



Covered California
PO Box 989725
West Sacramento, CA 95798-9725

Mixed Household - NOD01



*Your destination for affordable
healthcare, including Medi-Cal*

Jane Smith
1121 Main St
Yolo, CA 95606

Important news about your health benefits

October 15, 2013

Case Number: 5000001331

Dear Jane Smith,

Thank you for applying for health insurance through Covered California for you and your household members. We used the information you gave us and state and federal data to make this decision:

Jane Smith

Congratulations!

You qualify for health insurance through Covered California for 90 days. You also qualify for up to \$184 per month in premium assistance to help pay for your health insurance coverage. If you choose an enhanced silver plan, you will get lower out-of-pocket expenses through lower copays and deductibles.

We were unable to verify your household income information with electronic verification sources. We need proof to see if you qualify. Please send one of these proofs:

- Bank statement for this month
- Pay check stub within the last 45 days
- Letter from your employer stating your income, on the employer's letterhead if possible. (Use this if you do not get pay checks or get paid in cash.)
- Proof that you qualify for Food Stamps, TANF or Medicaid (for example, a Medi-Cal Notice of Action - NOA)
- Social Security Supplemental Income (SSI) statement
- Veterans Benefit statement
- Previous year Federal income tax form(s)

Based on the information you gave us, we believe you may be eligible for coverage through the Medi-Cal program. Your county of residence will contact you if more information is needed. You will receive a separate notice about your eligibility for Medi-Cal. If you have questions call your county of residence Medi-Cal office – the numbers are listed on the last page.

It's time to choose a plan. Your coverage starts after you choose a plan and pay your first premium (monthly cost).

Go to www.CoveredCA.com and log into your account to compare plans and choose a plan.

Read "**What to do if you qualify for now for 90 days**" to learn how to send us your proof.

About premium assistance

The Covered California website shows how much your premium assistance lowers your premium. Your premium assistance is based on our records and the income you put on your application that you expect this year. If you take the full premium assistance to pay the premium, and your income is higher, you may have to pay some back at tax time. If your income is lower, you may get a tax refund. You can choose to take a less premium assistance and pay more out of pocket toward your premium.

Changing your premium assistance

You can change the amount of premium assistance you take any time. To take less premium assistance, please call the Service Center at **1-800-300-1506**.

If you think we made a mistake, you have the right to appeal the eligibility decision for Premium Assistance, enhanced silver benefits and/or purchasing a health insurance plan. Read "**If you think we made a mistake**" below.

John Smith

Thank you for applying with Covered California.

You do not qualify for Premium Tax Credits, Enhanced Silver Plan because:

Based on the information you gave us, we believe you may be eligible for coverage through the Medi-Cal program. Your county of residence will contact you if more information is needed. You will receive a separate notice about your eligibility for Medi-Cal. If you have questions call your county of residence Medi-Cal office – the numbers are listed on the last page.

If you think we made a mistake, you have the right to appeal the eligibility decision for Premium Assistance, enhanced silver benefits and/or purchasing a health insurance plan. Read "**If you think we made a mistake**" below.

What to do next

If you qualify for coverage through Covered California, you must choose a health plan. Your coverage will start after you choose a plan and pay your first premium. To compare plans and choose a plan, log into your account at www.CoveredCA.com.

You have **30 days** to choose a plan. The next time you can choose a plan is during open enrollment from **October 15** through **December 7**.

What to do if you qualify for 90 days

You qualify for 90 days because information you gave us did not match our records. Send us **one** of the proofs listed above right away.

Go to www.CoveredCA.com to see a complete list of documents you can send. Or call the Service Center at **1-800-300-1506**.

