

usually most cost-effective. In some cases (based on income), clients may qualify for an “Enhanced Silver” plan. This plan offers enhanced out-of-pocket savings.

- For individuals with an income of 201 percent FPL or higher (\$23,541 for individuals), the “Platinum” plan is usually most cost-effective.

Please note that OA-HIPP is working towards paying outpatient medical out-of-pocket costs. The effective date is expected to be sometime in mid-2016. OA-HIPP will provide more information as it becomes available.

OA-HIPP Enrollment

Once clients have enrolled in coverage through Covered California, they may apply for OA-HIPP assistance. For complete OA-HIPP applications received by February 29, 2016, OA-HIPP will pay back to the 2016 coverage effective month. For applications that are received on or after March 1, 2016, OA-HIPP will pay starting the month the complete application is received. Please note that new OA-HIPP clients must pay their own premiums until it has been confirmed that an OA-HIPP payment has been sent and posted to the client’s health plan account. Clients must contact their health plan to get a refund for any month(s) that are paid by both the client and OA-HIPP. In order for OA-HIPP to process the application package, it is critical that all of the required documents listed below are submitted to OA-HIPP.

Required OA-HIPP enrollment documents for individuals newly enrolled in a Covered California health plan:

1. [OA-HIPP Program Application](#),
2. [Insurance Assistance Consent Form](#),
3. Health insurance plan billing statement, and
4. Covered California Welcome Letter or coverage summary page. The summary page can be found on the client’s online Covered California account under “Current Enrollment.”

Clients who are eligible for an Advanced Premium Tax Credit (APTC) must select the full amount to be applied to their premium in order to qualify for OA-HIPP.

Covered California Renewal

Current Covered California clients should receive a notice from Covered California after October 12, 2015. The notice will prompt clients to log in to their online Covered California account to renew their health plan for 2016 coverage. Clients are encouraged to renew their health plan as soon as they receive the Covered California letter.

To ensure that OA-HIPP pays the updated 2016 premium and/or health plan, the following documents are required:

1. Covered California Welcome Letter or coverage summary page,
2. Health insurance plan billing statement, and
3. New [OA-HIPP Program application](#).

The documents must be submitted by November 15, 2015 in order for OA-HIPP to start paying at the new rates starting January 1, 2016.

Report Changes to Covered California

It is critical that clients report changes to Covered California throughout the year to avoid underpayment or overpayment of APTC. A client should notify Covered California if he/she gets married or divorced, gains or loses a dependent, has a change in income, or experiences other changes that may affect the household income or household size. Clients should report changes within 30 days of change by calling Covered California at (800) 300-1506.

If you have any questions about anything covered in this memo, please contact your [ADAP Advisor](#).

Thank you,



Niki Dhillon, ADAP Branch Chief
California Department of Public Health
cc: ADAP Coordinators



State of California—Health and Human Services Agency
California Department of Public Health



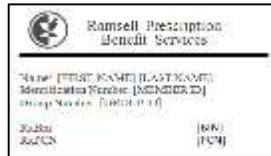
KAREN L. SMITH, MD, MPH
Director & State Health Officer

EDMUND G. BROWN JR.
Governor

October 9, 2015

Dear Client:

You are getting this letter because you are enrolled in the California Department of Public Health (CDPH), Prescription Drug Assistance Program. If you are uninsured, this program pays the full cost of your monthly drugs. If you are insured, it pays your drug co-pays. Here is an example of the prescription drug card that all clients have:



The purpose of this letter is to inform you of your health care options.

Health Care Options

1. Medi-Cal Expansion (MCE) is free or low cost health care. Regardless of disability status, you may be eligible for MCE if you:
 - are between the ages of 19 to 64,
 - are a lawfully present California resident, and
 - have an income up to 138 percent of the Federal Poverty Level (FPL) (\$16,243 or less per year for an individual).

If you are eligible for MCE, you must apply. Once enrolled into MCE, you will be disenrolled from the drug assistance program. Your drugs will be covered through MCE.

2. Covered California is a marketplace for private health care coverage (regardless of pre-existing conditions) for:
 - lawfully present California residents,
 - with income over 138 percent FPL (\$16,244 or more per year for an individual).

If you are eligible for Covered California, we strongly urge you to enroll. The Covered California open enrollment period is **November 1, 2015 through January 31, 2016**.

