Your destination for affordable, quality health care, including Medi-Cal

SINGLE STREAMLINED ONLINE APPLICATION WALKTHROUGH

October 10, 2014

CoveredCA.com is a joint initiative between Covered California and the California Department of Health Care Services

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Single Streamlined Application

- Simplified, Clearer Language
- Aligns with Paper Application
- Supports Open Enrollment 2015

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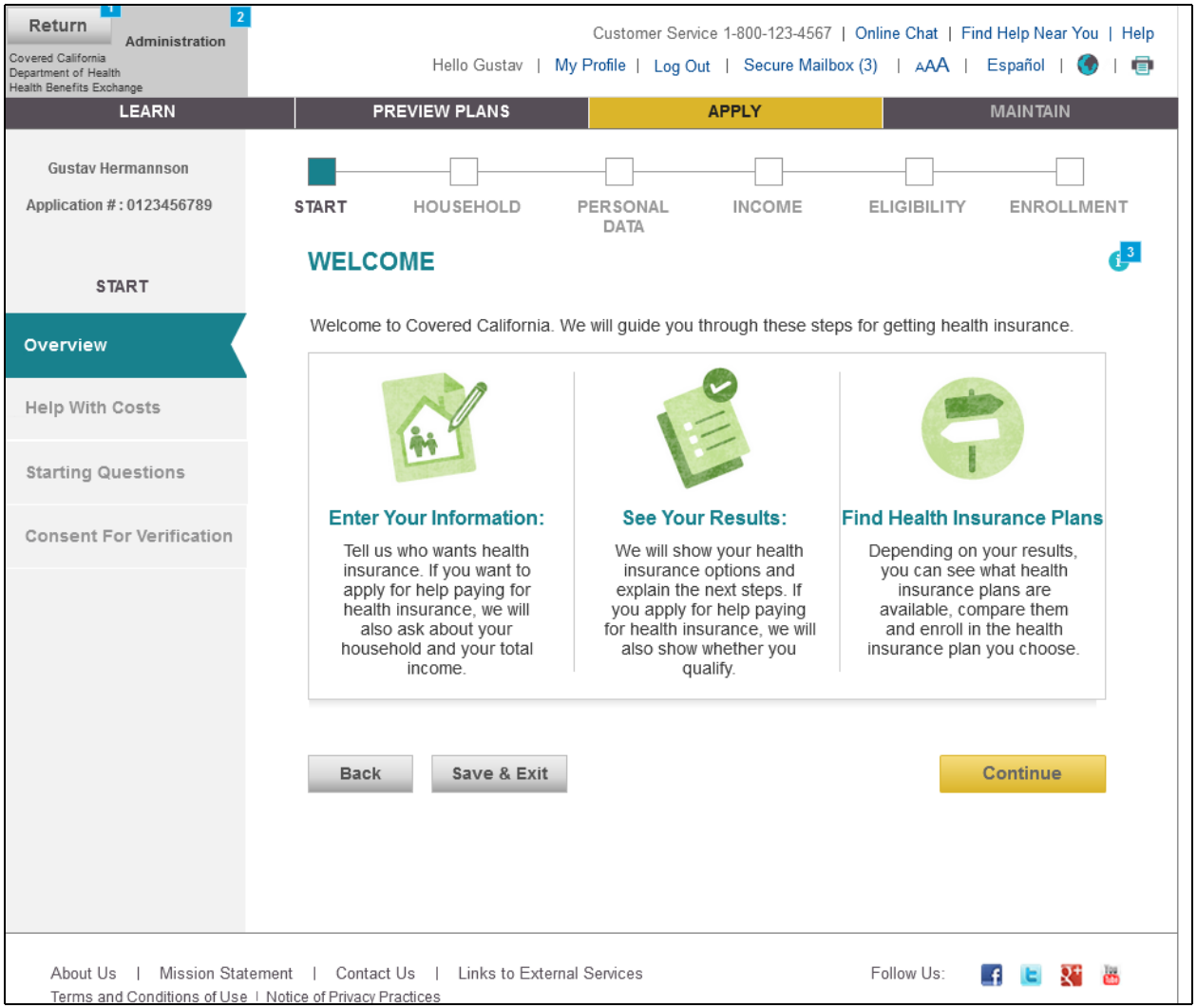

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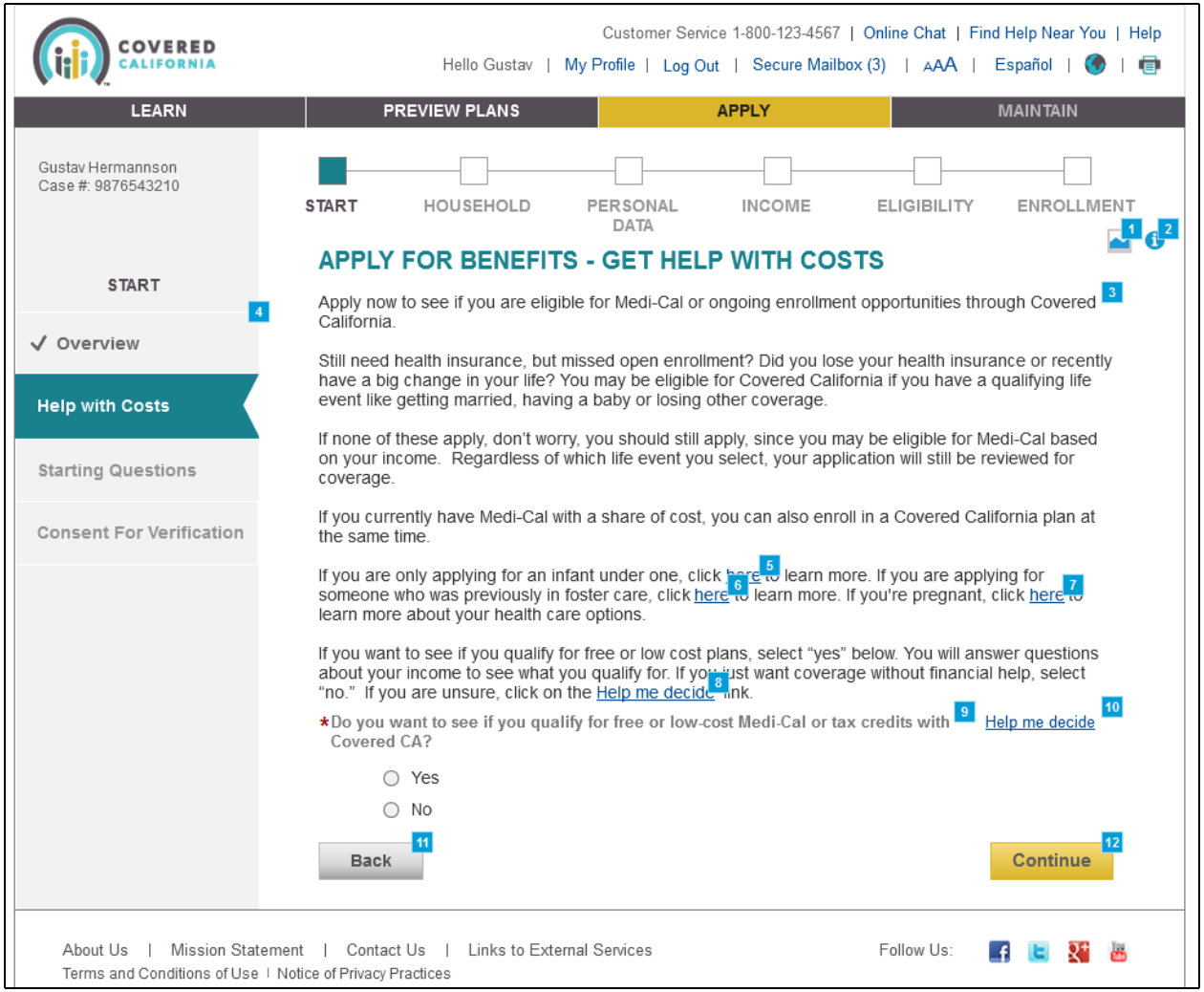

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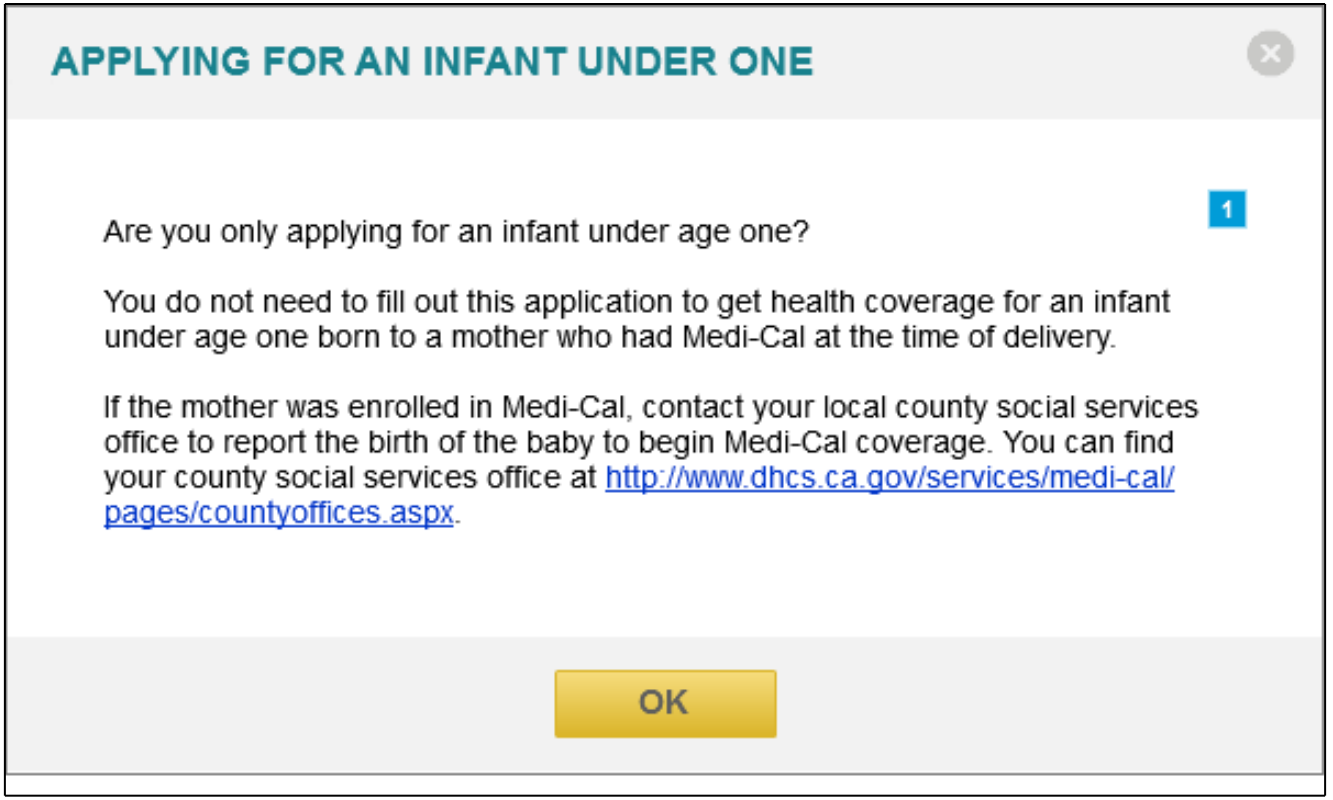

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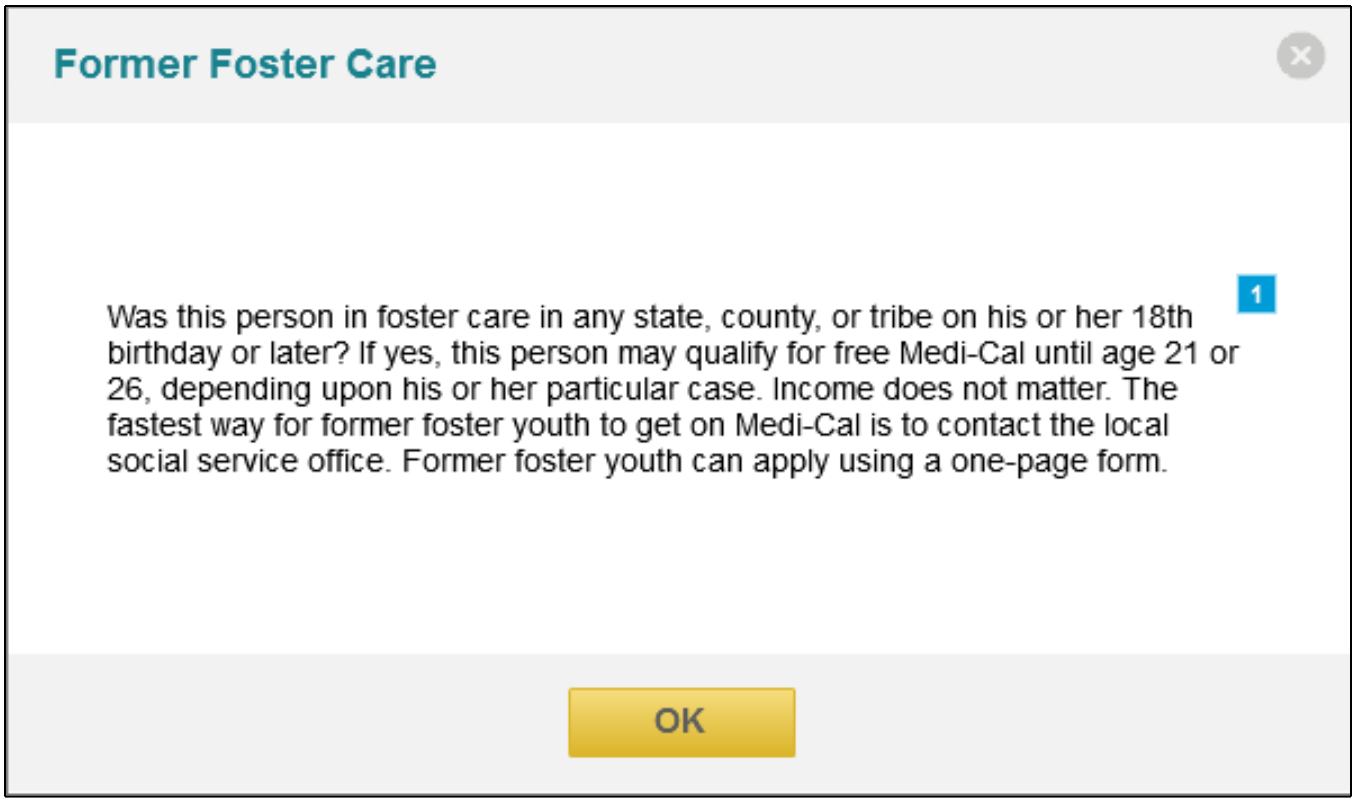

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HELP ME DECIDE

You may be eligible for a free or low cost plan, or a new kind of premium assistance that lowers your monthly premiums right away. Answer 3 questions to see if you can get help paying for your health insurance.

* What is your zip code?

3 90601

* How many people are on your federal income tax return this year? (If you didn't file taxes last year, tell us how many people live with you, including yourself.)

