Tiffany Anderson
P.O.BOX 477
LODI, CA 95241

COVERED CALIFORNIA

Your destination for affordable healthcare, including Medi-Cal

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

Case Number: 5005628478

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

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

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Tiffany Anderson
P.O.BOX 477
LODI, CA 95241

Important news about your health benefits

02/18/2017

Case Number: 5005628478

Dear Tiffany Anderson,

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):

Tiffany Anderson

Thank you for applying with Covered California.

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

Medi-Cal Eligibility

Good News! Based on the information you gave us, we believe you may qualify for coverage through Medi-Cal, or may continue to be eligible for Medi-Cal. The Medi-Cal office in your county will contact you if they need more information.

You will get a separate notice about your eligibility for Medi-Cal. If you have already received a notice about your Medi-Cal eligibility, please disregard this message.

Covered California Eligibility

You do not qualify for health insurance through Covered California, premium assistance (a federal tax credit) or cost-sharing reductions (lower co-payments and deductibles) because:

You do not qualify for premium assistance (a federal tax credit) or cost-sharing reductions (lower co-payments and deductibles) because your income is too low. This was based on your household income of $0.00 for the year ($0.00 a month).

Eligibility for Other Medi-Cal Programs

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- Permanently moved to/within California
- Had a baby or adopted a child
- Got married or entered into domestic partnership
- Returned from active duty military service
- Gained citizenship/lawful presence
- Released from jail or prison
- An error was made by Covered CA or the person helping with the application
- Other qualifying life event (determined on a case by case basis)

Members of federally recognized tribes and Alaska Native shareholders can sign up for health and dental insurance any time of year. There is no limited enrollment period for these groups, and they can change plans as often as once a month.

If you have questions about Special Enrollment Periods or qualifying life events a service center representative can help you. Call the Service Center at **1-800-300-1506**.

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** 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.

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the Service Center may be available Saturdays 8 a.m. to 5 p.m. The call is free.

2: **File an appeal**. If you think we made a mistake or you do not agree with our decision, you can appeal. You only have 90 days from the date of the eligibility determination notice to file an appeal. If you appeal and we agree with you, we may change our decision. 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 your eligibility may result in a review of eligibility for all other household members. Even if you file an appeal, Covered California will try to solve your problem informally before the hearing. Appeal hearings will be conducted by telephone, video conference, or in person. You may choose to represent yourself, or be represented by an attorney or another representative.

You have the right to appeal any decision about your eligibility including, but not limited to:

1) You did not qualify for a Covered California health plan or premium assistance or cost-sharing reduction.
2) You did not qualify for Medi-Cal.
3) The amount of premium assistance (federal tax credits to help lower your monthly premium) you qualified for is not correct.
4) The level of cost-sharing reduction (help paying your co-payments and deductibles) that you qualify for is not correct.
5) You did not get a decision about your application, or a notice of the decision, in a timely manner (more than 10 days after receipt of a complete application if you qualified for Covered California or more than 45 days if you qualified for Medi-Cal).

To request an appeal, use one of the following ways:

- Go to CoveredCA.com/members to download and print a "Request for a State Fair Hearing to Appeal a Covered California Eligibility Determination" form. The form gives you information about how to fax, mail and email your appeal.
- Email your appeal to: SHDACABureau@DSS.CA.gov (please do not email private information such as your Social Security Number).
- Call the State Hearings Division and submit your appeal over the phone: 1-855-795-0634.
- 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 1-855-795-0634.
- Request an appeal in person at your local county social services office.
- For free local assistance with appeals, please call the Health Consumer Alliance: 1-888-804-3536.

If you want to keep your Covered California health plan with your current level of premium assistance while your appeal is pending, you must ask for "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. Instead, call 1-855-795-0634 or use fax or email.

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.

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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)

重要事项：您能否阅读此信件？您可以致电 **1-(800)-300-1533**，要求将此信件翻译为您的母语或者索要其他格式（如，大字版本）的信件。如需 TTY 服务或者索要其他格式的信件，请致电 **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 연락하셔서 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.