

OPEN ENROLLMENT 2024 KICKOFF

THIS WAY TO HEALTH INSURANCE



October 2023
Outreach and Sales division

AGENDA



COVERED CALIFORNIA UPDATES

- Strategic Plan
- Legislation
- Policies



LOOKING AHEAD

- Medi-Cal to Covered California
- State-Enhanced Cost Sharing Reduction Plan Benefits



**KEEPING CALIFORNIA
HEALTHY**

- 2024 Plan Rates & Offerings
- Plan Benefits
- Plan Hospital Network



OPEN ENROLLMENT 24 READINESS

- Covered California for Small Business
- Important Dates
- CalHEERS & Enroller Portal Updates
- Communications & Marketing Updates
- Enroller Resources



COVERED CALIFORNIA UPDATES

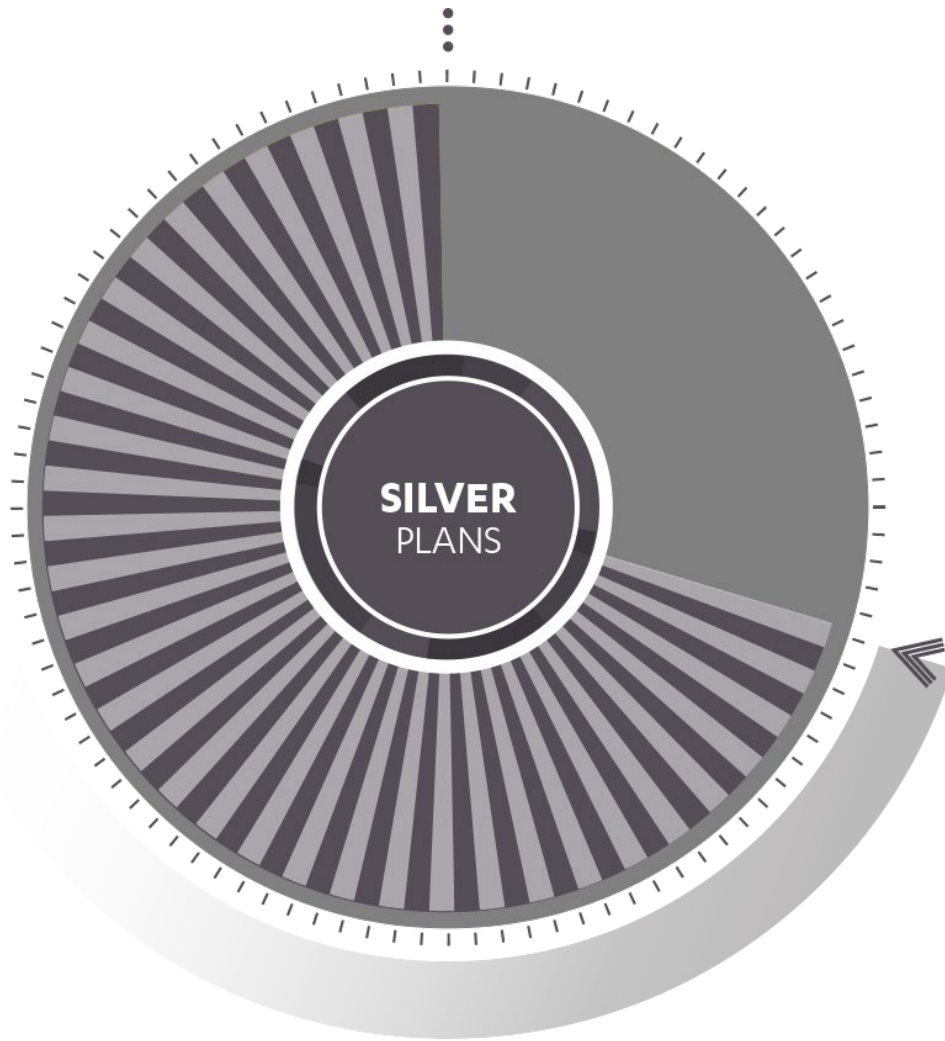
WHAT YOU NEED TO KNOW

ASSEMBLY BILL 2530 IMPLEMENTATION

- Effective July 1, 2023, AB 2530 (Wood, Chapter 695, Statutes of 2022) **requires Covered California to offer health insurance to individuals who have lost minimum essential coverage because of a strike, lockout, or other labor dispute.** Individuals who qualify for the subsidy receive the same premium assistance and cost sharing reductions as individuals with household income of 138.1% FPL.
- The Budget Act of 2023, AB 102 (Chapter 38, Statutes of 2023) and AB 118 (Committee on Budget, Chapter 42, Statutes of 2023), authorized **\$2 million to subsidize health insurance coverage for striking workers pursuant to AB 2530 for the 2023-24 fiscal year.**
- In late July and early August, Covered California engaged with members of **Transdev Teamster Local 517, transportation workers based in Visalia**, who lost employer coverage due to their strike. That strike ended in late August and Covered California worked with consumers who transitioned back to their employer sponsored coverage. Covered California continues to monitor current and impending strike activity, including the current SAG/AFTRA and WGA strikes, and will work in conjunction with the California Labor Federation and the individual unions to provide assistance when needed.

FEDERAL & STATE UPDATE

- On June 23, Covered California submitted a [comment letter](#) in **support** of the U.S. Department of Health and Human Services (HHS) proposed rule **amending the definition of lawfully present to include Deferred Action for Childhood Arrivals (DACA) recipients**, making these individuals **eligible to enroll in a Qualified Health Plan and receive financial assistance** through the marketplace. In the letter, Covered California highlighted how this rule aligns with the core principles of the Affordable Care Act (ACA) by ensuring that health care remains accessible and affordable to those who need it most.
- **Tracking the proposed legislation: AB 4 (Arambula)** would allow undocumented immigrants to apply for coverage from a Covered California qualified health plan. **This bill is currently in Senate Appropriations** and is likely to be taken up again in 2024. Covered California will continue to monitor the progress of the bill and will be ready to provide technical assistance if requested.




STATE-ENHANCED COST SHARING REDUCTION PLAN BENEFITS

REDUCING OUT OF POCKET EXPENSES

STANDARD COST-SHARING SILVER PLANS: 73, 87, AND 94

Silver

More Savings



Premiums
LOWER

Out-of-Pocket
MODERATE

70 to 94%
coverage

Lower monthly premium if you qualify for financial help.

[Learn More](#) →

An Enhanced Silver plans provide lower deductibles, co-pays, and out-of-pocket maximum costs.

Enhanced Cost-Sharing Reduction Plan	Household Income Eligibility by Percentage of FPL	Household Size of <u>One</u> Income Limit
Silver 94	100% up to 150%	\$21,870
Silver 87	Above 150% up to 200%	\$29,160
Silver 73	Above 200% up to 250%	\$36,450

PROPOSED CALIFORNIA STATE-ENHANCED **COST-SHARING REDUCTION (CSR) PLAN** BENEFITS FOR PLAN YEAR 2024



NOTE:

Policy Proposal is pending Board Approval at the September Board Meeting

MAINTAIN **eligibility** for cost-sharing reduction benefits at the current levels for individuals with **income up to 250% FPL**;

ELIMINATE **deductibles** in **all Silver** CSR plans;

REVERT **planned cost-sharing increases** for generic drugs and maximum out-of-pocket in the **Silver 87 CSR plan**; and

INCREASE the **value of the Silver 73 CSR plan** to **approximate the Gold level** of coverage by reducing copays for primary and emergency care to Gold levels, reducing the copay for specialist visits and lowering the maximum out-of-pocket amount.

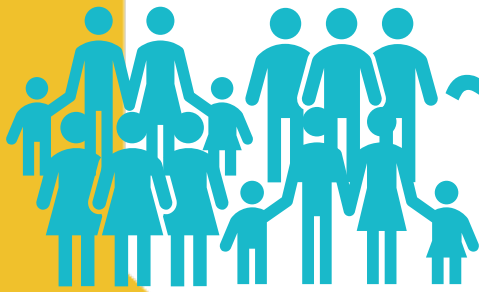
MANY CONSUMERS WILL SPEND LESS ON HEALTH CARE SERVICES

Table 1: Comparison of Silver CSR Plans with State-Enhanced Cost-Sharing Reductions

Benefit	Silver 73 Standard CSR Plan	Silver 73 Enhanced CA CSR	Silver 87 Standard CSR Plan	Silver 87 Enhanced CA CSR	Silver 94 Standard CSR Plan	Silver 94 Enhanced CA CSR
Medical Deductible	\$5,400	\$0	\$800	\$0	\$75	\$0
ED Facility Fee	\$450	\$350	\$150	\$150	\$50	\$50
Primary Care Visit	\$50	\$35	\$15	\$15	\$5	\$5
Specialist Visit	\$90	\$85	\$25	\$25	\$8	\$8
Drug Deductible	\$150	\$0	\$50	\$0	\$0	\$0
Tier 1 (Generics)	\$19	\$15	\$6	\$5	\$3	\$3

About **55%** of Covered California's **1.66 million** enrollees will be **eligible** for these cost-sharing reduction **benefits**.

INITIAL ASSESSMENT OF CONSUMER BENEFIT



~650,000

low- and middle-income enrollees with income up to \$33,975 for single members and \$69,375 for families of four **currently enrolled in Silver CSR plans will have the new benefits.**

46,000

members are estimated to be **automatically transitioned** from Platinum, Gold, and Bronze plans to take advantage of the new benefits in 2024.

Many more will be able to shop and switch to take advantage of the new benefits.

- The policy will assist consumers losing Medi-Cal as the continuous coverage requirements end. Historically, **more than 75% of individuals determined eligible for subsidies after losing Medi-Cal were eligible for cost-sharing reduction plans.**
- Combined with federal support for premiums under the Inflation Reduction Act, this is the **most affordability support that has ever been available to Covered California enrollees.**



INITIATIVES TO CONNECT CURRENT ENROLLEES TO THE MAXIMUM AMOUNT OF FINANCIAL ASSISTANCE AVAILABLE

These initiatives will help **connect current consumers to the maximum amount of financial assistance available** through the California Enhanced Cost-Sharing Reduction plans, potentially saving thousands of households hundreds of dollars in monthly premiums and out-of-pocket costs.

Crosswalk Type	Estimated Count of Members Impacted	Average Premium Savings Over Twelve Months	Average <u>Out of Pocket</u> Savings Over Twelve Months*
Gold/Platinum to Silver 94 plans	6,600	\$1,510	\$30-\$180
Gold to Silver 87 plans	23,200	\$1,120	\$90
Bronze to \$0 Silver 94 plans**	2,400	N/A	\$400
Bronze to \$0 Silver 87 plans	9,600	N/A	\$320
Bronze to \$0 Silver 73 plans***	4,300	N/A	\$240

*Calculated using the average out-of-pocket costs for the original plan times the change in actuarial value.

Note that we have had this crosswalk in place since plan year 2022. *Assumes benefit level of enhanced CSR plan.

The benefits of the Enhanced Silver plan include:

- The **same health insurance company** enrollee has now
- Access to the **same doctors and services**
- A **\$0** medical and drug deductible
- **Lower** out of pocket costs.