4 3

1 2 3

2 Cancel

1 Next

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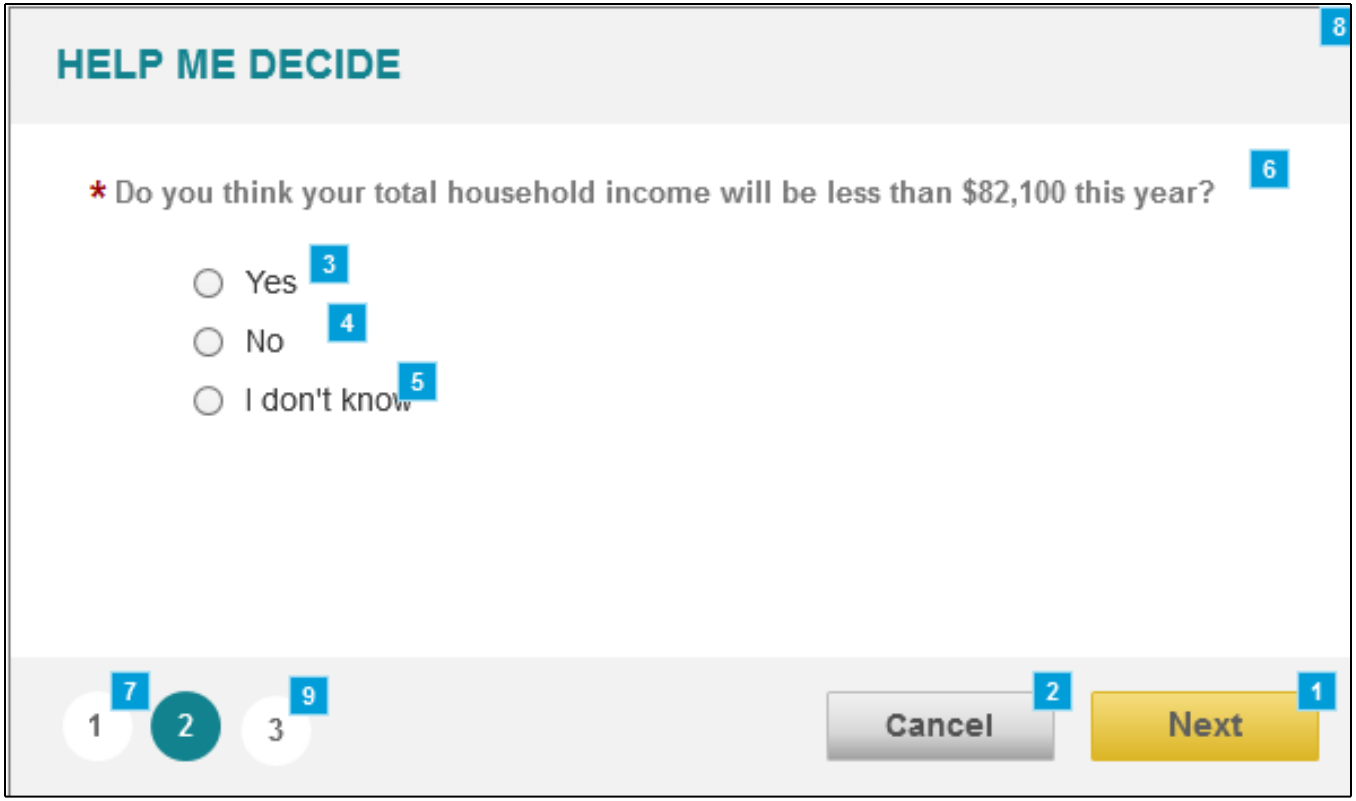

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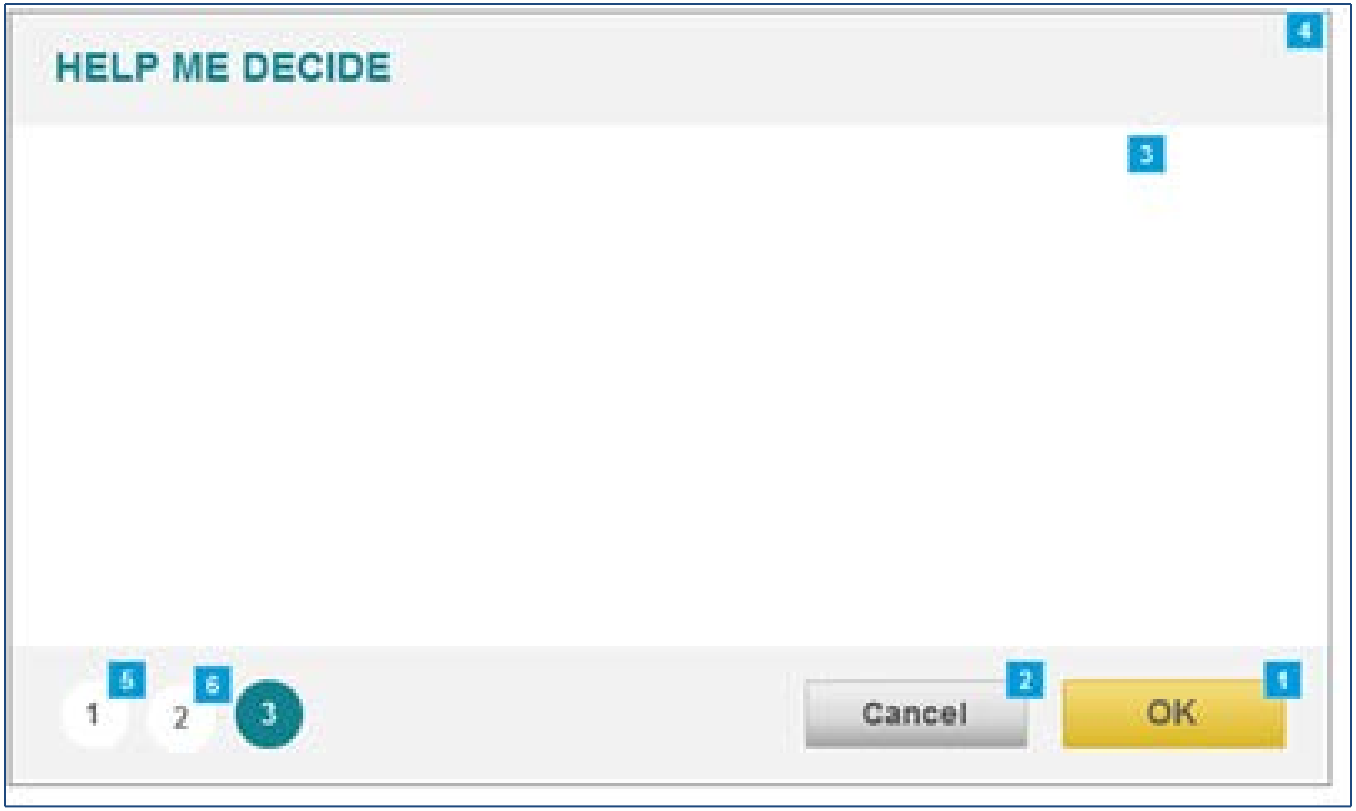

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Customer Service 1-800-123-4567 | Online Chat | Find Help Near You | Help

Hello Gustav | My Profile | Log Out | Secure Mailbox (3) | AAA | Español

LEARN | PREVIEW PLANS | APPLY | MAINTAIN

Gustav Hermannson
Case #: 9876543210

START — HOUSEHOLD — PERSONAL DATA — INCOME — ELIGIBILITY — ENROLLMENT

1 2

START

4

✓ Overview

Help with Costs

Starting Questions

Consent For Verification

APPLY FOR BENEFITS - GET HELP WITH COSTS

3

Apply now to see if you are eligible for Medi-Cal or ongoing enrollment opportunities through Covered California.

Still need health insurance, but missed open enrollment? Did you lose your health insurance or recently have a big change in your life? You may be eligible for Covered California if you have a qualifying life event like getting married, having a baby or losing other coverage.

If none of these apply, don't worry, you should still apply, since you may be eligible for Medi-Cal based on your income. Regardless of which life event you select, your application will still be reviewed for coverage.

If you currently have Medi-Cal with a share of cost, you can also enroll in a Covered California plan at the same time.

If you are only applying for an infant under one, click 5 here to learn more. If you are applying for someone who was previously in foster care, click 6 here to learn more. If you're pregnant, click 7 here to learn more about your health care options.

If you want to see if you qualify for free or low cost plans, select "yes" below. You will answer questions about your income to see what you qualify for. If you just want coverage without financial help, select "no." If you are unsure, click on the 8 Help me decide link.

*Do you want to see if you qualify for free or low-cost Medi-Cal or tax credits with Covered CA? 9 Help me decide 10

- ○ Yes
- ○ No

11 Back

12 Continue

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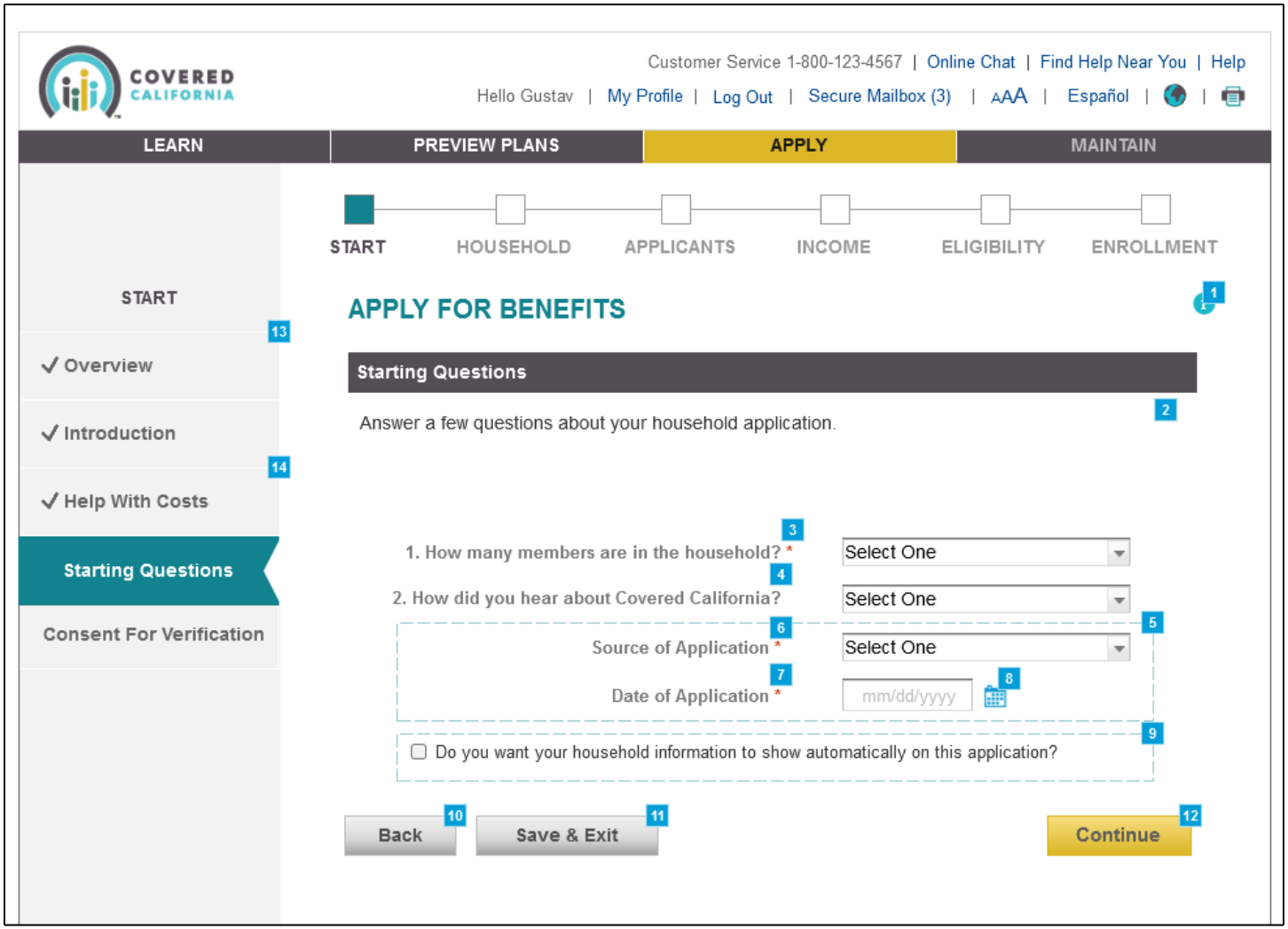

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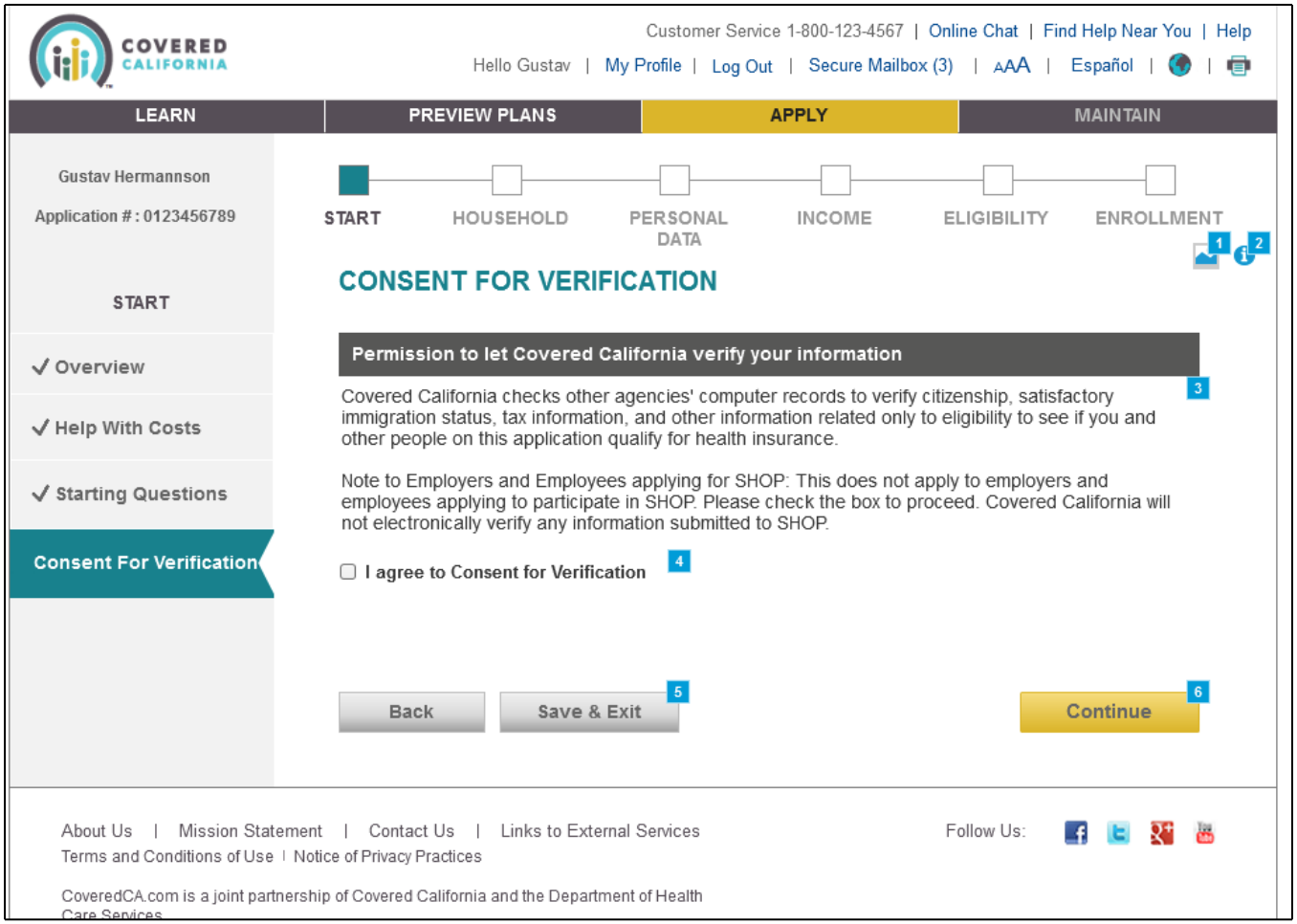

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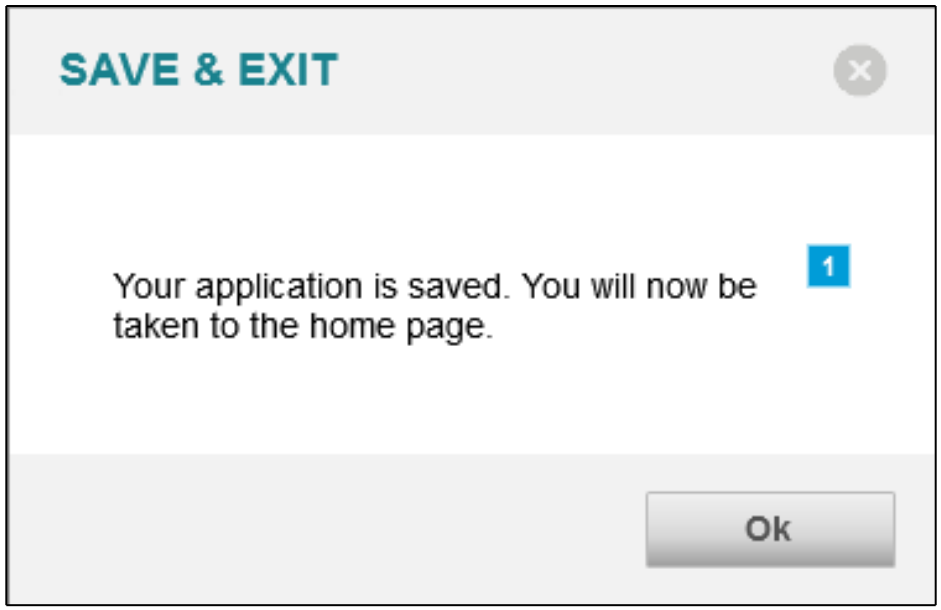

