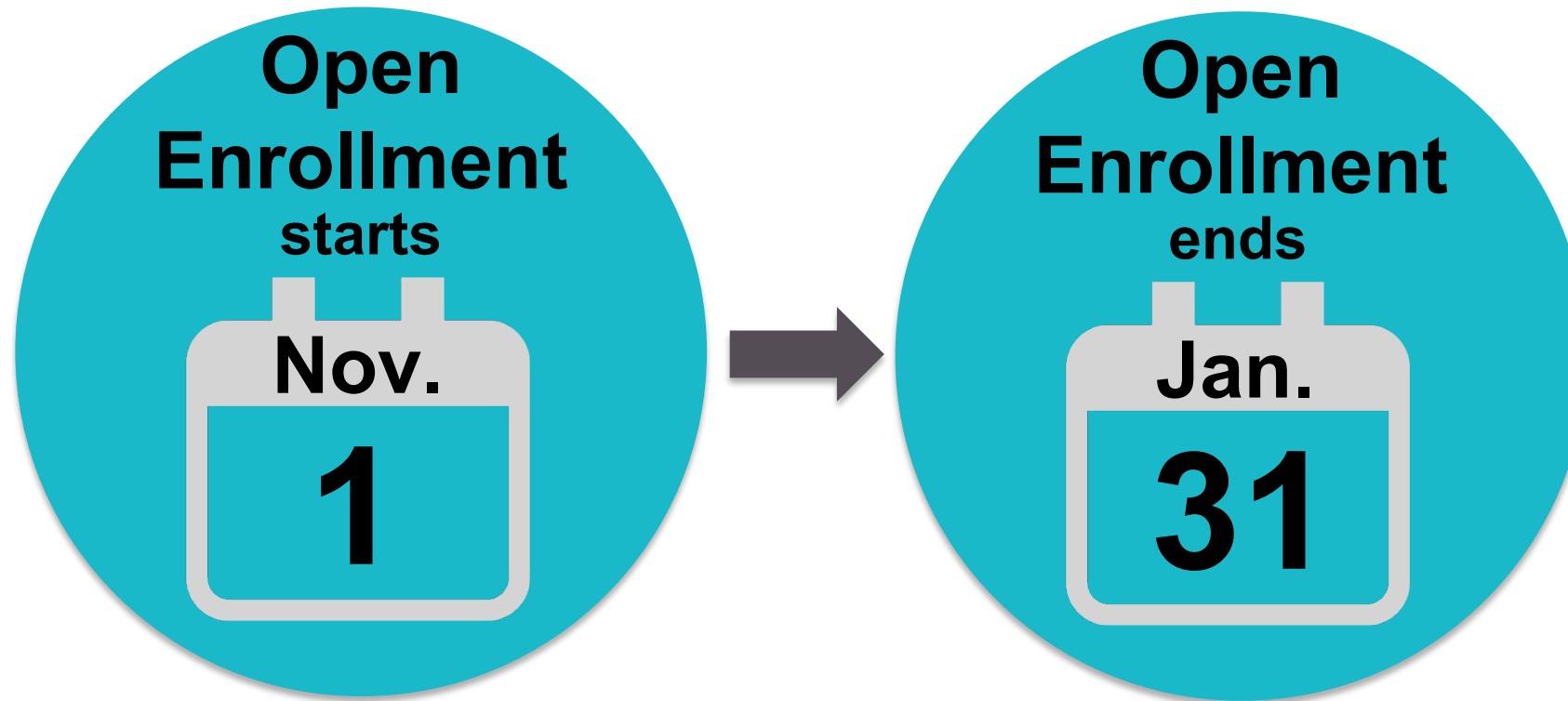


OPEN ENROLLMENT READINESS

IMPORTANT DATES AND INFORMATION



2025 OPEN ENROLLMENT DATES



SHOP AND COMPARE TOOL WITH 2025 RATES GOES LIVE...

A screenshot of the 'Shop and Compare' tool interface on the Covered California website. The page has a blue header with the Covered California logo and navigation links for 'Español' and 'Need Help?'. Below the header is a section titled 'Shop and Compare' with a sub-heading 'Tell us a little bit about yourself'. A paragraph explains that the information will help determine eligibility for health coverage programs and potential cost assistance. Below this is a white form area with the instruction 'Answer these questions to find out if you qualify for help to lower your health care costs.' The form contains four questions: 'Coverage Year:' with a dropdown menu showing '2021'; 'What is your Zip Code?' with a text input field and an example 'Ex: 90210'; 'What is your total household income per year?' with a text input field; and 'How many people are in your household?' with a dropdown menu showing 'Select One'.

2025 RENEWAL DATES



- **Active** Renewal: 10/1 -10/30
- **Passive** (Auto) Renewal starts 10/31

COVERED CALIFORNIA ACTIVE RENEWAL – RETAINING COVERAGE FOR 2025 PLAN YEAR

Renewal Notice

- **Households are selected for renewal** if they are enrolled in or have selected a plan for current year coverage.
- **Renewal Notices (NOD12)** are sent to qualifying households to notify them of their opportunity to update information and confirm plan choices for the upcoming year.

Active Renewal Case

- **The RENEWAL PAGES will display for the duration** of the renewal period for eligible Covered California and MAGI Medi-Cal cases.
- **Eligibility is re-determined** for subsidized and unsubsidized households
- **Federal Advanced Premium Tax Credit (APTC) requires consent for verification**

CALHEERS

UPDATES AND CHANGES



STATE OF EMERGENCY QLE

In July 2024, a new Qualifying Life Event (QLE) was added to the SEP dropdown menu:

“COUNTY UNDER STATE OF EMERGENCY”

Allowing all applicants to self-report the QLE for State of Emergency situations. Enrollers should refrain from using the “Other” category and will no longer need to contact the Service Center for QLE approval.

Counties under State of Emergency

State of Emergency	QLE Date	SEP End Date
Gold Complex Fire and Park Fire – Plumas (Gold Complex Fire), Butte (Park Fire), and Tehama (Park Fire) Counties	July 26, 2024	September 24, 2024
Borel Fire – Kern County	July 30, 2024	September 28, 2024
Land Movement – Rancho Palos Verdes	September 3, 2024	November 2, 2024
Line Fire – San Bernardino County	September 7, 2024	November 6, 2024
Airport and Bridges Fires – Los Angeles, Orange, Riverside, and San Bernardino Counties	September 11, 2024	November 10, 2024

Update Your Application

Choose an **Event** that Best Applies to This Household

If none of the events apply to this household, choose "None of the above." We check year-round to see if anyone qualifies for Medi-Cal.

Has someone in this household experienced any of the following events recently or expect to experience in the near future? Federally recognized American Indians or Alaska Natives can enroll any time. ⓘ

Select...

- Federally Recognized American Indian/Alaska Native
- County under state of emergency**
- Other qualifying life event
- None of the above (Continue to review my application for Medi-Cal or MCAP)



INTELLIGENT DOCUMENT PROCESSING

CalHEERS implemented the Intelligent Document Processing system (IDP) to verify outstanding documents using Google Document Artificial Intelligence (AI)

- Allows for near real-time review of uploaded documents.
- Reviews verifications only for Citizenship, Incarceration, Income, and Lawful Presence documents.

IDP includes a document preview prior to submission to confirm all data is captured accurately.

Review File

Document Preview

Sample Company Name
Sample Company Address

EARNINGS STATEMENT

EMPLOYEE NAME / ADDRESS		SSN	REPORTING PERIOD	PAY DATE	# 6154	
Employee Name Employee Address		XXX-XX-1234	02/07/2018 - 02/13/2018	02/14/2018	Employee 7859	
INCOME	RATE	HOURS	CURRENT PAY	DEDUCTIONS	TOTAL	YTD TO
GROSS EARNINGS	\$20	40	\$800.00	STATUTORY DEDUCTIONS		
				FICA-MEDICARE	\$11.60	\$81.20
				FICA SOCIAL SECURITY	\$49.60	\$347.2
				FEDERAL TAX	\$108.10	\$756.7
				STATE TAX	\$40.00	\$280.0
YTD GROSS	YTD DEDUCTIONS	YTD NET PAY	TOTAL	DEDUCTIONS	NET P	
\$8,000.00	\$1,465.10	\$4,134.90	\$800.00	\$209.30	\$590.1	

sample pay stub.pdf

Document Details

Employee Name: ! Unable to read this data.

Pay Start Date: 02/07/2018

Gross Earnings: \$800.00

Pay End Date: 02/13/2018

Pay Date: 02/14/2018

SSN: XXX-XX-1234

Are all your document details correct?

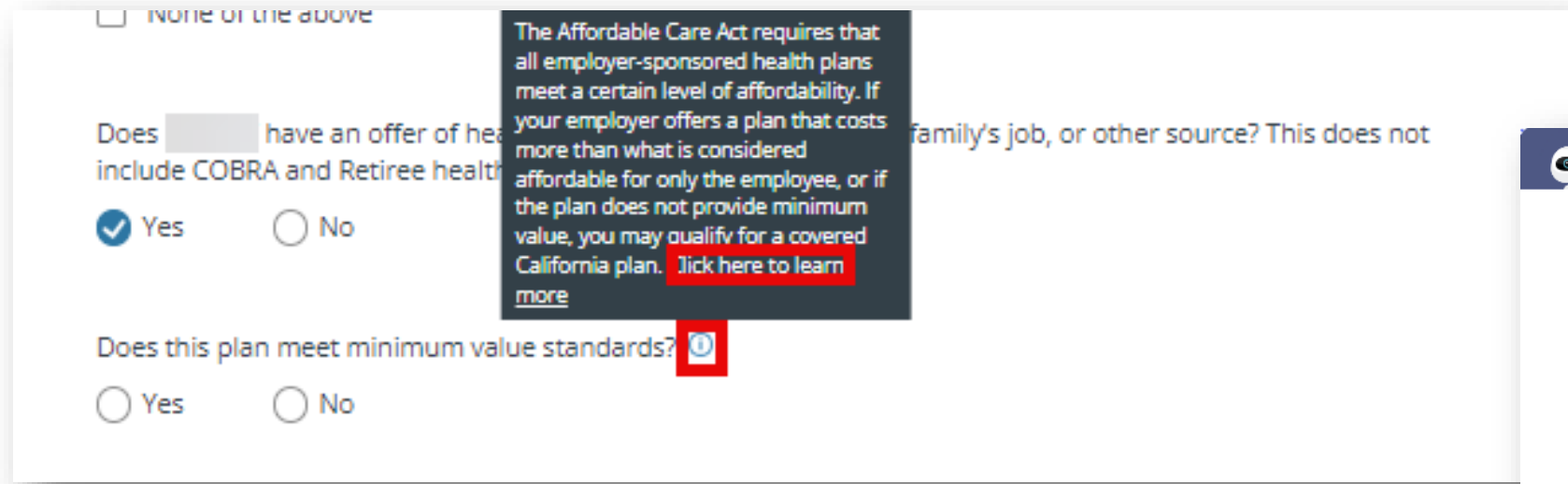
Yes

No, but I want to submit this document anyway

Details not right? You can try uploading a new file to see if that helps or you can continue to submit this file.


