



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

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## Important news about your health benefits

09/30/2014

Case Number: XXXXXXXXXXXX

Dear XXXXXXXXX,

Thank you for choosing to keep getting health insurance through Covered California for 2015. To renew your coverage, Covered California checked to see if you and your household qualified for a number of insurance affordability programs. Some of the programs include:

- Free or low cost Medi-Cal
- Premium assistance (a federal tax credit)
- Silver cost sharing reductions (lower co-pays and deductibles)

We used the information you gave us and federal data to renew your health insurance for 2015. In this letter, we will tell you which insurance affordability program each of your household members qualify for.

**XXXXXXXXXX**

You qualify for health insurance through Covered California for 90 days. You also qualify for up to \$237 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 financial help**

There are two types of financial help you may qualify for. Help with paying your monthly premiums is called premium assistance. Help you get when you use your coverage is called silver cost sharing reductions.

#### **Premium Assistance**

Premium assistance is a federal tax credit that helps make health insurance more affordable. The amount of premium assistance you can get depends on your household size, family income and where you live. There are three ways you can use your premium assistance:

- Apply **all** of your tax credits in advance to lower the amount you pay each month,
- Take **some** of the tax credits each month and get the rest at the end of the year, or
- **Wait** until the end of the year to get the credit as a payment to you after you file taxes.

If you take some or all in advance (before you file taxes), the tax credit is paid directly to your health insurance plan.

### **Changing your premium assistance**

You can change the way you get premium assistance you take any time. To take less premium assistance, please call your Covered California Certified Enrollment Counselor or Certified Agent or the Covered California Service Center.

### **Silver cost sharing reductions**

You may also qualify for silver cost sharing reductions. This means, based on your household income, when you choose a silver plan, you will have lower out-of-pocket costs. Out-of-pocket costs include co-pays, co-insurance and deductibles. If your income qualifies, you can get the benefits of a gold or platinum plan for the price of a silver plan. With silver cost sharing reductions, on average, the plan pays 94%, 87% or 73% for covered benefits and you pay for the rest. For example with a silver 94 plan, there is no deductible and primary care visit co-pays are only \$3.

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)

We were unable to verify your non-incarceration information with verification sources. Call the Service Center to update our records and see if you qualify.

We are unable to verify whether that this person is alive with verification sources. Call the Service Center to update our records and see if you qualify.

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 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.

### **Great News about dental insurance in 2015!**

- If you have children covered, all Covered California health plans now include pediatric (children's) dental coverage. When you renew, you don't have to pay for a separate dental plan for your children.
- Family dental insurance will be available at an additional cost. Dental care is important, but this coverage is optional. If you want, you can enroll in a dental plan starting in early 2015.

### **What to do next**

Keep in mind, your health coverage can only be renewed if you keep paying your monthly premiums (monthly cost) on time. To avoid a gap in coverage, you must pay by 12/26/2014. You may contact your health plan directly, or you can wait for them to bill you. **Please do not send your payment to Covered California.**

If you change your mind and want to pick a different plan, you still can. During the Open Enrollment period, you can go to CoveredCA.com to compare rates and shop for a different health plan. You can also enroll in a dental plan. The 2015 Open Enrollment period is from November 15, 2014 to February 15, 2015.

If you're thinking of changing health plans, you may want to check whether the plans you're looking at have your current doctors or hospitals. At CoveredCA.com, there are links to each health plan's provider directory. There you can check to see which doctors are available.

If you decide to change health plans, you must choose by 01/15/2015 and you must pay your plan directly by 01/27/2015. This way your coverage can start on 02/01/2015.

**Note:** If this letter says you or someone in your household was advised that they may be eligible for Medi-Cal, then those household members do not need to pick a plan now. Please wait to hear from your County worker.

### **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](http://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](http://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](http://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 155.320(c), 45 CFR 155.315, Cal. Code Regs., tit. 10, § 6498, subd. (e), Cal. Code Regs., tit. 10, §§ 6472, 6474, 6476, Cal. Code Regs., tit. 10, § 6492

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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**