Option to keep the enhanced silver plan or **choose a new** plan by 12/31/23 for a 1/1/24 effective date of coverage.



KEEPING CALIFORNIA HEALTHY

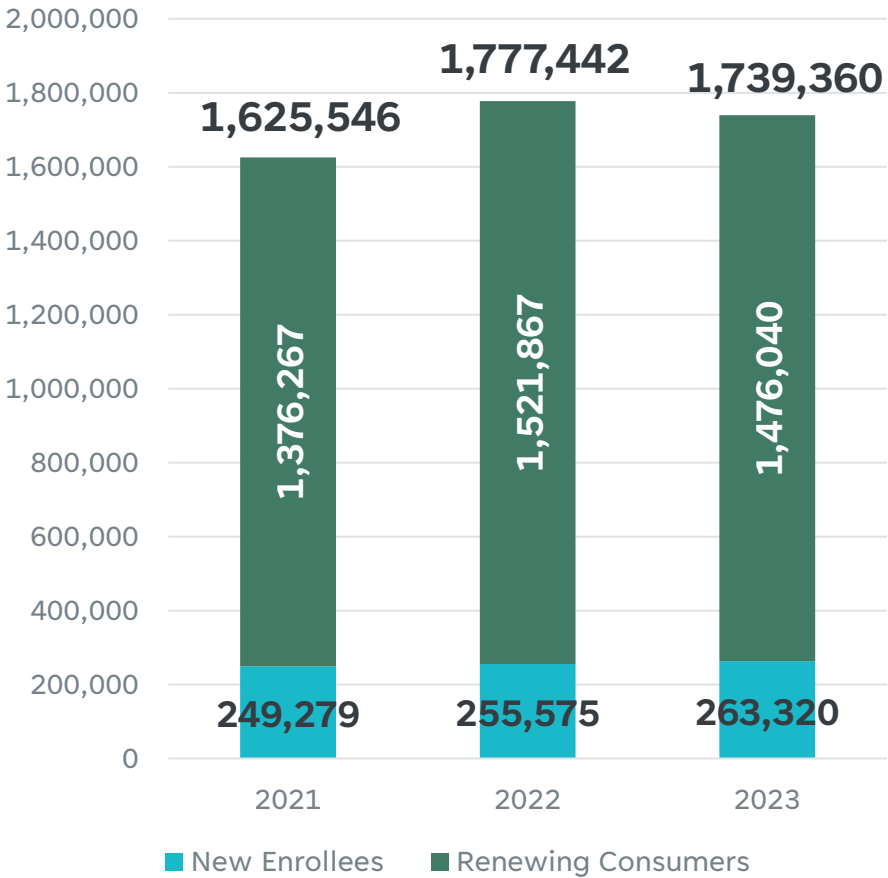
2024 PLAN YEAR

2021-2023 ENROLLMENT PROFILE INDIVIDUAL MARKET



2023 NEW ENROLLMENT

- 263,320 people had newly selected a health plan for 2023, continuing a trend of steady growth in recent years.

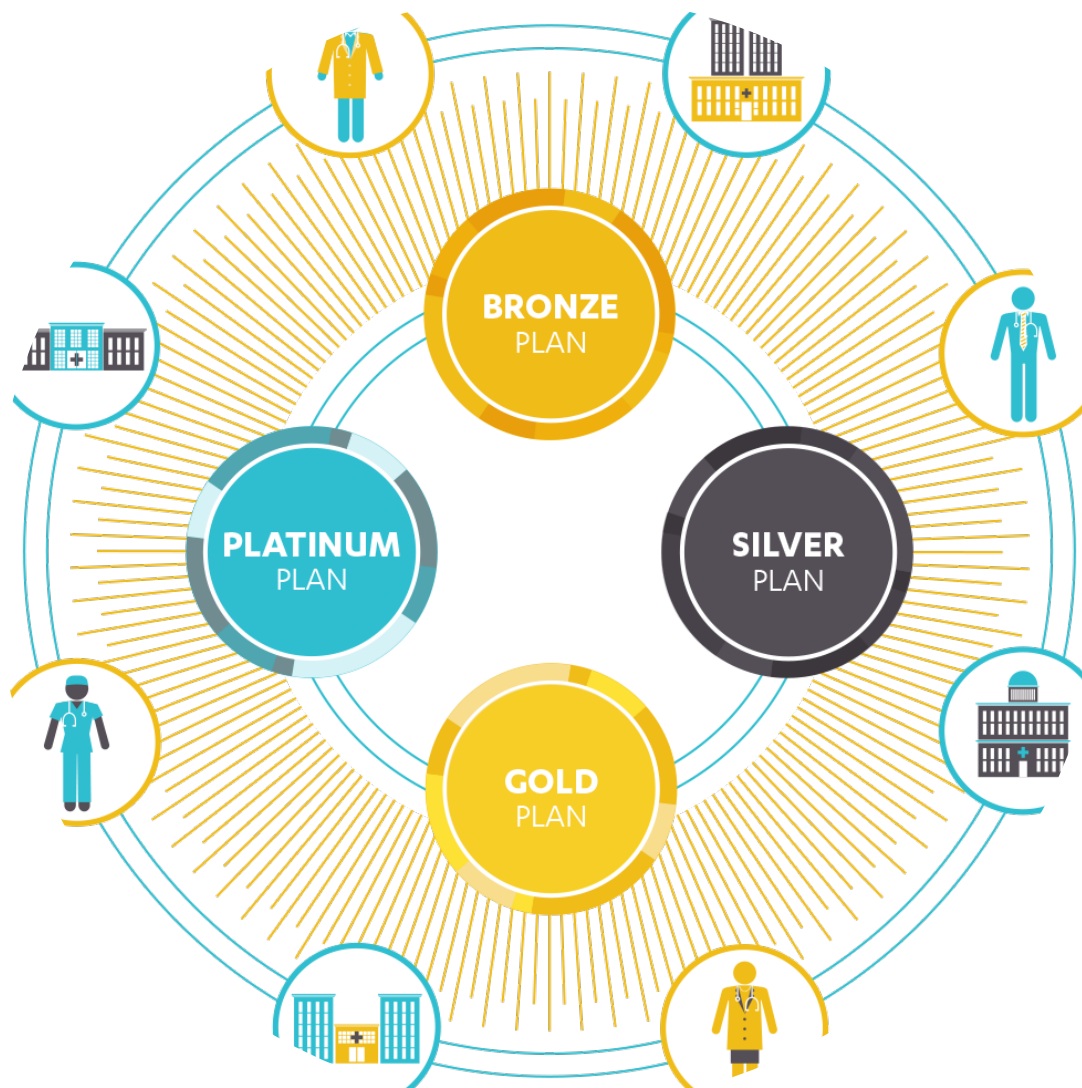


2023 RENEWAL

- The total is more than 14,000 higher than 2021's total, and 8,000 higher than last year's figure.
- More than 1.4 million Californians renewed their health insurance for 2023, bringing Covered California's overall enrollment to 1.74 million.

HEALTH COVERAGE FOR INDIVIDUALS & FAMILIES





HEALTH CARRIER PARTICIPATION

2024 PLAN YEAR

COVERED CALIFORNIA INDIVIDUAL MARKET HEALTH CARRIERS FOR 2024 PLAN YEAR

- **12** Health Carriers
- **All Californians** will have a choice of **2 or more** carriers.
- **96%** Californians will have a choice of **3 or more** carriers
- **92%** Californians will have a choice of **4 or more** carriers



INLAND EMPIRE HEALTH PLAN JOINS COVERED CALIFORNIA



New to the marketplace is Inland Empire Health Plan, one of the 10 largest Medicaid health plans in the nation that serves more than 1.6 million residents, will join Covered California and begin offering coverage in:

- **Pricing Region 17:** Riverside and San Bernardino counties

AETNA CVS HEALTH EXPANDS COVERAGE AREAS



Aetna CVS Health, which joined Covered California in 2023, will expand into:

Pricing Region 5: Contra Costa County

Pricing Region 6: Alameda County

HEALTH NET EXPANDS COVERAGE AREAS



Health Net will offer an HMO plan in:
Pricing Region 13: expand into Imperial County

OSCAR HEALTH LEAVES COVERED CALIFORNIA



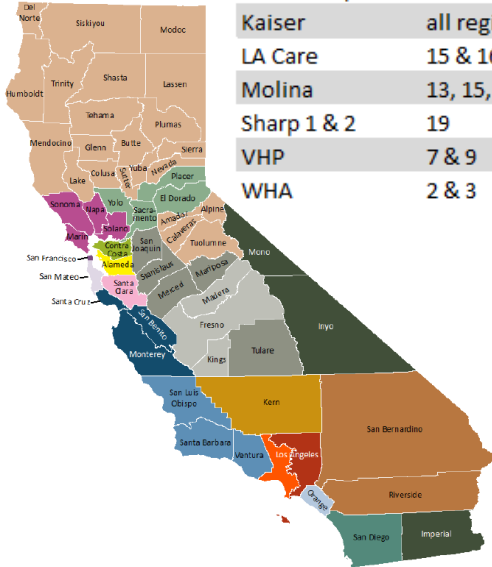
Oscar Health, which serves just over 31,000 enrollees in California, announced that it will be **withdrawing from California in 2024**, following its withdrawal from several other markets nationwide in prior years.

Enrollees will be given the opportunity to **choose a new plan** or to **move to the carrier with the lowest-cost plan** in the same metal tier.

If enrollees **do not take action** during the renewal period, they will be passively **enrolled in the lowest cost plan in the same metal tier**.