AFFORDABILITY TOOL AVAILABILITY

CalHEERS 24.6 Release has integrated the **Affordability Tool** into the consumer application, offering a more streamlined experience for users.

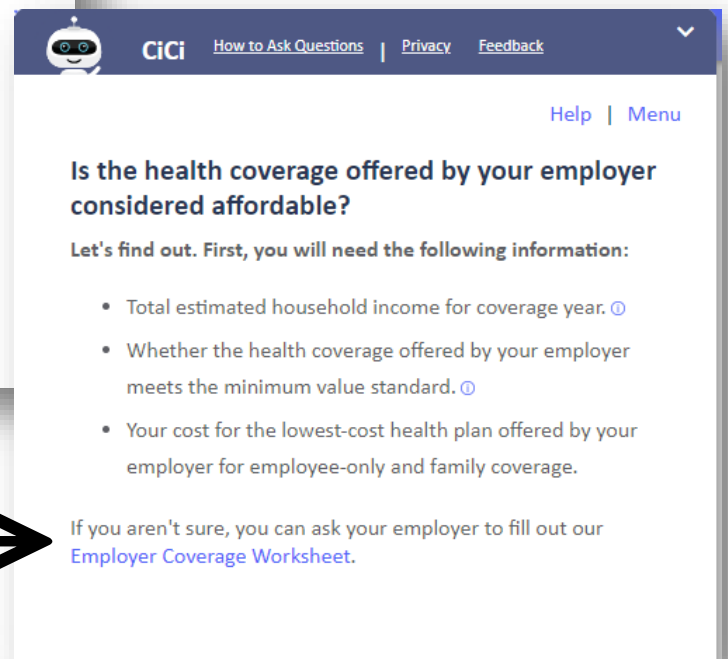


Does [redacted] have an offer of health coverage from their employer, family's job, or other source? This does not include COBRA and Retiree health plans.

Yes No

Does this plan meet minimum value standards? 

The Affordable Care Act requires that all employer-sponsored health plans meet a certain level of affordability. If your employer offers a plan that costs more than what is considered affordable for only the employee, or if the plan does not provide minimum value, you may qualify for a covered California plan. [Click here to learn more](#)



CiCi [How to Ask Questions](#) | [Privacy](#) | [Feedback](#)

[Help](#) | [Menu](#)

Is the health coverage offered by your employer considered affordable?

Let's find out. First, you will need the following information:

- Total estimated household income for coverage year. ⓘ
- Whether the health coverage offered by your employer meets the minimum value standard. ⓘ
- Your cost for the lowest-cost health plan offered by your employer for employee-only and family coverage.

If you aren't sure, you can ask your employer to fill out our [Employer Coverage Worksheet](#).

The **Affordability Tool** will continue to be accessible on the website and CiCi Chatbot, ensuring users have multiple ways to evaluate their options.

UPDATES TO REPORT A CHANGE (RAC) FLOW

Report changes to both benefit years during the course of a RAC

This functionality will be available when the consumer has an application submitted for both years and a change is reported to one of them.

NOTE: when reporting changes to 2025 after 12/1/2024 this message will no longer display.

The screenshot shows a mobile application interface for updating an application. At the top, there is a navigation bar with a back arrow, the text 'Application Menu', and a status message 'Your answers will be saved'. Below this is a header section with the title 'Update Your Application' and the question 'You are reporting changes for 2025. Do they also apply to 2024?'. The main content area contains a paragraph: 'We can apply these changes to your application for both 2025 and 2024. This means your health insurance benefits for both years will be based on this new information.' Below this is a light blue callout box with a lightbulb icon and the text: 'If you don't apply your changes to both years, then your eligibility may be different for each year.' There are two radio button options: 'Yes, I want changes applied to both 2025 and 2024.' (which is unselected) and 'No, I only want changes applied to this year.' (which is selected with a blue checkmark). At the bottom of the screen, there are two buttons: 'Back' on the left and 'Next' on the right.


TERMINATE PLAN REMINDER

When terminating the 2024 enrollment, a pop up will now remind you that the renewal has already processed and ask if you would also like to cancel the 2025 enrollment.

This change will help eliminate termination errors that may require escalations.

**The health plans for 2025 have been renewed.
Would you also like to cancel that plan?**

Selected member

 Daryl Filbin (41 years old) (Subscriber) ★

Health Plan for 2025

Kaiser Silver 70 HMO

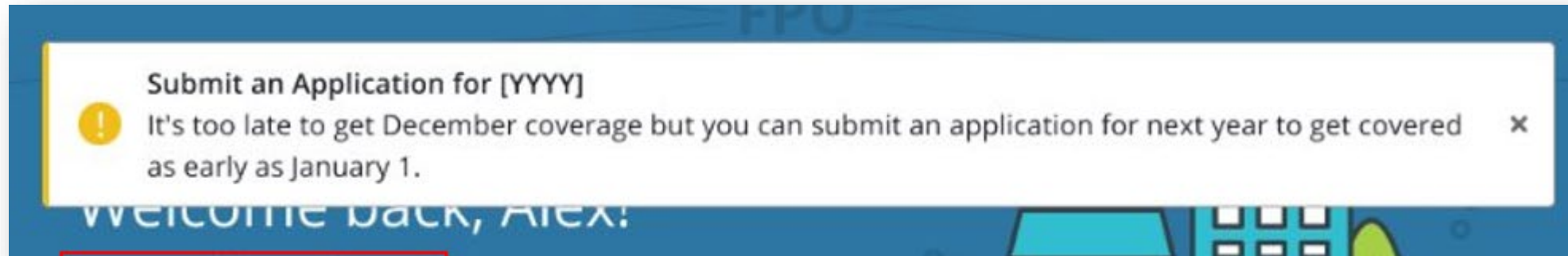
Would you like to keep or cancel the health plan for 2025?

Keep

Cancel

[Back](#) [Confirm](#)

NEW BANNER MESSAGING



A new banner message will display for the Medi-Cal to Covered California MAPS population if they log in on or after December 1st.

This messaging will prompt the consumer to submit an application for 2025 enrollment to be effective 1/1/2025

DENTAL ONLY RENEWAL BANNER


Dental only enrollees will see a banner message on the enrollment dashboard.

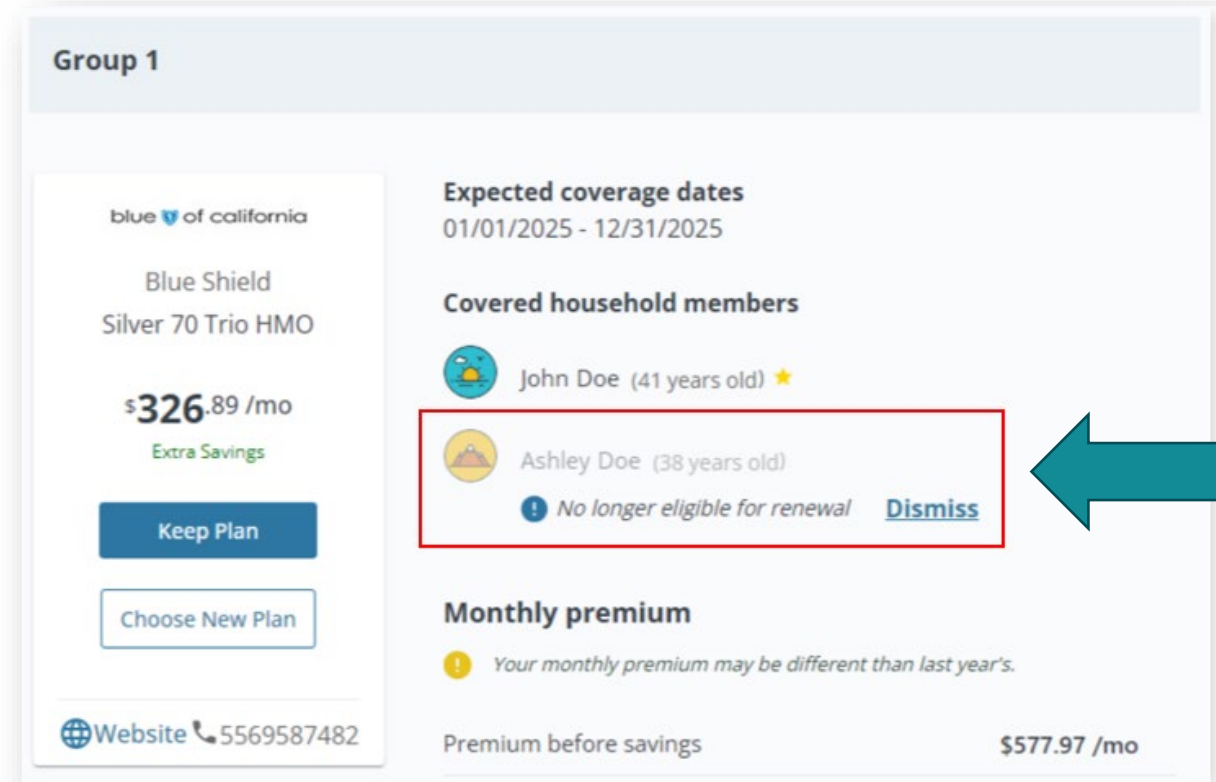
Message will notify users that they cannot change their **Dental Plan** unless they enroll in a **Health Plan**

The screenshot displays the 'Enrollment Dashboard' for the year 2024. The dashboard includes tabs for 'Case Summary', 'View Submitted App', 'Eligibility', and 'Enrollment'. Under the 'Enrollment' tab, there are sub-sections for 'Enrollment Dashboard' and 'Enrollment History'. The 'Dental Plan' section is highlighted, showing a renewal banner: 'Your family dental plan will be renewed before [MM/DD/YYYY] if that plan is available. If you want to choose a different dental plan, you must first enroll in a health plan.' Below the banner, the 'Your Agent' section lists Cormac Mathews with contact information and a 'Manage Delegates' link. The 'Health Plans' section shows a 'DHMO' plan for \$23.23/mo with a 'Plan Details' link and contact information. The 'Covered household members' section lists Timothy Downey (45 years old, Subscriber), Christina Downey (42 years old), Alex Downey (12 years old), and Melissa Downey (7 years old).

