The Rate of Uninsured Is Dropping Faster in California Compared to the Nation

- More than **3.7 million** Californians have gained health care coverage since 2013.
- When you exclude individuals who are **ineligible for coverage** rate is roughly **3 percent**.

---

**Individual Market**

**STRONG, STABLE AND SUCCESSFUL**

**The Rate of Uninsured Is Dropping Faster in California Compared to the Nation**

- More than **3.7 million** Californians have gained health care coverage since 2013.
- When you exclude individuals who are **ineligible for coverage** rate is roughly **3 percent**.

---

**Source:** U.S. Census Bureau: Health Insurance in the United States: 2017 (Tables 1 and 9).
California’s Individual Market:

- **On and Off Exchange:** 20% lower than other states’ average risk scores from 2015-2017

- **On-exchange:** Lower than the national average across every metal tier

- **Off-exchange:** Enrollment remained relatively constant from 2015-2017.
Individual Market

SIGN UP FOR 2019 PLAN YEAR

October 15, 2018 through January 15, 2019
Covered California

2019 Plan Year
COVERED CALIFORNIA 2018 ENROLLMENT
(subsidized and unsubsidized)

Enrollment represents effectuated individuals with coverage for June 2018. Enrollment percentages may not total 100 percent due to rounding.
ALL 11 HEALTH CARRIERS RETURN FOR 2019

Individual Market

Anthem BlueCross
blue of california
CCHP Health Plan

Health Net
Kaiser Permanente

L.A. Care Health Plan
Molina Healthcare

Valley Health Plan

Western Health Advantage
ALL 7 DENTAL CARRIERS RETURN FOR 2019

Pathway to Quality Vision Coverage

http://www.coveredca.com/individuals-and-families/getting-covered/vision/

http://coveredca.eyemed.com/

https://www.vspdirect.com/4CA/welcome
Covered California

Removal of the Individual Mandate
• Several factors that will have an impact on rates in 2019, including the federal decision to eliminate the individual mandate penalty.

• **Carriers added between 2.5 and 6 percent to their rates, with an average of 3.5 percent**, due to concerns that the removal of the penalty will lead to a less healthy and costlier consumer pool.
  • Without the elimination of the penalty, Covered California’s rate change would be closer to 5 percent

• Higher rates will also mean unsubsidized consumers will be faced with paying more for coverage and the federal government will be forced to spend more on tax credits as premiums go up.
  • We are likely see a decrease in enrollment both in California and across the nation and the increase in premiums and decrease in enrollment will lead to future rate increases, particularly if those who leave are healthier than the average consumer.

• Covered California estimates the 3.5 percent increase in rates will mean **Californians will be spending $400 million more** for their health care coverage in 2019
• Subsidized consumers will be protected from this increase, since the amount of financial help they receive will also increase, the federal government will end up paying an estimated $250 million more in higher tax credits
  • Unsubsidized consumers on and off the exchange will bear the full brunt of the increase

• Covered California projects enrollment in California’s individual market could be reduced by 262,000 consumers in 2019
  • 162,000 consumers from Covered California and 100,000 from the off-exchange market

• Analysis conducted by PricewaterhouseCoopers found that the removal of the individual mandate penalty could also result in uncompensated care rising by $1,000 per newly uninsured person.
  • If these costs were shifted to private insurance, the cost of employer-sponsored coverage could increase by between 2 and 4 percent, a cost that would most likely be shared between the employer and the employee.

• In addition, medical trend accounts for 7.5 percent of the rate change. Medical trend is the general change in the unit cost of medical services or products combined with how often those services and products are used and any change in the intensity or amount of services for a condition.
2019 Preliminary Regional Rates
## Pricing Regions 4-8

- **4-San Francisco County**
- **5-Contra Costa County**
- **6-Alameda County**
- **7-Santa Clara County**
- **8-San Mateo County**

