



**CR 160531 SB260 Auto Plan Selection  
Noticing Updates**

May 2022  
Policy, Eligibility, and Research Division

# CONSUMER MESSAGING

Covered California **created a new version** of the Eligibility Determination Notice (NOD01T) for the transitioning population to ensure the SB 260 requirements are met.

- The Eligibility Notice will **open with important information** for consumers on why they are receiving the notice, what options they have and how to get help

Furthermore, Covered California designed additional educational consumer communication to ensure this population **understands their options and next steps** based on findings from the consumer research efforts.

- A **educational flyer** will be included with the Eligibility Notice to provide further information on Covered California, Financial Help, health insurance terminology, and plan out-of-pocket costs
- A coverage **cancelation notice** will be sent to those who actively opt-out or those who were required to opt-in but did not provide a response by the due date

{DOC\_DATE}  
Case Number: {CASE\_ID}  
Online Access Code: {Access Code}



## Welcome to Covered California!

Dear {PRIMARY\_FIRST\_NAME} {PRIMARY\_LAST\_NAME},

Covered California is a free government service. We work with Medi-Cal to make sure Californians have access to quality health care. Covered California is the only place to get federal financial help to buy a private health plan if you do not have coverage through a job or another program like Medi-Cal or Medicare.

### Your Medi-Cal is ending. Covered California is here to help you stay covered.

You recently got a letter that your Medi-Cal program coverage is ending. California law requires us to use the household and income information you reported to Medi-Cal to help you enroll in a new Covered California health plan with financial help. We picked a health plan with the most financial help available. To start your coverage on {Coverage Start Date}, you need to **(\$0 premium: confirm the plan we picked for you)** (pay your first premium (monthly cost)).

Name	Plan	Monthly premium	APTC	Amount you pay
John Smith - New	{Carrier} - Silver 87 HMO	\$535.00	-\$510.00	\$25.00

- **Monthly premium** is the monthly cost of the plan before subtracting your financial help.
- **APTC** is the federal Advance Premium Tax Credit amount you qualify for. To learn more about how APTC can affect your tax returns, read "important tax information about Covered California" below.
- **Amount you pay** is the amount you need to pay each month for this plan.

### Your choices:

1. You can keep the plan we picked for you. (You will soon get a bill from {Carrier} with your payment due date. After you pay your first bill, you will get your insurance cards and can start using your coverage. Pay as soon as you can to get your coverage started.)  
{ \$0 Premium All you need to do is confirm this plan online at our website or call us. You will get your insurance cards from {Carrier} and can start using your coverage. Confirm as soon as you can to get your coverage started. If you do not confirm this plan by {Due Date}, we will cancel the plan we picked for you. }
2. You can choose a different plan offered through Covered California. Use our website to compare other plans and costs. You can also find out if you can keep the provider or doctor you have now. You still have until {SEP date} to change plans.

CCOE100

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



{FIRST\_NAME} {LAST\_NAME}  
{ADDRESS\_LINE1}  
{ADDRESS\_LINE2}  
{CITY}, {STATE\_CD (FK)}, {ZIPCODE}

## Your Covered California health plan is canceled

{CURRENT\_DATE}

Case Number: {CASE\_ID}

Dear {FIRST\_NAME} {LAST\_NAME},

We enrolled you or someone in your household in a {Carrier + APS Health Plan Name} health plan when you lost your Medi-Cal eligibility. (We canceled this health plan on {Cancellation date} because you told us you did not want health insurance through Covered California. If you picked a plan after that date, you will get another letter with information about your new plan.) (We canceled this health plan because you did not tell us you wanted to keep this plan by {Due Date}). If you picked a plan after that date, you will get another letter with information about your new plan.)

### Do you still need health coverage?

You have until {SEP end date} to pick a health plan through Covered California. There are many plans to choose from based on your health care needs. We are here to help answer your questions.

If you do not pick a plan by {SEP end date}, you may have to wait until you have another qualifying life event or until open enrollment to pick a Covered California health plan. The next open enrollment starts {OE\_Start Date}.

### We are here to help!

- **Go online:** To learn more, go to [CoveredCA.com/for-you](https://CoveredCA.com/for-you).
- **Call Covered California:** Call us Monday – Friday, 8 a.m. to 6 p.m. at {Service Center Phone} (TTY: 1-888-889-4500).
- **Get free in-person help:** There are many certified enrollment counselors and agents to help you. To find one near you, go to [CoveredCA.com/find-help](https://CoveredCA.com/find-help).

Thank you,

Covered California

California Code of Regulations  
If you think we made a mistake

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## Welcome to Covered California

Get help with your health insurance.

Covered California makes getting health insurance easier, with financial help for millions of Californians and free assistance to compare your options.

We can help you go from Medi-Cal to Covered California. You have options to choose from. We're here to help!

### Cost savings

Many Californians can get covered with a low or \$0 monthly premium and save thousands of dollars a year.

Choose a plan from brands you know and trust. Every plan we offer covers the important things like routine wellness exams, emergency care and mental health.

### After you enroll

After you complete your enrollment, your health plan will send you a welcome packet with information about your coverage and a member ID card.

