



AB 1296 Stakeholder Meeting April 18, 2014



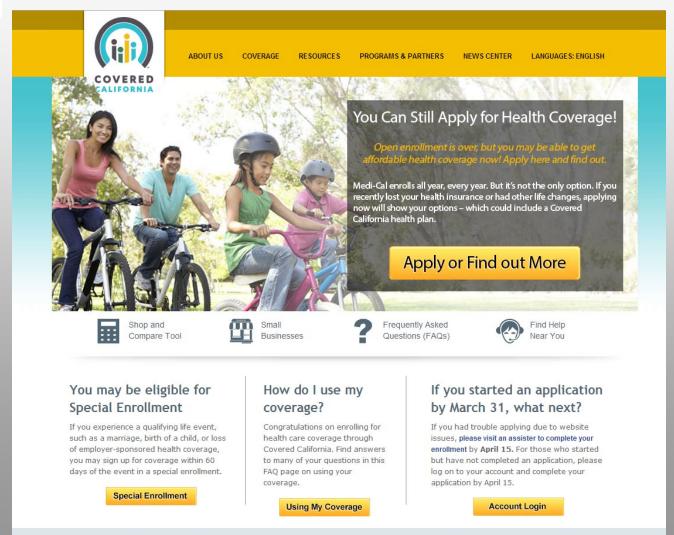
Topics for Discussion



Current web framing to CoveredCA.com web portal

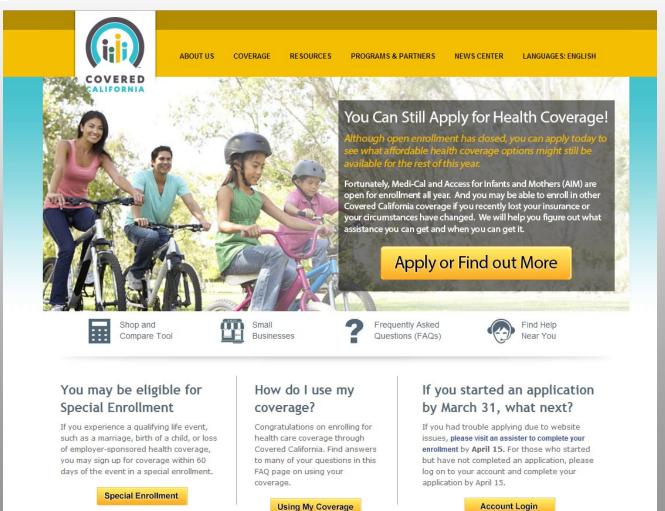






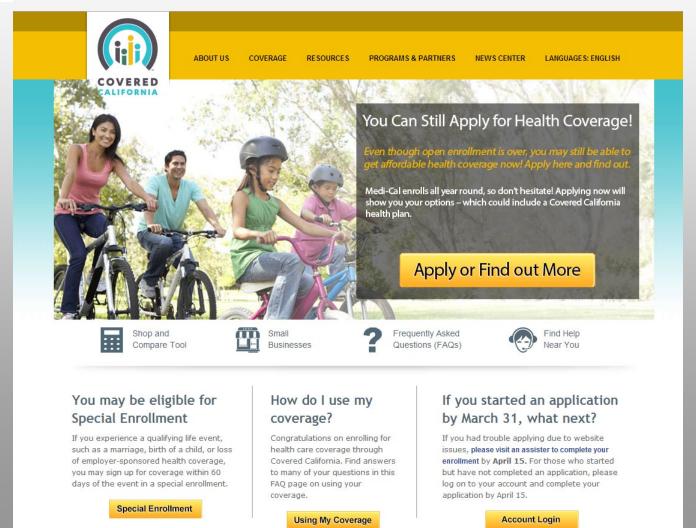














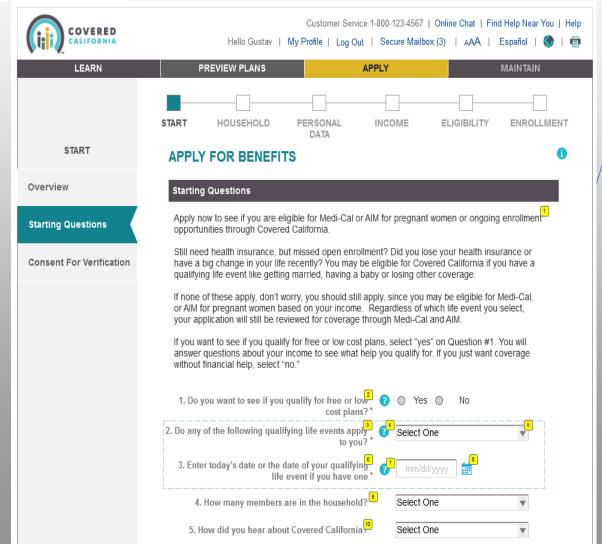






Apply for Benefits Page – R3.5.2





Drop Down Options Lost my health insurance including Medi-Cal Permanently moved to/within California Had a baby Adopted a child Got married or entered into domestic partnership Returned from active duty military service Released from incarceration Gained citizenship/lawful presence American Indian/Alaskan Native Other qualifying life event None of the above



Application Signature – Consumer View – R4.3

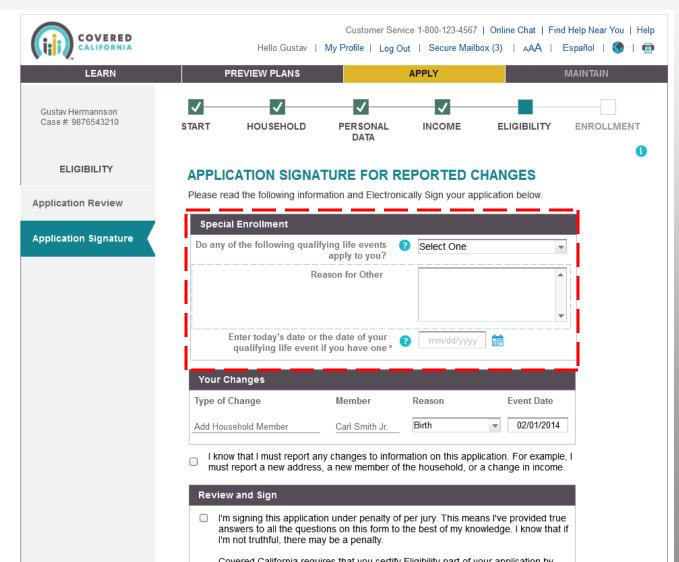


| COVERED | Customer Service 1-800-123-4567 Online Chat Find Help Near You Help Hello Gustav My Profile Log Out Secure Mailbox (3) AAA Español 🚳 💼 |
|--|---|
| LEARN | PREVIEW PLANS APPLY MAINTAIN |
| Gustav Hermannson Account #. 0123456789 Case #. 9876543210 | START HOUSEHOLD PERSONAL INCOME ELIGIBILITY ENROLLMENT DATA |
| ELIGIBILITY | APPLICATION SIGNATURE |
| Application Review | Please read the following information and Electronically Sign your application below. |
| Application Signature | Special Enrollment Do any of the following qualifying life events apply to you?* Reason for Other * |
| | Enter today's date or the date of your qualifying life event if you have one * 1 |
| | Maintaining your Verification |
| | I understand that the Covered California will use my tax return at renewal time each year for the next 5 years to see if I qualify for help paying for health coverage. I understand that I can change my answer later. Maintain my consent for: 5 Years |
| | I know that I must report any changes to information on this application. For example, I must report a new address, a new member of the household, or a change in income. |
| | Review and Sign I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. |