MEMBERS INELIGIBLE FOR RENEWAL

Members no longer eligible for renewal will be identified on the enrollment dashboard

- Greyed out name
- Blue exclamation point icon 
- “No longer eligible for renewal” messaging under name



Group 1

blue of california

Blue Shield
Silver 70 Trio HMO

\$326.89 /mo
Extra Savings


[Keep Plan](#)


[Choose New Plan](#)

[Website](#) 5569587482

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

Covered household members

 John Doe (41 years old) ★

 Ashley Doe (38 years old)
! No longer eligible for renewal [Dismiss](#)

Monthly premium

! Your monthly premium may be different than last year's.

Premium before savings **\$577.97 /mo**



UPDATES: ESTIMATED TOTAL COST

The Health Plan Details page, Costs for health plan use section displays a new list of benefits used to calculate the estimated total cost.

This change is effective for the benefit 2025 and onwards.

Estimated Total Cost

This is an estimate of the total yearly cost of this health plan. We based the estimate on how much health care you plan to use in 2025. Your actual health care use and costs may be different.

You can change your expected health care use in your Preferences. These are your preferences now:

- Health plan use: **High**
- Prescription drug use: **High**

12 monthly premiums (\$123.11 /month)	\$1,477.32
Costs for health plan use	\$1,206.07
2 Primary care visits	
3 Specialist visits	
5 Lab tests	
2 X-rays and radiology	
1 Imaging (CT scans, PET scans, MRIs)	
2 Outpatient services: Visits, rehab, & surgeries (No overnight stays)	
36 Generic prescription drugs	
5 Brand and specialty prescription drugs	
Your estimated total cost	\$2,683.39

UPDATES: PLAN BENEFITS DISPLAY

Other Services		
These are other common services. They include home health care and assistance with daily living, physical therapy, allergy testing, and more.		
	IN-NETWORK COST	OUT-OF-NETWORK COST
Home health care services ⓘ	40% Coinsurance after deductible	100% Coinsurance
Outpatient rehabilitation services ⓘ	\$65 Copay	100% Coinsurance
Habilitation services ⓘ	\$65 Copay	
Skilled nursing facility ⓘ	40% Coinsurance after deductible	No Charge
Durable medical equipment ⓘ	40% Coinsurance after deductible	100.00% Coinsurance
Hospice services ⓘ	\$0	
Acupuncture ⓘ	\$65 Copay after deductible	
Rehabilitative speech therapy ⓘ	\$65 Copay	
Rehabilitative occupational or physical therapy ⓘ	\$65 Copay	100% Coinsurance
Well baby visits and care ⓘ	\$0	100% Coinsurance
Allergy testing	\$95 Copay after deductible	100% Coinsurance
Diabetes education	\$0	100% Coinsurance
Gender-affirming care ⓘ	Your cost depends on your plan and the type of services provided	100% Coinsurance

Gender-affirming care ⓘ

Gender-affirming care, like hormone therapy and gender affirmation surgery, are covered by all Covered California health plans. Costs vary based on the service you need. For more help, review Evidence of Coverage.

Your cost depends on your plan and the type of services provided.

Details and tooltip for

Gender-affirming care

now display in the “other services” section of the Health Plan Details and Compare Health Plans Pages

NEW: TEXT MESSAGING AGREEMENT

Consumers will be prompted to provide consent for text messaging from their carrier upon enrollment.

Checkbox **“I want to receive text messages about my health plan”** will display on the “Confirm your Plan” page in the shopping flow

Text Messaging Agreement

I want to receive text messages about my health plan.

Provide eSignature

To confirm your plan, please read the statements below. Then agree to the terms and conditions. You will have to enter your personal identification number (PIN) and eSignature to confirm.

- To file a federal income tax return on or before the due date for the return (including extensions of time for filing) to claim the

UPDATES FOR OVER-AGE DEPENDENTS


With this update, CalHEERS will allow **only** the following individuals to enroll in the same enrollment group

- Married Spouses
- Registered Domestic Partners
- Children under the age of 26
 - biological
 - adopted
 - step children
 - children of your registered domestic partner
- Disabled adult children of any age
- Siblings under the age of 21 (child only plans)
- **NEW: Tax dependent parents of enrolled adults**




ELIGIBILITY RESULTS EXPLANATION

Consumers that are found **ineligible** for Financial Help due to **tax filing status** or **failure to reconcile** may see one or more of the following eligibility explanations

 **Financial Help** Discontinued End Date 05/01/2025

Dane, you are Discontinued for Financial Help:

Your eligibility for this program will end 05/01/2025.

 [Show Less Details](#)

- Your household qualifies to shop for a plan.
- You are not eligible to receive premium assistance for one or more of the following reasons:
 - The primary tax filer does not plan to file federal income taxes.
 - The primary tax filer has a spouse but does not plan to file taxes as "Married Filing Jointly."
 - The primary tax filer plans to file taxes as "Married Filing Separately."
 - Someone in your tax household did not file a federal income tax return with IRS Form 8962 for 2 years in a row when they got premium tax credits.
- You met all other requirements.

UPDATING TAX FILING ATTESTATION

Consumers that receive financial assistance are **required** to reconcile the financial assistance received by filing taxes for that benefit year.

Consumers that need to update their tax filing attestation will see updated verbiage.

Update Tax Filing Attestation

Please update your attestation if you filed taxes during the previous year.


Tax Filing Attestation

People who get financial help have to file taxes for the years they got the financial help. If you get financial help and you did not file your taxes for 2 years in a row, you will not be able to get financial help in the future.

Did your household file a federal tax return and reconcile any financial help you used? By attesting below, you declare under penalty of perjury, under the laws of the State of California, that:

- I got financial help to lower my costs for health insurance. The tax filer for my household has filed, or is planning to file, a federal and state income tax return for those benefit years.

Update

 Update Case Information

Make changes to your case when needed.

Consent for Verification

Tax Filing Attestation

Employer Contact Information

APPLICATION CHANGE SOGI QUESTIONS

Sexual Orientation and Gender Identity (SOGI) Questions are now included in the application flow for consumers aged 12 and over in the following areas

- **Add Household Member**
- **Review Individual Information**

These questions are optional but are directly related to Health Equity and Quality Transformation efforts

Optional Sex and Gender Details

What is John's gender?

Select the option that best describes your current gender identity.

- Female
- Male
- Transgender: Female to Male
- Transgender: Male to Female
- Non-Binary (neither male nor female)
- Another gender identity

What sex was listed on John's original birth certificate?

- Female
- Male

Does John think of themselves as:

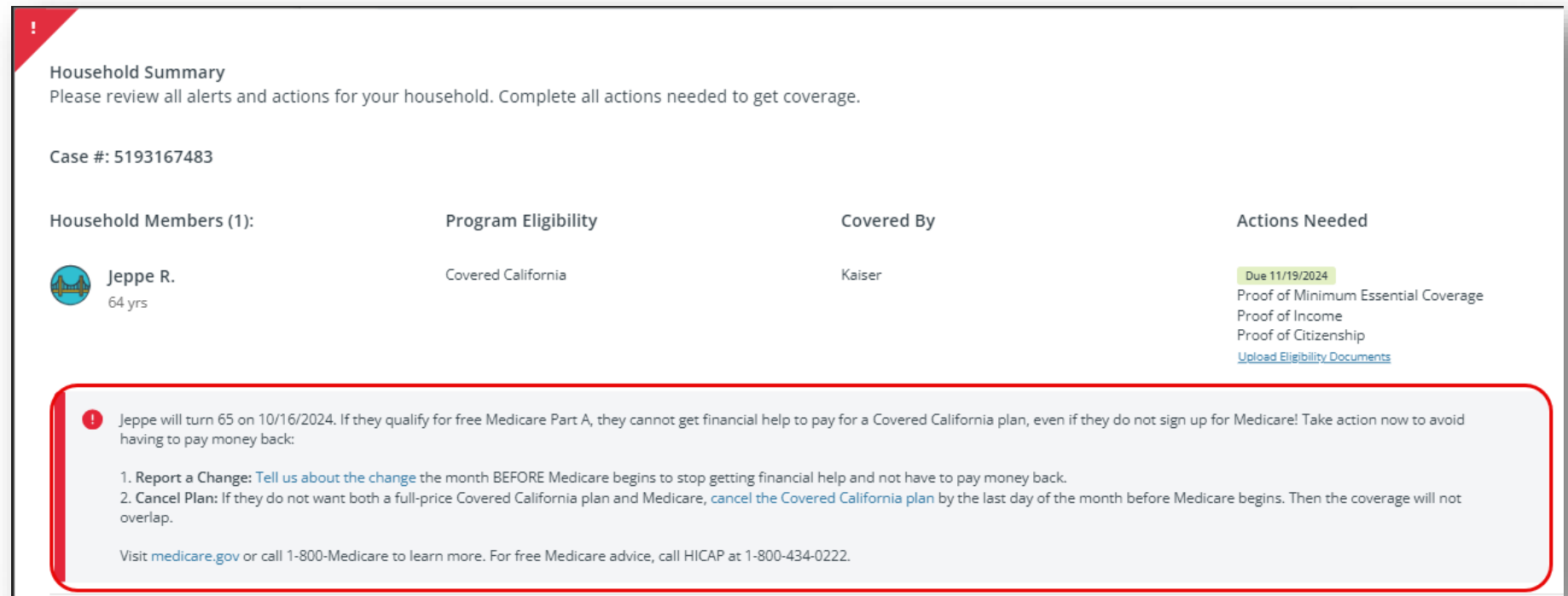
- Straight or heterosexual
- Gay or lesbian
- Bisexual
- Queer
- Another sexual orientation
- Unknown

MEDICARE MESSAGING

Household Summary Updates for Consumers approaching age 65 with reminders about Medicare Eligibility and its impact on their enrollment


Prompts users to:

- Report a change before Medicare begins
- Cancel current enrollment to avoid dual enrollment and financial hardship.



