



Your destination for affordable  
healthcare, including Medi-Cal

## *Mixed Household - KidsMAGI*

XXXXXX  
XXXXXX  
XXXXXXX

### Important news about your health benefits

09/30/2014

Case Number: XXXXXXXXXXXX

Dear XXXXXX XXXXXXXXXXXX,

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:

**XXXXXX XXXXXXXXXXXX** (Dad - conditionally eligible for APTC/CSR)

You qualify for health insurance through Covered California for 90 days. You also qualify for up to \$411 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.

#### **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**.

#### **U.S. Citizenship or National Documents:**

The information you gave us about your U.S. citizenship or national status does not match the records we checked. To be sure you can keep your Covered California insurance (and continue to get help paying for your health insurance plan), we need you to prove your U.S. citizenship or national status. Please send a copy of one of these documents (do not send your original document):

- Original or certified birth certificate

- US Passport
- Certificate of Naturalization (N-570, N-578 or N-565)

You have 90 days to send us proof. If you are able to prove your citizenship, you will continue your insurance through Covered California. If you need more than 90 days to get proof, or you do not have access to one of the documents listed above, please contact the Service Center at 1-800-300-1506 for assistance. There may be other documents that we can accept if you do not have one of the above documents.

We have evaluated you for Medi-Cal. You do not qualify for Medi-Cal health coverage because your income is above the Medi-Cal limit.

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

If you think we are wrong and you believe that you qualify for a special enrollment period, you have the right to appeal. Read "**If you think we made a mistake**" below.

### **About Special Enrollment Periods**

Now that open enrollment is closed, you can only enroll in a Covered California health insurance plan if you experience a "qualifying life event". You have 60 days from the date on which the qualifying life event happens to enroll in a Covered California health insurance plan or change your existing Covered California plan. If 60 days pass and you do not sign up for health coverage, you will have to wait until the next open-enrollment period, which will be in the fall.

Keep in mind that you can enroll in Medi-Cal or AIM (Access for Infants and Mothers) at any time. You do not need a special enrollment period to enroll in Medi-Cal.

### **What's a qualifying life event?**

A qualifying life event is a change in your life that can make you eligible for a Special Enrollment Period. Some examples of qualifying life events are:

- Lost or will soon lose my health insurance
- Permanently moved to/within California
- Had a baby or adopted a child
- Got married or entered into domestic partnership
- Returned from active duty military service
- Gained citizenship/lawful presence
- Released from jail or prison
- Other qualifying life event (determined on a case by case basis)

Members of federally recognized tribes and Alaska Native shareholders can sign up for health insurance any time of year. There is no limited enrollment period for these groups, and they can change plans as often as once a month.

If you have questions about Special Enrollment Periods or qualifying life events a Service Center Representative can help you. Call the Service Center at 1-800-300-1506.

**XXXXXX XXXXXXXXX** (Mom - conditionally eligible for APTC/CSR)

You qualify for health insurance through Covered California for 90 days. You also qualify for up to \$411 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.

**U.S. Citizenship or National Documents:**

The information you gave us about your U.S. citizenship or national status does not match the records we checked. To be sure you can keep your Covered California insurance (and continue to get help paying for your health insurance plan), we need you to prove your U.S. citizenship or national status. Please send a copy of one of these documents (do not send your original document):

- Original or certified birth certificate
- US Passport
- Certificate of Naturalization (N-570, N-578 or N-565)

You have 90 days to send us proof. If you are able to prove your citizenship, you will continue your insurance through Covered California. If you need more than 90 days to get proof, or you do not have access to one of the documents listed above, please contact the Service Center at 1-800-300-1506 for assistance. There may be other documents that we can accept if you do not have one of the above documents.

We have evaluated you for Medi-Cal. You do not qualify for Medi-Cal health coverage because your income is above the Medi-Cal limit.

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

If you think we are wrong and you believe that you qualify for a special enrollment period, you have the right to appeal. Read "**If you think we made a mistake**" below.

**XXXXXX XXXXXXXX** (Child 1)

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 are likely to 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 think we are wrong and you believe that you qualify for a special enrollment period, you have the right to appeal. Read "**If you think we made a mistake**" below.

XXXXXX XXXXXXXXXXXX (Child 2)

You qualify for health insurance through Covered California.

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

Based on the information you gave us, we believe you are likely to 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.

Based on some of your application answers, your county social services office will contact you with more information about qualifying for health coverage through other Medi-Cal programs.

If you think we are wrong and you believe that you qualify for a special enrollment period, you have the right to appeal. Read "**If you think we made a mistake**" below.

## 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, 45 CFR 155.420(c),  
45 CFR 155.420(d)

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healthcare, including Medi-Cal*

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

Case Number: XXXXXXXXXXXX

**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](http://www.CoveredCA.com)
2. Fax to **1-888-329-3700 (1-888-FAX-3700)**
3. Mail to:

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