<table>
<thead>
<tr>
<th>Pricing Region</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regional Rate Change</strong> (weighted average)</td>
<td><strong>9.4%</strong></td>
<td><strong>8.4%</strong></td>
<td><strong>9.4%</strong></td>
<td><strong>6.3%</strong></td>
<td><strong>9.3%</strong></td>
</tr>
<tr>
<td><strong>Statewide Rate Change</strong> (weighted average)</td>
<td><strong>8.7%</strong></td>
<td><strong>8.7%</strong></td>
<td><strong>8.7%</strong></td>
<td><strong>8.7%</strong></td>
<td><strong>8.7%</strong></td>
</tr>
<tr>
<td><strong>Net Rate Change</strong> (weighted median net percent increase)</td>
<td><strong>20.5%</strong></td>
<td><strong>0.0%</strong></td>
<td><strong>4.3%</strong></td>
<td><strong>1.9%</strong></td>
<td><strong>0.0%</strong></td>
</tr>
<tr>
<td><strong>Lowest-price Bronze plan</strong> (unweighted average)</td>
<td><strong>11.2%</strong></td>
<td><strong>13.5%</strong></td>
<td><strong>13.5%</strong></td>
<td><strong>-1.0%</strong></td>
<td><strong>13.5%</strong></td>
</tr>
<tr>
<td><strong>Lowest-price Silver plan</strong> (unweighted average)</td>
<td><strong>6.0%</strong></td>
<td><strong>3.4%</strong></td>
<td><strong>3.4%</strong></td>
<td><strong>-2.0%</strong></td>
<td><strong>3.4%</strong></td>
</tr>
<tr>
<td>Weighted rate change if consumers switch to lowest-price plan available in the same metal tier</td>
<td><strong>1.5%</strong></td>
<td><strong>1.7%</strong></td>
<td><strong>4.4%</strong></td>
<td><strong>-12.2%</strong></td>
<td><strong>2.7%</strong></td>
</tr>
</tbody>
</table>
Regional Observations

- **36,099** individuals renewed their coverage or signed up
- **82%** are receiving financial assistance
- **Choice of five** insurance companies.

<table>
<thead>
<tr>
<th>Carriers</th>
<th>Range of 2019 Rate Changes</th>
<th>Average Rate Change</th>
<th>Percent of Enrollment in 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Shield HMO</td>
<td>5.5% - 7.0%</td>
<td>6.2%</td>
<td>1%</td>
</tr>
<tr>
<td>Blue Shield PPO</td>
<td>10.3% - 13.7%</td>
<td>11.5%</td>
<td>23%</td>
</tr>
<tr>
<td>CCHP HMO</td>
<td>5.8% - 11.2%</td>
<td>7.9%</td>
<td>26%</td>
</tr>
<tr>
<td>Health Net EPO</td>
<td>13.8% - 14.0%</td>
<td>13.9%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Kaiser Permanente HMO</td>
<td>3.4% - 13.5%</td>
<td>9.5%</td>
<td>48%</td>
</tr>
<tr>
<td>Oscar EPO</td>
<td>-19.1% - 14.8%</td>
<td>4.2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

2018 Regional Enrollment by Metal Tier (subsidized and non-subsidized)

- **Silver**: 45%
- **Gold**: 11%
- **Platinum**: 4%
- **Bronze**: 30%
- **Minimum Coverage**: 2%
- **Bronze HDHP**: 8%

Enrollment represents effectuated individuals as of April 2018.
### San Francisco County (Pricing Region 4)

- The lowest-priced plan for each metal tier is shown in **bold green font**
- The second-lowest silver plan is shown with a **red square**

#### 25-year-old Single Individual

<table>
<thead>
<tr>
<th>Plan</th>
<th>Minimum</th>
<th>Bronze HDHP</th>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
<th>Platinum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Shield PPO</td>
<td>$381</td>
<td>$387</td>
<td>$391</td>
<td>$525</td>
<td>$600</td>
<td>$802</td>
</tr>
<tr>
<td>Blue Shield HMO</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$483</td>
<td>$566</td>
<td>$773</td>
</tr>
<tr>
<td>CCHP HMO</td>
<td>$288</td>
<td>$296</td>
<td>$299</td>
<td>$418</td>
<td>$443</td>
<td>$489</td>
</tr>
<tr>
<td>Health Net EPO</td>
<td>$330</td>
<td>-</td>
<td>$419</td>
<td>$628</td>
<td>$694</td>
<td>$819</td>
</tr>
<tr>
<td>Kaiser HMO Coin</td>
<td>$257</td>
<td>$298</td>
<td>-</td>
<td>-</td>
<td>$446</td>
<td>-</td>
</tr>
<tr>
<td>Kaiser HMO Copay</td>
<td>-</td>
<td>-</td>
<td>$307</td>
<td>-</td>
<td>$473</td>
<td>$515</td>
</tr>
<tr>
<td>Oscar EPO</td>
<td>$194</td>
<td>$302</td>
<td>$320</td>
<td>$516</td>
<td>$566</td>
<td>$711</td>
</tr>
</tbody>
</table>