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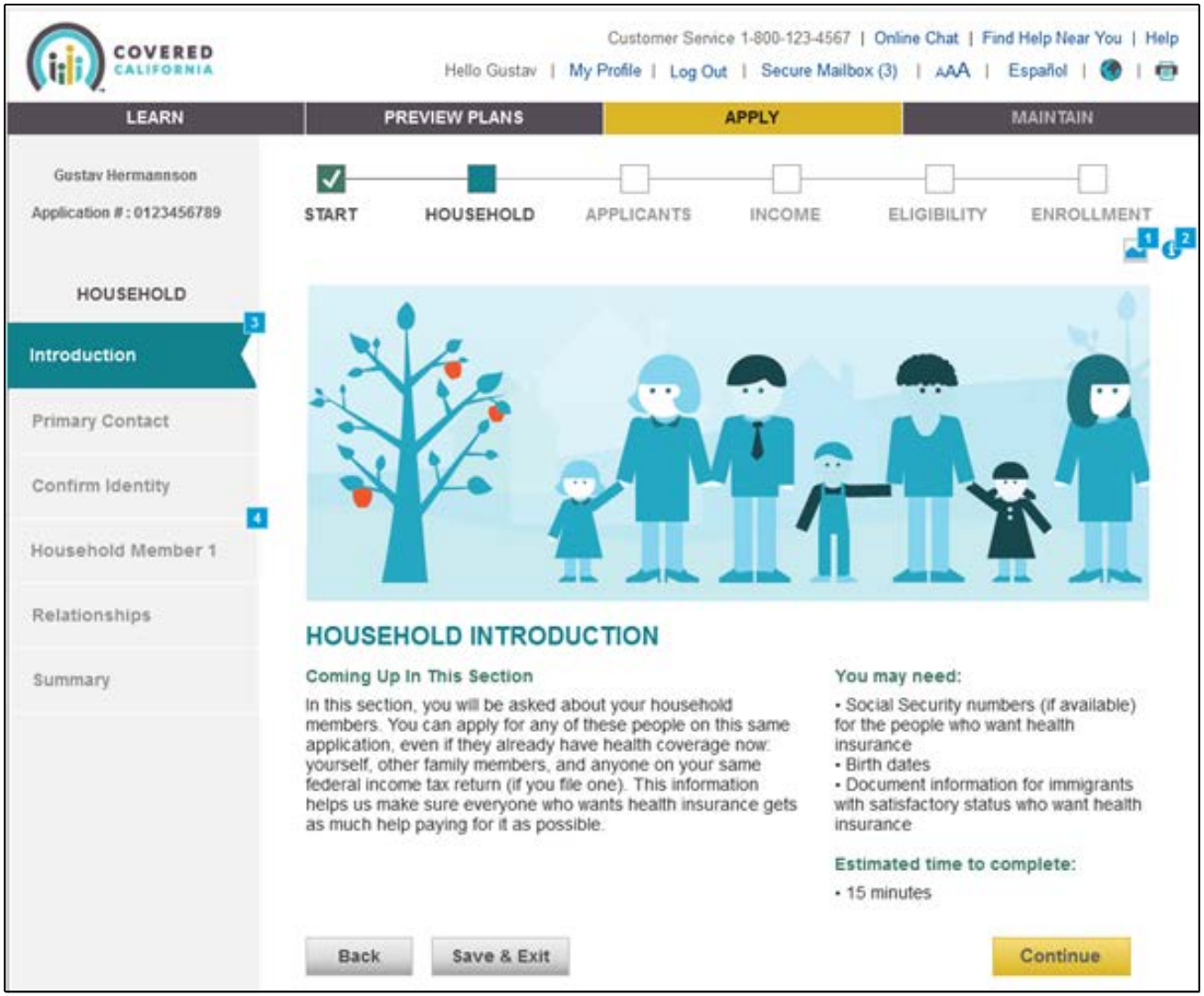

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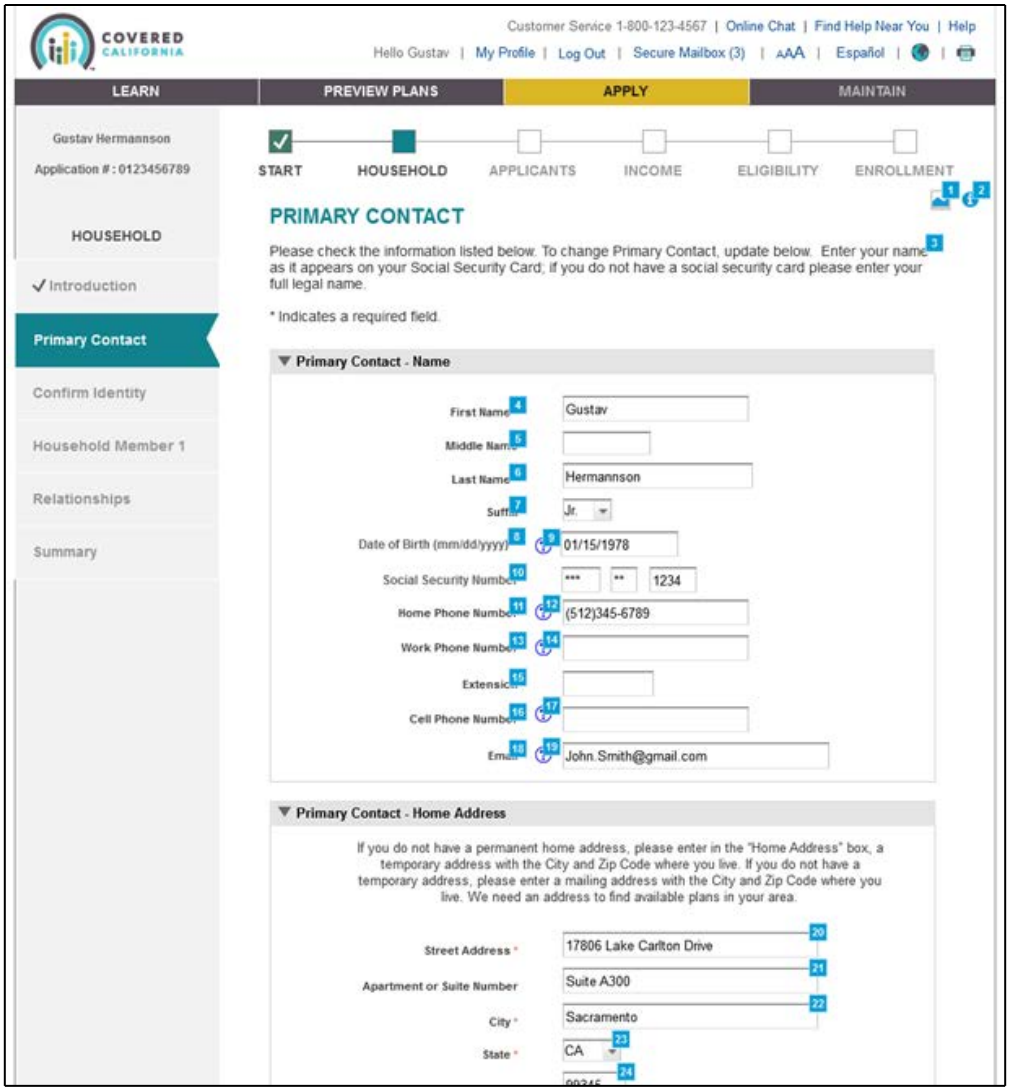

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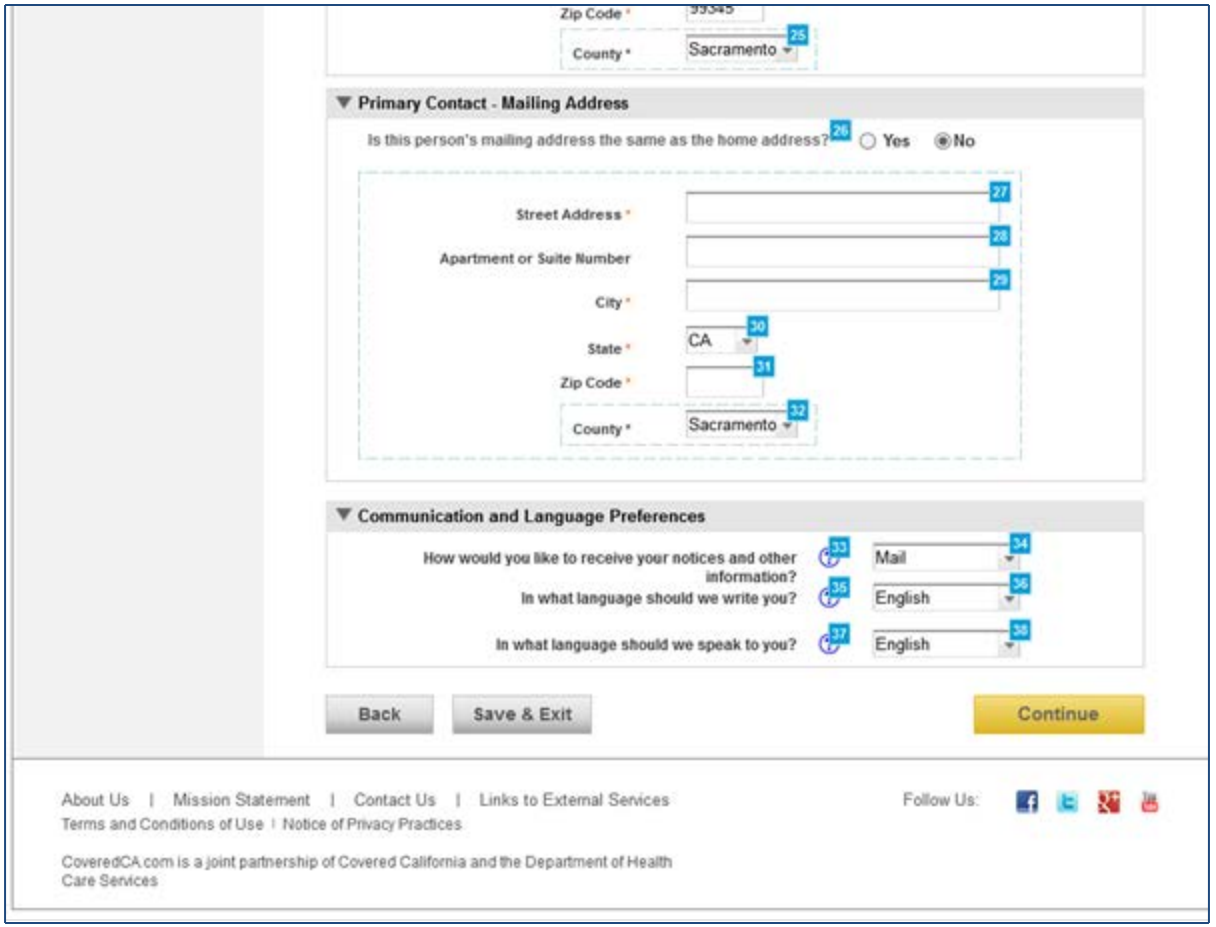

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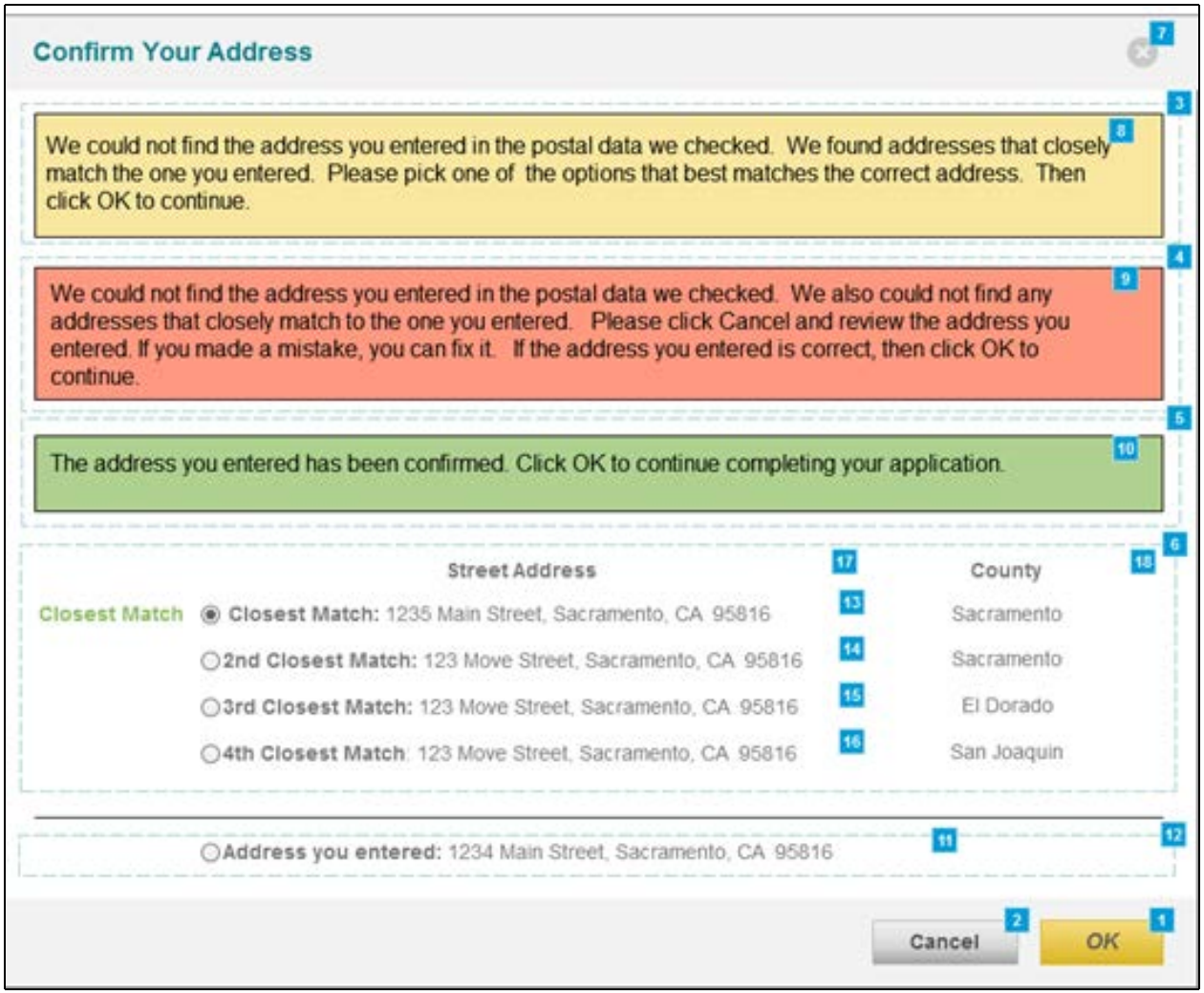

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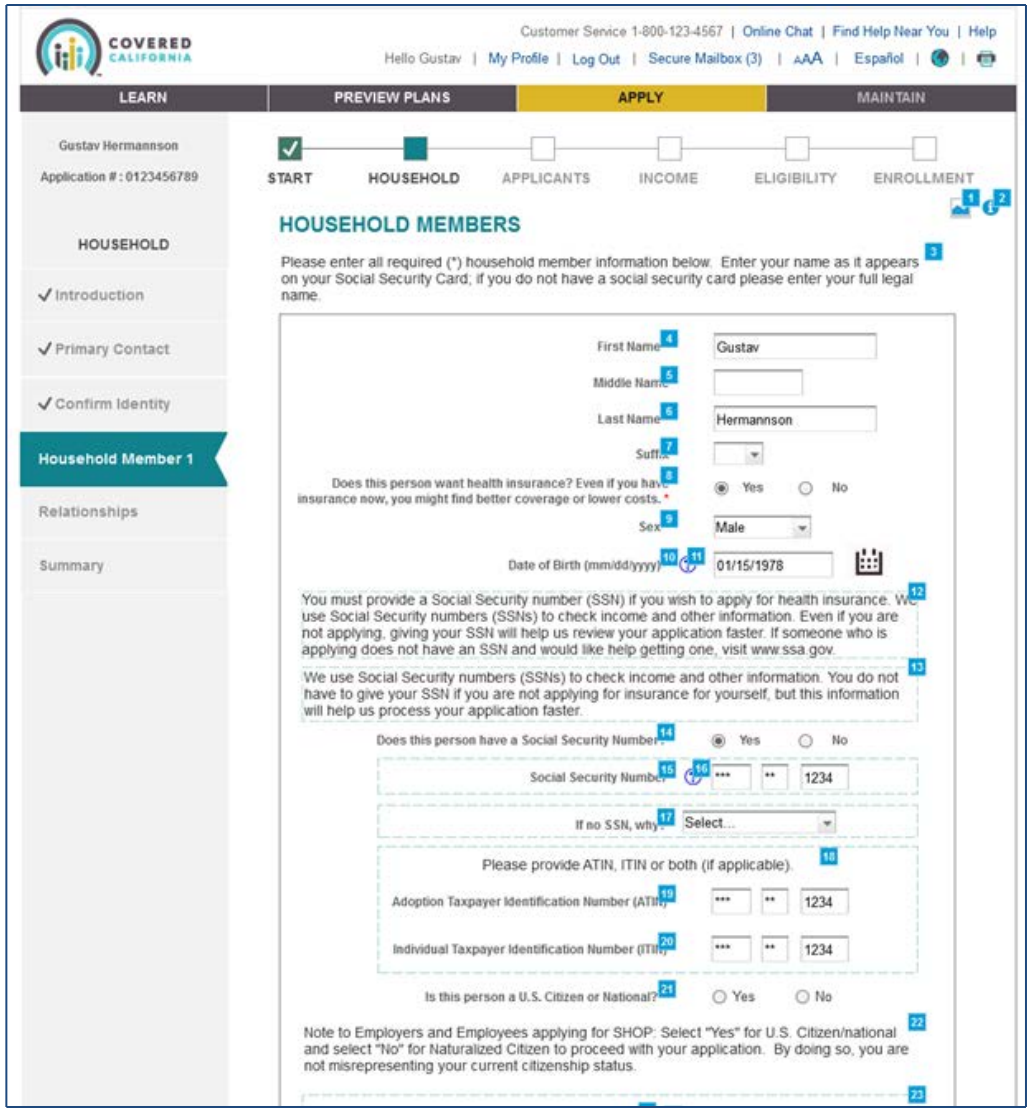

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Check the box if this person has eligible immigration status. 24 25 ☐ Eligible immigration status