COVERED CALIFORNIA HEALTH CARRIER OFFERINGS BY REGION FOR 2024 PLAN YEAR

QHP Issuer	Pricing Region
Aetna	3, 5, 6 & 11
Anthem	HMO - 11, 15, 16, 17, 18, 19 EPO - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14
Blue Shield	HMO - all regions except 13 PPO - all regions
CCHP	4 & 8
HealthNet	HMO - 13, 14, 15, 16, 17, 18, 19 PPO - 3, 15, 16, 17, 18, 19
Inland Empire	17
Kaiser	all regions
LA Care	15 & 16
Molina	13, 15, 16, 17, 18, 19
Sharp 1 & 2	19
VHP	7 & 9
WHA	2 & 3



● Full Region
○ Partial Region

Rating Region	AETNA	ANTHEM	BLUE SHIELD	CCHP	HEALTH NET	INLAND EMPIRE	KAISER	L.A. CARE	MOLINA	SHARP	VHP	WESTERN HEALTH ADV.
1 Northern counties			○	●			○					
2 North Bay Area			○	●			○					●
3 Greater Sacramento	●		○	●			○					○
4 San Francisco County			○	●			○					
5 Contra Costa County	●		○	●			○					
6 Alameda County	●		○	●			○					
7 Santa Clara County			○	●			○				●	
8 San Mateo County			○	●			○				○	
9 Santa Cruz, San Benito, Monterey			○	●			○				○	
10 Central Valley			○	●			○					
11 Fresno, Kings, Madera counties	●	●	○	●			○					
12 Central Coast			○	●			○					
13 Eastern counties			○	●			○		○			
14 Kern County			○	●			○					
15 Los Angeles County East		●	○	●	○		○	○	○			
16 Los Angeles County West		●	○	●	○		○	○	○			
17 Inland Empire		●	○	●	○	●	○	○	○			
18 Orange County		●	○	●	○		○	○	○			
19 San Diego County		●	○	●	○		○	○	○	○		





HEALTH PLAN RATES

2024 PLAN YEAR



COVERED CALIFORNIA INDIVIDUAL MARKET

2024 HEALTH PLAN PRELIMINARY* WEIGHTED AVERAGE RATE

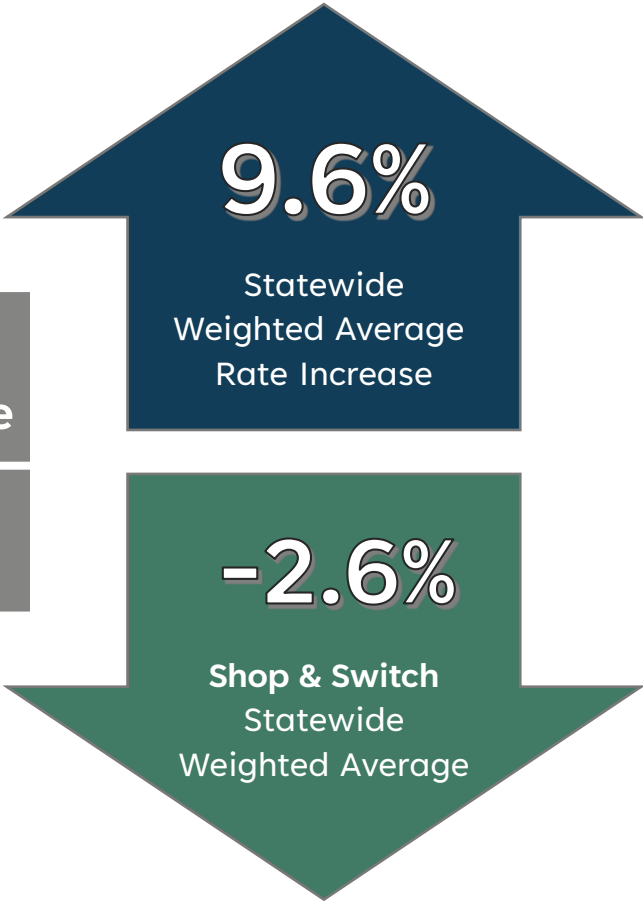
Total Enrollment
As of March 2023

1,604,630

Plan Year	2020	2021	2022	2023	2024	5-Year Average
Weighted Average	0.8%	0.5%	1.8%	5.6%	9.6%	3.6%

*The preliminary rates have been filed with California’s Department of Managed Health Care (DMHC) and are subject to final review and public comment. The final rates, which may change slightly from the proposed rates, will go into effect on Jan. 1, 2024.

[Covered California 2024 Plan Rates Press Release](#)



COVERED CALIFORNIA INDIVIDUAL MARKET RATE CHANGES BY CARRIER

- **Aetna CVS Health** has the **lowest** weighted average rate change of 0.2%
- **Blue Shield of California** has the **highest** weighted average rate change of 15.0%
- **Inland Empire Health Plan** is **new** to the marketplace this 2024 plan year.

Carrier	Weighted Average % Rate Change from 2023
Aetna CVS Health	0.2%
Anthem Blue Cross	10.9%
Blue Shield of California	15.0%
Chinese Community Health Plan	5.1%
Health Net	8.4%
Inland Empire Health Plan	N/A
Kaiser Permanente	7.4%
LA Care Health Plan	6.1%
Molina Healthcare	8.1%
Sharp Health Plan	6.2%
Valley Health Plan	7.1%
Western Health Advantage	6.5%
Overall Weighted Average %	9.6%

The weighted average rate change refers to the overall average throughout the state. Actual rate changes for consumers may vary based on their personal circumstances, the area they live in and their plan's metal tier.

COVERED CALIFORNIA INDIVIDUAL MARKET RATE CHANGES BY RATING REGION FOR 2024 PLAN YEAR

Rating Region	Total enrollment ¹	Avg. rate change	Shop and switch ²
Region 1 Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba counties	58,640	13.1%	7.6%
Region 2 Marin, Napa, Solano and Sonoma counties	56,930	6.5%	-0.6%
Region 3 Sacramento, Placer, El Dorado and Yolo counties	93,380	10.6%	-2.1%
Region 4 San Francisco County	32,740	10.1%	2.3%
Region 5 Contra Costa County	50,760	10.0%	3.4%

¹ [Effectuated enrollment for coverage in the month of March 2023.](#)

² Shop and switch refers to the average rate change consumers could see if they shop around and switch to the lowest-cost plan in their current metal tier.

COVERED CALIFORNIA INDIVIDUAL MARKET RATE CHANGES BY RATING REGION FOR 2024 PLAN YEAR

Rating Region	Total enrollment ¹	Avg. rate change	Shop and switch ²
Region 6 Alameda County	71,480	6.8%	1.4%
Region 7 Santa Clara County	63,190	8.9%	-1.6%
Region 8 San Mateo County	27,160	10.0%	2.4%
Region 9 Monterey, San Benito and Santa Cruz counties	26,890	12.1%	-3.1%
Region 10 San Joaquin, Stanislaus, Merced, Mariposa and Tulare counties	76,740	9.7%	4.1%
Region 11 Fresno, Kings and Madera counties	40,360	14.7%	3.6%
Region 12 San Luis Obispo, Santa Barbara and Ventura counties	75,100	10.7%	3.6%

¹ [Effectuated enrollment for coverage in the month of March 2023.](#)

² Shop and switch refers to the average rate change consumers could see if they shop around and switch to the lowest-cost plan in their current metal tier.

COVERED CALIFORNIA INDIVIDUAL MARKET RATE CHANGES BY RATING REGION FOR 2024 PLAN YEAR

Rating Region	Total enrollment ¹	Avg. rate change	Shop and switch ²
Region 13 Mono, Inyo and Imperial counties	16,170	15.8%	11.8%
Region 14 Kern County	23,260	11.6%	7.1%
Region 15 Los Angeles County (northeast)	209,390	9.5%	-7.0%
Region 16 Los Angeles County (southwest)	259,980	7.6%	-11.2%
Region 17 San Bernardino and Riverside counties	155,280	9.7%	-4.2%
Region 18 Orange County	148,070	11.0%	-0.9%
Region 19 San Diego County	119,110	8.7%	-4.9%

¹ [Effectuated enrollment for coverage in the month of March 2023.](#)

² Shop and switch refers to the average rate change consumers could see if they shop around and switch to the lowest-cost plan in their current metal tier.



HEALTH PLAN REGIONAL RATE EXAMPLES

2024 PLAN YEAR



ADVANCED PREMIUM TAX CREDIT (APTC): 3 MAJOR COMPONENTS FOR THE CALCULATION

INCOME & FEDERAL POVERTY LEVEL (FPL)*



George:
40 years old,
resides in
Sacramento, CA
earns
\$29,160/year =
200% FPL

REQUIRED CONTRIBUTION % & AMOUNT



Expected to contribute:
2% of his annual income
= \$583 annually or **\$49**
per month.

SECOND-LOWEST SILVER PREMIUM (Benchmark Plan)



**Benchmark plan in
Sacramento Region:**
\$525 per month –

APTC is the difference
between the benchmark
plan and his required
contribution = **\$476**, plus
the \$1* California
premium credit.

\$525

– **\$49**

= **\$476**

APTC

+ **\$1****

= **\$477**

total credit

George can shop for a more expensive plan but will continue to receive only \$477 toward the cost of those more expensive plans. If George decides on a less expensive plan, the APTC applied cannot exceed the amount of the premium.

*Consumers at 400% FPL or higher may receive a federal premium tax credit to lower their premium to a maximum of 8.5 percent of their income based on the second-lowest-cost Silver plan in their area

**\$1 California Premium Credit is provided by the state general budget fund to all Covered California members on a monthly basis.

2024 HEALTH PLAN REGIONAL RATE EXAMPLES FOR THE 25-YEAR-OLD AND A 40-YEAR-OLD INDIVIDUAL SLIDES

Rate Example:

- Premium rates shown are for a 25-year-old and a 40-year-old single individual with an annual household income of \$29,160, residing in a zip code within the county displayed.
- Incorporate the Advanced Premium Tax Credit (APTC) premium calculation and California Premium Credit.
- List by county and health plans. Not all plans are offered in all ZIP codes in the county shown in the examples.
- The lowest-priced plan for each metal tier is shown in **bold green font**.
- The second-lowest silver plan is shown with a red outlined rectangle.

San Francisco County (Region 4):

Rates For 25 And 40-year-old

Premium rates shown are for a 25-year-old and a 40-year-old single individual with an annual household income of \$27,180, residing in a zip code within the county and region displayed.

- 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

- Premium rates shown are for a 25-year-old and a 40-year-old single individual.
- Plans that are not offered in all ZIP codes in the county are shown with an asterisk (*)

25-year-old Single Individual

Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
Anthem EPO	\$314	\$435	\$436	\$475	\$612	\$872
Blue Shield PPO	\$518	\$537	\$528	\$658	\$789	\$1,074
Blue Shield HMO	-	-	-	\$501	\$563	\$641
CCHP HMO	\$371	\$388	\$389	\$520	\$586	\$644
Kaiser HMO Coin	\$288	\$380	\$397	-	\$529	-
Kaiser HMO Copay	-	-	-	\$477	\$576	\$616