#### 40-year-old Single Individual

| Plan                | | Bronze HDHP | Bronze | Silver | Gold | Platinum |
|---------------------| |-------------|--------|--------|------|----------|
| Blue Shield PPO     | - | $493        | $498   | $668   | $764 | $1,021   |
| Blue Shield HMO     | - | -           | -      | $615   | $721 | $983     |
| CCHP HMO            | - | $376        | $380   | $532   | $564 | $622     |
| Health Net EPO      | - | -           | $534   | $799   | $883 | $1,042   |
| Kaiser HMO Coin     | - | $379        | -      | -      | $567 | -        |
| Kaiser HMO Copay    | - | -           | $390   | -      | $602 | $656     |
| Oscar EPO           | - | $384        | $407   | $657   | $720 | $905     |
## REGION 4 – San Francisco County: Hospital Network

- Hospital Network as of August 2018.
- May not be a complete list of hospitals.
- Verify with the health plan if the hospital is in-network.
- Kaiser Permanente hospitals are not listed.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Blue Shield</th>
<th>Blue Shield</th>
<th>CCHP HMO</th>
<th>Health Net</th>
<th>Kaiser</th>
<th>Oscar EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALIFORNIA PACIFIC MED CTR-CALIFORNIA WEST</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CALIFORNIA PACIFIC MED CTR-DAVIES CAMPUS</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CALIFORNIA PACIFIC MEDICAL CENTER - ST. LUKE'S CAMPUS</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHINESE HOSPITAL</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JEWISH HOME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>LANGLEY PORTER PSYCHIATRIC INSTITUTE</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST. FRANCIS MEMORIAL HOSPITAL</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST. MARY'S MEDICAL CENTER, SAN FRANCISCO</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UCSF MEDICAL CENTER</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UCSF MEDICAL CENTER AT MISSION BAY</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>UCSF MEDICAL CENTER AT MOUNT ZION</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
2019
Health Plan Benefits
• **Primary Care:** 99% of enrollees matched with a PCP or clinician.

• **Provider Networks Based on Quality:** issuers agreed to include quality as a priority in all provider and facility selection criteria while designing and composing Covered California networks.

• **Health Disparities:** health plans are tracking health disparities among all their patients by racial or ethnic group.

• **Consumer Tools and Telehealth:** Allow members to see plan-specific accumulations toward deductibles and out-of-pocket maximums. Plans are innovating in the area of telehealth.

• **Smart Care California:** A public-private partnership working to promote safe, affordable health care in California. The group currently focuses on three issues: C-sections, opioid overuse and low back pain. Participants purchase or manage care for more than 16 million Californians—or 40 percent of the state.

# Benefit Designs by Metal Tier

## Medical Cost Shares

<table>
<thead>
<tr>
<th>Coverage Category</th>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
<th>Platinum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Wellness Exam</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>$75</td>
<td>$40</td>
<td>$30</td>
<td>$15</td>
</tr>
<tr>
<td>Specialty Care Visit</td>
<td>$105</td>
<td>$80</td>
<td>$55</td>
<td>$30</td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>$75</td>
<td>$40</td>
<td>$30</td>
<td>$15</td>
</tr>
<tr>
<td>Emergency Room Facility</td>
<td>Full cost until out-of-pocket</td>
<td>$350</td>
<td>$325</td>
<td>$150</td>
</tr>
<tr>
<td>Laboratory Tests</td>
<td>Full cost until out-of-pocket</td>
<td>$35</td>
<td>$35</td>
<td>$15</td>
</tr>
<tr>
<td>X-Ray and Diagnostics</td>
<td>Full cost until out-of-pocket</td>
<td>$75</td>
<td>$55</td>
<td>$30</td>
</tr>
<tr>
<td>Medical Deductible</td>
<td>Individual: $6,300 Family: $12,600</td>
<td>Individual: $2,500 Family: $5,000</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Pharmacy Deductible</td>
<td>Individual: $500 Family: $1,000</td>
<td>Individual: $200 Family: $400</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$7,550 individual and $15,100 family</td>
<td>$7,550 individual and $15,100 family</td>
<td>$7,200 individual and $14,400 family</td>
<td>$3,350 individual and $6,700 family</td>
</tr>
</tbody>
</table>