Document Type * 26 Select One

27

Alien Number 28

Document Expiration Date 29

30

Alien Number 31

Card Number 32

Document Expiration Date 33

34

Alien Number 35

Visa Number 36

Passport Number 37

Document Expiration Date 38

39

Alien Number 40

Passport Number 41

Document Expiration Date 42

43

(listed as number 71) I-94 Number * 44

SEVIS ID 45

Document Expiration Date 46

47

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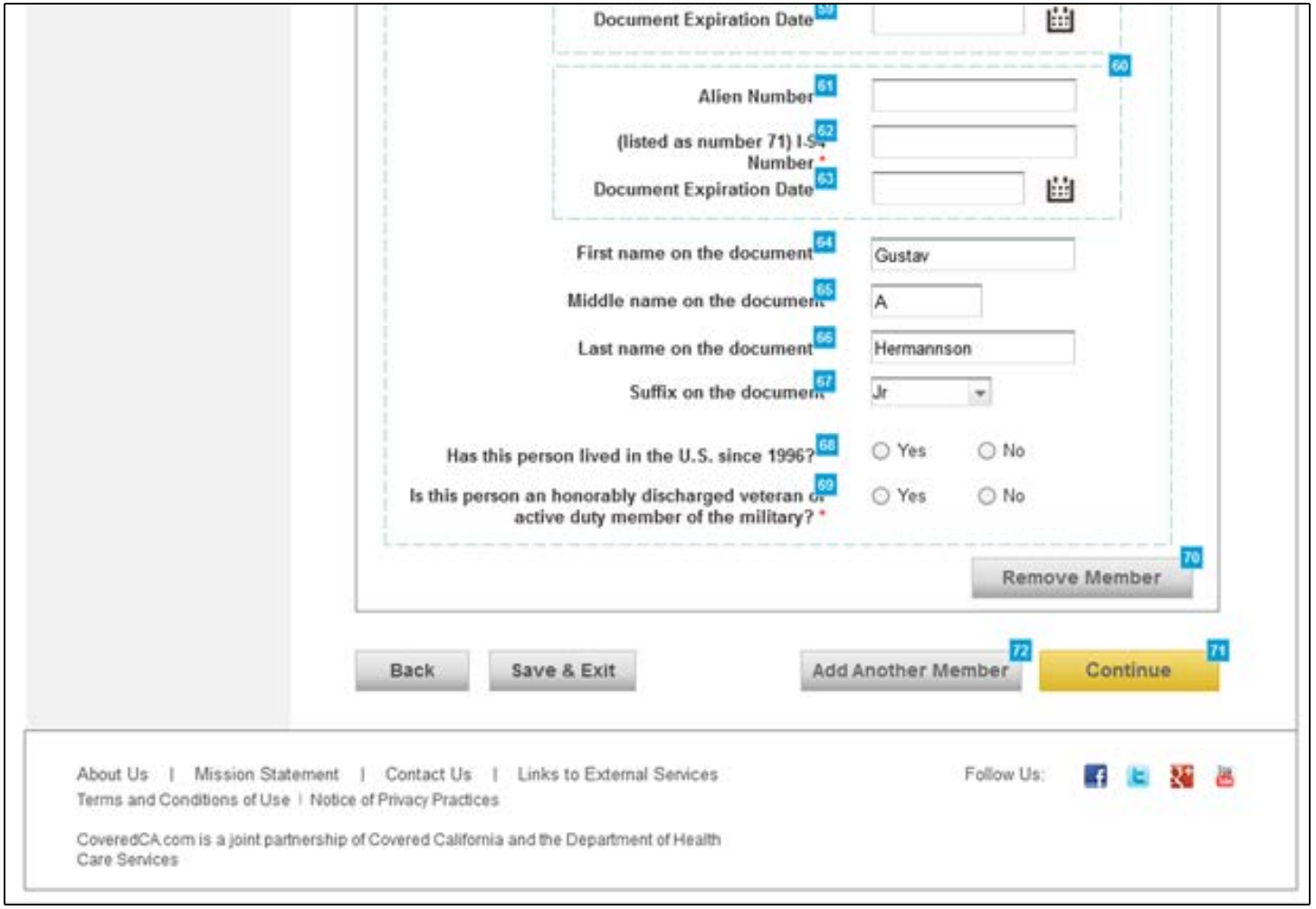

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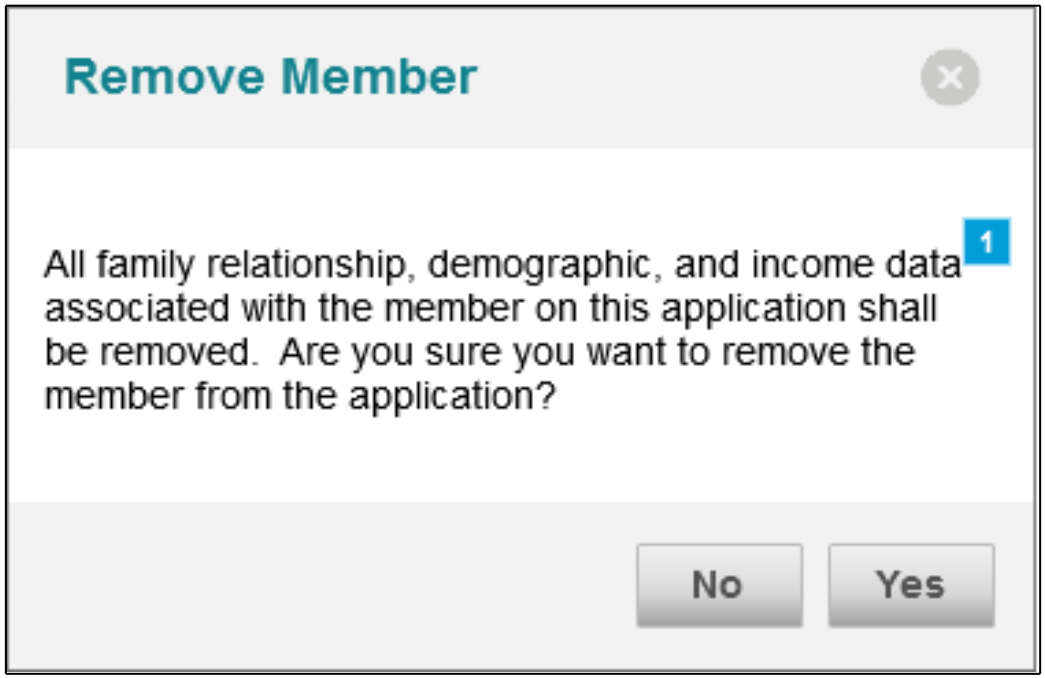

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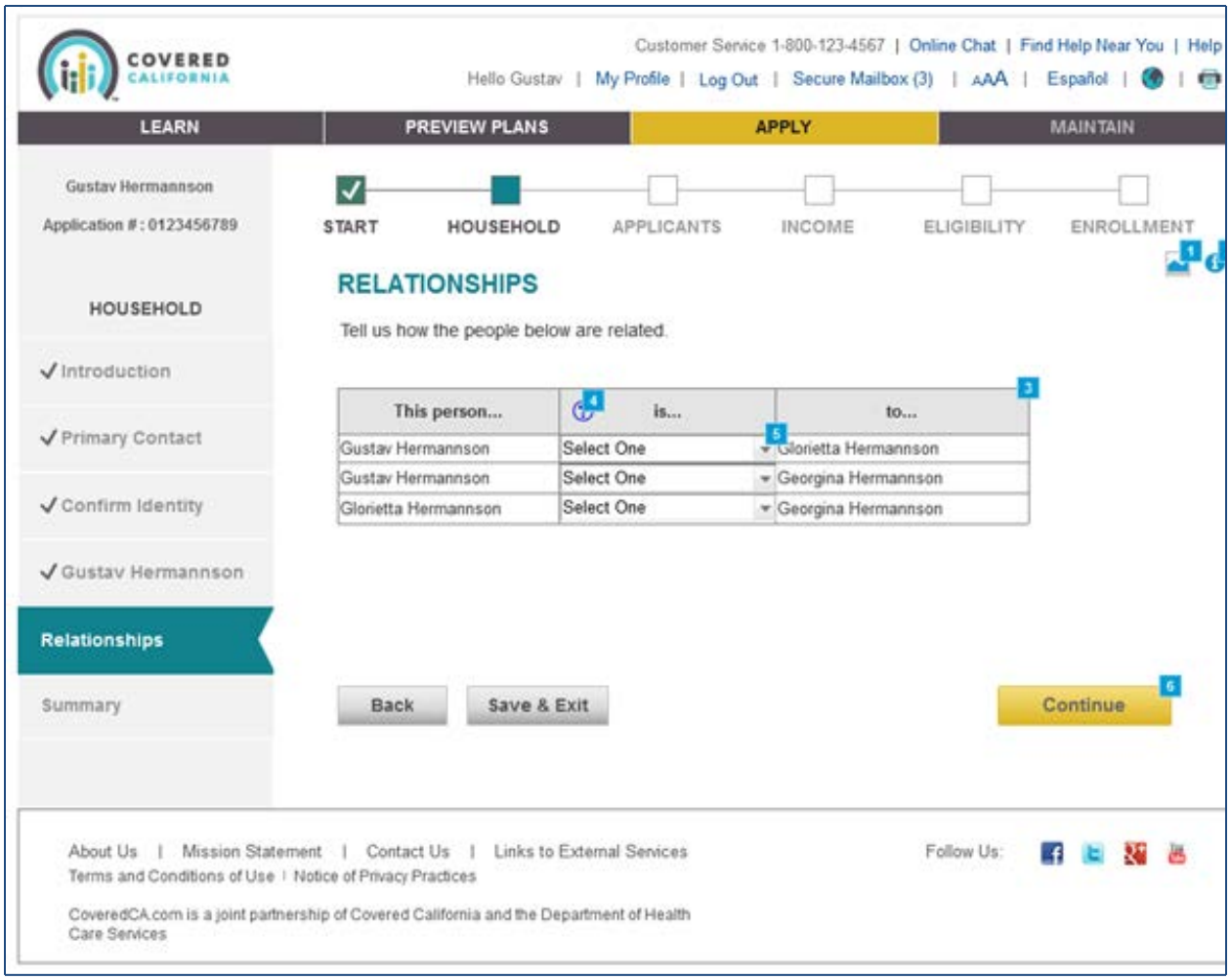

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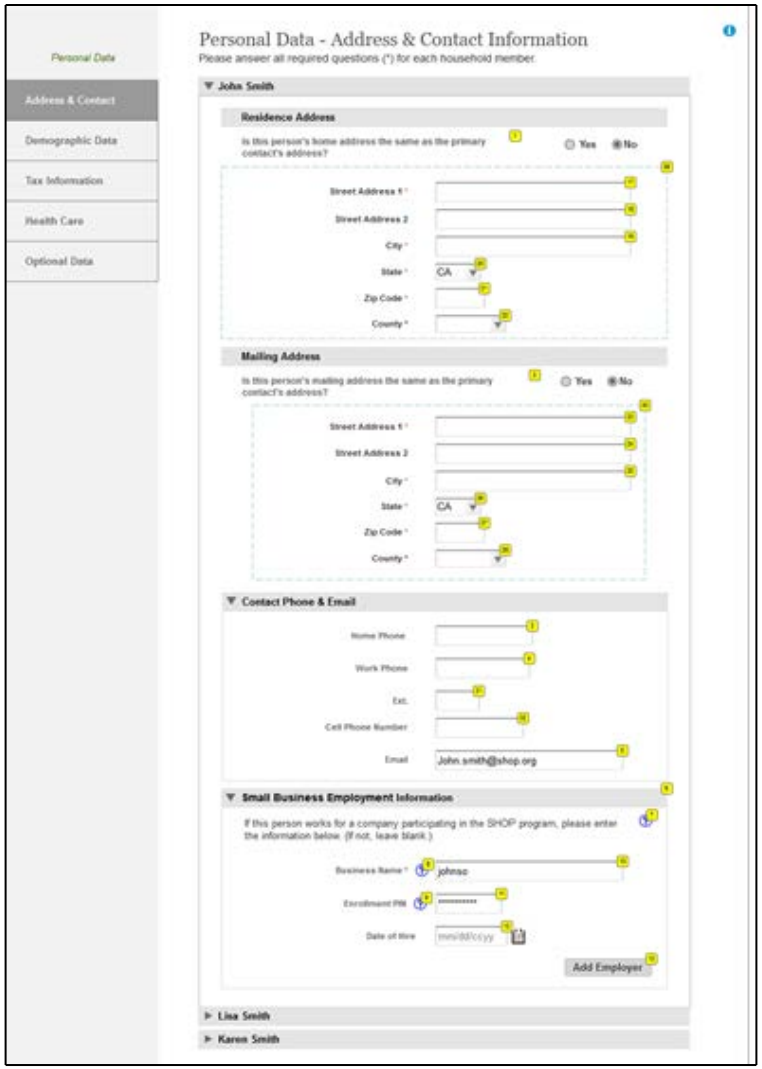

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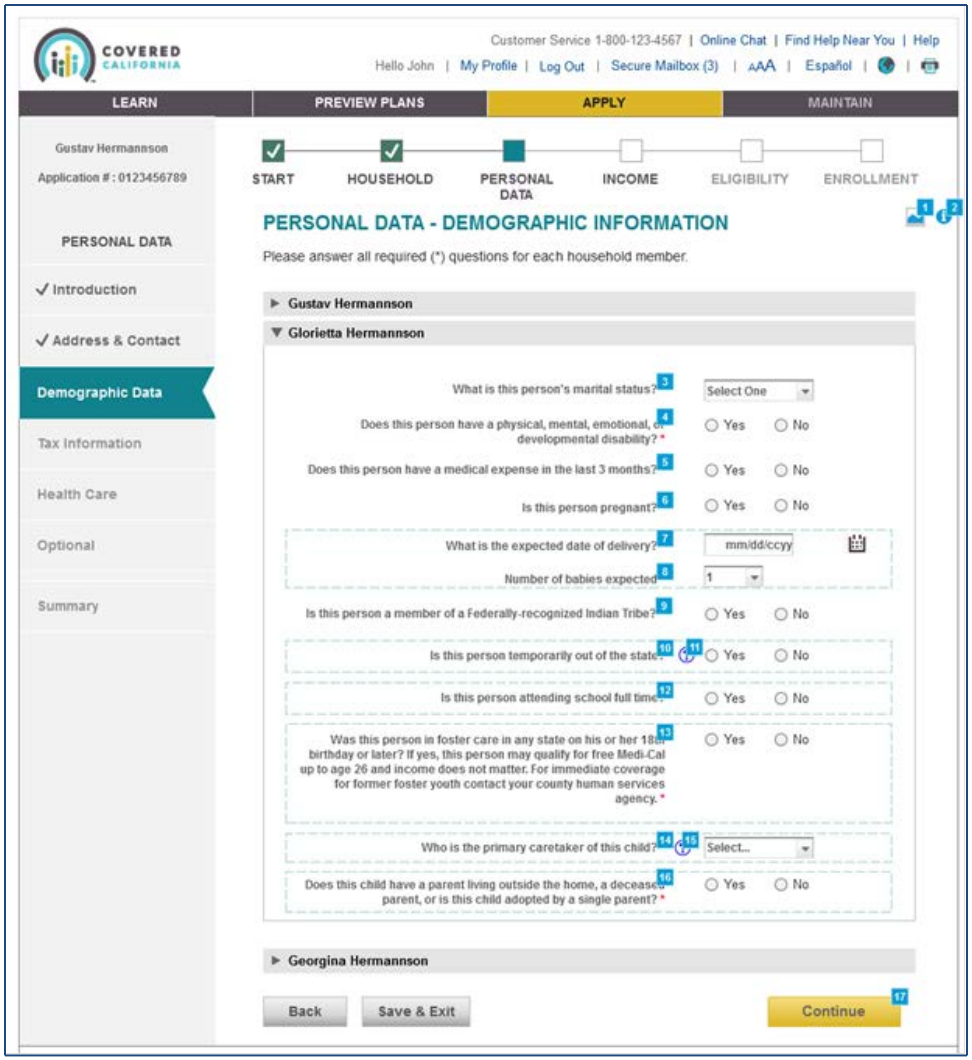

