



*Your destination for affordable
healthcare, including Medi-Cal*

Julia Clerk
5487 Caminito Vista Lujo
San Diego, CA 92130

Important news about your health benefits

12/16/2016

Case Number: 5000042358

Dear Julia Clerk,

Thank you for applying for health insurance through Covered California for you and your family. We checked to see which health coverage programs you qualify for. We screened for Medi-Cal, Covered California premium assistance (a federal tax credit) and cost-sharing reductions (lower co-payments and deductibles). Based on your information on the application and from electronic state and federal records, you and your family qualify for the following health program(s):

Julia Clerk

We recently received updated information about your application. Based on this information, you and your family qualify for the following health program(s):

Covered California Eligibility

You qualify for health and dental insurance with premium assistance (a federal tax credit) through Covered California. You can use some or all of your household's premium assistance to lower the monthly amount you pay your health plan. Premium assistance cannot be used to help pay for dental insurance coverage. However, you do not qualify for cost-sharing reductions (lower co-payments and deductibles) because:

Your household income is above the limits for these programs.

To help pay the monthly health insurance premiums for your household, you qualify for monthly premium assistance up to \$896.29.

If you disagree with this decision, you have the right to appeal. Read "**If you think we made a mistake**" below.

Joseph Yogerst

We recently received updated information about your application. Based on this information, you and your family qualify for the following health program(s):

Covered California Eligibility

You qualify for health and dental insurance with premium assistance (a federal tax credit) through Covered California. This was based on your household income of \$55,000.00 for the year (\$4,583.33 a month). This is the income you said you expected to get for the year you want coverage. You qualify for up to \$896.29 per month in premium assistance to help pay for your health insurance coverage. Premium assistance cannot be used to help pay for dental insurance coverage. However, you do not qualify for cost-sharing reductions (lower co-payments and deductibles) because:

Your household income is above the limits for these programs. This was based on your household income of \$55,000.00 for the year (\$4,583.33 a month).

To help pay the monthly health insurance premiums for your household, you qualify for monthly premium assistance up to \$896.29.

About Financial Help

There are two types of financial help you may qualify for. The help with paying your monthly premium is called "premium assistance." The help you get when you use your coverage is called "cost-sharing reductions."

Premium assistance

Premium assistance is a federal tax credit that helps make health insurance more affordable. The amount of premium assistance you can get depends on your family size, household income and the price of health plans where you live. There are three ways you can use your premium assistance:

- Apply all of your tax credits in advance to lower the amount you pay each month,
- Take some of the tax credits each month and get the rest at the end of the year, or
- Wait until the end of the year to get the credit as a payment to you after you file taxes.

If you take some or all of your tax credits in advance (before you file federal taxes), the tax credit is paid directly to your health insurance plan.

REMEMBER: If you received more premium assistance in advance than the total credit you qualify for, you may have to pay some of it back at tax time. On the other hand, you may qualify for more premium assistance at tax time if you did not get the full amount in advance.

Changing your premium assistance

You can change the amount of premium assistance you get and whether you get the tax credits during the year or only once a year. Log onto your CoveredCA.com account and click the "Change Premium Assistance Amount" link under the "Actions" section. You can also contact your Covered California Certified Enrollment Counselor or Insurance Agent. Your Enrollment Counselor or Insurance Agent may be able to help you. You can find a Covered California Certified Enrollment Counselor or Insurance Agent at www.CoveredCA.com/get-help/local/ if you don't have one. Or, call the Service Center at 1-800-300-1506 for help.

Cost-sharing reductions

You may also qualify for cost-sharing reductions. This means, based on your tax household income, when you choose a silver plan through Covered California, you will have lower out-of-pocket costs. Out-of-pocket costs include co-pays, co-insurance and deductibles.

If you disagree with this decision, you have the right to appeal. Read "**If you think we made a mistake**" below.

Shannon Yogerst

Covered California Eligibility

We did not check to see if you qualify because you told us you did not want health insurance through Covered California. If you change your mind and would like to see if you qualify, you can log into your CoveredCA.com account and update your application to apply for health insurance. You can also contact your Covered California Certified Enrollment Counselor or Insurance Agent. If you don't already have one, you can find a Certified Enrollment Counselor or Insurance Agent at www.CoveredCA.com/get-help/local. Or, call the Service Center at 1-800-300-1506 for help. Even if you have insurance now, you might find better coverage or lower costs.

What to Do Next

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

So that your health and dental coverage can start on **January 01, 2017**, you must choose a plan by **December 15, 2016** and pay by **December 27, 2016**.