Household Summary
Please review all alerts and actions for your household. Complete all actions needed to get coverage.

Case #: 5193167483

Household Members (1):	Program Eligibility	Covered By	Actions Needed
 Jeppe R. 64 yrs	Covered California	Kaiser	Due 11/19/2024 Proof of Minimum Essential Coverage Proof of Income Proof of Citizenship Upload Eligibility Documents

! Jeppe will turn 65 on 10/16/2024. If they qualify for free Medicare Part A, they cannot get financial help to pay for a Covered California plan, even if they do not sign up for Medicare! Take action now to avoid having to pay money back:

1. **Report a Change:** [Tell us about the change](#) the month BEFORE Medicare begins to stop getting financial help and not have to pay money back.
2. **Cancel Plan:** If they do not want both a full-price Covered California plan and Medicare, [cancel the Covered California plan](#) by the last day of the month before Medicare begins. Then the coverage will not overlap.

Visit [medicare.gov](https://www.medicare.gov) or call 1-800-Medicare to learn more. For free Medicare advice, call HICAP at 1-800-434-0222.

UPDATES: VOTER REGISTRATION PAGE

Consumers can respond with:

- Yes, open the California Online Voter Registration Website in a new tab
- Yes, Please mail me a voter registration card
- **(NEW) I am already registered to vote**
- No

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

- Yes, open the California Online Voter Registration website in a new tab
- Yes, please mail me a voter registration card
- I am already registered to vote
- No

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

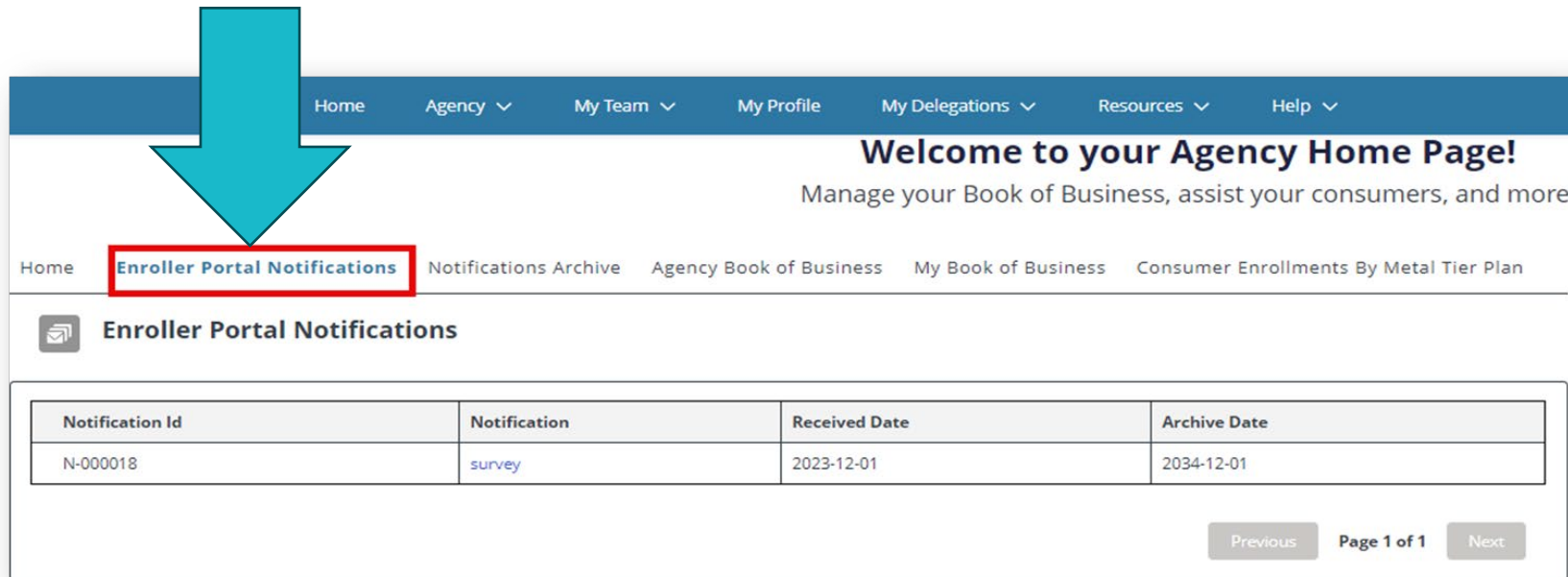
ENROLLER PORTAL

UPDATES AND CHANGES



ENROLLER PORTAL NOTIFICATIONS

Clicking the **Enroller Portal Notification** tab displays the Agency and Entity users' active notifications sent by Outreach and Sales. The most recent notification displays at the top of the list.



Notification Id	Notification	Received Date	Archive Date
N-000018	survey	2023-12-01	2034-12-01

Check here daily for quick updates and reminders from Covered California Such as:

- **Outage reminders**
- **Urgent updates**
- **New release notes**
- **Event notifications**

BOOK OF BUSINESS UPDATES

Your Book of Business has been updated with two additional data fields

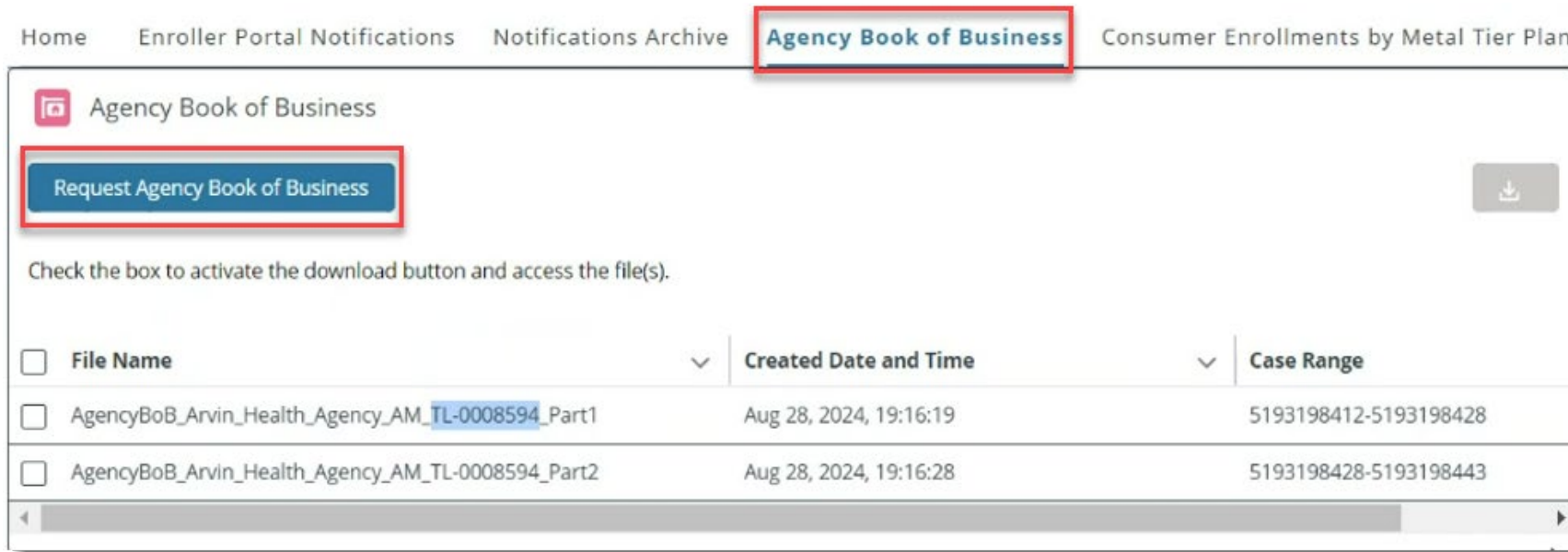
- **California Premium Credit** \$1.00 per person per enrollment
- **Strike Lockout Subsidy** applies to consumers who have attested to loss of MEC as part of a labor dispute.

Report: Contact Application and Enrollees
Book of Business by Enroller Contact

Enroller Contact	CalHEERS Case ID	Renewal State Subsidi...	California Premium Credit Subsidy	Strike Lockout Subsidy	Old APTC Amou...	Old Gross Premium	Old St...
Timmy Test (4)	5193166826 (1)	\$0.00	\$1.00	-	\$0.00	\$0.00	
	5193166827 (1)	\$0.00	\$1.00	-	\$0.00	\$0.00	
	5193166828 (1)	\$0.00	\$1.00	-	\$0.00	\$0.00	
	5193166876 (1)	\$0.00	\$1.00	-	\$0.00	\$0.00	
Tim Test (8)	5193166800 (1)	\$0.00	\$1.00	-	\$0.00	\$0.00	
	5193166821 (5)	\$0.00	\$3.00	-	\$0.00	\$0.00	
		\$0.00	\$3.00	-	\$0.00	\$0.00	
		\$0.00	\$3.00	-	\$0.00	\$0.00	
		\$0.00	\$2.00	-	\$0.00	\$0.00	
		\$0.00	\$2.00	-	\$0.00	\$0.00	
	5193166822 (1)	\$0.00	-	-	\$0.00	\$0.00	
	5193166874 (1)	\$0.00	\$1.00	-	\$0.00	\$0.00	
Tina Test (7)	5193166823 (1)	\$0.00	\$1.00	-	\$0.00	\$0.00	
	5193166824 (4)	\$0.00	\$4.00	-	\$0.00	\$0.00	

NEW: BOOK OF BUSINESS ENHANCEMENT

Scheduled for early September, enhancements to Book of Business Extract for Agencies with more than 10K delegated cases.