Application Signature for Reported Changes – Consumer View – R4.3



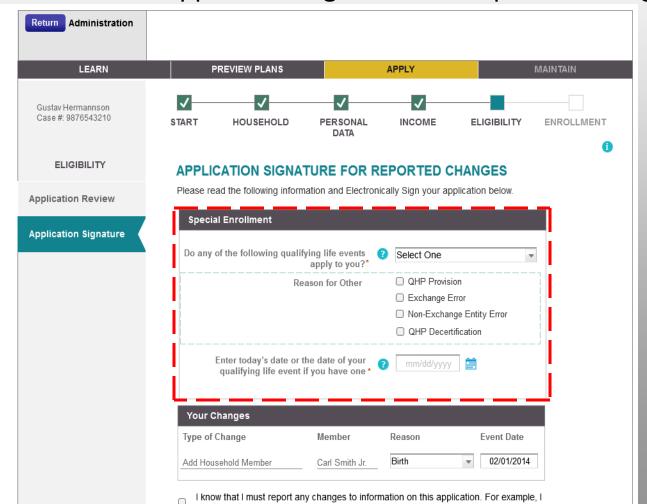




Application Signature for Reported Changes – SCR View - R4.3 – Option 1



Scenario: SCR View for Application Signature for Reported Changes

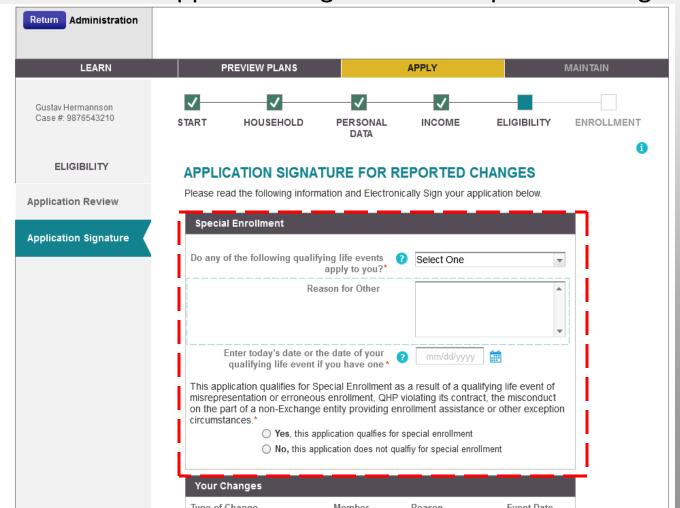




Application Signature for Reported Changes – SCR View - R4.3 – Option 2



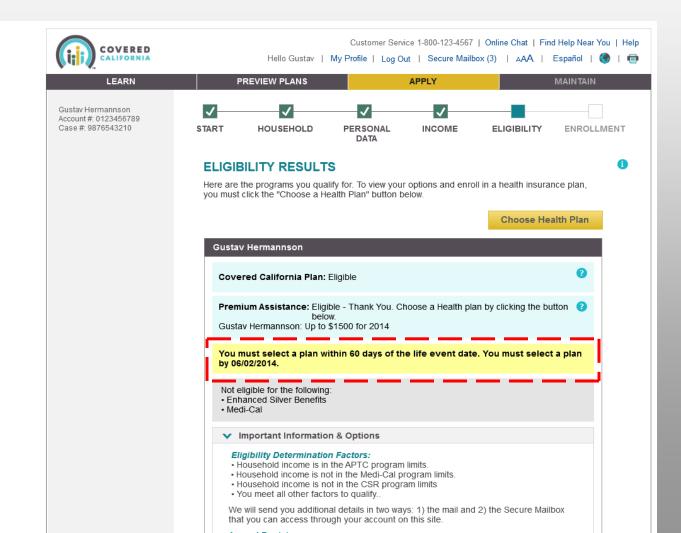
Scenario: SCR View for Application Signature for Reported Changes