If you do not pick a Covered California plan and pay your first premium by **January 26, 2017**, your next earliest coverage start date will be **February 01, 2017**. If you do not pick a plan and pay your first payment by these due dates, your application may expire. If your application expires, you may be asked to re-submit your application or you will have to wait until the next open enrollment period.

Note: If this letter says you or someone in your household was advised that they may be eligible for Medi-Cal, then those household members do not need to pick a plan now. Please wait to hear from your County worker.

If you have changes

You must tell Covered California within **30** days of any changes that may affect whether you qualify for health insurance, or to get premium assistance to help with paying for your health insurance. You should report changes such as;

- If you add a new member to your household
- If you lose a member of your household
- If your income increases or decreases
- If your citizenship status changes

To report changes, log into your account at www.CoveredCA.com or call the Service Center.

How to Get Help With Consent and Income Amounts

You can give us permission to check your income and family size by any of the following ways:

- Log in to your www.CoveredCA.com account and follow these steps:
 1. After you have logged in to your [CoveredCA.com](http://www.CoveredCA.com) account, look for the "ACTIONS" section of the webpage (located on the right);
 2. Click on the "Update Consent for Verification and Attestation" link
 3. Click on the drop down menu to choose the number of years (up to 5 years) you want to allow Covered California to check your income and family size; and
 4. Click the "Update" button on the bottom of the webpage to submit your choice.
You can also click on the Attestation checkbox
- Call the Covered California Service Center at **1-800-300-1506**, or for TTY call 1-888-889-4500 (1-888-TTY-4500) where a representative can assist you.
- Contact your Covered California Certified Enrollment Counselor or Insurance Agent to get help. You can find a Covered California Certified Enrollment Counselor or Insurance Agent at www.CoveredCA.com/get-help/local/ if you do not have one.

To see if you qualify for a Covered California health plan with premium assistance and/or cost-sharing reductions, we need you to give us permission to use computer sources to check your income and family size.

If you are currently enrolled in a Covered California health plan, your premium assistance and/or silver cost-sharing reductions will end and your health insurance will be automatically renewed without any financial help unless you give us permission to use computer sources to check your income and family size.

Why Filing Your Taxes is Required

Important: If you receive APTC, but later it is found that you are not eligible for premium assistance because you did not file a tax return for a previous year, you will be responsible for paying back some or all of the APTC you took, back to the IRS.

If advance payments of the premium tax credit (APTC) were made to your Health Plan for health insurance for a previous benefit year, you should file a federal tax return to continue getting premium assistance. You should have received a Form 1095-A, Health Insurance Marketplace Statement, to help with filing your federal income tax return. To continue getting premium assistance, you must file a tax return even if you don't usually have to file taxes or if you requested an extension. If you do not file your tax return, Covered California will remove your premium tax credits for the next benefit year and enroll you in a full-cost health plan. Also, if you do not file your tax return, you will be responsible for paying back any APTC to the Internal Revenue Service (IRS).

What to do if my household received advance premium tax credits for a previous benefit year, but a tax return was not filed

- You should file a tax return as soon as possible. You should have also received a Form 1095-A – Health Insurance Marketplace Statement, which you'll need when filing federal income tax return.
- If you don't have a copy of this form, visit www.Coveredca.com and log into your account, or call the Covered California Service Center at 1-800-300-1506, or for TTY call 1-888-889-4500 (1-888-TTY-4500) where a representative can assist you.
- In many cases, filing your tax return electronically is free, can help you avoid mistakes, and will help you find credits and deductions that may be available to you.
- For more information about Free File and e-file, please visit IRS.gov and search for "free file" or "e-file."
- You may need to file an amendment to your tax return (Form 1040X). To learn more, call the IRS Telephone Assistance for Individuals.

After you file your federal tax return, please contact the Covered California Service Center at **1-800-300-1506, Log in to your account at www.CoveredCA.com to update your attestation information, or send in the attached form.**

Sending Documents

Please do not send tax documents to Covered California. If you have questions about your household's tax filing status for a previous year, you can use the Interactive Tax Assistant ([http://www.irs.gov/uac/Interactive-Tax-Assistant-\(ITA\)-1](http://www.irs.gov/uac/Interactive-Tax-Assistant-(ITA)-1)) or call IRS Telephone Assistance for Individuals at 1-800-829-1040.

