

Understanding Your Financial Help

Financial help is provided, to those who qualify, to help pay for health coverage. The amount of financial help you receive is based on your estimated annual household income, family size and where you live.

If information you put on your application changes during the year, like your address, income or family size, you must report it to Covered California within 30 days. If your income varies month to month, estimate your annual household income to determine the coverage and financial help for which you may qualify.

How Does Financial Help Affect Your Taxes?

If you receive financial help where you pay a part of your total health premium and the federal and/or state government pays a portion, at tax time, the Internal Revenue Service (IRS) and/or Franchise Tax Board (FTB) compares the financial help you received during the year with what you qualify for based on the information you reported on your income tax return. You will receive tax forms, which will show how much financial assistance was paid to your health plan to help with the cost of your health coverage. You will use the information on these forms to fill out Federal and/or State tax returns. The IRS/FTB will use this to ensure the amount of financial help you received is correct.

Not reporting changes may require that you pay back some or all of the extra financial help you received. This is paid back to the IRS and/or FTB at tax time.

If you have more questions about financial help, the associated tax forms, and how they relate to your health plan, call or visit:

- **IRS (Internal Revenue Service)**
800.829.1040
- **FTB (Franchise Tax Board)**
800.852.5711
- **VITA (Volunteer Income Tax Assistance) and TCE (Tax Counseling for the Elderly)**
800.906.9887

Terms to Know

You may see and hear lots of new words as you begin to use your health plan. It's important that you understand the terms so you can get the most out of your coverage.

Premium

This is the amount you pay every month to your health plan to maintain your health insurance coverage.

Copay

This is a fixed amount you pay for certain covered services, like doctor visits. You will not be charged a copay for preventive care services, like screenings and vaccinations.

Deductible

This is the fixed amount some plans require you to pay before the plan begins to pay its share for covered services, like hospitalizations and procedures. Deductibles don't apply to preventive care services, which are free.

Coinsurance

Once you have paid your full deductible, your coinsurance kicks in. This is when your health plan begins to pay its share for covered services, with your share calculated as a fixed percentage. Depending on your plan, your portion of the coinsurance cost can range from 10-40%.

Out-of-Pocket Limit

This is the maximum you'll pay per year for medical services before your health plan begins to pay for 100% of services, protecting you and your family from very high medical expenses. Most of your copayments, deductibles and coinsurance payments will be counted toward this limit.

Free Preventive Care to Keep You Healthy

Your health plan includes free preventive services for you and your family, helping you detect and prevent small problems before they become big health risks. These free services are just a sample of the care you can receive:

For adults:

- Blood pressure and cholesterol screenings
- Tests for common diseases like Type 2 Diabetes

For women:

- Mammograms and cervical cancer screenings
- Breastfeeding support and equipment

For children:

- Vision and hearing screenings
- Common vaccinations
- Pediatric dental coverage

For questions regarding your specific health plan, please contact your health insurance company directly. For questions regarding your Covered California account, please contact us at:

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ENG-1119

Now that you're enrolled

Here's how to use your plan



Welcome to Covered California



Congratulations on joining more than a million Californians who now have health coverage they can depend on through Covered California.

You now have coverage for visits to the doctor, medical prescriptions, emergency care, free preventive care and other covered services to help keep you and your family healthy. Your plan also limits your out of pocket expenses. For detailed information on the services your health plan covers, contact your health plan.

After you Enroll

After you enroll and pay your first premium, your health plan will send you a welcome packet including important information about your coverage and a member ID card.

Once you receive the welcome packet and your coverage starts, you're ready to schedule your first appointment and start making the most of your health plan.

If you have any remaining questions about your coverage, contact your health plan. Make sure you understand:

- Which doctors accept your plan
- What you should expect to pay for covered services
- How to get prescriptions



Making the most of your coverage

Getting Started

Find a Doctor

Contact your health plan to find an in-network provider. It will cost you less than a provider not in your network.

Prepare for Your First Visit

Write down a list of questions and concerns so you don't forget to discuss them with your doctor.

Visiting the Doctor

Bring Your Member ID Card

This provides details about your plan, and should be shown each time you need health services.

Share Your Medical History

If you visit a new doctor, share your history of illnesses, allergies, past procedures and medications.

Ongoing Care

Get Free Preventive Care

Remember to make the most of your free preventive care, like yearly flu shots, screenings and vaccinations.

Filling Prescriptions

To receive full coverage for prescriptions, check to ensure you're using a network pharmacy.

Associated Costs

Pay Your Copay

At doctor's visits, you may be responsible for a copay. This is your share of the costs for the care.

Deductible and Coinsurance

You may be responsible for additional costs for some services. Contact your health plan to learn more.

Protecting Your Rights



The health care law provides you with rights and protections that make coverage fair and easier to understand. The law:

- Requires health plans to cover people with pre-existing health conditions
- Makes it illegal for health plans to cancel your insurance just because you get sick
- Allows young adults under age 26 to be on their parents' plan
- Provides coverage of free preventive care
- Ends lifetime and yearly dollar limits on coverage of essential health benefits

Questions or Concerns?

For detailed information about your benefits or payments, contact your health plan directly.

If you are not satisfied after speaking with your health plan and would like to file a complaint, call:

- **For all health plan members:**
California Department of Managed Health Care
888.466.2219
- **For free help working with your health plan, the Department of Insurance, or the Department of Managed Health Care:**
Health Consumer Alliance
888.804.3536

More questions?

Watch our informational videos at
[YouTube.com/CoveredCA](https://www.youtube.com/CoveredCA)