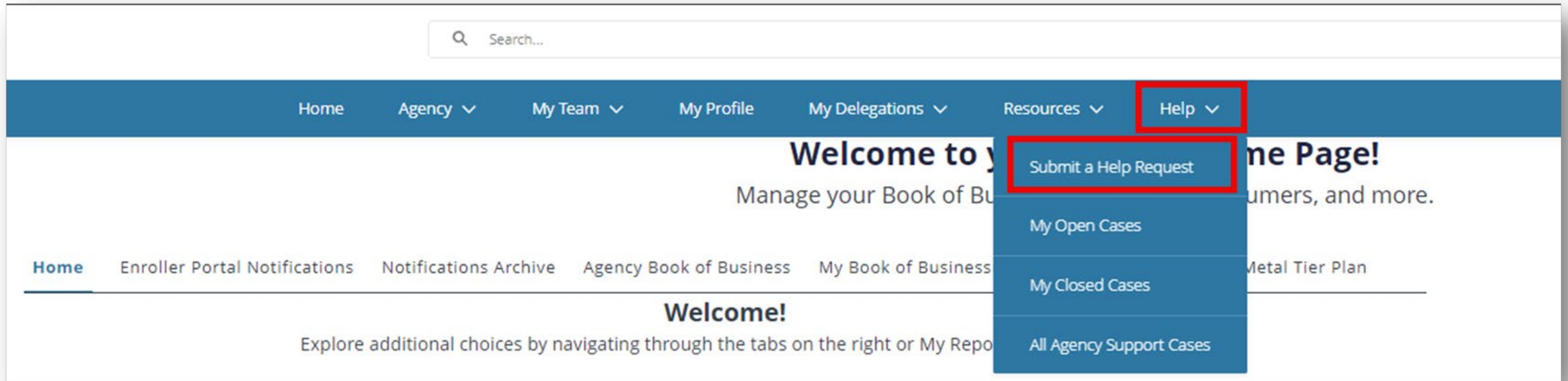
The screenshot shows a web interface with a navigation bar at the top containing 'Home', 'Enroller Portal Notifications', 'Notifications Archive', 'Agency Book of Business' (highlighted with a red box), and 'Consumer Enrollments by Metal Tier Plan'. Below the navigation bar is a header for 'Agency Book of Business' with a red box around the 'Request Agency Book of Business' button. A download icon is visible on the right. Below the button, there is a checkbox and the text 'Check the box to activate the download button and access the file(s)'. A table with three columns: 'File Name', 'Created Date and Time', and 'Case Range' is shown. The first two rows of the table are visible.

<input type="checkbox"/> File Name	<input type="checkbox"/> Created Date and Time	<input type="checkbox"/> Case Range
<input type="checkbox"/> AgencyBoB_Arvin_Health_Agency_AM_TL-0008594_Part1	Aug 28, 2024, 19:16:19	5193198412-5193198428
<input type="checkbox"/> AgencyBoB_Arvin_Health_Agency_AM_TL-0008594_Part2	Aug 28, 2024, 19:16:28	5193198428-5193198443

- Accommodates large Book of Business Reports.
- Will break into multiple reports, if necessary, dependent on size
- Watch for release notes/toolkit updates for more information

CREATE A HELP REQUEST

- Enrollers can submit a help request by navigating to **Help** dropdown on the Home page and selecting **Submit a Help Request**.
- Enrollers will also be able to view their “**Open**” cases, “**Closed**” cases, and depending on their role, view all cases submitted by the Agency.



The screenshot displays the enroller portal's home page. At the top, there is a search bar and a navigation menu with items: Home, Agency, My Team, My Profile, My Delegations, Resources, and Help. The 'Help' dropdown menu is open, showing options: Submit a Help Request, My Open Cases, My Closed Cases, and All Agency Support Cases. The 'Submit a Help Request' option is highlighted with a red box. Below the navigation menu, the page content includes a 'Welcome to' message, a 'Home Page!' heading, and a 'Welcome!' section with a sub-heading 'Explore additional choices by navigating through the tabs on the right or My Repo'.

ENROLLER PORTAL TO CASE

Step 1: Help topic is selected

Note: topics displayed are dynamic based on user role



Step 2: Additional information provided

*What kind of Application issue are you facing?

Please choose this selection if you are encountering Error messages in the CalHEERS Application

* Please describe the issue you are facing below:

Step 3: case will be created and routed to the appropriate team:

Example of Case Topics:	
1095A	Book of Business
CalHEERS Application Error	Change to Enroller/Staff
Change to My Agency	Commission Issue
Eligibility	Email Change
Enroller Portal	Enrollment
Feed Request	Following Up on Escalation
Onboarding	Other
Password Reset	Qualifying Life Events
ROP Inconsistencies	Reinstatement
Report a Change	Technical Issues
Termination Request	

- Agent Contracts
- Certification Services
- Service Center

If available, cases routed to the Service Center will open a **live chat**



LIVE CHAT FOR OPEN CASES

Cases
My Open Help Cases

0 items • Sorted by Case Number • Filtered by All cases - Closed, Case formula checkbox, Case Record Type • Updated a few seconds ago

Search this list...

Case Number ↑	Contact Name	Account Name	Status	Date/Time Opened	Case Reason	Case Sub-Reason
---------------	--------------	--------------	--------	------------------	-------------	-----------------

Resources ▾ **Help ▾**

Submit a Help Request

My Open Cases

My Closed Cases

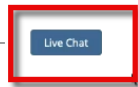
All Agency Support Cases

Case
Don Schmitt

Priority: Medium, Enroller License Number, Status: New, Case Number: 34444261, Subject: 1095-A - Dispute status

Details | Related

Case Number	34444261	Account Name	Ashley, Oliver and Hammond
Status	New	Contact Name	Don Schmitt
Case Owner	Rachel Abraham	Enroller Role	Primary Contact
Current Queue	ASC - EP Help Queue	Contact Phone	(974) 361-2966
Case Reason	1095-A	Contact Email	
Case Sub-Reason	Dispute Status		
Case Origin	Chat		
Priority	Medium		
Received Date	8/26/2024		
Web Email			



Follow Up on your **open** cases with a new **Live Chat** function within your portal.

This feature will be available on **open** cases previously routed to the Service Center

Note: only available when a Service Center Representative is available.

Navigation

Help Menu → Open Cases → Select Case → Live Chat



DELEGATION TOOL REMINDERS AND USE

- **Delegation Tool:** provides a means for Enrollers (including Agency Managers 1 and 2) to delegate a Consumer's case to their Book of Business. Admin Staff also can use the Delegation Tool and delegate a Consumer's case to an Enroller's Book of Business on their behalf.
- **Functionality:** Serves as a preliminary search for existing CalHEERS cases.
- **Access:** Available through your Enroller Portal.
- **Consent is Crucial:** Use this tool only with explicit consumer consent.
- **Optimal Use:** For best results, use the consumers SSN.

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 ATIN/ITIN. 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*

Usage of this tool is monitored by Covered California.
One-Time passcode should be sent to the Consumers Cell Phone Number Only.
Inappropriate usage can result in Suspension

APPROPRIATE USE OF THE DELEGATION TOOL

URGENT REMINDER:

- **Passcode Protocol:** The One-Time passcode must be sent exclusively to the consumer's cell phone number.
- **Monitoring:** Usage of this tool is monitored by Covered California.
- **Consequences of Misuse:** Inappropriate use of this tool may lead to suspension and even termination of your enroller certification and Book of Business with Covered California.

Important Disclaimers:

- Ensure all disclaimers are read, communicated, and understood by the consumer before accessing their case.

Read: [Accelerated Consumer Delegation Consent Quick Guide](#)

NOTE: Certified Enrollers are bound by Contract and/or State Regulations to only complete delegation requests at the express, present consent of a Consumer. Our system tracks and reports all Accelerated Delegation Requests made by every Certified Enroller, and suspicious use will be investigated. Certified Enrollers found fraudulently using this tool are at risk of having their Covered California certification revoked and their Book of Business permanently removed.

ENROLLER REQUIREMENTS

TIPS AND BEST PRACTICES



CONSUMER IDENTITY PROOFING

- ✓ **Verification** of a consumer's identity is a **legally required step** in eligibility determination.
- ✓ **Identity proofing** can be done by **visual** verification, **remote** identity proofing (RIDP), or **paper** application.

Visual verification:

- When assisting the consumer during visual verification, there are several types of **acceptable identification documents that must be uploaded** to the system during the application process.
- Within the application, you will be asked to first **attest to visually identifying the consumer's identity** and then **click on one of two lists** to begin the document upload process.

I attest that I have visually identified this person's identity.

Yes No

Confirm Chris's Identity

Please click on one of the lists below to start uploading document(s). You may select one document from List A or two documents from List B to confirm Chris's identify.

List A

Upload 1 document from this list

- Military dependent's identification card
- Identification card issued by federal, state or local government
- U.S. passport
- Native American Tribal document
- School identification card
- U.S. military card or draft record
- U.S. Coast Guard Merchant Mariner card
- Driver's license issued by state or territory

List B

Upload 2 document from this list

- Birth certificate
- Social Security Card
- Marriage certificate
- Divorce decree
- Employer identification card
- High school or college diploma (including high school equivalency diplomas)
- Property deed or title
- Adoption decree for the adoptee

IMPORTANT NOTE:

Bypassing identification verification by uploading a “placeholder” image instead of acceptable documentation is unlawful and may result in suspension or termination as possible outcomes for violating identity proofing rules.

DO NOT CREATE DUPLICATE CASES

Duplicate cases negatively impacts consumers causing carriers enrolling the same individual into active coverage, resulting in dual enrollment could cause significant hardship for consumers and certified enrollers.