## Drug Cost Shares: 30-Day Supply

<table>
<thead>
<tr>
<th>Metal Tier</th>
<th>Bronze Cost Shares</th>
<th>Silver Cost Shares</th>
<th>Gold Cost Shares</th>
<th>Platinum Cost Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Drugs (Tier 1)</td>
<td>Full cost up to $500, after drug deductible is met</td>
<td>$15 after drug deductible</td>
<td>$15 or less</td>
<td>$5 or less</td>
</tr>
<tr>
<td>Preferred Drugs (Tier 2)</td>
<td>Full cost up to $500, after drug deductible is met</td>
<td>$55 after drug deductible</td>
<td>$55 or less</td>
<td>$15 or less</td>
</tr>
<tr>
<td>Non-preferred Drugs (Tier 3)</td>
<td>Full cost up to $500, after drug deductible is met</td>
<td>$80 after drug deductible</td>
<td>$75 or less</td>
<td>$25 or less</td>
</tr>
<tr>
<td>Specialty Drugs (Tier 4)</td>
<td>Full cost up to $500, after drug deductible is met</td>
<td>20% up to $250 after drug deductible</td>
<td>20% up to $250</td>
<td>10% up to $250</td>
</tr>
</tbody>
</table>

All health plans offer identical patient-centered benefit designs.
Consumers who have a **household income between 138% and 250% of the federal poverty level** are eligible to enroll in **Silver plan** with Cost-Sharing Reduction (CSR) benefits.
2019

Sign Up and Renewal Journey
## 2019 SIGN UP & RENEWAL DATES

Sign-up Period:

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Effective Date of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 15, 2018 – December 15, 2018</td>
<td>January 1, 2019</td>
</tr>
<tr>
<td>December 16, 2018 – January 15, 2019</td>
<td>February 1, 2019</td>
</tr>
</tbody>
</table>

Renewal:

- Active Renewal Starts on October 1, 2018
RENEWAL:
WHAT YOU NEED TO KNOW

<table>
<thead>
<tr>
<th>Renewal Timeframe</th>
<th>Start Date of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1, 2018 – December 15, 2018</td>
<td>January 1, 2019 start date of coverage</td>
</tr>
</tbody>
</table>

**IMPORTANT NOTE:**

- Members **must renew by December 15, 2018** for a **January 1, 2019 start date** of coverage
- **2019 Sign-ups Begin** October 15, 2018 through January 15, 2019
- Members can **make changes to their application and/or plan selection** during the **2019 Sign-ups for the 2019 benefit year**
- The **start date may change** based on the plan selection dates
## RENEWAL: ACTIVE VS. PASSIVE

<table>
<thead>
<tr>
<th>Renewal Type</th>
<th>Definition</th>
<th>CalHEERS Outcome</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Active</strong></td>
<td>Consumer <em>actively makes a change</em> (changes plans or reports a change) <em>during the Renewal period</em> for the upcoming plan benefit year.</td>
<td>CalHEERS <em>accepts the changes and renews</em> the consumer’s eligibility and enrollment for the upcoming plan benefit year.</td>
<td>10/1/18</td>
<td>12/15/18</td>
</tr>
<tr>
<td><strong>Passive</strong></td>
<td>Consumer <em>does not make a change during renewal</em> to the application information or the health plan.</td>
<td>CalHEERS <em>automatically renews</em> the consumer’s eligibility and enrollment for the upcoming plan benefit year.</td>
<td>10/31/18</td>
<td>11/21/18</td>
</tr>
</tbody>
</table>
RENEWAL: CONSENT FOR VERIFICATION NOTICE

• August 8-15, 2018: *Mailed* the Consent for Verification “CalNOD11” to members who need to provide consent.

• Members need **to provide consent** to Covered California to keep their APTC for the 2019 benefit year.
CONSENT FOR VERIFICATION TIPS

• **Review** the Consent for Verification Notice & Consent for Verification Quick Guide for more information.

• **Update** consumer’s account contact and demographic information!
  • Residence (Mailing) address
  • Email
  • Phone number
RENEWAL:

NOTICE “CalNOD12”

• **Mid to Late September 2018 - Health Plans mailed** renewal notices to members.

• **Early to Mid-October 2018- Covered California mails the first batch** of renewal notices to members who are in an **enrolled or pending status**. All batches will be mailed by November.