40-year-old Single Individual

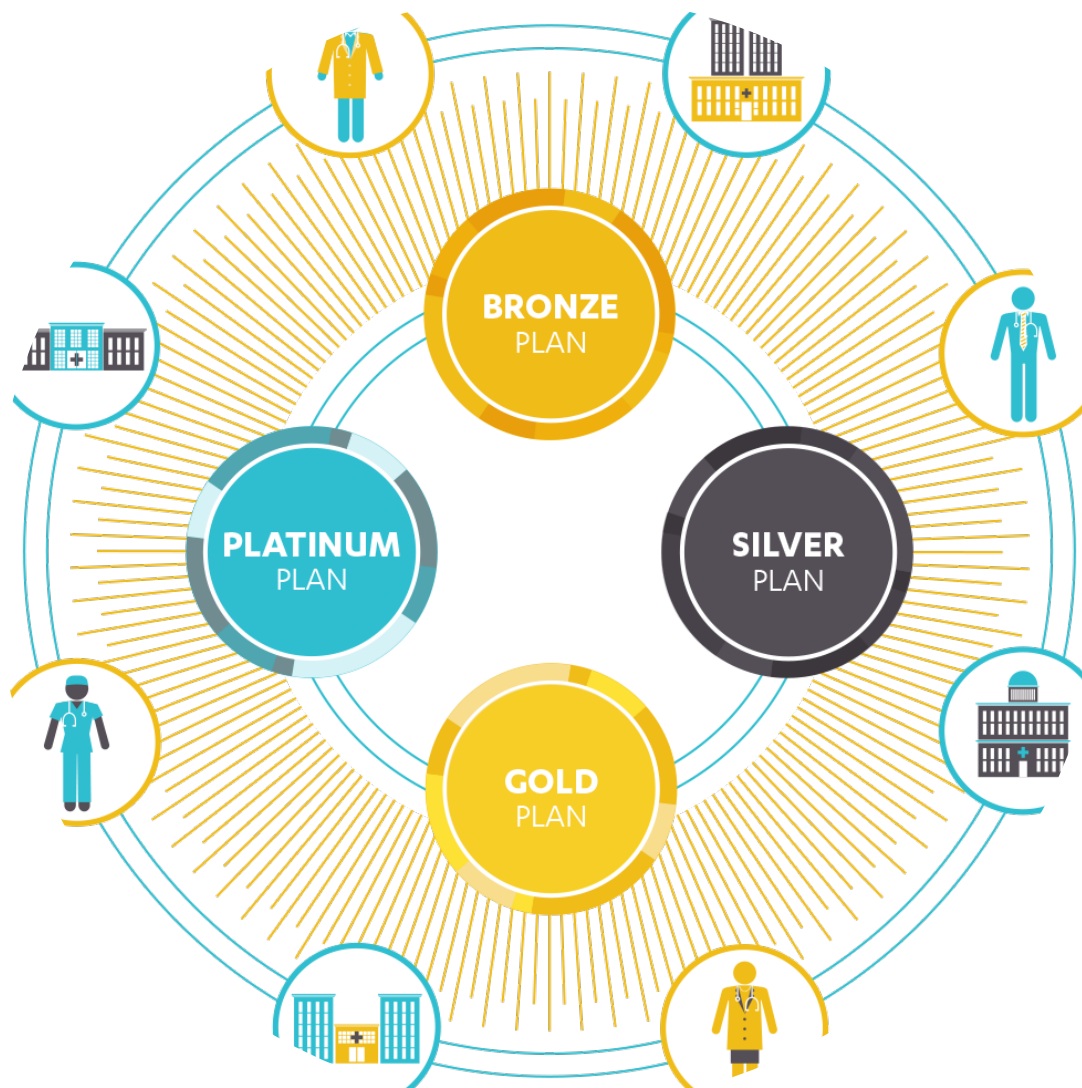
Plan	Minimum	Bronze HDHP	Bronze	Silver	Gold	Platinum
Anthem EPO	\$400	\$554	\$554	\$605	\$779	\$1,109
Blue Shield PPO	\$660	\$683	\$672	\$838	\$1,004	\$1,367
Blue Shield HMO	-	-	-	\$637	\$717	\$817
CCHP HMO	\$473	\$494	\$496	\$662	\$746	\$820
Kaiser HMO Coin	\$367	\$484	\$506	-	\$673	-
Kaiser HMO Copay	-	-	-	\$608	\$734	\$784

San Francisco County (Region 4): Hospital Network

X = Blue Shield HMO ACO Partner
X = New in-network hospital for health plan

• Proposed hospital network as of August 2023 • May not be a complete list of hospitals • Kaiser Permanente hospitals are not listed • Verify with the health plan if the hospital is in-network

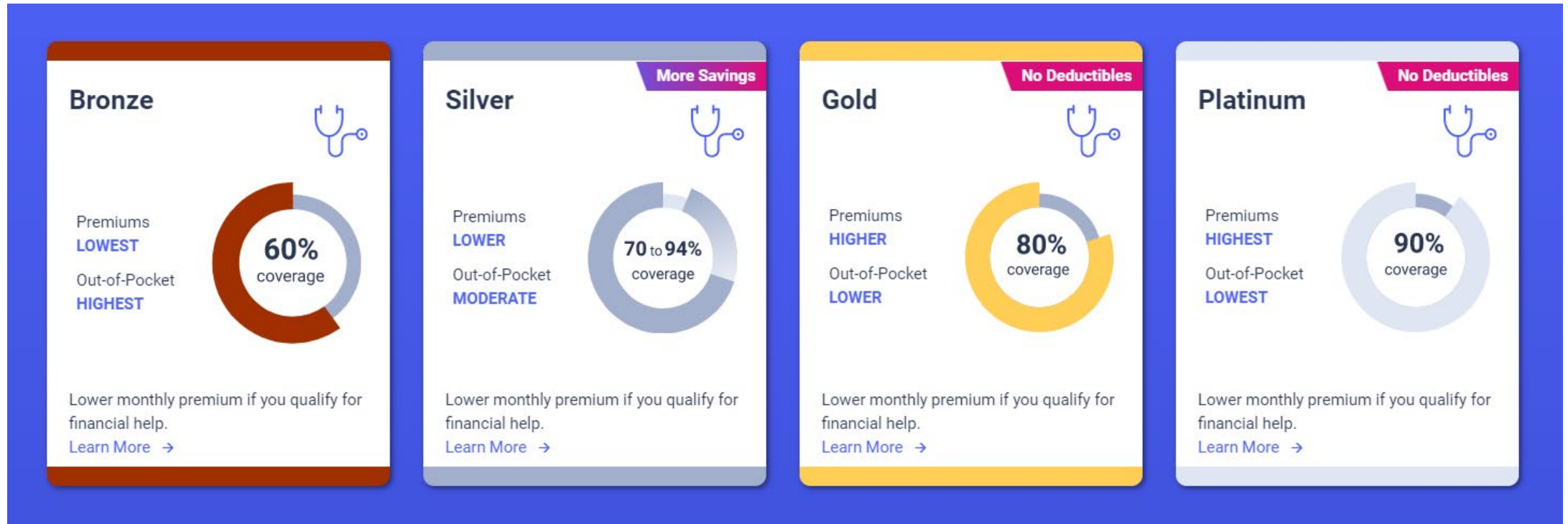
Hospital	Anthem Blue Cross EPO	Blue Shield HMO	Blue Shield PPO	Balance by Chinese Community Health Plan HMO
California Pacific Medical Center - Davies Campus Hospital	X		X	X
California Pacific Medical Center – Mission Bernal Campus	X		X	X
California Pacific Medical Center - Van Ness Campus	X		X	X
Chinese Hospital	X	X	X	X
Kentfield Hospital San Francisco		X	X	
St. Francis Memorial Hospital		X	X	X
St. Mary's Medical Center		X	X	X
UCSF Medical Center		X	X	X
UCSF Medical Center at Mission Bay		X	X	
UCSF Medical Center at Mount Zion		X	X	



HEALTH PLAN BENEFITS

2024 PLAN YEAR

HEALTH PLAN COVERAGE LEVEL: METAL TIERS



- A plan with a lower premium results in a larger copayment with higher deductibles and maximum out-of-pocket expense.
- Minimum coverage plans are also available to people who meet certain requirements, although these plans are not eligible for financial help.

<https://www.coveredca.com/get-started/>

2024 Patient-Centered Designs and Medical Cost Shares

Benefits in blue are NOT subject to a deductible. Benefits in blue with a white corner are subject to a deductible after the first three visits.

Coverage Category	Minimum Coverage	Bronze	Silver	Silver 73 CA Enhanced CSR	Silver 87 CA Enhanced CSR	Silver 94 CA Enhanced CSR	Gold	Platinum
Percent of cost coverage	Covers 0% until out-of-pocket maximum is met	Covers 60% average annual cost	Covers 70% average annual cost	Covers 73% average annual cost	Covers 87% average annual cost	Covers 94% average annual cost	Covers 80% average annual cost	Covers 90% average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A	N/A	\$29,161 to \$36,450 (>200% to ≤250% FPL)	\$21,871 to \$29,160 (>150% to ≤200% FPL)	up to \$21,870 (100% to ≤150% FPL)	N/A	N/A
Annual Wellness Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	After first 3 non-preventive visits, full cost per instance until out-of-pocket maximum is met	\$60*	\$50	\$35	\$15	\$5	\$35	\$15
Urgent Care		\$60*	\$50	\$35	\$15	\$5	\$35	\$15
Specialist Visit	Full cost per service until out-of-pocket maximum is met	\$95*	\$90	\$85	\$25	\$8	\$65	\$30
Emergency Room Facility		40% after deductible is met	\$450	\$350	\$150	\$50	\$350	\$150
Laboratory Tests		\$40	\$50	\$50	\$20	\$8	\$40	\$15
X-Rays and Diagnostics		40% after deductible is met	\$95	\$95	\$40	\$8	\$75	\$30
Imaging			\$325	\$325	\$100	\$50	\$75 copay or 25% coinsurance***	\$75 copay or 10% coinsurance***
Tier 1 (Generic Drugs)	Full cost per script until out-of-pocket maximum is met	\$17**	\$19	\$15	\$5	\$3	\$15	\$7
Tier 2 (Preferred Drugs)		40% up to \$500 per script after drug deductible is met	\$60**	\$55	\$25	\$10	\$60	\$16
Tier 3 (Non-preferred Drugs)			\$90**	\$85	\$45	\$15	\$85	\$25
Tier 4 (Specialty Drugs)			20% up to \$250** per script	20% up to \$250 per script	15% up to \$150 per script	10% up to \$150 per script	20% up to \$250 per script	10% up to \$250 per script
Medical Deductible	N/A	Individual: \$6,300 Family: \$12,600	Individual: \$5,400 Family: \$10,800	N/A	N/A	N/A	N/A	N/A
Pharmacy Deductible	N/A	Individual: \$500 Family: \$1,000	Individual: \$150 Family: \$300	N/A	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	\$9,450 individual \$18,900 family	\$9,100 individual \$18,200 family	\$9,100 individual \$18,200 family	\$6,100 individual \$12,200 family	\$3,000 individual \$6,000 family	\$1,150 individual \$2,300 family	\$8,700 individual \$17,400 family	\$4,500 individual \$9,000 family

Drug prices are for a 30 day supply.

* Copay is for any combination of services (primary care, specialist, urgent care) for the first three visits.

After three visits, future visits will be at full cost until the medical deductible is met.

** Price is after pharmacy deductible amount is met.

*** See plan Evidence of Coverage for imaging cost share.

Covered California may approve deviations from the benefit plan designs for certain services on a case by case basis if necessary to comply with the California Mental Health Parity Act or federal Mental Health Parity and Addiction Equity Act (MHPAEA).