If you think we made a mistake

If you think we made a mistake or you don't agree with our decision, you can appeal. You have 90 days from the date of the eligibility decision to file an appeal. If you appeal and we agree with you, we may change our decision. If we change our decision, your family members' coverage decision may also change, even if they do not file their own appeal.

You have the right to appeal any of the following:

- I did not qualify for a Covered California health plan or premium assistance.

- I did not qualify for Medi-Cal.
- The amount of premium assistance (federal tax credits to help lower my monthly premium) I qualify for is not correct.
- The level of cost-sharing reductions (help paying my co-payments and deductibles) I qualify for is not correct.
- I did not get a decision about my application in a timely manner. (More than 10 days after receipt of a complete application if I qualify for Covered California or more than 45 days if I qualify for Medi-Cal).

You may request to stay in your Covered California health plan with your current level of premium assistance while your appeal is pending. This is called "continued enrollment". You must keep paying your share of premium on time to qualify for continued enrollment. If you request continued enrollment, please do not send your appeal by mail. To request continued enrollment, be sure to complete page 6 of the appeal form and fax or email it as described below.

You can request an appeal in any of the following ways:

- Go to CoveredCA.com to download and print a "Request for a State Fair Hearing to Appeal a Covered California Eligibility Determination" form.
- Fax your appeal to the State Hearings Division at: **1-916-651-2789**
- Mail your appeal to:
 - CA Department of Social Services
 - Attn: ACA Bureau
 - P.O. Box 944243
 - Mail Station 9-17-37
 - Sacramento, California 94244-2430
- Email your appeal to: SHDACABureau@DSS.CA.gov (please do not email private information such as your Social Security Number)
- Request an appeal in person at your County Welfare Department
- Call the State Hearings Division and submit your appeal over the phone: **1-855-795-0634**.
- You may choose to represent yourself, or be represented by an attorney or another representative.
- If you have an immediate need for health services and a delay could seriously jeopardize your health, you can ask for an expedited appeal by calling CDSS at **1-855-795-0634**.
- All hearings will be conducted by telephone, video conference, or in person.
- You may request continued enrollment in your Covered California health plan with your current level of premium assistance while your appeal for an eligibility redetermination is pending. You must continue to timely pay your share of premium to qualify for continued enrollment. If you request continued enrollment, please do not send your appeal by mail. Instead, call **1-855-795-0634** or use fax or email.
- An appeal decision for you or other members of your household may result in a change in your eligibility or the eligibility of other members of your household. The change in eligibility may result in a redetermination of eligibility for all household members.
- For free local assistance with appeals, please call the Health Consumer Alliance: **1-888-804-3536**.

Questions?

- If you have created a CoveredCA account, log on to your account at CoveredCA.com; or
- Call the Covered California Service Center at **1-800-300-1506**. You can call Monday through Friday 8 a.m. to 6 p.m. During certain times of the year the Service Center may be available Saturdays 8 a.m. to 5 p.m. The call is free.

This notice is being sent to you in compliance with the Affordable Care Act:
45 CFR 155.305, 45 CFR 155.310, 26 USC 36B, 45 CFR 155.320, 45 CFR 155.410, 45 CFR 155.505, 26 CFR 1.36B, 45 CFR 155.310(d)(2), 45 CFR 155.420



**COVERED
CALIFORNIA**

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Getting Help in a Language Other than English

IMPORTANT: Can you read this letter? You can call **1-(800)-300-1506** and ask for this letter translated to your language or in another format such as large print. For TTY call **1-(888)-889-4500** where you can also request this letter in alternate format.

Español (Spanish)

IMPORTANTE: ¿Puede leer esta carta? Usted puede llamar al **1-(800)-300-0213** y pedir esta carta traducida en su idioma o en otro formato, como en letras grandes. Para TTY, llame al **1-(888)-889-4500**, donde también puede pedir esta carta en algún formato diferente.

中文/繁體字 (Chinese)

重要事項：您能否閱讀此信件？您可以致電 **1-(800)-300-1533**，要求將此信件翻譯為您的母語或者索要其他格式（如，大字版本）的信件。如需 TTY 服務或者索要其他格式的信件，請致電 **1-(888)-889-4500**。

Tiếng Việt (Vietnamese)

QUAN TRỌNG: Quý vị có thể đọc được bức thư này không? Quý vị có thể gọi điện đến số **1-(800)-652-9528** và yêu cầu được dịch bức thư này sang ngôn ngữ của quý vị hoặc chuyển sang định dạng khác như bản in khổ lớn. Người dùng TTY, hãy gọi số **1-(888)-889-4500** quý vị cũng có thể yêu cầu định dạng thay thế khác cho bức thư này.