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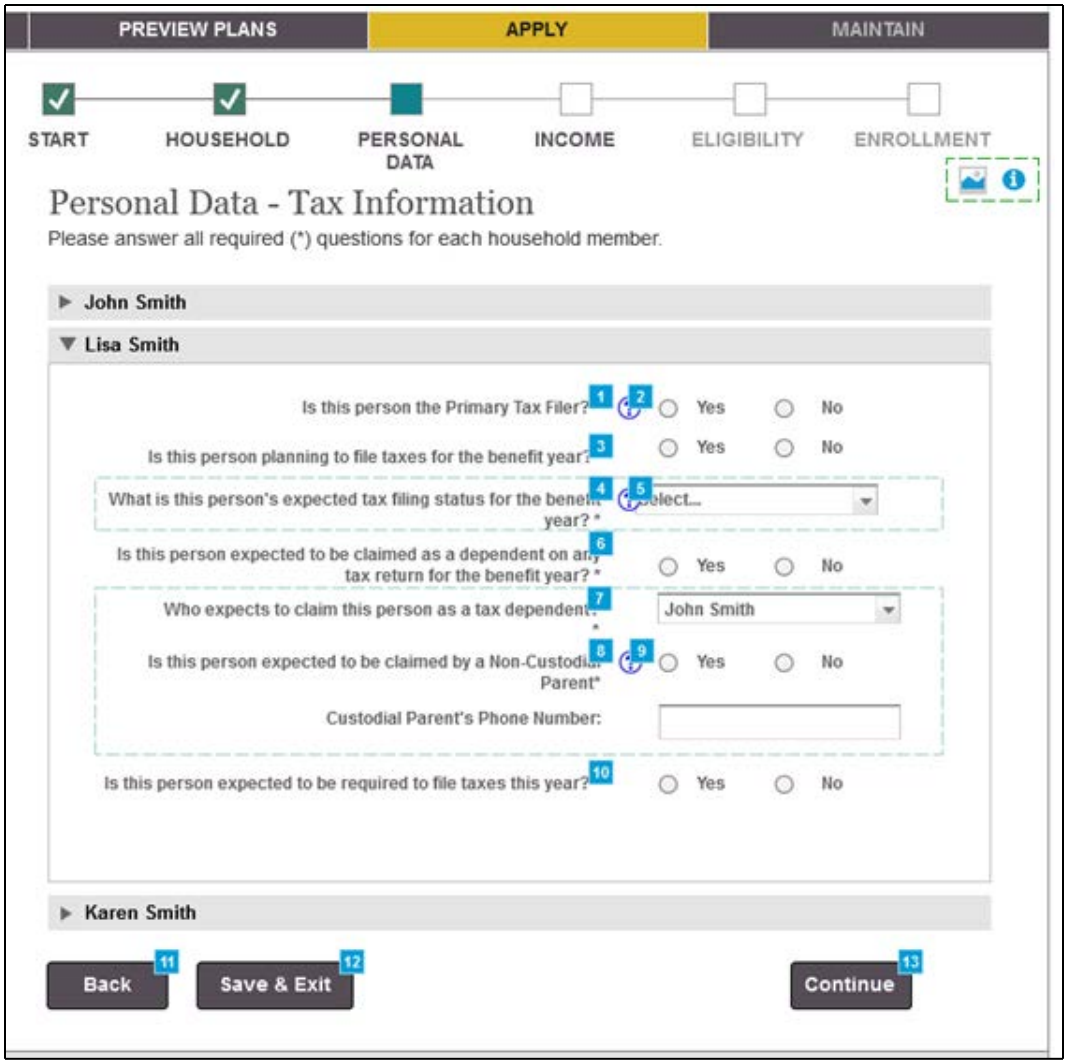

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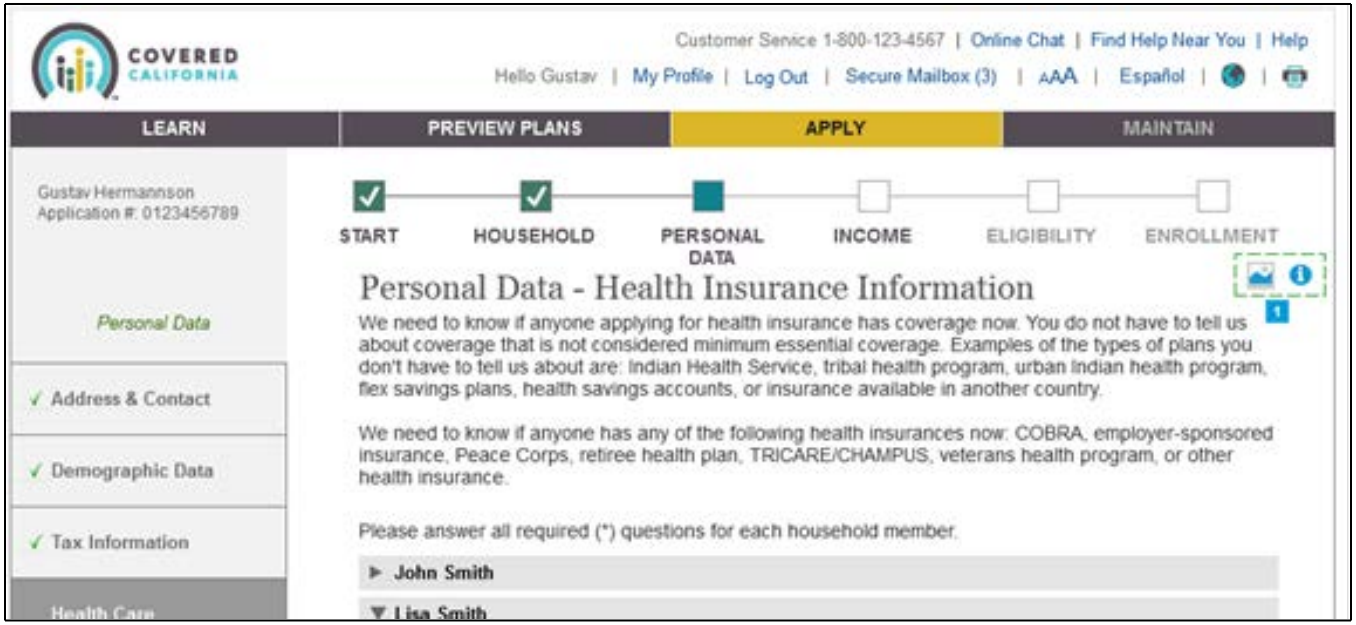

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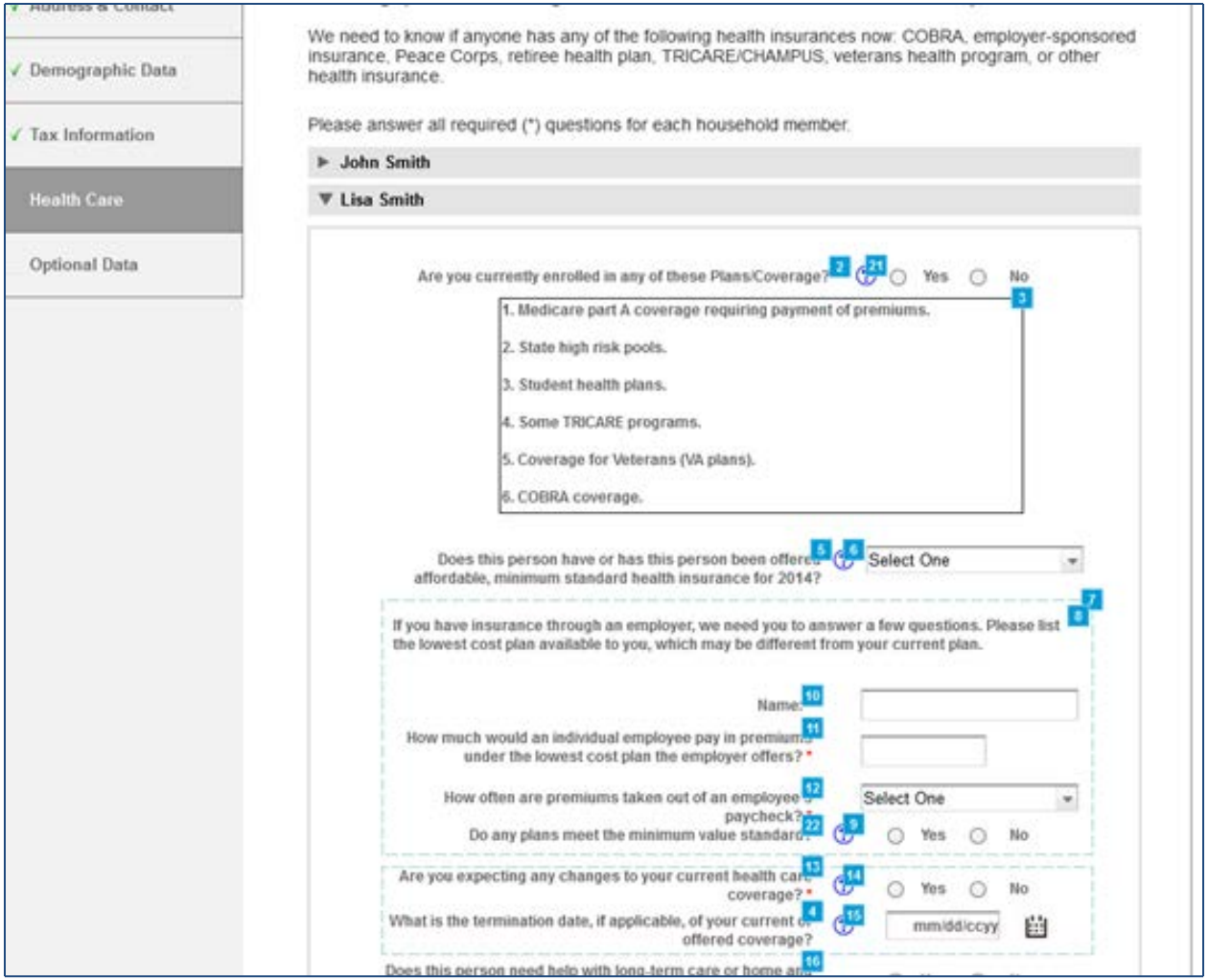

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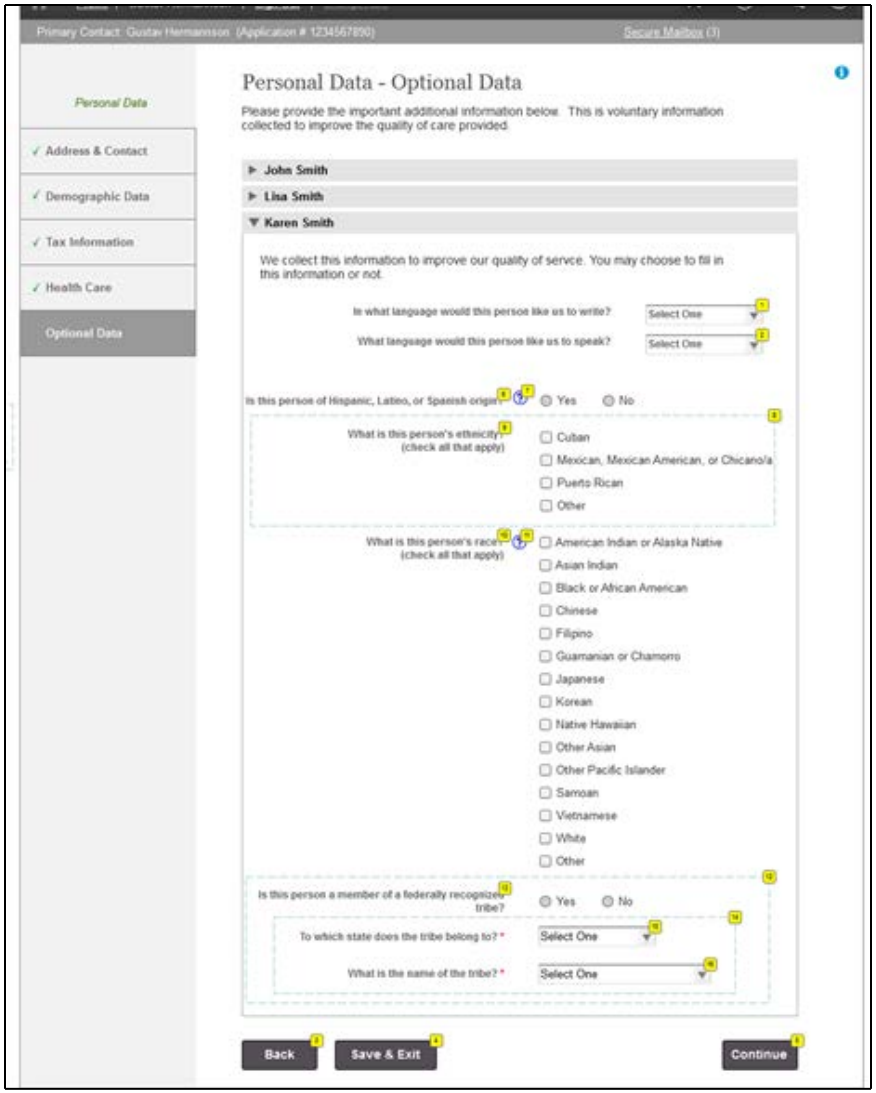

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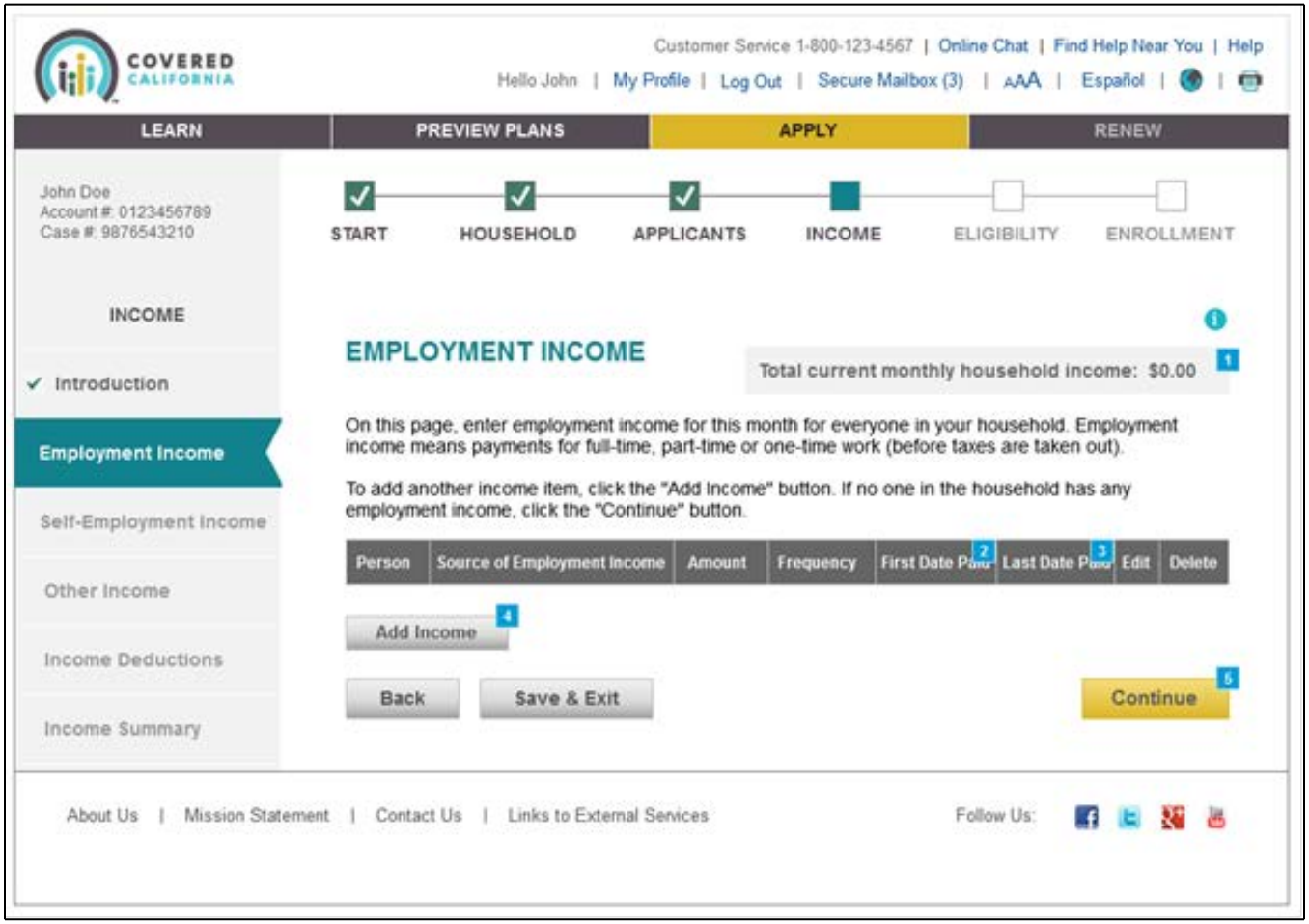