Depending on your income, Covered California may offer you:

- tax credits that lower your premium amount
- subsidies that lower your out-of-pocket costs

When to Apply

You can apply for MCE at any time during the year. You can apply to Covered California during the open enrollment period listed above. Please note the Covered California coverage effective timeline:

Submit Application	Coverage Start Date
By December 15, 2015	January 1, 2016
After December 15, 2015	February 1, 2016
By January 15, 2016	February 1, 2016
After January 15, 2016	March 1, 2016

How to Apply

There is one application to apply for MCE or Covered California. Ways to apply:

1. In-person – Please visit www.coveredca.com. Click on the “Get Help” tab. Then select “Find Local Help.” You will be able to search for free, confidential, in-person help in your area. If you are eligible for Covered California, it is best to get help from a certified enrollment worker. If you are eligible for MCE, it is best to enroll in-person. To find your local county health care services agency, please visit <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.
2. Online – Please visit www.coveredca.com. Click on the “Apply” tab. Then click on the “Apply Now” link. Select “Individuals & Families.” At this point you’ll need to create an account. Then you can enroll in coverage.
3. Telephone (800) 300-1506 – The operator will answer your questions and submit your application for you.

How to Choose a Plan

You may call your provider to see which Covered California plan(s) they are in. Also, you may want to consult with a benefits counselor who knows about your specific health condition(s).

Depending on your income, there are ways to lower your out-of-pockets costs:

- Incomes between 139 percent and 200 percent Federal Poverty Level (FPL)
 - \$16,244 - \$23,540 for individuals
 - “Silver” plan is usually most cost-effective
- Incomes of 201 percent FPL or higher
 - \$23,541 for individuals
 - “Platinum” plan is usually most cost-effective

If you are eligible for an Advanced Premium Tax Credit (APTC), you must select the full amount to be applied to your premium.

How to Ensure Automatic Covered California Renewal

When you apply, you may give Covered California consent to get your tax data from the Internal Revenue Service. The purpose is to check your income and eligibility for subsidies. You may give consent for up to five years. We strongly urge you to take this action. This ensures automatic renewal in your health plan. Otherwise, you will have to reapply for health coverage during every open enrollment period.

Premium Payment Assistance

If you qualify for MCE, there are no monthly premiums. If you obtain insurance coverage through a Covered California health plan, you may qualify for health insurance premium assistance. The CDPH, Health Insurance Premium Payment (HIPP) Program may pay your premiums on your behalf. To apply for HIPP assistance, please send in the following documents:

1. HIPP Program Application
2. Insurance Assistance Consent Form
3. Health insurance plan billing statement
4. Covered California Welcome Letter or coverage summary page. The summary page can be found on your online account under "Current Enrollment."

Please submit all documents by:

Mail:
CDPH, HIPP Program
P.O. Box 997426, MS 7704
Sacramento, CA 95899-7426

Or

Fax:
(916) 440-5490

You may work with your enrollment worker to submit these documents. It is vital that you submit the documents listed above to the HIPP Program as soon as you enroll in a health plan. Once you are enrolled in the HIPP Program, a payment will be sent to your health plan on your behalf. You must pay your own premiums until it has been confirmed that a HIPP Program payment has been sent and posted to your account. To get a refund for premium(s) paid out of pocket, you must contact your health plan.

For complete HIPP applications received by February 29, 2016, the HIPP Program will pay back to the 2016 coverage effective month. For applications that are received on or after March 1, 2016, the HIPP Program will pay starting the month the complete application is received.

Once you are enrolled, the HIPP Program will pay:

1. your health insurance premiums
2. the drug deductibles and co-pays for drugs on the program's formulary

Please note that the drugs must be from a pharmacy that is in-network for your health plan *and* the drug assistance program. These drug costs will count towards your health plan's out-of-pocket maximum.

Also, the HIPP Program will start paying medical out of pocket costs soon. The program will cover allowable medical out of pocket costs as per the Health Resources and Services Administration. The effective date is expected to be sometime in mid-2016. The HIPP Program will send you more information as it becomes available.

Report Changes to Covered California

It is vital that you report any change in your household size and income to Covered California. You must report the change within 30 days. You must report things such as if you: get married or divorced, have a child, move, get a raise, etc. To report a change, call Covered California at (800) 300-1506 or log in to your account.