MINIMUM COVERAGE & BRONZE PLAN COST SHARING CHANGES FOR 2024 PLAN YEAR

Coverage Category	Minimum Coverage	Bronze
Percent of cost coverage	Covers 0% until out-of-pocket maximum is met	Covers 60% average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A
Annual Wellness Exam	\$0	\$0
Primary Care Visit	After first 3 non- preventive visits, full cost per instance until out-of-pocket maximum is met	\$65* \$60*
Urgent Care		\$65* \$60*
Specialist Visit	Full cost per service until out-of-pocket maximum is met	\$95*
Emergency Room Facility		40% after deductible is met
Laboratory Tests		\$40
X-Rays and Diagnostics		40% after deductible is met
Imaging		
Tier 1 (Generic Drugs)	Full cost per script until out-of-pocket maximum is met	\$18** \$17**
Tier 2 (Preferred Drugs)		40% up to \$500 per script after drug deductible is met
Tier 3 (Non-preferred Drugs)		
Tier 4 (Specialty Drugs)		
Medical Deductible	N/A	Individual: \$6,300 Family: \$12,600
Pharmacy Deductible	N/A	Individual: \$500 Family: \$1,000
Annual Out-of-Pocket Maximum	\$9,100 \$9,450 individual \$18,200 \$18,900 family	\$8,200 \$9,100 individual \$16,400 \$18,200 family

SILVER & ENHANCED SILVER PLANS COST SHARING CHANGES

FOR 2024 PLAN YEAR

Coverage Category	Silver	CA Enhanced Silver 73	CA Enhanced Silver 87	CA Enhanced Silver 94
Percent of cost coverage	Covers 70% average annual cost	Covers 73% average annual cost	Covers 87% average annual cost	Covers 94% average annual cost
Cost-sharing Reduction Single Income Range	N/A	\$29,161 to \$36,450 (>200% to ≤250% FPL)	\$21,871 to \$29,160 (>150% to ≤200% FPL)	Up to \$21,870 (100% to ≤150% FPL)
Annual Wellness Exam	\$0	\$0	\$0	\$0
Primary Care Visit	\$45 \$50	\$45 \$35	\$15	\$5
Urgent Care	\$45 \$50	\$45 \$35	\$15	\$5
Specialist Visit	\$85 \$90	\$85	\$25	\$8
Emergency Room Facility	\$400 \$450	\$400 \$350	\$150	\$50
Laboratory Tests	\$50	\$50	\$20	\$8
X-Rays and Diagnostics	\$95	\$90 \$95	\$40	\$8
Imaging	\$325	\$325	\$100	\$50
Tier 1 (Generic Drugs)	\$16** \$19	\$16** \$15	\$5** \$5	\$3
Tier 2 (Preferred Drugs)	\$60**	\$55	\$25	\$10
Tier 3 (Non-preferred Drugs)	\$90**	\$85	\$45	\$15
Tier 4 (Specialty Drugs)	20% up to \$250** per script	20% up to \$250 per script	15% up to \$150 per script	10% up to \$150 per script
Medical Deductible	Individual: \$4,750 \$5,400 Family: \$9,500 \$10,800	Individual: \$4,750 \$0 Family: \$9,500 \$0	Individual: \$800 \$0 Family: \$1,600 \$0	Individual: \$75 \$0 Family: \$150 \$0
Pharmacy Deductible	Individual: \$85 \$150 Family: \$170 \$300	Individual: \$30 \$0 Family: \$60 \$0	Individual: \$25 \$0 Family: \$50 \$0	N/A
Annual Out-of-Pocket Maximum	\$8,750 \$9,100 individual \$17,500 \$18,200 family	\$7,250 \$6,100 individual \$14,500 \$12,200 family	\$3,000 individual \$6,000 family	\$900 \$1,150 individual \$1,800 \$2,300 family



Drug prices are for a 30-day supply.

* Copay is for any combination of services (primary care, specialist, urgent care) for the first three visits. After three visits, future visits will be at full cost until the medical deductible is met.

** Price is after pharmacy deductible amount is met. *** See plan Evidence of Coverage for imaging cost share.



Prescription drugs are not subject to the new pharmacy deductible.

GOLD & PLATINUM COST SHARING CHANGES FOR 2024 PLAN YEAR

Coverage Category	Gold	Platinum
Percent of cost coverage	Covers 80% average annual cost	Covers 90% average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A
Annual Wellness Exam	\$0	\$0
Primary Care Visit	\$35	\$15
Urgent Care	\$35	\$15
Specialist Visit	\$65	\$30
Emergency Room Facility	\$350	\$150
Laboratory Tests	\$40	\$15
X-Rays and Diagnostics	\$75	\$30
Imaging	\$75 copay or 25% coinsurance***	\$75 copay or 10% coinsurance***
Tier 1 (Generic Drugs)	\$15	\$5-\$7
Tier 2 (Preferred Drugs)	\$60	\$15-\$16
Tier 3 (Non-preferred Drugs)	\$85	\$25
Tier 4 (Specialty Drugs)	20% up to \$250 per script	10% up to \$250 per script
Medical Deductible	N/A	N/A
Pharmacy Deductible	N/A	N/A
Annual Out-of-Pocket Maximum	\$8,550 -\$8,700 individual \$17,100 \$17,400 family	\$4,500 individual \$9,000 family



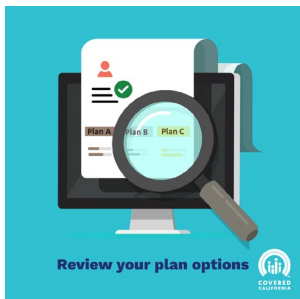
Drug prices are for a 30-day supply.

* Copay is for any combination of services (primary care, specialist, urgent care) for the first three visits. After three visits, future visits will be at full cost until the medical deductible is met.

** Price is after pharmacy deductible amount is met.

*** See plan Evidence of Coverage for imaging cost share.

BETTER COVERAGE AND LOWER COSTS WITH THE ENHANCED SILVER 94 HEALTH PLAN!



- Lower Monthly Premium Cost
- \$201 Savings in Copayments
- \$3,350/\$6,700 Savings in Out-of-Pocket Maximum

	2024 Current Plan Costs	2024 New Plan Costs	SAVINGS
Coverage category	Platinum plan	Enhanced Silver 94 plan	
Primary care visit	\$15	\$5	\$10
Urgent care	\$15	\$5	\$10
Specialist visit	\$30	\$8	\$22
Emergency room	\$150	\$50	\$100
Laboratory tests	\$15	\$8	\$7
X-Ray and Diagnostic Imaging	\$30	\$8	\$22
Tier 1 drugs (Generic)	\$7	\$3	\$4
Tier 2 drugs (Preferred)	\$16	\$10	\$6
Tier 3 drugs (Non-Preferred)	\$25	\$15	\$10
Tier 4 drugs (Specialty)	10% up to \$250 per script	10% up to \$150 per script	\$10
Drug deductible	Individual: \$0 Family: \$0	Individual: \$0 Family: \$0	-
Medical deductible	Individual: \$0 Family: \$0		
Annual (yearly) out-of-pocket maximum	Individual: \$4,500 Family: \$9,000	Individual: \$1,150 Family: \$2,300	\$3,350 / \$6,700

DENTAL COVERAGE FOR INDIVIDUALS & FAMILIES





DENTAL PLAN RATES & BENEFITS

2024 PLAN YEAR



DENTAL COVERAGE



Dental Coverage Types:

- All health plans include dental care for children at no extra cost.
- For adults, a dental plan can be added to your health plan purchase.

<https://www.coveredca.com/dental/family/>

Included



Children's Dental

Children's preventive dental benefits are automatically included in the health plans we offer. There is no monthly cost for these plans. Depending on your health plan, you'll have access to different networks of dentists. All preventative and diagnostic services are offered at no cost, while you'll pay part of the cost for other services.

Additional Cost



Family Dental

Adults can add dental coverage once they've selected a health plan. Single adults and families can enroll in a family dental plan. Children's dental benefits are already included in our health plans, but you can enroll them in a family dental plan (all children would need to be enrolled in that plan).

CHILDREN EMBEDDED DENTAL PLAN BY THEIR HEALTH PLAN

Health Plan	Embedded Dental
Aetna CVS Health	Liberty Dental DHMO
Anthem Blue Cross of California EPO Anthem Blue Cross of California HMO	Anthem Dental Plan DPPO Anthem Dental Plan DHMO
Blue Shield of California HMO Blue Shield of California PPO	Dental Benefit Providers DHMO Dental Benefit Providers DPPO
Balance by CCHP	Delta Dental of California DHMO
Health Net HMO Health Net PPO	Dental Benefit Providers DHMO Dental Benefit Providers DPPO
Inland Empire Health Plan	Liberty Dental DHMO
Kaiser Permanente	Delta Dental of California DHMO
L.A. Care Health Plan	Liberty Dental DHMO
Molina Healthcare	California Dental Network DHMO
Sharp Health Plan	Delta Dental of California DHMO
Valley Health Plan	Liberty Dental DHMO
Western Health Advantage	Delta Dental of California DHMO



2024 Children's Embedded Dental Benefit Designs and Cost Shares

Member Cost Share amounts describe the Enrollee's out of pocket costs.
Children's Dental Plan can be offered in both the Individual Marketplace and Covered California for Small Business.

Coverage Category		Coinsurance Plan		Copay Plan
Percent of cost coverage		Covers 85.5% average annual cost	Covers 85.5% average annual cost	Covers 84.4% average annual cost
Age: Pediatric Dental Enhanced Health Benefits		Up to 19	Up to 19	Up to 19
Plan Network Provider		In-Network	Out-of-Network	In-Network Only
Waiting Period <small>(Waived Condition provision, as defined in Health & Safety Code 1357.50 (a)(3)(J)(4) and Insurance Code 10198.6(d))</small>		None	None	None
Office Visit Copay		\$0	\$0	\$0
Dental Deductible		Individual: \$75 Family*: \$150	Individual: \$75 Family*: \$150	Individual: None Family*: Not Applicable
Out of Pocket Maximum		Individual: \$350 Family*: \$700	Individual: None Family*: None	Individual: \$350 Family*: \$700
Annual Benefit Limit <small>(the maximum amount the dental plan will pay in the benefit year)</small>		None	None	None
Procedure Category	Service Type	Member Cost Share	Member Cost Share	Member Cost Share
Diagnostic & Preventive	Oral Exam	No charge	10%	No charge
	Preventive - Cleaning	No charge	10%	No charge
	Preventive - X-ray	No charge	10%	No charge
	Sealants per Tooth	No charge	10%	No charge
	Topical Fluoride Application	No charge	10%	No charge
	Space Maintainers - Fixed	No charge	10%	No charge
Basic Services	Restorative Procedures	20%	30%	See 2024 Dental Copay Schedule**
	Periodontal Maintenance Services	Deductible Applies	Deductible Applies	
Major Services	Periodontics <small>(other than maintenance)</small>	50% Deductible Applies	50% Deductible Applies	See 2024 Dental Copay Schedule**
	Endodontics			
	Crowns and Casts			
	Prosthodontics			
	Oral Surgery			
Orthodontia	Medically Necessary Orthodontia	50% Deductible Applies	50% Deductible Applies	\$350

* Price is for two or more children in the Family covered.

Covered California may approve deviations from the benefit plan designs for certain services on a case-by-case basis if necessary to comply with the California Mental Health Parity Act or federal Mental Health Parity and Addiction Equity Act (MHPAEA).

2024 FAMILY DENTAL PLANS



California Individual Market Family Dental Plans

Statewide weighted average rate change for dental coverage in 2024 will be an increase of 4.31% since 2020.