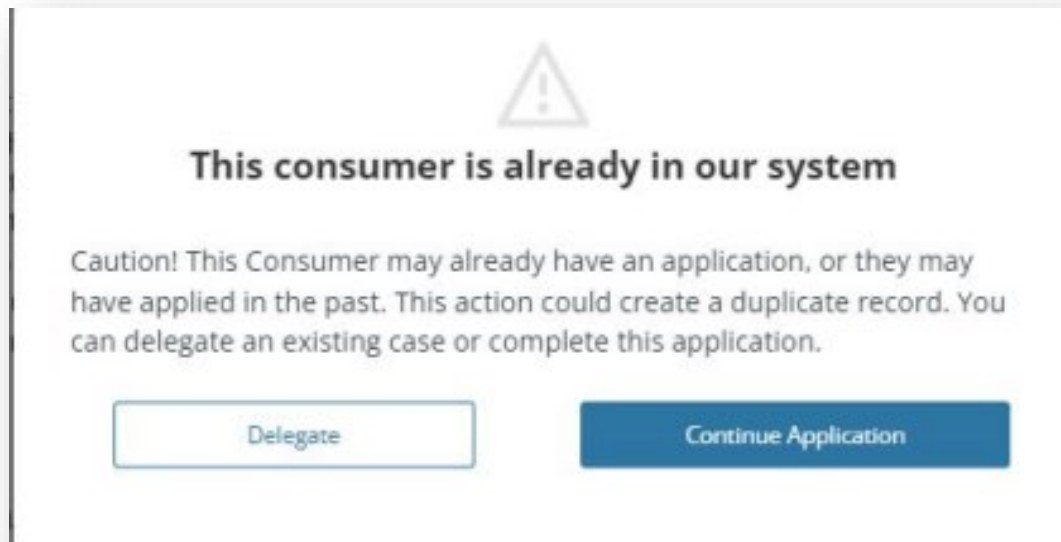


Negative impacts examples include but are not limited to:

- Carriers terminating the active case because the binder payment was applied to the incorrect case.
- Consumers may have to pay back advanced premium tax credits received on a case they were not aware of when they reconcile their income taxes.
- Enrollers may have to pay back commissions on duplicate case that was incorrectly created.

DUPLICATE PREVENTION LOGIC (DPL) POP UP MESSAGE

A **Duplicate Prevention Logic (DPL)** pop-up message may appear during the creation of a consumer application for health coverage.



- **Alerts the user** if the system identifies consumer who already has a case on file in CalHEERS
- **Helps prevent** the creation of duplicate CalHEERS cases

UPDATING 'CONSENT FOR VERIFICATION'

Update Consent for Verification
Please update your consent for verifying your information at renewal time.

Consent for Verification
I understand that Covered California will use my tax return at renewal time each year for up to the next 5 years to see if I qualify for help paying for health coverage. I understand that I can change my consent anytime.

If you are eligible for Medi-Cal, your tax return information will be used for your renewal, no matter how you respond on this question. If you are eligible for Medi-Cal now but you want to be considered for Covered California coverage in the future if your eligibility changes, please update your consent for verification.

You currently have given consent for Covered California to evaluate your tax return at renewal time until the year:

Update my Consent for:

Purpose of Consent: Allows Covered California to use electronic data sources to verify:

- Income
- Household size
- Citizenship
- Lawful presence
- Medicare enrollment status

Action Required for 2025 Benefit Year:

- **Consent Expiration:** For consumers with consent expiring at the end of 2024.
- **Necessary Update:** Must update the duration of consent in their application.
- **Reason:** Essential for continued evaluation for financial assistance, including the Advanced Premium Tax Credit (APTC), for the 2025 benefit year.

USE YOUR RESOURCES TO HELP UPDATE CONSENT YEARS

Daily Summary Email

Enrollers with impacted consumers have begun receiving these cases in their Daily Summary Email with the notification topic "Consent Valid Thru"

Alerts generated on these dates leading up to Open Enrollment

- 8/8 - **188K** alerts generated
- 9/1 - **184K** alerts generated
- 10/1 - **TBD**

Created Dt	Notification Topic	Case_ID
8/1/2023	Consent Valid Thru	5000000011
8/1/2023	Consent Valid Thru	5000000012
8/1/2023	Consent Valid Thru	5000000013

Book of Business Extract

"Consent Valid Thru" in your Book of Business Extract

Users can go to Column AA and filter by 2024 benefit year to see impacted consumers needing to provide consent years for verification.

REASONABLE OPPORTUNITY PERIOD (ROP)

- The **Reasonable Opportunity Period (ROP)** is a **95-day period** during which a conditionally eligible consumer can submit verification documents to clear inconsistencies in their application.
- Documents will be **requested in CalHEERS to verify a consumer's eligibility.**
- Consumers will be **terminated from their coverage or lose financial assistance if the documents are not provided**, or the application isn't updated to include accurate information.
- If the verification categories cannot be electronically verified and **must be manually passed, documents will have to be provided every year.**

ENROLLER BEST PRACTICES

- Read the **Enroller Portal Alerts** for NOD03 alerts
- **Filter the Book of Business** for *Conditionally Eligible* consumers
- **Never re-enroll the consumer** after they were terminated for ROP unless their verification has been passed.
- **Note**, if the consumer is *Conditionally Eligible* for Covered California" their verification has not been passed yet
- For **additional guidance**, read: [Understanding ROP and Auto-Discontinuance Guide](#)

UNCORRECTED INCONSISTENCIES AT THE END OF THE REASONABLE OPPORTUNITY PERIOD (ROP)

The table below shows the impact to the consumer's case if an inconsistency is not corrected by the end of the ROP due date.

Uncorrected Inconsistency	Impact to Consumer
<ul style="list-style-type: none">• Income• Social Security Number	<p>Advanced Premium Tax Credit (APTC) and/or Cost-Sharing Reduction (CSR) is redetermined or terminated. The consumer can request to have their <u>APTC/CSR</u> restored.</p> <p>Note: The consumer will still have coverage under their health plan.</p>
<ul style="list-style-type: none">• Citizenship• Lawful presence• Incarceration status• Vital status (deceased)	<p>Coverage terminated.</p>



ANNUAL TRAINING UPDATES

AGENTS

Important dates:

Training Begins: **9/16/2024**

Training Ends: **10/16/2024**

NOTE: Agents who have not completed Annual Training by **10/16/2024** are at risk for **Suspension**



ENROLLMENT COUNSELORS

Important dates:

Training Begins: **9/10/2024**

Training Ends: **10/10/2024**

NOTE: Enrollment Counselors and Plan Based Enrollers who have not completed training by **10/10/2024** are at risk for **Decertification**



COMMUNICATIONS AND PR

OPEN ENROLLMENT PERIOD 2025



THE NEXT CHAPTER



NS SANTÉ 让我们谈谈健康 USAP TAYO SA KALUSUGAN 我哋講下
KI HE MO'UI LELEI 健康について話しましょう LÅT OSS PRATA HÄL
HABLEMOS DE SALUD आइये स्वास्थ्य पर बात करें PARLIAMO DI SALUTE
NS SANTÉ 让我们谈谈健康 USAP TAYO SA KALUSUGAN 我哋講下
WB THAM TXOG KEV NOJ QAB HAUS HUV ПОГОВОРИМ О ЗДОРОВЬЕ
地講下健康啦 LET'S TALK HEALTH 건강을 이야기하
KI HE MO'UI LELEI 健康について話しましょう LÅT OSS PRATA HÄL
让我们谈谈健康 HABLEMOS SALUD आइये स्वास्थ्य पर बात करें
LIAMO DI SALUTE आइये स्वास्थ्य पर बात करें WB THAM TXOG KEV NOJ Q
ПОГОВОРИМ О ЗДОРОВЬЕ 건강을 이야기하자 PARLONS SAN
NS SANTÉ 让我们谈谈健康 USAP TAYO SA KALUSUGAN 我哋講下

LET'S TALK HEALTH

Statewide media campaign with a focus on health literacy

- Simplify the complexity of health insurance and empower consumers to enroll, regardless of language, ethnicity, region or income
- Leverage new partners, as well as our incredible network of enrollers and navigators to deepen reach
- Multi-layered campaign messaging covering enrollment, record-level of affordability support, and DACA*
- Media, stakeholder elected official and community leader engagement



CAMPAIGN HIGHLIGHTS

- Statewide kickoff tour starting the week before November 1 – Sacramento, Fresno, LA
- Local/regional events and activations, driven by data, insights and need
- Development of new materials and collateral, in conjunction with health literacy experts
- Partnerships with California State Library and local libraries



STATEWIDE MEDIA EVENTS AND ACTIVITY



MARKETING CAMPAIGN

OPEN ENROLLMENT PERIOD 2025



OPEN ENROLLMENT '25 CAMPAIGN PARAMETERS



Budget
~\$26.6MM



Flight
Nov 1 – Jan 31



Target Audience

- CA Adults 26-64
- Uninsured CA 26-64
- HHI* \$25K-\$150K
- Subsidy eligible uninsured
- Non-subsidy eligible uninsured
- Transitioning from Medi-Cal
- ***New DACA** recipients***



Segments

- Multicultural
- Hispanic
- Black/AA
- LGBTQ+
- Asian



Languages

- English
- Spanish
- Chinese
- Vietnamese
- Korean
- Hmong
- Laotian



**COVERED
CALIFORNIA**

How We Got Here

Insightful Approach: Utilized formative consumer research, including in-home ethnographic interviews with uninsured, subsidy-eligible Californians.

Our Goal

Deeper Understanding: Resonate with and motivate those interested in health insurance but have not enrolled.

Key Learnings

Consumer Insights: Many feel overwhelmed, confused by health insurance language, and vulnerable about starting the process. There's a strong desire for support and clear information.

New Campaign

- **Informed Messaging**
- **Engagement & Assistance**
- **Empowering Action**

NEW OE '25 AD CAMPAIGN

HOW IT WAS FORMED





Server: *I had health insurance before – (shakes head) so expensive. I’m helping my mom out, I don’t have that kinda cash.*

Prep chef: *Ugh, I know. But you can get financial help now through Covered California. It’s totally affordable – you’d be surprised. They’ve got this calculator thing that shows how much you’ll pay.*

Server: *Wait, for real?*

Prep chef: *Yes! What are you doing not having health insurance, man? (they both laugh) Here, let me show you...*

VO: *We all have questions. Covered California has answers and can find a health plan that’s right for you. Covered California. This way to health insurance.*

Two restaurant workers are taking a break. The server is talking to the seasoned prep chef. She has an air about her of someone who’s been through the wars.