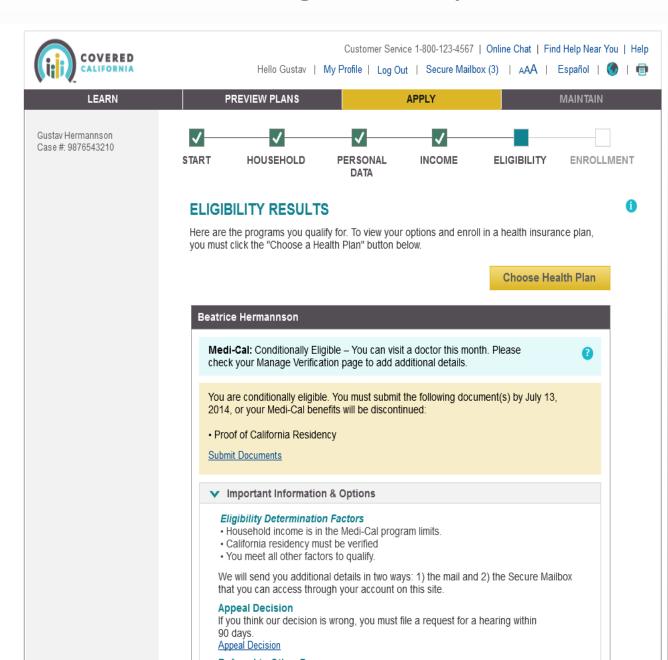
Eligibility Results – SEP Eligible





Eligibility Results – SEP Ineligible – Option 1

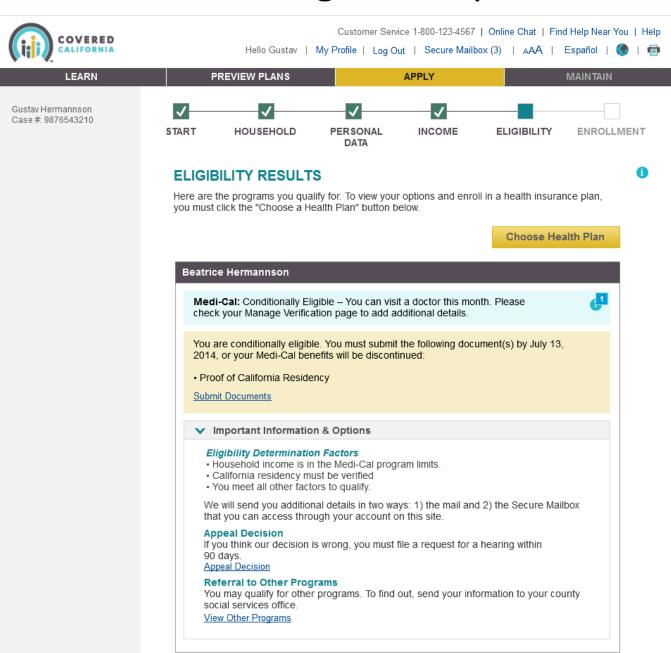
Scenario:
Consumer
submits new
application and is
determined
ineligible due to
Special
Enrollment.



Eligibility Results – SEP Ineligible – Option 2

Scenario:

Consumer submits a new application and is determined ineligible due to Special Enrollment.

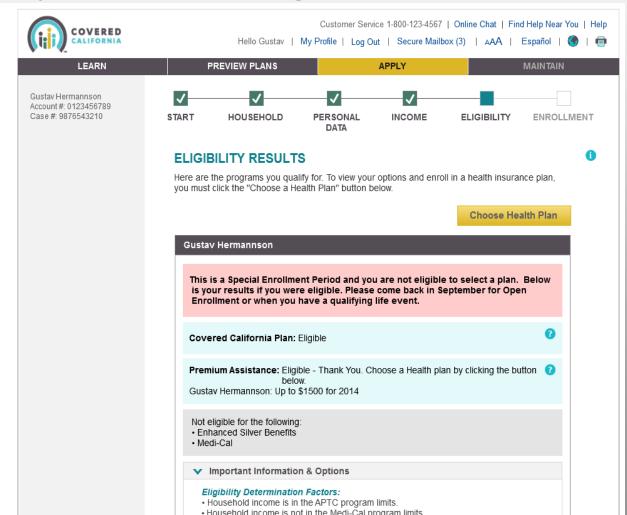




Eligibility Results – SEP Eligible Report a Change



Scenario: Consumer submits report a change and is determined ineligible due to not having a Special **Enrollment Reason** or the life event was reported after 60 days. The eligibility results are not updated.

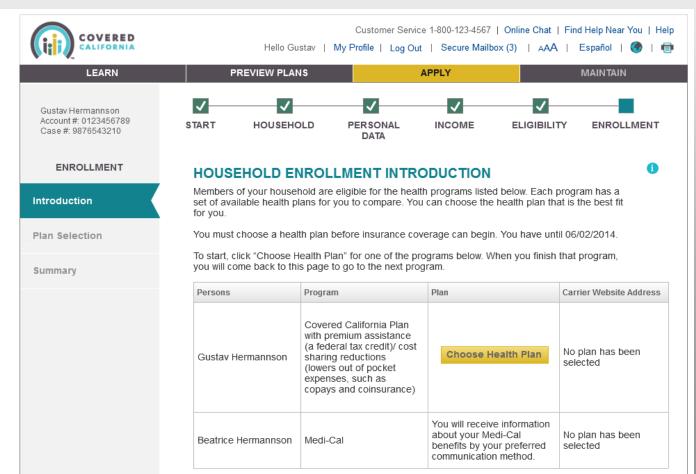




Enrollment Introduction - SEP Eligible



Scenario: Consumer is eligible for the Special Enrollment Period and proceeds to Plan Selection.





Enrollment Introduction - SEP Eligible



Scenario: Consumer is ineligible for Special Enrollment Period.