Dental Carrier	Weighted Average Rate
Anthem Blue Cross Dental	-0.4%
Blue Shield of CA Dental	0.0%
California Dental Network	20.1%
Delta Dental	4.1%
Dental Health Services	0.0%
Statewide	4.31%

COVERED CALIFORNIA DENTAL PLAN OFFERINGS BY REGION FOR 2024 PLAN YEAR

QDP Issuer	Pricing Region
Anthem	DHMO - 4, 5, 6, 15, 16, 17, 18, 19 DPPO - all regions
Blue Shield	DHMO - all except Region 1 DPPO - all
CA Dental Network	all except Region 1
Delta Dental	DHMO - all DPPO - all
DHS	all except Regions 1, 11 and 13



● Full Region
○ Partial Region

PRICING REGION		ANTHEM DHMO	ANTHEM DPPO	BLUE SHIELD DHMO	BLUE SHIELD DPPO	CA. DENTAL NETWORK DHMO	DELTA DENTAL DHMO	DELTA DENTAL DPPO	DENTAL HEALTH SERVICES DHMO
1	Northern counties		●		●		○	○	
2	North Bay Area		●	○	●	○	●	●	○
3	Greater Sacramento		●	●	●	○	○	●	○
4	San Francisco County	●	●	●	●	●	●	●	○
5	Contra Costa County	●	●	●	●	●	●	●	○
6	Alameda County	●	●	●	●	●	●	●	○
7	Santa Clara County		●	●	●	●	●	●	○
8	San Mateo County		●	●	●	●	●	●	○
9	Santa Cruz, San Benito, Monterey		●	●	●	○	●	●	○
10	Central Valley		●	●	●	○	○	●	○
11	Fresno, Kings, Madera counties		●	●	●	○	○	●	
12	Central Coast		●	○	●	○	●	●	○
13	Eastern counties		●	●	●	○	○	○	
14	Kern County		●	●	●	○	○	○	○
15	Los Angeles County East	●	●	●	●	●	●	●	○
16	Los Angeles County West	●	●	●	●	●	●	●	○
17	Inland Empire	○	●	●	●	○	○	○	○
18	Orange County	●	●	●	●	●	●	●	●
19	San Diego County	●	●	●	●	○	○	●	○

DHMO PLAN: ADULT & CHILDREN SERVICES



Services

Adults

Diagnostic and Preventive (includes x-rays, exams, cleaning and sealants)

Free

Amalgam Filling: One Surface

\$25

Root Canal: Molar

\$300

Gingivectomy, Per Tooth

\$50

Extraction: Single Tooth, Exposed Root or Erupted

\$65

Extraction: Complete Bony

\$160

Crown: Porcelain With Metal

\$300

Medically Necessary Orthodontia

**\$350 for children
Not covered for adults**

- No deductible
- No waiting period or annual benefit limit
- \$350 Individual Out-of-Pocket Maximum (child only)
- \$700 Family Out-of-Pocket Maxim (2 or more children only)
- \$0 Copay
- No waiting period for children



Services

Children

Diagnostic and Preventive (includes x-rays, exams, cleaning and sealants)

Free

Amalgam Filling: One Surface

\$25

Root Canal: Molar

\$300

Gingivectomy, Per Tooth

\$50

Extraction: Single Tooth, Exposed Root or Erupted

\$65

Extraction: Complete Bony

\$160

Crown: Porcelain With Metal

\$300

Medically Necessary Orthodontia


\$350

<https://www.coveredca.com/dental/adult-add-on/hmo/>

DPPO PLAN: ADULT & CHILDREN SERVICES

 Services	Adults
Diagnostic and Preventive (includes x-rays, exams, cleaning and sealants)	Free
Amalgam Filling: One Surface	Pay 20% of bill
Root Canal: Molar	Pay 50% of bill
Gingivectomy, Per Tooth	
Extraction: Single Tooth, Exposed Root or Erupted	
Extraction: Complete Bony	
Crown: Porcelain With Metal	
Medically Necessary Orthodontia	Children – pay 50% of bill Not Covered for Adults

- \$50 deductible for adults
- \$75 deductible for children
- No annual benefit limit for children
- \$1,500 annual benefit limit for adults
- \$350 Individual Out-of-Pocket Maximum (child only)
- \$700 Family Out-of-Pocket Maxim (2 or more children only)
- \$0 Copay
- Six-month waiting period for major services for adults

 Services	Children
Diagnostic and Preventive (includes x-rays, exams, cleaning and sealants)	Free
Amalgam Filling: One Surface	Pay 20% of bill
Root Canal: Molar	Pay 50% of bill
Gingivectomy, Per Tooth	
Extraction: Single Tooth, Exposed Root or Erupted	
Extraction: Complete Bony	
Crown: Porcelain With Metal	
Medically Necessary Orthodontia	

<https://www.coveredca.com/dental/adult-add-on/ppo/>



2024 Family Dental Benefit Designs and Cost Shares

Member Cost Share amounts describe the Enrollee's out of pocket costs.

Family Dental Plan can be offered in both the Individual Marketplace and Covered California for Small Business.

Coverage Category		Family Dental Coinsurance Plan				Family Dental Copay Plan	
Percent of cost coverage		Covers 85.5% average annual cost		Not Calculated		Covers 84.4% average annual cost	Not Calculated
Age: Pediatric Dental EHB & Adulty Dental		Up to 19		Age 19 and Older		Up to 19	Age 19 and Older
Plan Network Provider		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	In-Network Only
Waiting Period (Waivered Condition provision, as defined in Health & Safety Code 1357.50 (a)(3)(J)(4) and Insurance Code 10198.6(d))		None	None	6 months for Major Services, Waived with Proof of Prior Coverage	6 months for Major Services, Waived with Proof of Prior Coverage	None	None
Office Visit Copay		\$0	\$0	\$0	\$0	\$0	\$0
Dental Deductible		Individual: \$75 Family*: \$150	Individual: \$75 Family*: \$150	Individual: \$50 Family*: \$N/A	Individual: \$50 Family*: \$N/A	Individual: None Family*: N/A	Individual: None Family*: N/A
Out of Pocket Maximum		Individual: \$350 Family*: \$700	None	None	None	Individual: \$350 Family*: \$700	None
Annual Benefit Limit (the maximum amount the dental plan will pay in the benefit year)		None	None	\$1,500		None	None
Procedure Category	Service Type	Member Cost Share		Member Cost Share		Member Cost Share	Member Cost Share
Diagnostic & Preventive	Oral Exam	No charge	10%	No charge	10%	No charge	No charge
	Preventive - Cleaning	No charge	10%	No charge	10%	No charge	No charge
	Preventive - X-ray	No charge	10%	No charge	10%	No charge	No charge
	Sealants per Tooth	No charge	10%	10%	10%***	No charge	No charge***
	Topical Fluoride Application	No charge	10%	10%	10%***	No charge	No charge***
	Space Maintainers - Fixed	No charge	10%	10%	10%***	No charge	No charge***
Basic Services	Restorative Procedures	20% Deductible Applies	30% Deductible Applies	20% Deductible Applies	30% Deductible Applies	See 2024 Dental Copay Schedule**	See 2024 Dental Copay Schedule**
	Periodontal Maintenance Services						
Major Services	Periodontics (<u>other</u> than maintenance)	50% Deductible Applies	50% Deductible Applies	50% Deductible Applies	50% Deductible Applies	See 2024 Dental Copay Schedule**	See 2024 Dental Copay Schedule**
	Endodontics						
	Crowns and Casts						
	Prosthodontics						
	Oral Surgery						
Orthodontia	Medically Necessary Orthodontia	50% Deductible Applies	50% Deductible Applies	Not Covered	Not Covered	\$350	Not Covered

* Price is for two or more children in the Family covered.

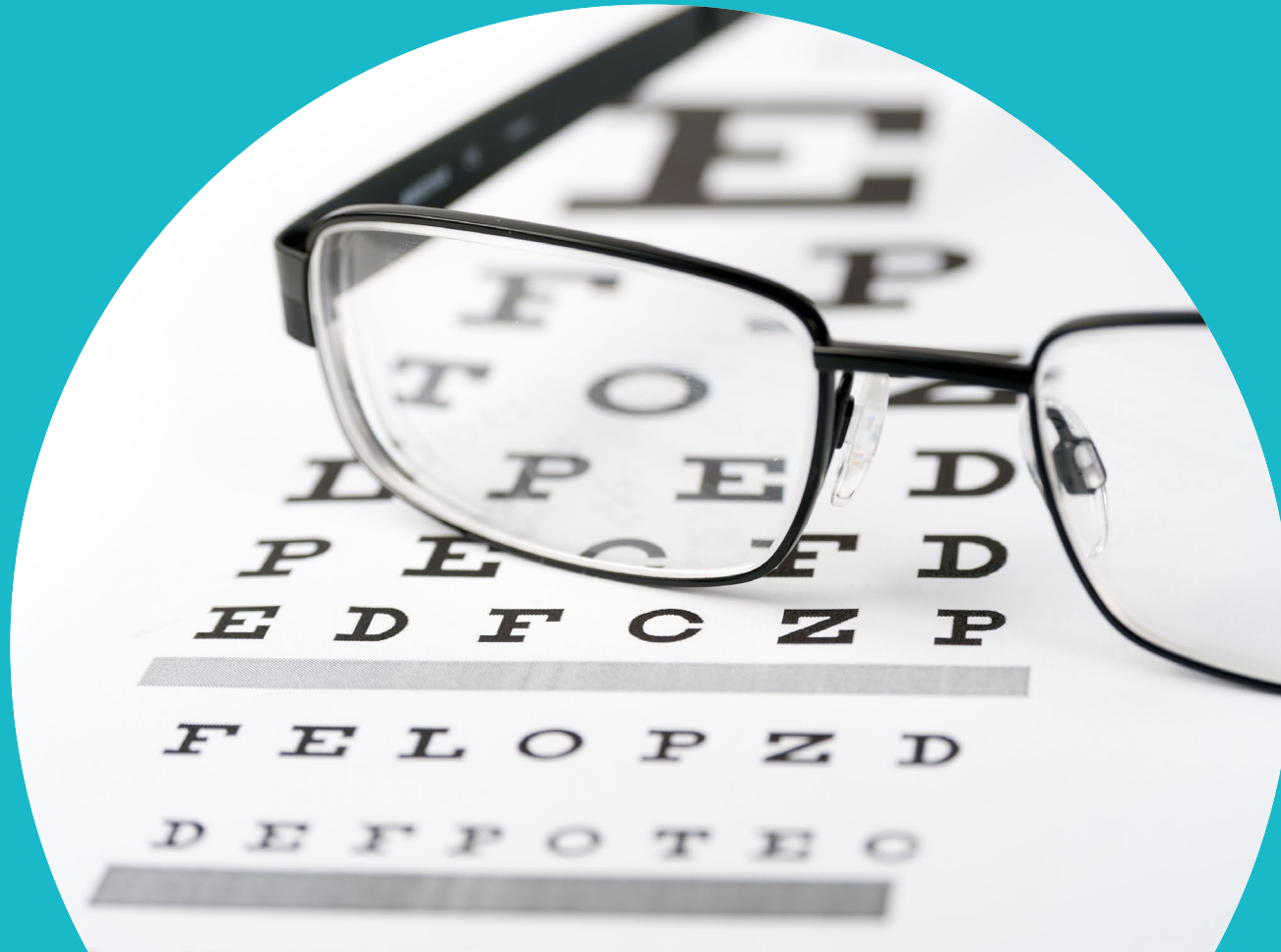
** 2024 Dental Copay Schedule can be found by clicking on this [link](#).