• **Passive Renewal – starts 30 calendar days** from the date of the Renewal Notice “CalNOD12”

Get ready to renew your health and dental insurance for *<Next Benefit Year>*!

<Notice Date>  
Case Number: <Case #>

Dear [FIRST_NAME] [LAST_NAME],

You are getting this letter because, in *<previous benefit year>*, you or members of your household qualified to enroll in a Covered California health plan. It is almost time for your health insurance coverage to be renewed. Renewal for your household is due by *<End_Renewal_Date>*. When you renew your insurance, you will be able to:

- Let Covered California know if your application information has changed
- Find out if you qualify for more or less financial help
- Find out if your monthly premiums have changed
- Change your current health or dental plan

Note: If someone in your household has Medi-Cal, your local county social services office may contact you to update your Medi-Cal eligibility. You can also contact Covered California to set up an appointment to help you through this process.
RENEWAL:

NEW HEALTH PLAN = NEW PCP

Members RENEWED into a NEW carrier health plan (actively or passively) will be MATCHED a new primary care physician (PCP) by the new carrier REGARDLESS if the member’s current PCP is in the new carrier’s provider network.

HOW CAN YOU HELP?
# RENEWAL:

**NEW HEALTH PLAN = NEW PCP**

<table>
<thead>
<tr>
<th>MEMBER’S <strong>OPTION:</strong></th>
<th>MEMBER’S <strong>ACTION:</strong></th>
<th><strong>2019 BENEFIT YEAR PCP Matched</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STAY</strong> with the new PCP matched.</td>
<td><strong>Do nothing.</strong></td>
<td>Matched with the new carrier selected PCP.</td>
</tr>
<tr>
<td><strong>CHANGE</strong> the new <strong>PCP back to the current PCP</strong> if the PCP is currently in the network.</td>
<td><strong>Call the carrier right away</strong> to change the PCP back to the current PCP.</td>
<td>Re-matched to the current 2018 PCP if the PCP is in the network.</td>
</tr>
<tr>
<td><strong>SELECT</strong> a new PCP in the network.</td>
<td><strong>Call the carrier right away</strong> to select a new PCP.</td>
<td>Matched with the member selected PCP.</td>
</tr>
</tbody>
</table>
REMINDER:

BINDER PAYMENT

- **New** members **must** submit a **BINDER payment** when enrolling.
- **Renewing** members **must** submit a **NEW BINDER payment** when changing carriers or changing to or from HMO/PPO/EPO, even within the same carrier.
  - **Must** ensure their **auto-pay** settings **adjust** to the **new premium** amount.
# 2019 Renewal Tool Kit

## Online Tools

- **Visit** [www.CoveredCA.com](http://www.CoveredCA.com)
- **In the footer, click** "Enrollment Partner & Agent Resources"
- **Click** "Partner Tool Kit" for all Tool Kits
- **Click** "2019 Renewal Tool Kit"

### Certified Insurance Agent and Certified Enrollment Partner Resources

- **Visit** [www.CoveredCA.com](http://www.CoveredCA.com)
- In the footer, **click** "Enrollment Partner & Agent Resources"
- **Click** "Partner Tool Kit" for all Tool Kits

### Renewal

<table>
<thead>
<tr>
<th>Resource</th>
<th>Type</th>
<th>Description</th>
<th>Date Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Quick Guide</td>
<td>Quick Guide</td>
<td>Tips and resources for the renewal process including links and information on Renewal Notices</td>
<td>5/3/2019</td>
</tr>
<tr>
<td>Consent for Verification Quick Guide</td>
<td>Quick Guide</td>
<td>Information on consumer consent for verification to avoid loss of Advanced Premium Tax Credits (APTC) or Cost Sharing Reductions (CSR) in 2017</td>
<td>5/3/2019</td>
</tr>
<tr>
<td>Non-Tax File Quick Guide</td>
<td>Quick Guide</td>
<td>Quick facts about renewal implications for non-tax filers and a link to the IRS page for more information on IRS Notice 5895</td>
<td>6/15/2016</td>
</tr>
<tr>
<td>2017 Scholarship and Workforce Childcare</td>
<td>Policy</td>
<td>Guidance on consumer delegation for tiered clients</td>
<td>7/9/2014</td>
</tr>
</tbody>
</table>

### Renewal Notices

<table>
<thead>
<tr>
<th>Resource</th>
<th>Type</th>
<th>Description</th>
<th>Date Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered California Consent for Verification Notice (5895)</td>
<td>Notice</td>
<td>Notice to consumers exploiting the risk of losing their APTC if they do not enroll correctly.</td>
<td>5/3/2019</td>
</tr>
</tbody>
</table>