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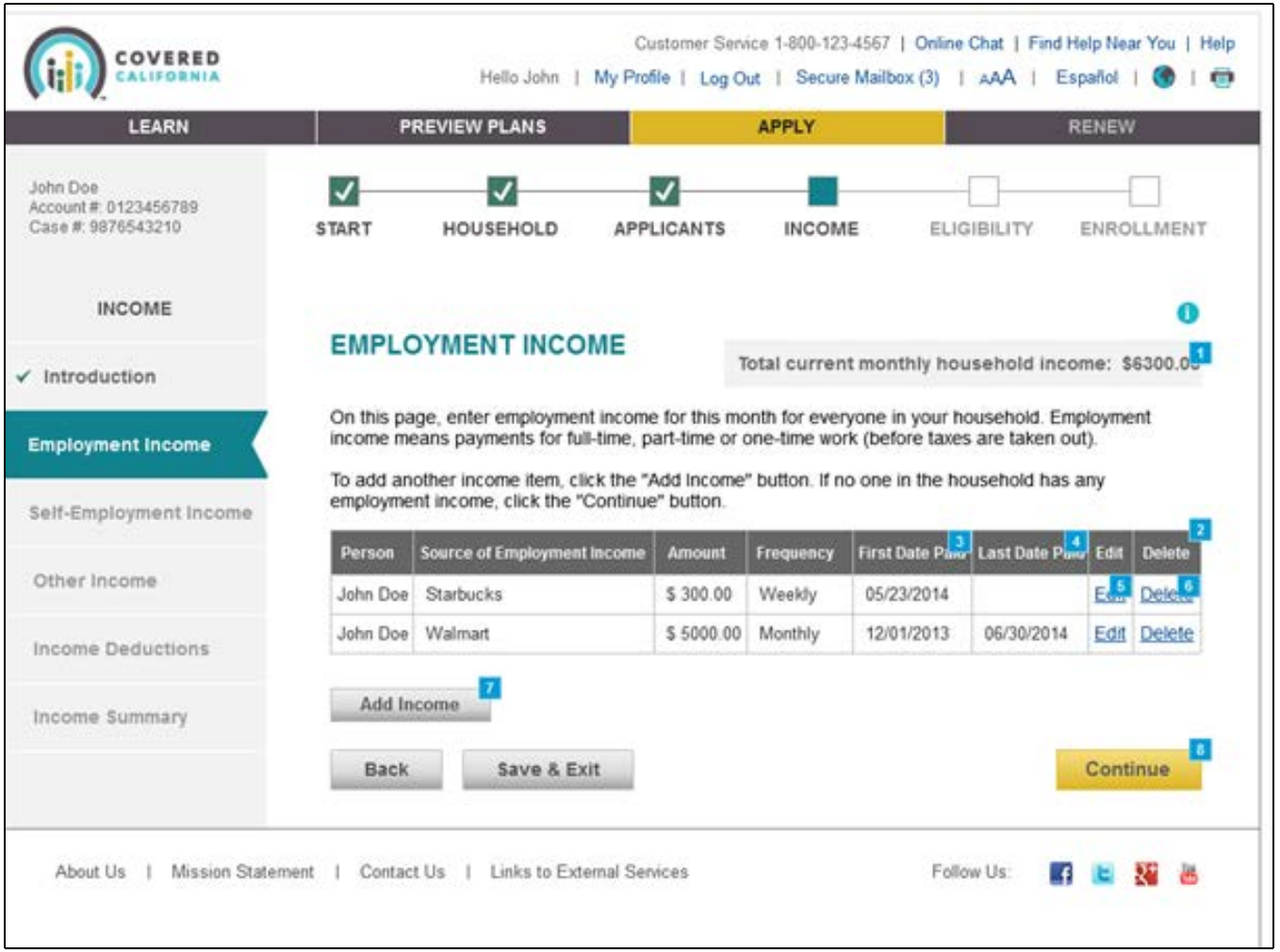

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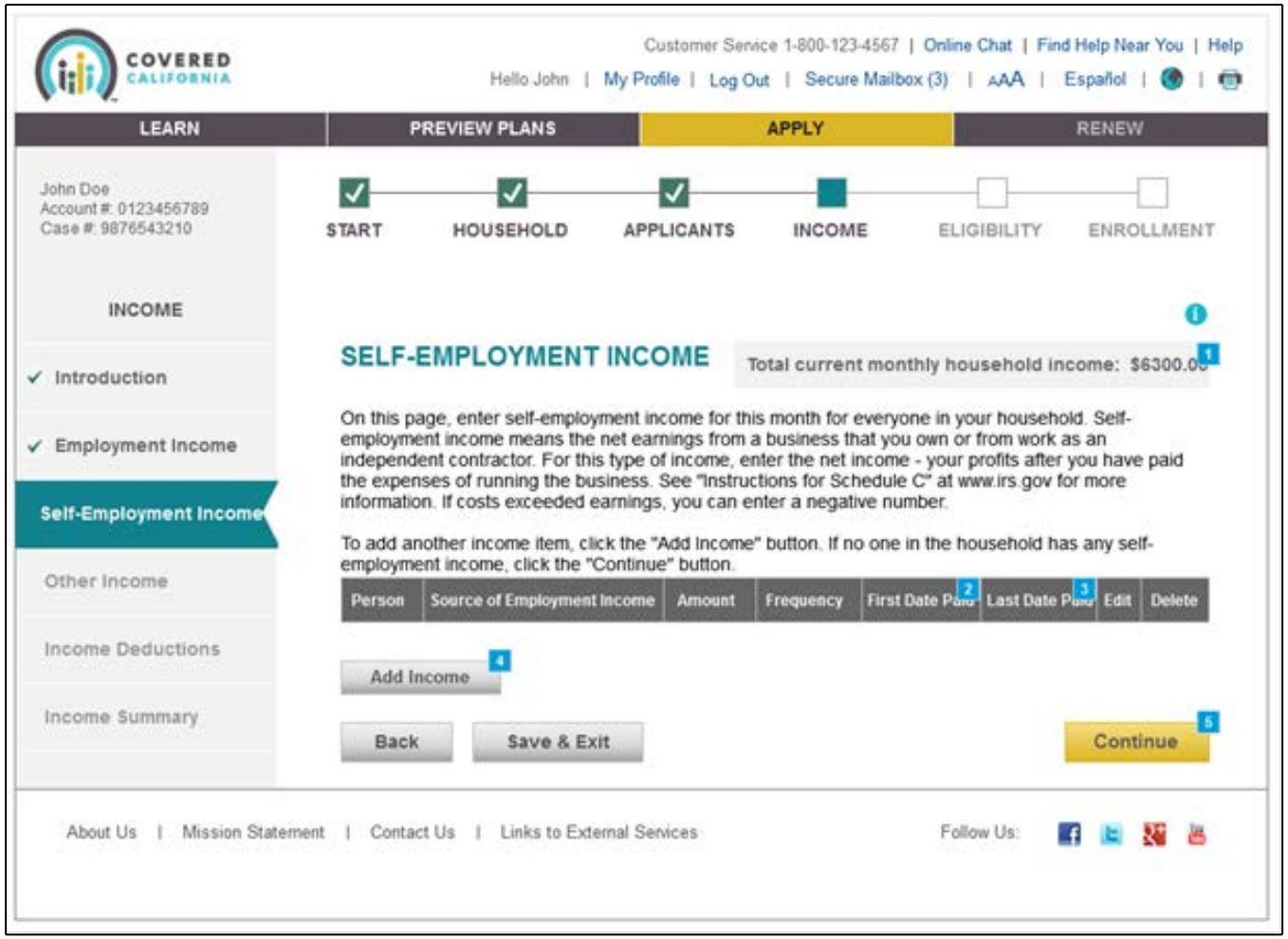

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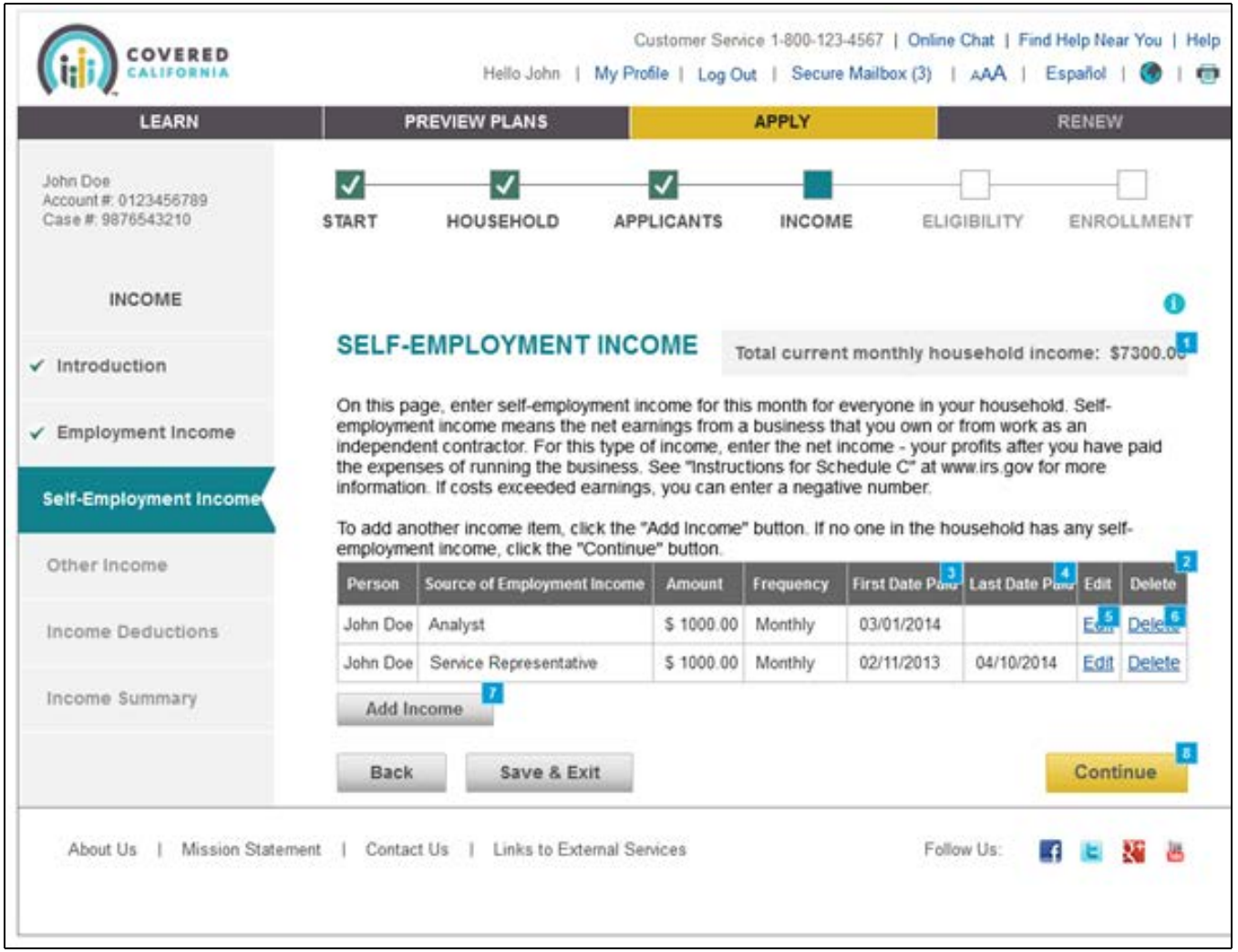

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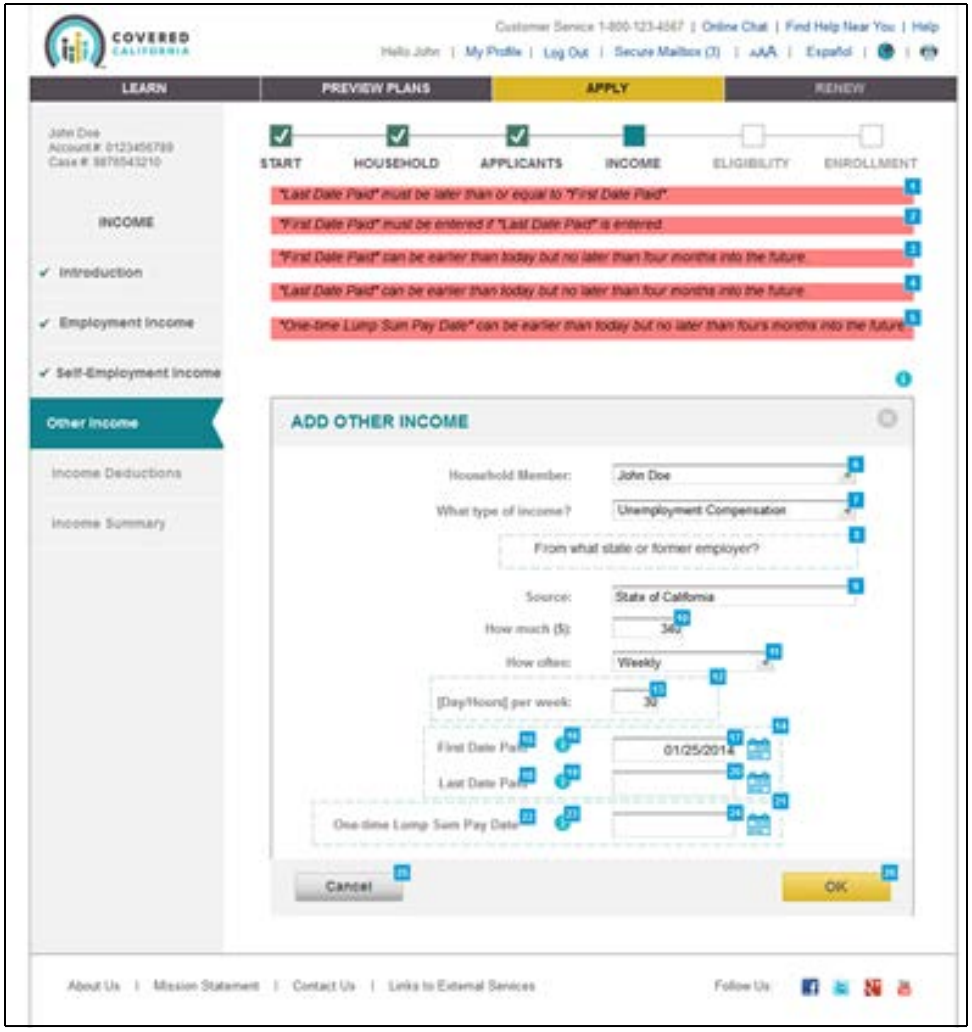

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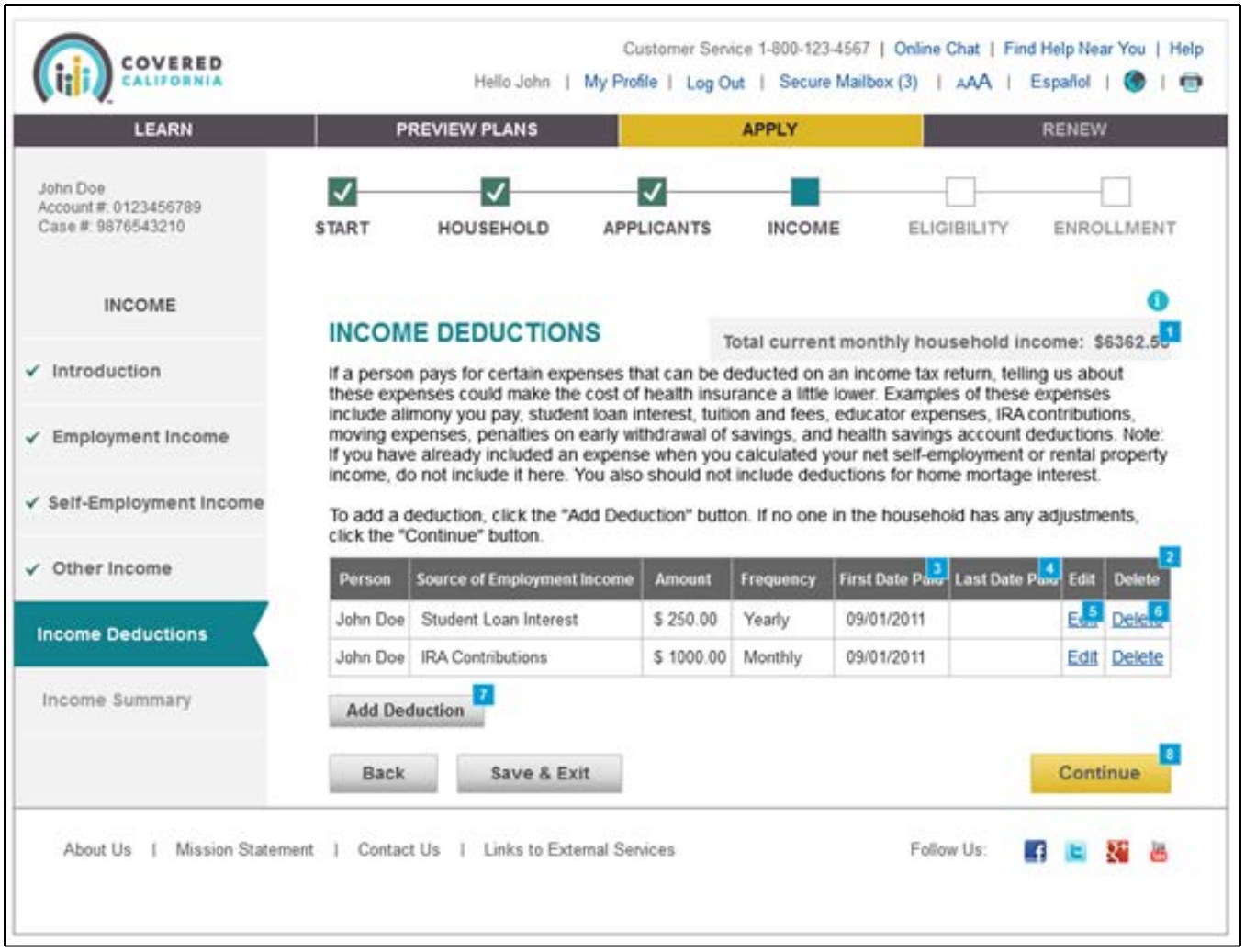