*** If the service is covered in the plan benefits.

Covered California may approve deviations from the benefit plan designs for certain services on a case-by-case basis if necessary to comply with the California Mental Health Parity Act or federal Mental Health Parity and Addiction Equity Act (MHPAEA).

Note: 6 months for Major Services, Waived with Proof of Prior Coverage

VISION COVERAGE FOR INDIVIDUALS & FAMILIES



VISION COVERAGE FOR CHILDREN



Children under age 19 get free vision care included with their parent's Covered California health plan.



Services

Free

Eye Exams

Free

1 Pair of Glasses Per Year (or
contact lenses in lieu of glasses)

Deductible Doesn't Apply



VISION COVERAGE FOR ADULTS



We've selected three vision insurance companies to offer vision care to our customers. **Adults** can enroll directly through these companies. All offer excellent benefits..



[Adult Vision | Covered California™](#)

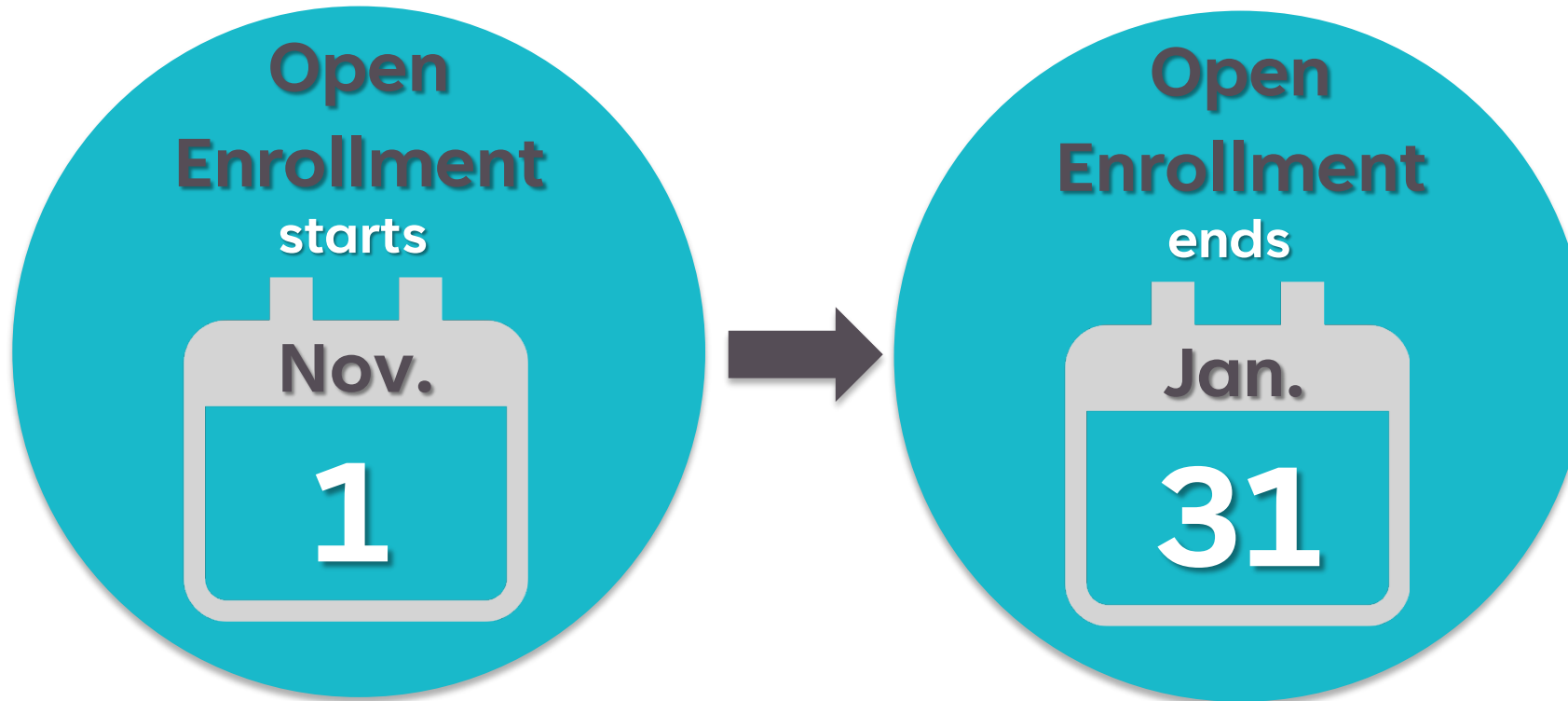
QUESTIONS



OPEN ENROLLMENT READINESS

PREPARING FOR OPEN ENROLLMENT 2024

2024 OPEN ENROLLMENT DATES



SHOP AND COMPARE TOOL WITH 2024 RATES GOES LIVE...

A screenshot of the "Shop and Compare" tool interface. The header features the "COVERED CALIFORNIA" logo and links for "Español" and "Need Help?". The main heading is "Shop and Compare". Below it, a subheading reads "Tell us a little bit about yourself". A paragraph explains that the information will help determine eligibility for health coverage programs and potential cost assistance. A section titled "Answer these questions to find out if you qualify for help to lower your health care costs." contains four questions with input fields: "Coverage Year:" (dropdown menu showing "2021"), "What is your Zip Code?" (text field with "Ex: 90210"), "What is your total household income per year?" (text field), and "How many people are in your household?" (dropdown menu showing "Select One").

2024 RENEWAL DATES

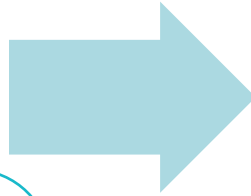


- **Active** Renewal: 10/1/2023 - 11/26/2023
- **Passive** (Auto) Renewal starts 10/31/2023

COVERED CALIFORNIA ACTIVE RENEWAL – RETAINING COVERAGE FOR 2024 PLAN YEAR

Renewal Notice

- **Households are selected for renewal** if they are enrolled in or have selected a plan for current year coverage.
- **Renewal Notices (NOD12)** are sent to qualifying households to notify them of their opportunity to update information and confirm plan choices for the upcoming year.



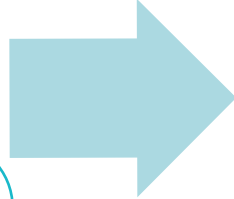
ACTIVE Renewal Case

- The **RENEWAL PAGES** will display for the duration of the **renewal period** for eligible Covered California and MAGI Medi-Cal cases.
- **Eligibility is re-determined** for subsidized and unsubsidized households
- **Federal Advanced Premium Tax Credit (APTC)** requires consent for verification

COVERED CALIFORNIA PASSIVE RENEWAL – RETAINING COVERAGE FOR 2024 PLAN YEAR

Renewal Notice

- **Households are selected for renewal** if they are enrolled in or have selected a plan for current year coverage.
- **Renewal Notices (NOD12)** are sent to qualifying households to notify them of their opportunity to update information and confirm plan choices for the upcoming year.



PASSIVE Renewal Case

- **Starting 10/31/23**, Passive Renewals will start in batches based on the date in the consumer renewal notice.
- The **date the consumer** will be passively renewed is noted in their NOD12.
- **Passive renewals automatically re-enrolls** eligible household members in the same health plan for the upcoming coverage year if they **have not confirmed their current plan or selected a new plan by the due date**.
- Consumers will be **automatically re-enrolled in the same dental plan** if it is still available.

*Households Not Eligible For Passive Renewal

- MAGI Medi-Cal only cases.
- Cases terminated before passive renewal date as noted in their notice (NOD12).
- Cases who plan select for 2024 on or after 12/25/2023.

CALHEERS APPLICATION RENEW MODE

Welcome back, Pesse!

Select Year: 2022 2023



Renew Application

Renew your coverage to see if you qualify for Covered California or Medi-Cal.

Renew

Enrollment Dashboard for Renewals

The enrollment dashboard in the consumer application has been updated for renewals as displayed here.

You will use the enrollment dashboard to assist consumers with plan selection for health and dental plans.

You will have the option to keep/renew the consumers current plan for the upcoming benefit year or choose a new plan.

There are also links to update custom grouping and to report any changes to the consumers application.

The screenshot shows the Kaiser Permanente Enrollment Dashboard for Renewals. At the top, there's a 'Select year' dropdown with '2023' and '2024' (selected). Below this are tabs for 'Case Summary', 'View Submitted App', 'Eligibility', and 'Enrollment' (selected). The 'Enrollment' tab is further divided into 'Enrollment Dashboard' and 'Enrollment History'. The 'Enrollment Dashboard' section has a left sidebar with 'Update your household information' and links for 'Manage Groups' and 'Report a Change'. The main content area is titled 'Health Plans' and 'Dental Plans'. A red-bordered box highlights a message: 'It's time to renew your plan! You can keep the health plan you have now or choose a new one. If you don't do anything, we'll renew your plan for you by 12/15/2023. If you want to make changes to your groups, you need to make them before you choose your plans. Manage Groups'. Below this, 'Group 1' is listed. The plan details for 'Kaiser Permanente Bronze 60 HMO' show a monthly premium of \$55.83 /mo with 'Extra Savings'. There are buttons for 'Keep Plan' and 'Choose New Plan'. To the right, 'Expected coverage dates' are 01/01/2024 - 12/31/2024, and 'Covered household members' include April Dudgate (33 years old). A 'Monthly premium' section shows a breakdown: Premium before savings (\$296.51 /mo), Savings (- \$0.00 /mo), Advance Premium Tax Credit (APTC) (- \$239.68 /mo), and CA Premium Credit (- \$1.00 /mo), resulting in an 'Amount you pay' of \$55.83 /mo for Group 1's monthly premium.

Select year: 2023 2024

Case Summary View Submitted App Eligibility Enrollment

Enrollment Dashboard Enrollment History

Update your household information

[Manage Groups](#)

[Report a Change](#)

Health Plans Dental Plans

It's time to renew your plan!

You can keep the health plan you have now or choose a new one. If you don't do anything, we'll renew your plan for you by 12/15/2023.

If you want to make changes to your groups, you need to make them before you choose your plans.

[Manage Groups](#)

Group 1

Kaiser Permanente

Kaiser

Bronze 60 HMO

\$55.83 /mo

Extra Savings

Keep Plan

Choose New Plan

Website 83681249

Expected coverage dates

01/01/2024 - 12/31/2024

Covered household members

April Dudgate (33 years old) ★

Monthly premium

Your monthly premium may be different than last year's.