NEW AD CAMPAIGN TV SPOT – “CHOP IT UP”



Laborer: (overwhelmed) I need some serious help with this health insurance stuff.

Carpenter: Check out Covered California. It's this free service from the state that helps you get health insurance, millions of people have used it.

Laborer: (skeptical, but intrigued) Wait, really?

Carpenter: Yeah, they even offer financial help to lower the cost.

Laborer: (incredulous) How do you know all this?

Carpenter: That's how I got my insurance. I got a great plan for about \$10 bucks a month.

Laborer: (impressed) Ok, I see you.

VO: If you've got questions, Covered California can help, every step of the way. Enroll by Dec 31 for coverage starting Jan 1.

We see two friends on a break at their work construction site. One is seeking advice on life stuff from the older more experienced carpenter, who's been training him.



NEW AD CAMPAIGN TV SPOT – “CONFAB”





Jade: Hey — how'd you get your health insurance again?

Nora: Covered California. They help with the cost, so it was actually affordable.

Super: Covered California

Super: help with the cost

Jade: That's what I'm worried about...the cost!

Nora: Well, now their Silver-level plans have lower copays and no deductibles, so you'll pay less when you see the doctor or get care.

Super: Enhanced Silver plans

Super: NO Deductible

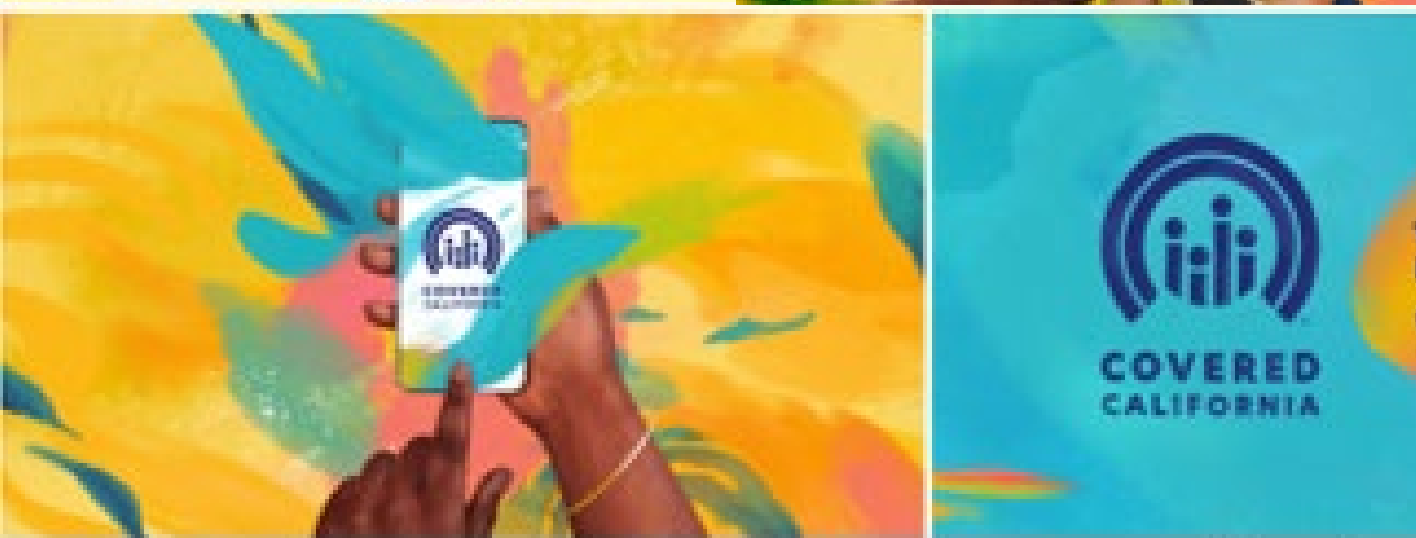
Jade: (intrigued) Really?

Nora: Yeah, and you can get it, regardless of how much you make.

Super: Regardless of how much you make.

Nora: C'mere, check this out. (our animation shows the Covered California website being pulled up on a phone)

VO: Check out your new options at Covered California.



We see two friends, sitting down in a colorful collage space talking about Health Insurance and costs..

 **NEW VIDEO – COST-SHARING REDUCTIONS (CSR)**



NEW EDUCATIONAL VIDEOS

In Production

New Video	Language
“What is Covered California?”	English, Spanish, Cantonese, Korean, Mandarin, Vietnamese
“Difference Between Covered California, Health Insurance Companies & Medi-Cal”	English, Spanish, Cantonese, Korean, Mandarin, Vietnamese
“Get Financial Help Through Covered California”	English, Spanish
“Where to Get Answers to Your Questions Covered California”	English, Spanish, Cantonese, Korean, Mandarin, Vietnamese
“Understanding Health Insurance Terms Covered California”	English, Spanish, Cantonese, Korean, Mandarin, Vietnamese
“Enrolling in Health Insurance Through Covered California”	English, Spanish
“Welcome to Covered California”	English, Spanish
“Free Preventative Care through Covered California”	English, Spanish, Cantonese, Korean, Mandarin, Vietnamese

DACA* Specific Message in English and Spanish is coming soon!

*Covered California is tracking the pending litigation regarding the final rule on the lawful presence of DACA recipients.



NEW CUSTOM CONTENT

Partner with Black media to develop custom advertising solutions to create a deeper, more authentic connection with these audiences.

Black/African American Community

- **Partner:** Russell Westbrook Digital (RWD)
- **Goals:**
 - Create a documentary and digital ads.
 - Share these on platforms popular within the Black community to highlight how Covered California can help with health insurance.



NEW CUSTOM CONTENT

Partner with LGBTQ+ media to develop custom advertising solutions to create a deeper, more authentic connection with these audiences.

LGBTQ+ Community

- **Partnering With:** PrideCode
- **Goals:**
 - Produce an editorial, banners, and a video campaign.
 - Promote Covered California's message, encouraging the LGBTQ+ community to focus on their healthcare needs through relatable stories.

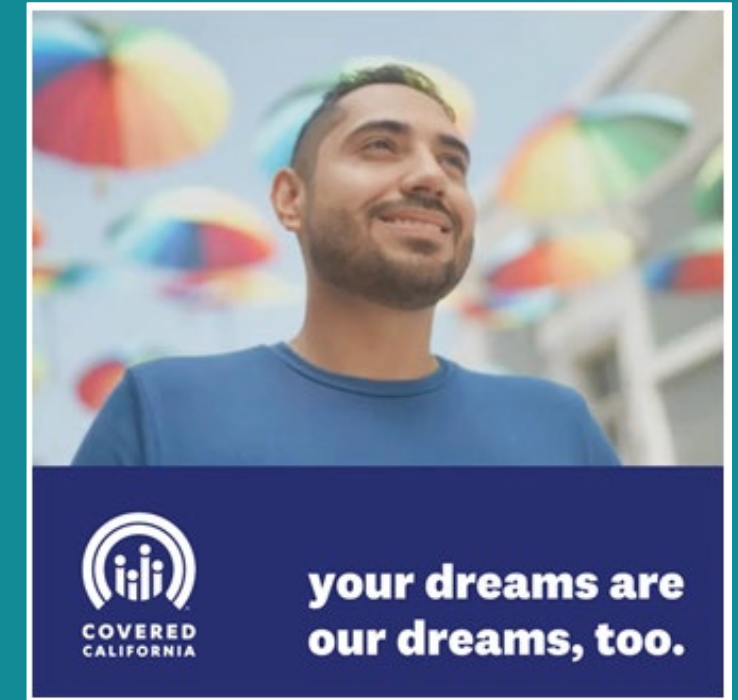


DACA* – STRATEGIC

Augment OE'25 advertising efforts that focus on the broad California population and the uninsured to include targeted media and messaging to reach likely DACA audiences

- **Goal:** Inform DACA recipients about enrolling in Covered California for health insurance and financial assistance.
 - **Focus on Digital:** Use online platforms in English, Spanish, Chinese, and Korean. DACA recipients are often young and tech-savvy. Digital platforms allow easy sharing within their networks.
 - **Also Use Spanish Radio:** To effectively reach the Hispanic DACA community.
- **Key Message:** "Covered California can now help DACA recipients get high-quality health insurance and financial help to pay for it."
- **Communication:**
 - **Wide Reach:** Announce through email, direct mail, SMS/Text. Channels to be decided.
 - **Direct Messages:** If we have a list of DACA recipients, send them tailored messages via email, direct mail, and SMS/Text.

*Covered California is tracking the pending litigation regarding the final rule on the lawful presence of DACA recipients.



ENROLLER TOOLS & RESOURCES

SALES SUPPORT SERVICES

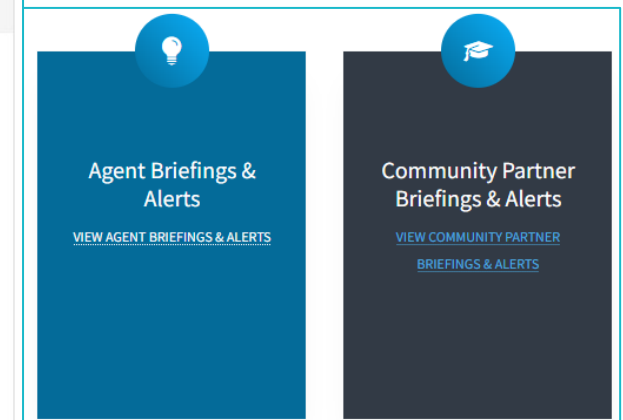
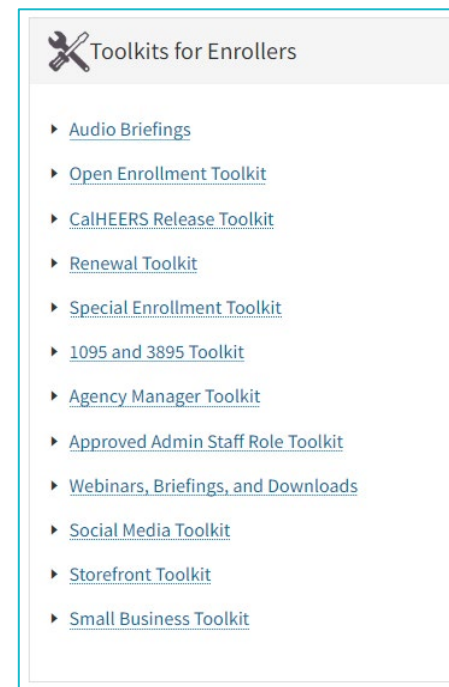


READ YOUR ENROLLER ALERTS & BRIEFS

- Enroller Alerts and Messages provide important information and content; keeps you informed and updated to help you best support Covered California consumers.
- Special announcements, policy changes, system updates (application and enroller portal), important dates (Renewals, Open Enrollment, Special Enrollment), and enroller resources.