### Make the most of your coverage

An in-network provider will cost you less than an out-of-network provider. Use your free preventative care for yearly flu shots, screenings and wellness exams. Get full coverage for prescriptions by using an in-network pharmacy.



### Your plan benefits

The chart below shows costs for popular services. This plan offers the most cost savings based on your household information. There are other plans you can choose. To shop and compare plans, log in to your account at [CoveredCA.com/new-plan](https://CoveredCA.com/new-plan).

Silver 87	
Annual wellness exam	\$0
Generic medication copay	\$5
Primary care visit copay	\$15
Mental health services	\$15
Urgent care visit copay	\$15
Emergency room copay	\$150

This list does not include all copays, coinsurance, deductibles or your out-of-pocket maximum. Log in or call us for full details.

### Your options and what you need to do:

#### Option 1: Keep Plan

Keep the plan Covered California chose for you.

Go to your online account or call to confirm you want to keep this plan.

If your plan has a monthly premium, pay the bill to start your coverage.



#### Option 2: Change Plan

Choose a different plan with Covered California.

Go to your online account and choose the plan you want.



#### Option 3: Cancel Plan

Cancel the plan Covered California chose for you.

Go to your online account to cancel this plan. Or do nothing, and we will cancel this plan for you.



With Covered California, you can choose a health plan from insurance companies available in your area such as:



## Financial help

Financial help is based on your age, family size, income, where you live, and the type of plan you choose. To learn more, go to [CoveredCA.com/financial](https://CoveredCA.com/financial). Financial help includes:



### Advance Premium Tax Credit (APTC)

APTC is paid directly to your insurance company through your monthly premium. Your monthly premium amount will be what APTC does not cover.

### Cost Sharing Reduction (CSR)

CSR lowers the amount you pay for deductibles and copays. To get CSR you must meet income requirements and choose a Silver plan.



### How APTC affects your taxes

At tax time, the Internal Revenue Service (IRS) compares the APTC you got during the year with what you qualified for based on your actual income. You will get tax forms that show the amount paid to your health plan. You will use the forms to fill out your tax returns. The IRS will make sure you got the right amount of financial help. Be sure to report income and household changes right away to Covered California so you will not have to pay back APTC when you file your taxes.

## Words to know for your plan

Here are some words to help you use your new health plan.

**Premium:** This is the amount you pay every month to your health plan to keep your health insurance coverage.



**Preventive care:** This is routine health care to prevent illness, disease and other health problems. All Covered California plans include free preventive services like yearly flu shots, screenings and checkups.



**Copay:** This is a fixed amount you pay for certain covered services like doctor visits. There are no copays for preventive care services, screenings and vaccinations.



**Deductible:** This is the fixed amount some plans require you to pay before the plan starts to pay its share for covered services, like hospitalizations and procedures. Deductibles do not apply to free preventive care services.



**Coinsurance:** For plans that include coinsurance, some health care services will cost you a percentage of the total cost. Depending on your plan, your share of the cost can range from 10-40%. These costs apply after you have met your deductible.



**Out-of-pocket limit:** This is the maximum you will pay each year for covered medical services before your health plan starts to pay for 100% of services. This protects you and your family from very high medical expenses. Most copayments, deductibles and coinsurance payments count toward this limit.



### Get help

- Go online: Use the QR code or visit [CoveredCA.com/new-plan](https://CoveredCA.com/new-plan)
- Find free in-person help: To find a certified enrollment counselor or agent, go to [CoveredCA.com/find-help](https://CoveredCA.com/find-help)
- Call Covered California: 1-800-816-4725 (TTY: 1-888-889-4500)



## We have great health plan options for you.

You're in the right place if you're moving from a Medi-Cal health plan to one through Covered California. Sign in to your account to keep, change or cancel your new plan.



[Sign In or Create Account](#)

[Get Free Help From an Enroller](#)



We partner with 12 health insurance companies that meet all state and federal health requirements.

### What You Should Know About Moving to a New Plan



You're moving to a plan through Covered California because you or someone in your household is no longer eligible for Medi-Cal.



You have 30 days from the date your Medi coverage ends to select a new plan without coverage gap. Your enrollment period closes after 60 days, so act fast.



Your new plan comes with comprehensive benefits and a wide selection of doctors.



California law requires us to enroll you in a plan, and we picked the one that offered the most financial help — but you don't have to. [Sign in to see other plans](#)

### What's next?



#### Get Your Access Code and Case Number

This can be found in the letter you received from Covered California.



#### Sign In or Create Your Account

Use your access code to create a new account, or your current name and password for an existing account (even if it's and old one).



#### Keep, Change or Cancel Your Plan

Get the details on your new plan or shop for a new one, and make your decision.

[Sign In / Create Account](#)

### How to Get Help



#### Call Us

Speak with a service center representative during our regular business hours.

[\(800\) 816-4725](#)



#### Live Chat

Chat with a Service Center representative during our regular business hours.

[Chat Now](#)



#### Find an Enroller

Licensed Insurance Agents and Certified Enrollers are ready to help.

[Find an Enroller](#)

Thank you!