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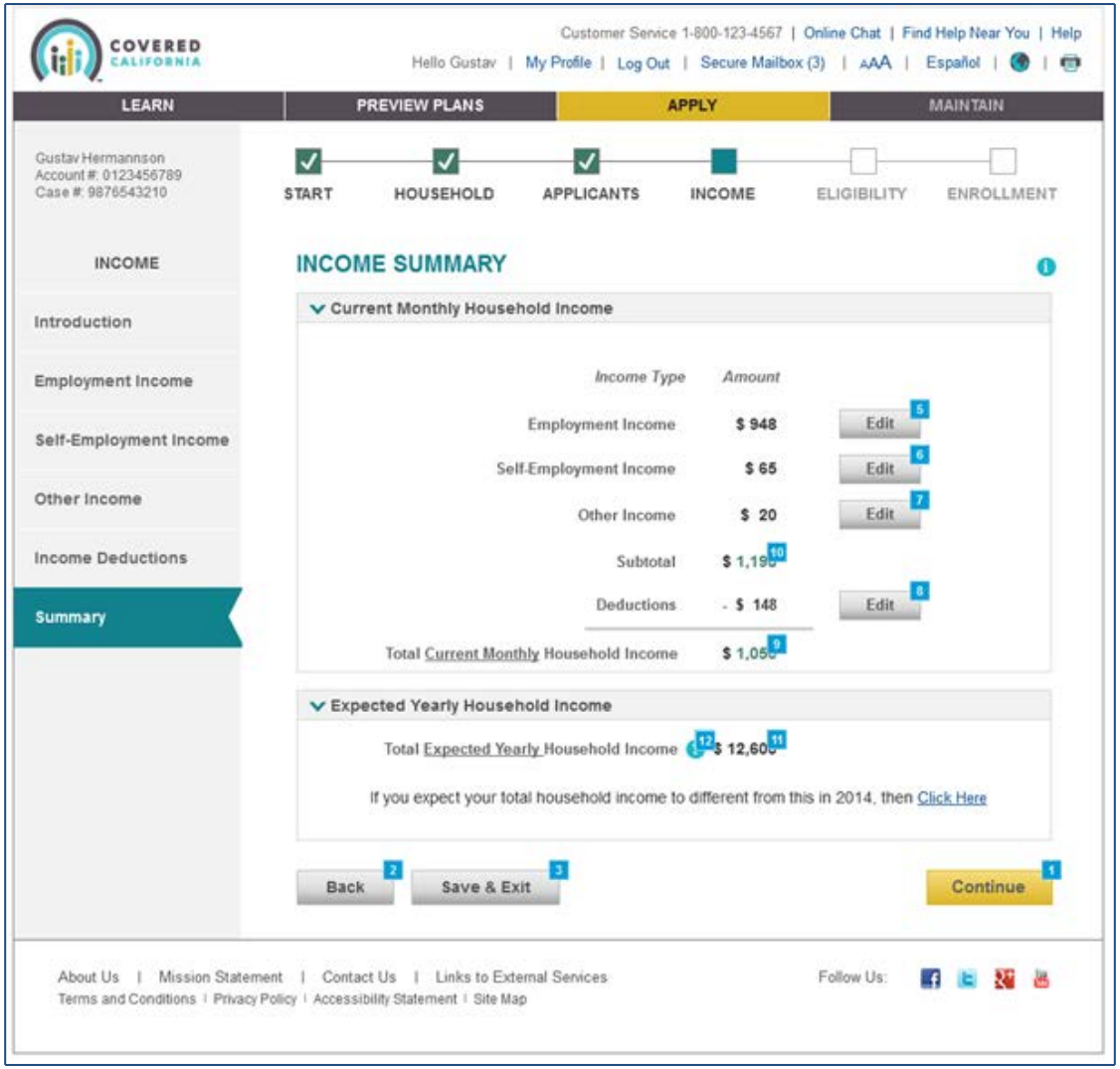

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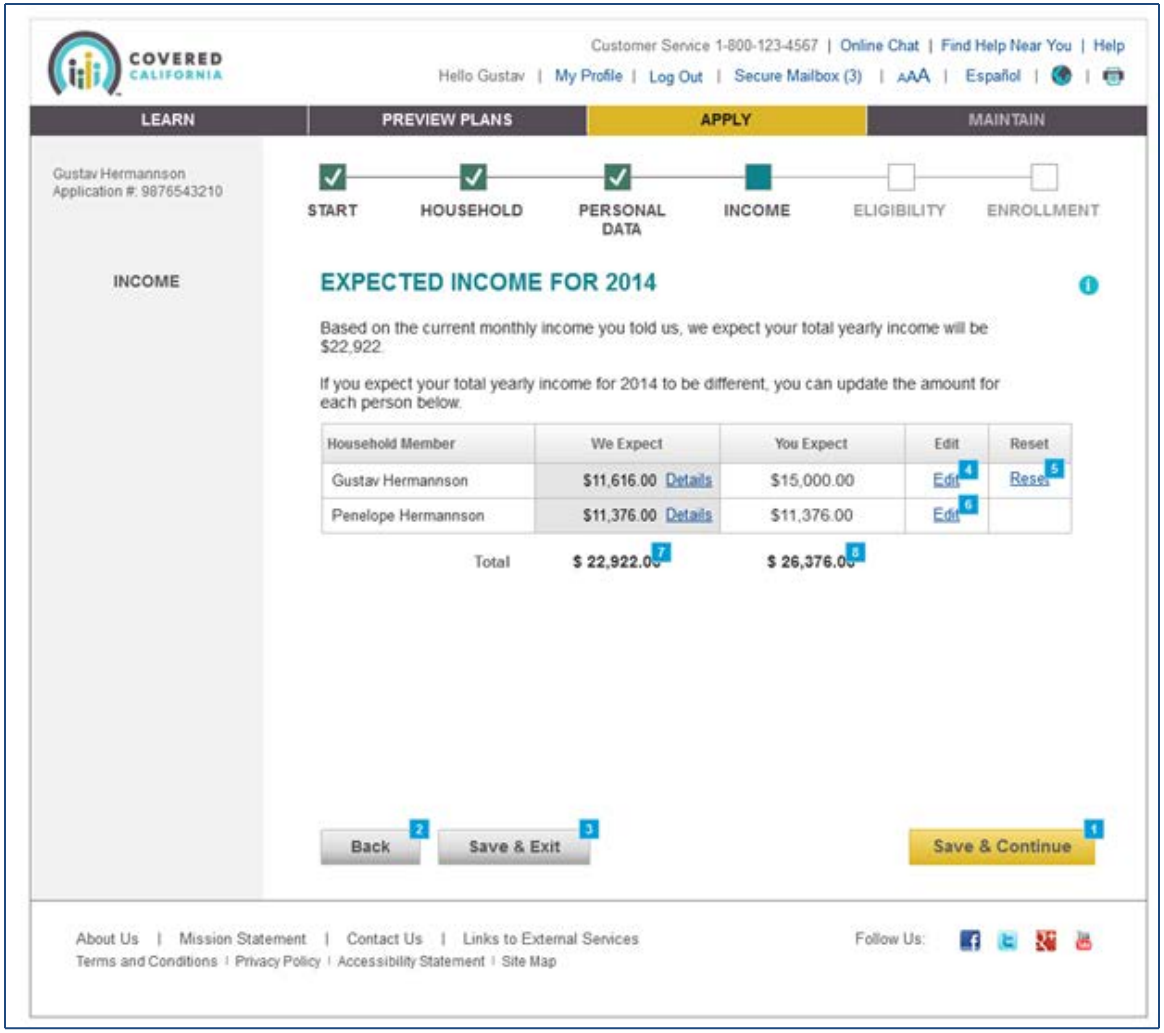

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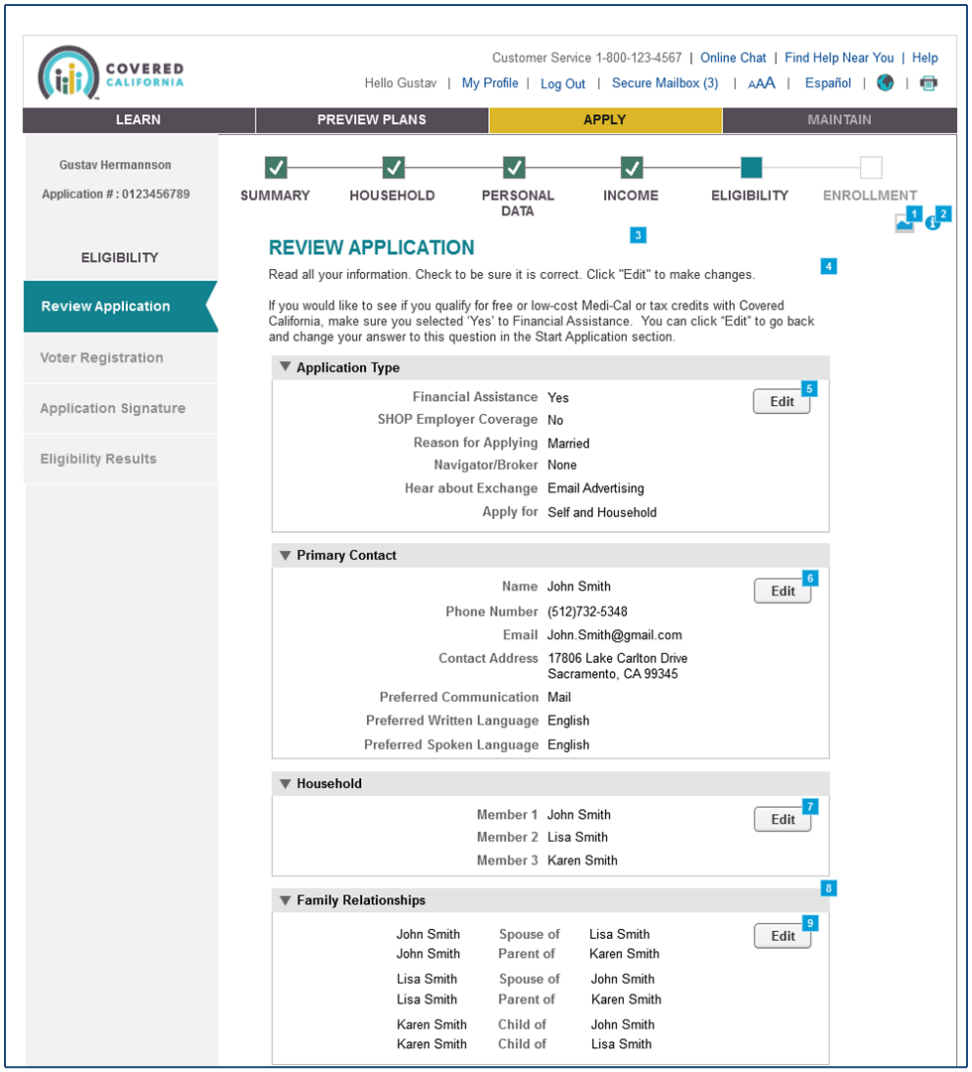

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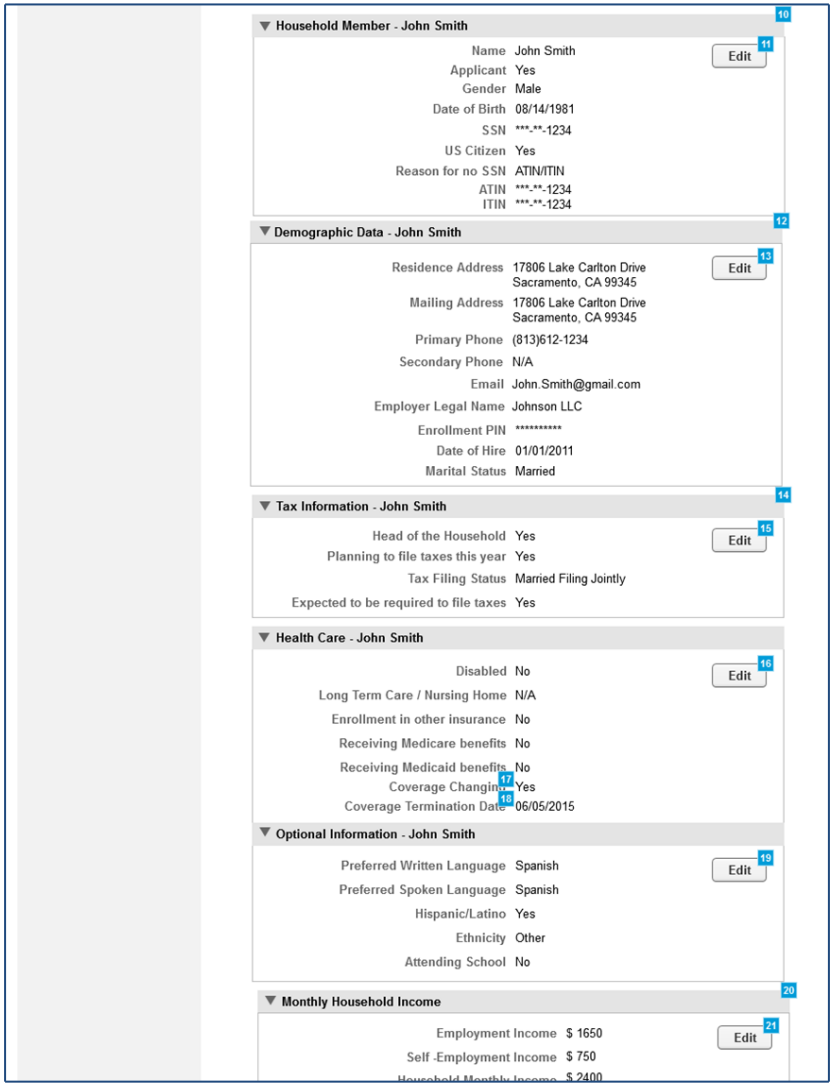

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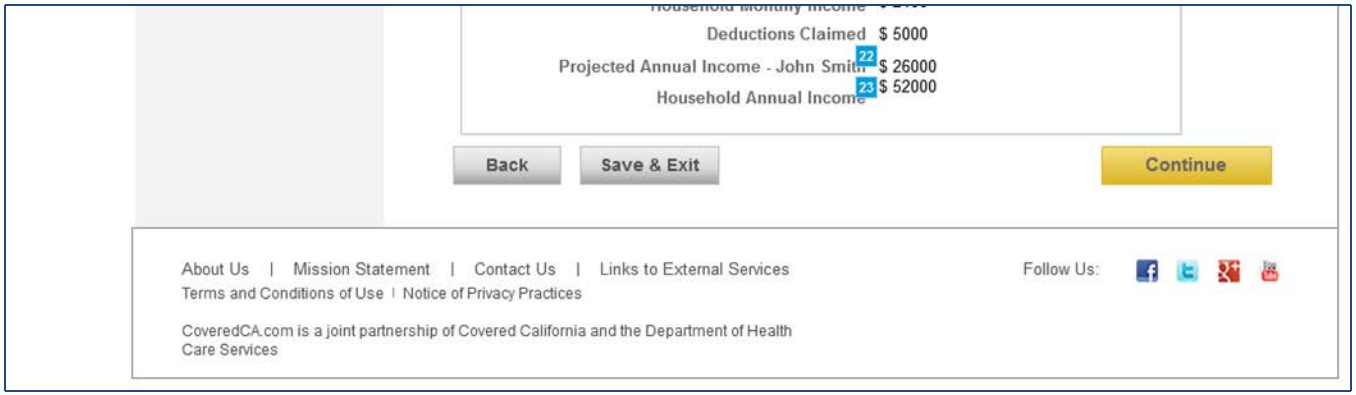

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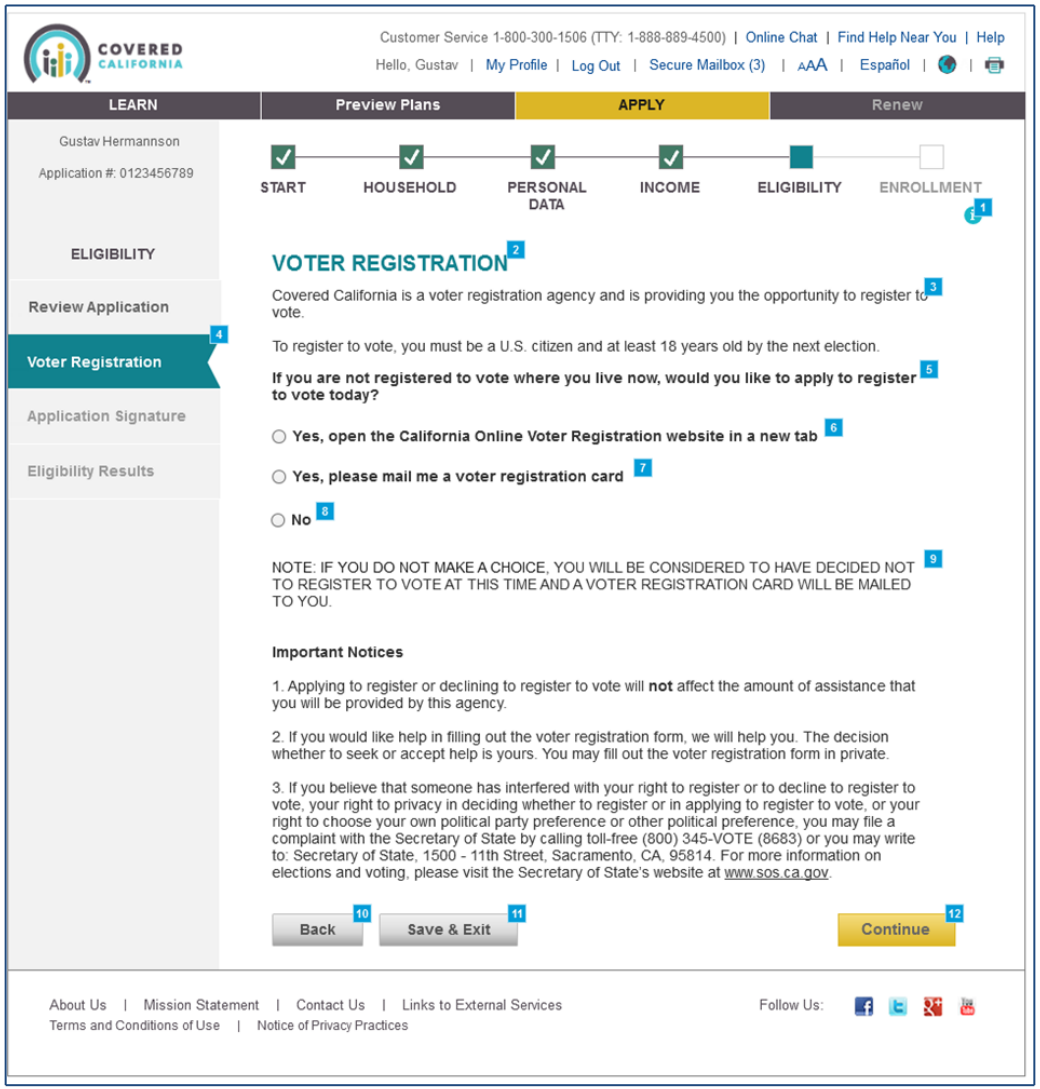