Best practice:

- ✓ **Create new folder and save** all Enroller Alert Emails there – search by key word/term for the specific topic you are seeking.
- ✓ **Bookmark** the [Enrollment Partner Toolkit](#) page to your browser favorites bar. It provides links to important toolkits and documents.



RENEWAL & OPEN ENROLLMENT TOOLKITS

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



COVERED CALIFORNIA | Renewal Toolkit

Overview
Covered California’s Renewal Period (annual redetermination process) is intended to help individuals and families retain health coverage for the upcoming enrollment year. Use the information and resources below to support Covered California members through the renewal process.
Check back frequently for updates.

Renewals

Resource	Type	Description
Renewal Quick Guide	Quick Guide	Tips and reminders for the links and information on Renewal.
Job Aid: Renewal	Job Aid	Instructions on the Covered California Renewal process.
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).
Covered California Renewal Notices (CalNOD12) a- English d- English	Notice	Notice to consumers explaining the importance of retaining health coverage and the importance of retaining health coverage. NOD12A – Consumers eligible for Advanced Premium Reduction. NOD12D – Consumers that are not eligible for the plan only.
Financial Help Notice (CalNOD11a)	Notice	Notice to consumers informing them of the financial help available to them and how they qualify for financial help.
Eligibility Determination	Notices	Notices to consumers informing them of the automatic renewal process and how they can appeal an applicable Silver plan.



COVERED CALIFORNIA | Open Enrollment Toolkit

Overview
Open Enrollment is the time each year when everyone can apply for a plan through Covered California, typically from November to January. Use the information and resources below to support consumers through the enrollment process. Check back frequently for updates.
NOTE: For renewal resources, view the Renewal Toolkit [here](#).

Open Enrollment

Resource	Type	Description
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).
Open Enrollment 2024 Statewide Kickoff Meeting	Slide Deck and Video	Covered California Sales Enroller kickoff meeting containing policy updates, plan rates, system updates, tools, resources, and more.
Open Enrollment 2024 Statewide Kickoff Meeting Recording	Slide Deck and Video	Covered California Sales Enroller kickoff meeting containing policy updates, plan rates, system updates, tools, resources, and more.
Add an Event	Portal	Link to request to add an event to the Covered California Events page so consumers can attend enrollment events in their community.
Open Enrollment Collateral	Portal	Link to downloadable pdfs of Covered California’s collateral materials.

Health, Dental, and Vision Plans

Resource	Type	Description
Standard Benefit Design Chart	Handout	Handout to provide to consumers explaining the standard benefits and medical costs per metal tier.
Covered California Health Plans	Reference Site	Link to website outlining health insurance companies and plan rates.

A “one-stop shop” guide with resource links for 2024 Sign-up information and resources to support Covered California members through the renew and new enrollment process.

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

<https://hbex.coveredca.com/toolkit/>

- Available:
- Renewal early October 2024.
 - OE November 1, 2024.



SERVICE CENTER SUPPORT

The Enroller Service Center is preparing for **Renewals** and **OE** support by offering the following extended Service Center Hours during OE.

Extended Service Center Hours for Deadlines	
12/30/2024	8:00am – 8:00pm
12/31/2024	8:00am – 10:00pm
1/30/2025	8:00am – 8:00pm
1/31/2025	8:00am – 10:00pm
Live Chat will be available from 8:00am – 6:00pm during extended hours	

Other preparations in progress:

- Onboarding of additional staff
- Service Center training for new system updates

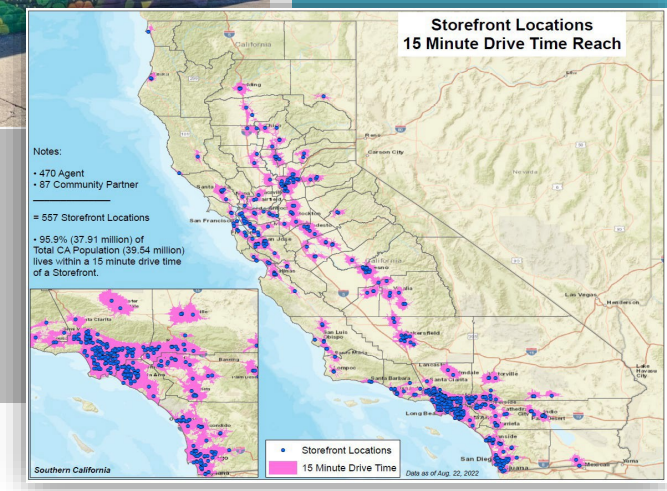


COVERED CALIFORNIA STOREFRONTS

- **95% of all Californians** are within a 15- minute drive from one of Covered California's storefront locations.
- **45% of Covered California enrollments** are from agents who operate storefronts.



534
storefront
locations*



Become a storefront today! Certified Enrollers with an office location that meets the requirements of a storefront can apply today! Click on the link below:

https://hbex.coveredca.com/toolkit/storefronts/Storefront_Toolkit.pdf





COMING SOON! STOREFRONT PROGRAM UPDATES



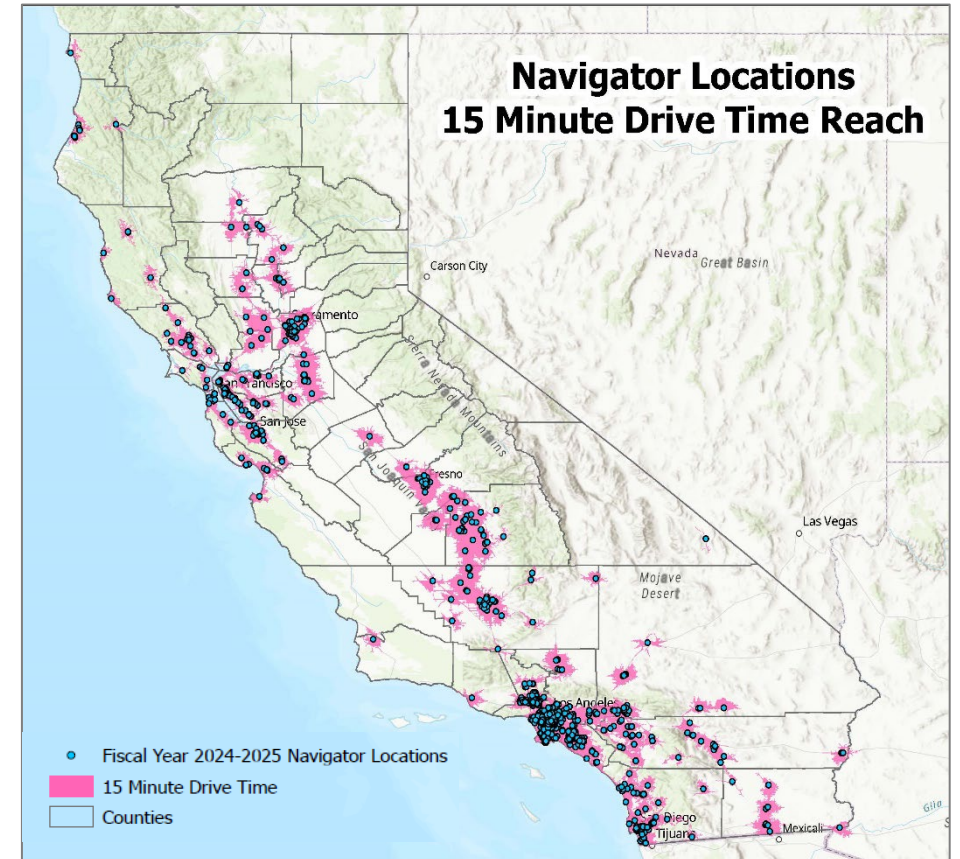
Enhancements to Storefront Management

Improved Storefront verification process

Storefront engagement

NAVIGATOR PROGRAM UPDATES

- Funding for FY 2024-25:
 - \$8.319 million in core funds awarded
 - \$500,000 in Supplemental Outreach Grants
- 104 Entities with 1,107 physical enrollment locations
 - 49 lead and 55 subcontractor entities with 1,970 counselors
- 90.5% (35,627,100) of total Californian's population lives within a 15-minute drive time of a Navigator location.
 - Up from 89.6% during May 2024
- Grantees:
 - 32 returning Navigator program grantees;
 - 6 Navigator program subcontractors become leads
 - 11 new organizations (non-Navigators)
 - 5 are current Certified Application Counselor entities
 - 1 is a previous Navigator lead entity
 - 5 are new to Covered California.



CHECK OUT THE RESOURCES AVAILABLE FROM OUR HEALTH, DENTAL, AND VISION PLANS WEBINAR TO HELP YOU AND YOUR CONSUMERS PREPARE FOR OE 25!

Health, Dental, and Visions Plans Webinar Resources:

- [Webinar Recording](#)
- [Presentation Slides](#)



*Dental Health Services were not able to participate in our pre-recording informational session. Contact the plan directly for member services and benefits information.



THANK YOU

EMAIL: OUTREACHHANDSALES@COVERED.CA.GOV