Premium before savings \$296.51 /mo

Savings - \$0.00 /mo

Advance Premium Tax Credit (APTC) - \$239.68 /mo

CA Premium Credit - \$1.00 /mo

Amount you pay \$55.83 /mo

(Group 1's monthly premium)

Viewing Enrollment History within the Enrollment Dashboard

The enrollment dashboard also gives you a view of your consumers enrollment history.

On the left side you will see filter options available. The filter options are dynamic based on the plan types and years of enrollment within your consumers enrollment history.

The screenshot displays the 'Enrollment Dashboard' for the year 2023. The dashboard has a top navigation bar with tabs: 'Case Summary', 'View Submitted App', 'Eligibility', and 'Enrollment'. The 'Enrollment' tab is active, and its sub-tab 'Enrollment History' is highlighted with a red box. On the left sidebar, under 'Your Agent' (Bernardo Silva), there are links for 'Manage Delegates', 'Update your household information', 'Manage Groups', and 'Report a Change'. The main content area shows a warning about coverage ending, a section for 'Non-Enrolled Household Members' with a 'View Health Plans' button (highlighted with a red box), and a detailed view for 'Group 1' (Enrollment Status: Enrolled). This detailed view includes the Kaiser Permanente Bronze 60 HMO plan with a premium of \$279.92/mo, a 'Change Plan' button, and a list of household members (Celeste Beatrice and Nikki Bella). A breakdown of the monthly premium shows the total amount paid is \$279.92/mo.

Category	Value
Coverage dates	02/01/2023 - 12/31/2023
Premium start date	02/01/2023
Policy ID	17054
Covered household members	nikki bella (30 years old) (Subscriber)
Monthly premium	
Premium before savings	\$280.92 /mo
Savings	- \$1.00 /mo
Advance Premium Tax Credit (APTC)	- \$0.00 /mo
CA Premium Subsidy	- \$0.00 /mo
CA Premium Credit	- \$1.00 /mo
Amount you pay (Group 1's monthly premium)	\$279.92 /mo

UPDATING CONSENT FOR VERIFICATION - KEEP FINANCIAL ASSISTANCE FOR 2024

Update Consent for Verification

Please update your consent for verifying your information at renewal time.

Consent for Verification

I understand that Covered California will use my tax return at renewal time each year for up to the next 5 years to see if I qualify for help paying for health coverage. I understand that I can change my consent anytime.

If you are eligible for Medi-Cal, your tax return information will be used for your renewal, no matter how you respond on this question. If you are eligible for Medi-Cal now but you want to be considered for Covered California coverage in the future if your eligibility changes, please update your consent for verification.

You currently have given consent for Covered California to evaluate your tax return at renewal time until the year: 2028

Update my Consent for: 5 Years

Cancel Update

- When consumers provide '**Consent for Verification**' this means they are allowing **Covered California to utilize electronic data sources to attempt to verify** different verification categories such as; income, household size, citizenship, lawful presence and Medicare enrollment status.
- Consumers whose **consent for verification expires at the end of the 2023 benefit year** will **need to update the number of years of consent in their application** in order to continue to be evaluated for financial assistance (advanced premium tax credit (APTC)) for the 2024 benefit year.

CONSENT FOR VERIFICATION NOT UPDATED - LOSE FINANCIAL ASSISTANCE FOR 2024 & COST SHARING REDUCTION BENEFITS

Consumers renewing their coverage and **do not provide** updated consent years before 12/31/2023 for one or more years will be **renewed without** financial assistance: APTC or Cost Sharing Reduction Benefits.

Potential consumer impacts:

- Loss of enhanced benefits
- Financial hardship
- Impacts to existing auto pay set up
- Loss of 90-day grace period

NO CONSENT YEARS = **NO FINANCIAL ASSISTANCE**
FOR VERIFICATION **FOR THE 2024 BENEFIT YEAR**

CONTACT YOUR CONSUMERS NEEDING TO UPDATE THEIR CONSENT YEARS BY 12/31/2023

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.

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

Update Consent for Verification

Please update your consent for verifying your information at renewal time.

Consent for Verification

I understand that Covered California will use my tax return at renewal time each year for up to the next 5 years to see if I qualify for help paying for health coverage. I understand that I can change my consent anytime.

If you are eligible for Medi-Cal, your tax return information will be used for your renewal, no matter how you respond on this question. If you are eligible for Medi-Cal now but you want to be considered for Covered California coverage in the future if your eligibility changes, please update your consent for verification.

You currently have given consent for Covered California to evaluate your tax return at renewal time until the year:

2028

Update my Consent for:

5 Years



Cancel

Update

Read the QUICK GUIDE:

[Consent for Verification Quick Guide](#)





ENROLLER REQUIREMENTS

HELPING CONSUMERS ENROLL EFFECTIVELY



DO NOT CREATE DUPLICATE CASES

Duplicate cases negatively impacts consumers causing carriers enrolling the same individual into active coverage, resulting in dual enrollment could cause significant hardship for consumers and certified enrollers.



Negative impacts examples include but are not limited to:

- Carriers terminating the active case because the binder payment was applied to the incorrect case.
- Consumers may have to pay back advanced premium tax credits received on a case they were not aware of when they reconcile their income taxes.
- Enrollers may have to pay back commissions on duplicate case that was incorrectly created.

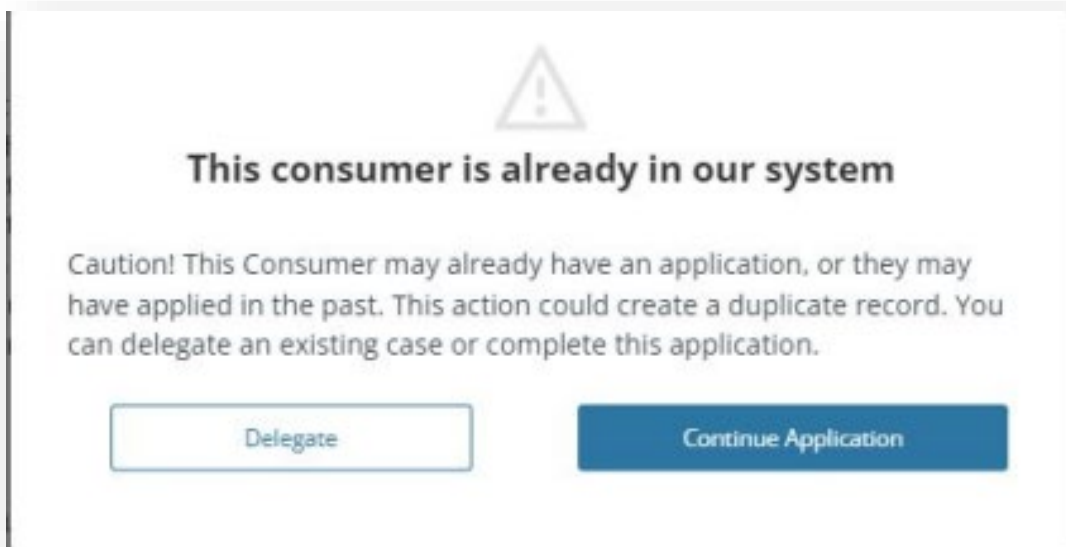
NEW NEGATIVE IMPACT ON CONSUMERS – APTC ELIGIBILITY NOT ALLOWED, EFFECTIVE 9/18/2023

Consumers: Dual Eligibility Covered California and Medi-Cal Changes

- Consumers are not permitted to have Medi-Cal eligibility and Covered California with Financial Assistance on another case.
- **Effective 9/18/2023**, with CalHEERS Release 23.9 implementation, the eligibility system will **no longer allow APTC** for an individual if they are found to be Medi-Cal eligible on another case.
- Any subsequent eligibility determination will correctly **deny or discontinue APTC and CSR eligibility** if an individual is found to have Medi-Cal on another case.

DUPLICATE PREVENTION LOGIC (DPL) POP UP MESSAGE

A **Duplicate Prevention Logic (DPL)** pop-up message may appear during the creation of a consumer application for health coverage.



- **Alerts the user** if the system identifies consumer who already has a case on file in CalHEERS
- **Helps prevent** the creation of duplicate CalHEERS cases

CONSUMER IDENTITY PROOFING

- ✓ **Verification** of a consumer's identity is a **legally required step** in eligibility determination.
- ✓ **Identity proofing** can be done by **visual** verification, **remote** identity proofing (RIDP), or **paper** application.

Visual verification:

- When assisting the consumer during **visual verification**, there are several types of **acceptable identification documents** that **must be uploaded to the system during the application process**.
- Within the application, you will be asked to first **attest to visually identifying the consumer's identity** and then **click on one of two lists** to begin the document upload process.

I attest that I have visually identified this person's identity.

☒ Yes ☐ No

Confirm Chris's Identity

Please click on one of the lists below to start uploading document(s). You may select one document from List A or two documents from List B to confirm Chris's identity.

List A

Upload 1 document from this list

- Military dependent's identification card
- Identification card issued by federal, state or local government
- U.S. passport
- Native American Tribal document
- School identification card
- U.S. military card or draft record
- U.S. Coast Guard Merchant Mariner card
- Driver's license issued by state or territory

List B

Upload 2 document from this list

- Birth certificate
- Social Security Card
- Marriage certificate
- Divorce decree
- Employer identification card
- High school or college diploma (including high school equivalency diplomas)
- Property deed or title
- Adoption decree for the adoptee

IMPORTANT NOTE:

Bypassing identification verification by uploading a "placeholder" image instead of acceptable documentation is unlawful and may result in suspension or termination as possible outcomes for violating RIDP rules.

REASONABLE OPPORTUNITY PERIOD (ROP)

- The **Reasonable Opportunity Period (ROP)** is a **95-day period** during which a conditionally eligible consumer can submit verification documents to clear inconsistencies in their application.
- Documents will be **requested in CalHEERS to verify a consumer's eligibility.**
- Consumers will be **terminated from their coverage if the documents are not provided**, or the application isn't updated to include accurate information.
- If the verification categories cannot be electronically verified and **must be manually passed, documents will have to be provided every year.**

ENROLLER BEST PRACTICES

- Read the **Enroller Portal Alerts** for NOD03 alerts
- **Filter the Book of Business** for *Conditionally Eligible* consumers
- **Never re-enroll the consumer** after they were terminated for ROP unless their verification has been passed.
- **Note**, if the consumer is *Conditionally Eligible* for Covered California" their verification has not been passed yet
- For **additional guidance**, read: Understanding ROP and Auto-Discontinuance Guide

UNCORRECTED INCONSISTENCIES AT THE END OF THE REASONABLE OPPORTUNITY PERIOD (ROP)

The table below shows the impact to the consumer’s case if an inconsistency is not corrected by the end of the ROP due date.

Uncorrected Inconsistency	Impact to Consumer
<ul style="list-style-type: none">IncomeSocial Security Number	<p>Advanced Premium Tax Credit (APTC) and/or Cost-Sharing Reduction (CSR) is redetermined or terminated. The consumer can request to have their <u>APTC/CSR restored</u>.</p> <p>Note: The consumer will still have coverage under their health plan.</p>
<ul style="list-style-type: none">CitizenshipLawful presenceIncarceration statusVital status (deceased)	Coverage terminated .



QUESTIONS