Your APTC and/or premium amount will be adjusted. You must notify the HIPP Program right away. You will need to submit updated documents, including:

1. A new health insurance billing statement
2. Your Covered California summary page
3. An updated HIPP Program application

Tax Penalties

Individuals without health insurance coverage may have to pay a fee. The fee is 2.5 percent of income or \$695 per adult, whichever is greater. The fee will be paid when you file your taxes. For more information about fees, please call (800) 300-1506.

Have Questions?

Please call the following resources:

- your drug assistance program enrollment worker
- (888) 311-7632 (Pharmacy Benefits Manager) for questions about the drug assistance program
- (844) 421-7050 for questions about the HIPP Program
- (800) 300-1506 or visit www.coveredca.com for questions about Covered California

Thank You

California Department of Public Health Notice



KAREN L. SMITH, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health

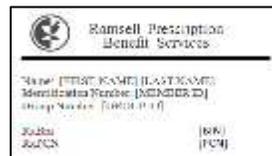


EDMUND G. BROWN JR.
Governor

October 9, 2015

Dear Client:

You are getting this letter because you are enrolled in the California Department of Public Health (CDPH), Health Insurance Premium Payment (HIPP) Program. This program pays your Covered California health insurance plan premiums. It also pays your drug co-pays. Here is an example of the prescription drug card that all clients have:



The purpose of this letter is to remind you to renew your Covered California health plan for 2016. The Covered California open enrollment period is November 1, 2015 through January 31, 2016. However, you can renew your health plan starting October 12, 2015.

How to Renew Your Covered California Health Plan

You should receive a notice from Covered California after October 12, 2015. The notice will prompt you to log in to your Covered California account to renew your health plan. There are two types of renewals:

Passive Renewal:

- occurs if you gave Covered California consent to check your tax data with the Internal Revenue Service (IRS)
- health plan renewal will be automatic
- no action is required unless you would like to change your health plan

Active Renewal:

- You must actively renew your Covered California health coverage via any method:
 - Log in to your Covered California account
 - Call (800) 300-1506
 - Or work with your certified enroller
- You'll need to update your household size and/or income.
- If desired, you can change your health plan selection for next year.

- If no action is taken, you will be renewed into your current plan.

How to Ensure Automatic Covered California Renewal

When you renew, you may give Covered California consent to get your tax data from the IRS. The purpose is to check your income and eligibility for subsidies. You may give consent for up to five years. This ensures automatic renewal in your health plan. Otherwise, you will have to re-apply for health coverage during every open enrollment period. You can update your consent to verify income online. On your application homepage, click “Update Consent for Verification.” We strongly urge you to take this action.

How to Choose a Plan

If you would like to switch health plans, now is your chance. First, call your provider to see which Covered California plan(s) they are in. Also, you may want to consult with a benefits counselor who knows about your specific health condition(s).

Depending on your income, there are ways to lower your out-of-pockets costs:

- Incomes between 139 percent and 200 percent Federal Poverty Level (FPL)
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 - “Silver” plan is usually most cost-effective
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 - “Platinum” plan is usually most cost-effective

If you have an Advanced Premium Tax Credit (APTC), you must select the full amount to be applied to your premium. This is required by the HIPP Program.

New Policy Coming Soon

Please note that the HIPP Program will start paying medical out-of-pocket costs soon. The program will cover allowable medical out of pocket costs as per the Health Resources and Services Administration. The effective date is expected to be sometime in mid-2016. The HIPP Program will send you more information as it becomes available.

HIPP Program Renewal

Through the Covered California renewal process, your premium amount, APTC, and/or health plan will change. To ensure that the HIPP Program has your updated information you must provide the following:

1. Screen print of your online summary page under “Current Enrollment” or a Covered California Welcome Letter
2. Health insurance plan billing statement
3. A new HIPP Program application

You can send documents by:

Mail:
CDPH, HIPP Program
P.O. Box 997426, MS 7704
Sacramento, CA 95899-7426

Or

Fax:
(916) 440-5490

You may also submit these documents via your enrollment worker. Please send your updated documents by November 15, 2015 to ensure that the HIPP Program pays the correct health plan and rate starting January 2016.

Report Changes to Covered California

It is vital that you report any change in your household size and income to Covered California. You must report the change within 30 days. You must report things such as if you: get married or divorced, have a child, move, get a raise, etc. To report a change, call Covered California at (800) 300-1506 or log in to your account.

Your APTC and/or premium amount will be adjusted. You must notify the HIPP Program right away. You will need to submit the following documents:

1. A new health insurance billing statement
2. Your Covered California summary page
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Thank You

California Department of Public Health Notice