Send your documents in one of these three ways:

- Online using your account at www.CoveredCA.com
- By fax to **1-888-329-3700 (1-888-FAX-3700)**
- By mail to:

Covered California
PO BOX 989725
West Sacramento, CA 95798-9725

If you have changes

You must tell Covered California within **30** days of any changes that may affect whether you qualify for health insurance, or to get premium assistance to help with paying for your health insurance. You should report changes such as;

- If you add a new member to your household
- If you lose a member of your household
- If your income increases or decreases
- If your citizenship status changes

To report changes, log into your account at www.CoveredCA.com or call the Service Center.

If you think we made a mistake

If you think we made a mistake or you don't agree with our decision, you can appeal. To ask for an appeal, log on to www.CoveredCA.com and send an appeal request. Or call the Covered California Review Department at **1-800-300-1506**.

Questions?

- If you have created a CoveredCA account, log on to your account at www.CoveredCA.com; or
- Call the Covered California Service Center at **1-800-300-1506**. You can call Monday through Friday 8 a.m. to 6 p.m. and Saturdays 8 a.m. to 5 p.m. The call is free."

This notice is being sent to you in compliance with the Affordable Care Act:
45 CFR 155.305, 45 CFR 155.310, 26 USC 36B, 45 CFR 155.320, 45 CFR 155.410, 45 CFR 155.320 (c), 45 CFR 155.315, 42 CFR 435.603, 42 CFR 435.110

If anyone has questions about Medi-Cal during October, November, or December, please call the phone number listed below for the county you live in.

Alameda	1-888-999-4772	Orange	1-855-478-5386
Alpine	1-530-694-2235	Placer	1-888-385-5160
Amador	1-209-385-3000	Plumas	1-530-283-6350
Butte	1-877-410-8803	Riverside	1-800-274-2050
Calaveras	1-209-754-6628	Sacramento	1-916-875-2200
Colusa	1-530-458-0250	San Benito	1-831-636-4180
Contra Costa	1-866-663-3225	San Bernardino	1-877-410-8829
Del Norte	1-707-464-3191	San Diego	1-855-342-4204
El Dorado	1-530-642-7300	San Francisco	1-415-558-4600
Fresno	1-559-600-7596	San Joaquin	1-209-468-1624
Glenn	1-530-934-1410	San Luis Obispo	1-805-781-1600
Humboldt	1-877-410-8809	San Mateo	1-800-223-8383
Imperial	1-760-337-6800	Santa Barbara	1-866-404-4007
Inyo	1-760-872-1394	Santa Clara	1-408-225-5722
Kern	1-877-410-8812	Santa Cruz	1-888-421-8080
Kings	1-877-410-8813	Shasta	1-877-652-0731
Lake	1-707-995-4200	Sierra	1-530-993-6720
Lassen	1-530-251-8152	Siskiyou	1-855-718-5041
Los Angeles	1-866-613-3777	Solano	1-707-784-8555
Madera	1-559-675-2300	Sonoma	1-877-699-6868
Marin	1-415-473-3400	Stanislaus	1-877-652-0734
Mariposa	1-209-966-2000	Sutter	1-877-652-0735
Mendocino	1-707-463-7773	Tehama	1-530-528-4191
Merced	1-209-385-3000	Trinity	1-800-851-5658
Modoc	1-530-266-6501	Tulare	1-800-540-6880
Mono	1-760-924-1770	Tuolumne	1-209-533-5711
Monterey	1-877-410-8823	Ventura	1-888-472-4463
Napa	1-707-253-4511	Yolo	1-530-661-2750
Nevada	1-530-265-1628	Yuba	1-877-652-0739

Jane Smith
1121 Main St
Yolo, CA 95606



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Case Number: 5000001331

Put this page first with your reply.

To help Covered California decide your case quickly, send us this page with any proofs or information we asked for. Send changes you wish to report, or any documents you would like us to have.

Please include this cover sheet on top of any documents you are sending.

Three ways to send:

1. Upload through your account at www.CoveredCA.com
2. Fax to **1-888-329-3700 (1-888-FAX-3700)**
3. Mail to:

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P.O. Box 989725
Sacramento, CA 95798-9725**