### 2017 Renewal Quick Guide Certified Enrollers

1. Update consumer information in the application.
2. Ensure consumers have provided their consent for Covered California to electronically verify their income. Review the Consent for Verification Quick Guide for more information on helping consumers.
3. Internet return consumer consent and demographic information. If applicable, update the 2017 application of information filed by clicking the Report A Change link (available in GARDES tools only).
4. Changes made to the 2016 coverage can be carried over to the 2017 renewal summary. If made in renewal due date, found on the Renewal Notice (GARDES) – see below.
5. Consumer Renewal Summary.
6. Ensure that renewal notices were sent to consumers by September 30, 2016 – 2017 premium renewal or earlier, providing a 30-day grace period after the renewal summary is due.
7. Consumer consent form to consumers on available payment options.
8. Do nothing and consumers will automatically be enrolled in their same plan. Note: if plan is available to the state based on renewal notices.
9. Compliance with state law.
10. Renewal Notice (GARDES) available online.
11. Approved provider agreement on file.
12. Payment received.
13. "Shopping Mortgage Center" link is required.
15. Effective from date plan.

### Tool Kits for Enrollers

- 2017 Renewal Tool Kit
- Webinars & Briefings
- Agent Extravaganza Tool Kit
- Social Media Tool Kit
- Subsidy-Eligible Vamps Tool Kit
- Storefront Tool Kit
- Small Business Tool Kit

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2018 Open Enrollment Kick-Off Event
Agents –
Agents@covered.ca.gov

Community Partners –
OutreachandSales@covered.ca.gov
• Reflect sign up dates for the 2019 plan year
• Remove references to individual mandate penalty
• KP Print Store: https://360.kpcorp.com/coveredca/Login.aspx
SALES SERVICE CENTER

Agent Service Center Phone:
(877) 453-9198, agents@covered.ca.gov

CEC/PBE Help Line Phone:
(855) 324-3147

CCSB Service Center Phone:
(855) 777-6782, shop@covered.ca.gov

Hours of Operation:
Monday thru Friday
8:00 a.m. to 6:00 p.m.
Saturdays and Sundays, Closed

Service Center Hours of Operation>>
Helping Consumers Find Local Help

Find Local Help: www.coveredca.com/get-help/local
Help On-Demand Tool for New Consumers

Get help when you need it most...right now!

- Web-based assistance tool
- Consumer Oriented

Benefits:
- Immediate enrollment support for new consumers
- Consumer convenience
- High conversion rate
- Reduces Service Center call volumes
- Bi-lingual assistance – 17 language options

http://www.coveredca.com/get-help/local/
OFFICE OF THE OMBUDSMAN

Who: A team of state employees working at the Covered California.

Role: To help Covered California consumers with unresolved complaints and issues.

• What can an Ombudsman do?
  • Informally investigate complaints.
  • Look for fair resolutions and make recommendations to resolve issues of unfairness and improve practices.
  • Discuss concerns, clarify issues, and offer informal advice.
  • Provide information and a referral when they can’t help directly.
OFFICE OF THE OMBUDSMAN

• What an Ombudsman **cannot** do:
  • Conduct formal investigations.
  • Conduct appeal hearings.
  • Provide legal advice.
  • Accept payments on behalf of the insurance provider.
  • Make recommendations to the court or change court decisions.
  • Change laws and regulations set forth by government agencies.
OFFICE OF THE OMBUDSMAN

Key Notes:

• Call toll free at (888) 726-0840 from 8 a.m. to 5 p.m., Monday through Friday (excluding state-observed holidays). Assistance is available in multiple languages.
• Fax: (888) 726-0841
• Mail:
  Covered California  
  Attn: Ombuds Office  
  1601 Exposition Blvd. Sacramento, CA 95815
• Need guidance for using our independent contractor, Health Consumer Alliance (HCA), which provides free legal advice and representation, including assistance filing a complaint or grievance and arranging a hearing.
  • For more information on the services HCA provides, please see the Helpful Resources section below. Or, call HCA at (888) 804-3536.
• **General questions**, contact: Office of the Ombudsman by email at: ombuds@covered.ca.gov
Thank you.

Any questions?
Marc Ross
Marc.Ross@covered.ca.gov
916-539-5524