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

COVERED CALIFORNIA

Your destination for affordable healthcare, including Medi-Cal

XXXXX
XXXXX
XXXXXX

Important news about your health benefits

07/10/2014 Case Number: XXXXXXXXXX

Dear XXXXX XXXXXX,

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:

XXXXX XXXXXX

Based on the change you reported:

You qualify for health insurance through Covered California for 90 days. You also qualify for up to $1180 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**.

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.

XXXXX XXXXXX

Based on the change you reported:

You qualify for health insurance through Covered California for 90 days. You also qualify for up to $1180 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.

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.

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.

What to do next

If this letter says that you or someone in your household qualifies for coverage through Covered California, you must pick a health plan. Your coverage will start after you pick a plan and pay your first premium (monthly cost). If you have not already picked the health plan that best fits your needs, please log into your account at **www.CoveredCA.com**. Then click the "Choose Health Plan" button located at the bottom of the Eligibility results screen. You can also call the service center to help you.

So that your health coverage can start on **02/01/2014**, you must choose a plan by **01/15/2014** and pay by **01/28/2014**.

If you do not pick a Covered California plan and pay your first premium by **01/28/2014**, your next earliest coverage start date will be **03/01/2014**. If you do not pick a plan and pay your first payment by these due dates, your application may expire. If your application expires, you may be asked to re-submit your application or you will have to wait until the next open enrollment period.

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** 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 155.320(c), 45 CFR 155.315

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Case Number: XXXXXXXXXX

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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