

# Account Home Revamp

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AB 1296 – January 23<sup>rd</sup> 2020

# Account Home

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## Fixer-Upper

We redesigned the Account Home to provide a overview of the consumer's account, while providing guidance to act on important next steps

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### As-Is

- Does not contain at-a-glance information regarding household members or guidance that next steps are required

### To-Be

- Dynamic content and actions based on year and application/case status
- Highlights when next steps are recommended or required
- Re-organized page to group related actions
- Added descriptions for navigation links

# Before & After: Account Home

FPO



## Hi, Alexander!

### Welcome Back to Your Account

Has your household size or income changed?  
Are you moving? Be sure to report any changes  
that may affect your eligibility.

[Click here to learn more about reporting a change](#)

You have until [mm/dd/yyyy] to complete and submit your application changes. Click the "Continue Report a Change" button below to complete and submit your application.

If you have Medi-Cal, you must report changes within 10 days of the change. If you have health insurance through Covered California, you must report changes within 30 days.

For Covered California health insurance plans, changes made on or before the 15th of the month will be effective the 1st of the following month.

### Important Dates

**Covered California**

- Open enrollment began [upcoming/current open enrollment beginning date] and ends [upcoming/current open enrollment end date].
- To start coverage by Jan. 1, [upcoming enrollment year], apply by Dec. 15, [current enrollment year].

**Medi-Cal**

- You can apply for Medi-Cal year-round.

[Continue Report a Change](#)

Update your profile: to retrieve a lost password, you must [register an email](#) or [cell phone number](#).



## Welcome back, Al!

Select Year: 2019 2020



### Complete Coverage



Choose a plan that best fits your needs. If you wish to make any additional changes to your household, you can still report a change to redetermine your eligibility.

[Choose Plan](#)

### Looking for your Tax Form 1095-A?

[View 2019 Tax Form 1095-A](#) [View all tax forms or notices](#)

### Important Dates

**10 DAYS - Medi-Cal**

You have 10 days to report changes that could affect your eligibility.

**60 DAYS - Covered California**

You have 60 days from your Qualifying Life Event to choose a plan.

### 2020 Household Summary

Your household has members with alerts or actions that need your attention.



Al H. Primary Contact Lulie W. Hannah D.

[View actions needed & alerts >](#)

# Household Summary

- After an application is submitted, the consumer will be able to see a Household Summary from their homepage.
- Actions and Alerts are displayed when necessary to provide context on any alerts or actions that need to be taken.

**2020 Household Summary**  
Please review all alerts and actions for your household. Complete all actions needed to get coverage.

Case #: 5000122752 | [View Program Eligibility by Person](#)

| Household Members(1):       | Program Eligibility | Covered By        | Actions Needed                               |
|-----------------------------|---------------------|-------------------|--|
| <b>Winston S.</b><br>39 yrs | Covered California  | Plan Not Selected | <b>Urgent</b><br><a href="#">Choose Plan</a> |

**Alerts:**

- Winston has until 04/01/2020 to [choose a plan](#) and needs to make the first payment by the carrier's due date. For more information, please view Winston's [program eligibility](#).
- Winston was enrolled in Medicare on 02/01/2020.

**Primary Contact Info:**

**Winston S.**  
39 yrs

Winston told us the best way to contact them is by mail. ⓘ

| Home/Mailing address:                | Email:        | Phone:        |
|--------------------------------------|---------------|---------------|
| 2425 Capitol Ave<br>Sacramento 95816 | None provided | None provided |

[Close and view Account Home.](#)

# Account Information

## Account Information

Manage account access, view application and case history, and update important information.

### Account Access

Choose who can access and make changes to your case.

[Authorized Representatives](#)  
[Manage Delegates](#)

### History

Review past applications and changes to your case.

[Case History](#)  
[Past Applications](#)

### Update Case Information

Make changes to your case when needed.

[Consent for Verification](#)  
[Tax Filing Attestation](#)  
[Employer Contact Information](#)

### Notices & Documents

Read messages, upload documents, and quickly access tax forms.

[Documents and Correspondence](#)  
[Download Blank PDF Application](#)  
[Get Adobe PDF Reader](#)

John S.  
Primary Contact

[View actions needed & alerts >](#)

## Manage Your 2020 Application

Case #: 5000143902

### Review Application

View your most recently submitted application.

### Eligibility Results

Learn about how your eligibility was determined.

### Enrollment Dashboard

Shop for health plans, manage coverage, and view enrollment status. ⓘ

### Shop and Compare Terminate Application

## Account Information

Manage account access, view application and case history, and update important information.

## Contact Us

Have a question? Please contact an office for assistance.

**Sacramento Office**  
Phone number: (916) 874-3100

**Covered California**  
Phone number: (800) 300-1506

Please [click here](#) to view a full list of locations.