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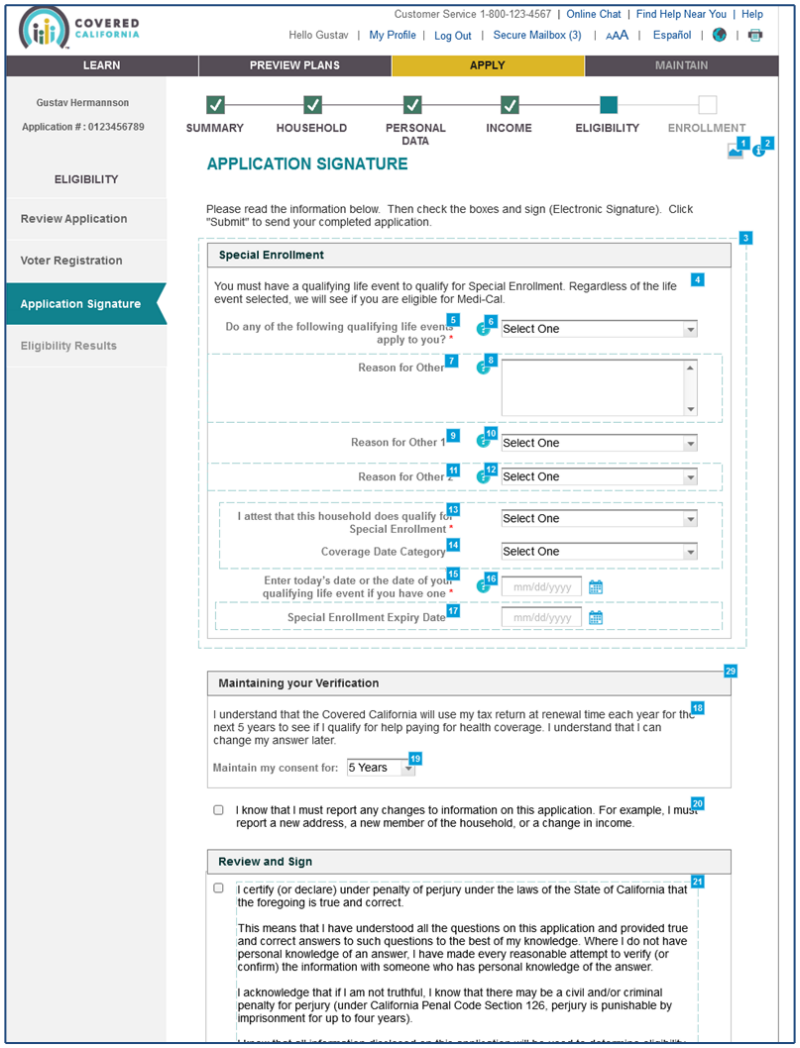

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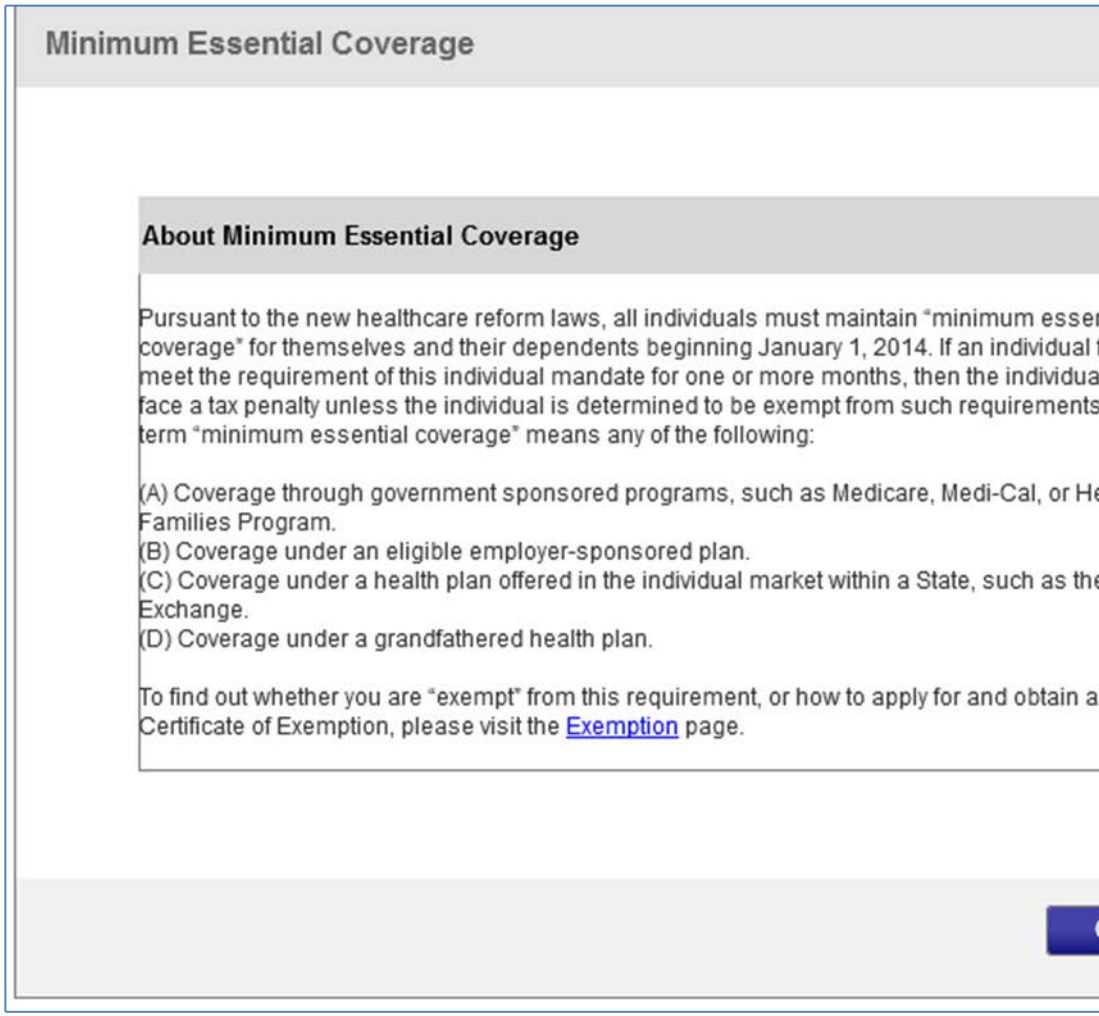

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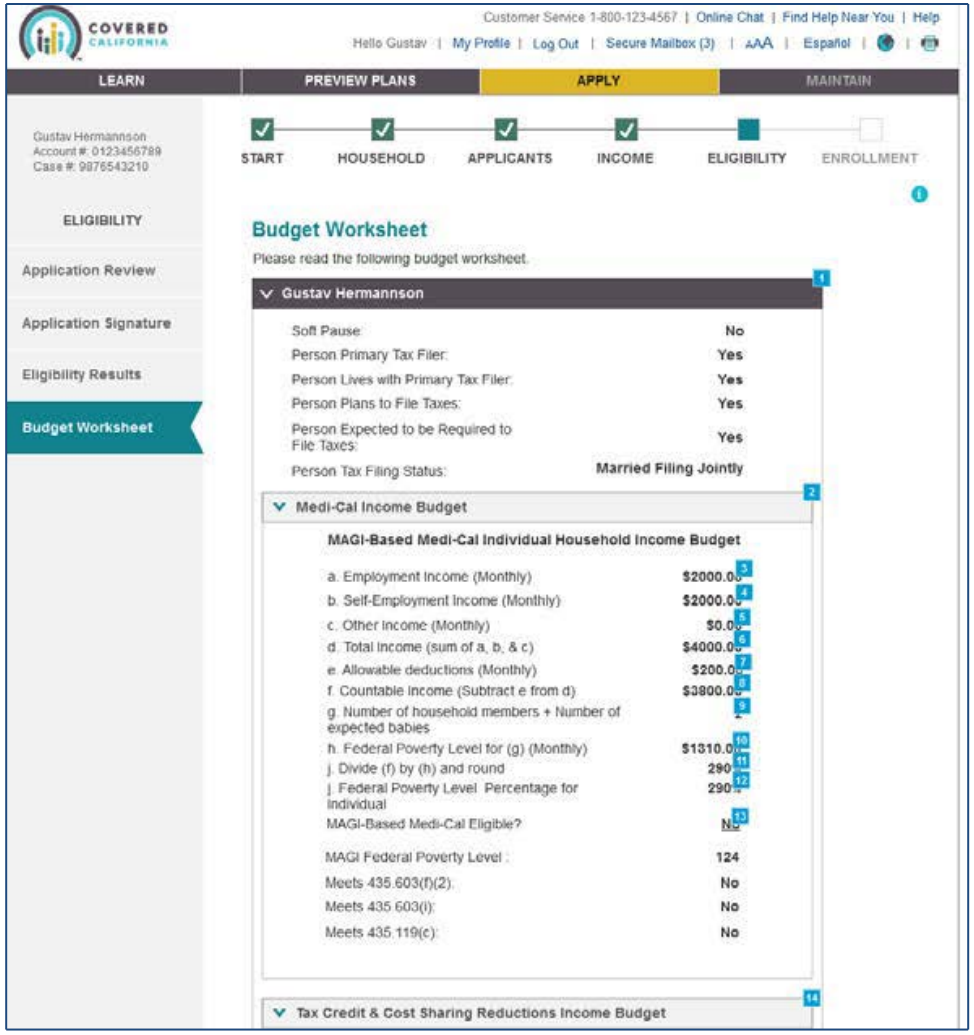

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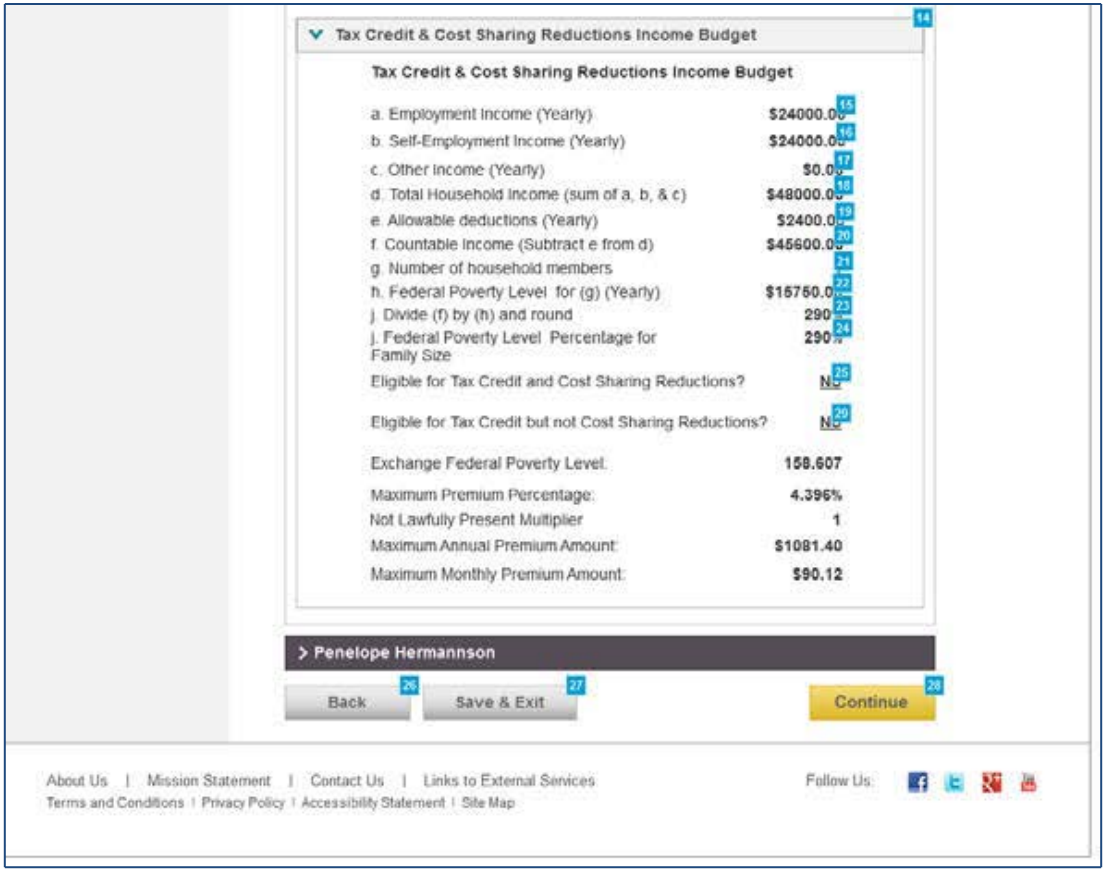

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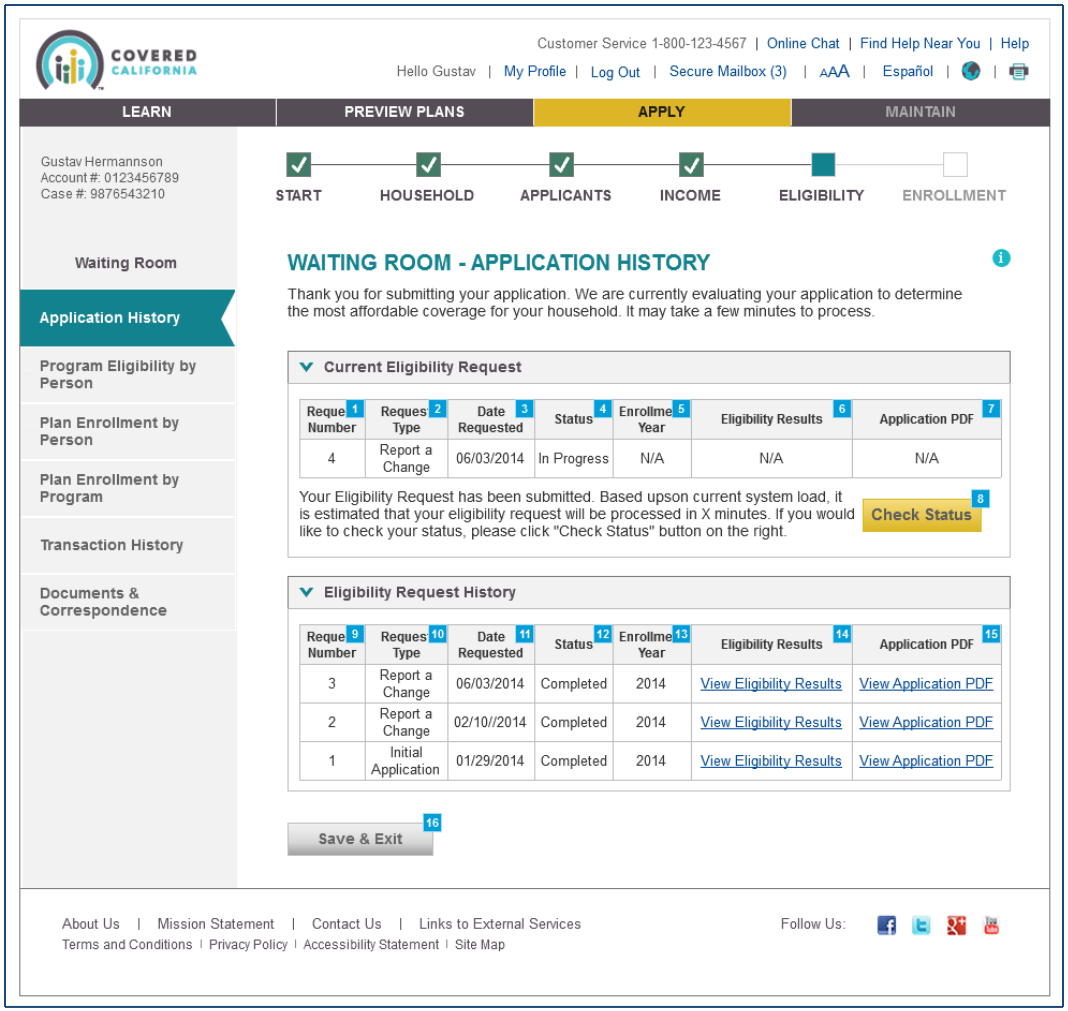

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Thank you