한국어 (Korean)

중요: 이 편지를 읽을 수 있나요? **1-(800)-738-9116** 에 연락해서 번역되어 있거나 인쇄물 등 다른 포맷으로 되어 있는 편지를 요청해보세요. TTY **1-(888)-889-4500** 에서도 이 편지의 다른 포맷을 요청할 수도 있습니다.

Tagalog

MAHALAGA: Makakabasa ka ba sa sulat na ito? Maaari kang tumawag sa **1-(800)-983-8816** at humiling na isalin ang sulat na ito sa iyong wika o sa iba pang format katulad ng malalaking titik. Para sa TTY, tumawag sa **1-(888)-889-4500** kung saan maaari kang humiling ng alternatibong format ng sulat na ito.

هام: هل يمكنك قراءة هذا الخطاب؟ يمكنك الاتصال بـ **1 (800) 826-6317** وطلب هذا الخطاب مترجماً إلى لغتك أو بصيغة أخرى، بخط كبير مثلاً، للسم والبكم، اتصل بـ **1 (888) 889-4500** حيث يمكنك أيضاً أن تطلب هذا الخطاب بصيغة مختلفة.

հայերեն (Armenian)

ԿԱՐԵՎՈՐ Է: Դուք կարող եք կարդալ այս նամակը: Դուք կարող եք զանգահարել **1-(800)-996-1009** և խնդրել, որ այս նամակը թարգմանվի Ձեր լեզվով կամ Ձեզ տրվի ԿՆԱՍՏԱՎՈՐՈՒՄ, օրինակ՝ խոշորատառ: TTY-ի համար զանգահարեք **1-(888)-889-4500**, որտեղ կարող եք նաև այլընտրանքային ձևաչափով խնդրել այս նամակը:

ភាសាខ្មែរ (Khmer)

សំខាន់៖ តើលោកអ្នកអាចអានលិខិតនេះបានដែរឬទេ? លោកអ្នកអាចទូរស័ព្ទមកលេខ **1-(800)-906-8528** និងស្នើសុំឲ្យគេបកប្រែលិខិតនេះជាភាសារបស់លោកអ្នក ឬជាទម្រង់មួយផ្សេងទៀតដូចជាអក្សរពុម្ពធំៗ។ សម្រាប់ TTY ទូរស័ព្ទមកលេខ **1-(888)-889-4500** ដែលលោកអ្នកក៏អាចស្នើសុំលិខិតនេះជាទម្រង់ផ្សេងទៀតបានផងដែរ។

Русский (Russian)

ВАЖНАЯ ИНФОРМАЦИЯ: Вы можете прочитать это письмо? Вы можете позвонить по телефону **1-(800)-778-7695** и запросить получение этого письма, переведенного на Ваш родной язык, или распечатанного крупным шрифтом. Лица со сниженным слухом могут позвонить по телефону **1-(888)-889-4500**, чтобы запросить это письмо в ином формате.

(Farsi) فارسی

مهم: آیا می توانید این نامه را بخوانید؟ می توانید با شماره **1 (800) 921-8879** تماس بگیرید و تقاضا کنید که این نامه به زبان شما ترجمه شود یا به فرمت دیگری مانند حروف درشت به شما ارسال شود. برای TTY با شماره **1 (888) 889-4500** تماس بگیرید و از طریق همان شماره همچنین می توانید درخواست کنید که این نامه به فرمت دیگری به شما ارسال شود.

Hmoob (Hmong)

TSEEM CEEB: Koj nyeem puas tau tsab ntawv no? Koj hu tau rau **1-(800)-771-2156** nug daim ntawv txais ua yog koj cov lus los yog lwm hom xws lis tus ntawv loj. Hu tau TTY ntawm **1-(800)-889-4500** ua koj thov hloov tau lwm hom.

Julia Clerk
5487 Caminito Vista Lujo
San Diego, CA 92130



*Your destination for affordable
healthcare, including Medi-Cal*

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

Case Number: 5000042358

Put this page first with your reply.

To help Covered California decide your case quickly, send us this page with any proofs or information we asked for. Send changes you wish to report, or any documents you would like us to have.

Please include this cover sheet on top of any documents you are sending.

Three ways to send:

1. Upload through your account at **www.CoveredCA.com**
2. Fax to **1-888-329-3700 (1-888-FAX-3700)**
3. Mail to:

**Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725**