



**COVERED
CALIFORNIA**

What's Happening at Covered California & How to Get the Word Out!

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AGENDA

- **Covered California Background**
- **2024 Highlights**
 - Record Enrollment
 - Medi-Cal to Covered California Program Update
- **What's in Store for 2025**
 - Rates for 2025
 - State Cost-Sharing Reduction Program
 - Federal Enhanced Premium Tax Credits and the Inflation Reduction Act
 - Quality Transformation Initiative
 - DACA Expansion
- **Upcoming Activities & Partnership**
- **Constituent Case Work Support**

COVERED CALIFORNIA BACKGROUND

THE AFFORDABLE CARE ACT

The Patient Protection and Affordable Care Act (ACA) was signed into federal law in March 2010. Three core provisions of the Affordable Care Act included:

- **Health Benefit Exchanges and Federal Subsidies:**
The ACA created federal and state-based exchanges, or marketplaces for consumers to buy health insurance and receive financial assistance if they qualify for it.
- **Insurance Market Reforms:**
The ACA changed the insurance market to allow for guaranteed issue and renewal regardless of pre-existing conditions; no annual or lifetime limits; coverage for essential health benefits; and dependent coverage up to age 26.
- **Medicaid Expansion:**
The ACA expanded Medicaid to low-income childless adults.

WHAT IS COVERED CALIFORNIA?

- Covered California is the **state-based exchange**, or marketplace under the Affordable Care Act, where Californians can purchase quality, comprehensive, brand name health and dental insurance for themselves and their families and qualify for financial help based on annual income.
- Covered California serves consumers in the **individual market**, or those who don't qualify for Medi-Cal, Medicare, or have insurance through an employer.
- Covered California has roughly **1.8 million enrollees** with over 90% receiving financial assistance.
- All Covered California health plans include dental coverage for children. However, enrollees may separately purchase a standalone adult or family dental plan in addition to their health plan if they choose.
- In 2024, **over 300,000 enrollees have purchased a dental plan** through Covered California and benefits include free x-rays, exams, cleaning and sealants among other benefits.

A RECORD YEAR: KEY HIGHLIGHTS FROM 2024

2024 OPEN ENROLLMENT: RECORD NUMBER OF PLAN SELECTIONS

- As of January 31, 2024, over 1.78 million Californians had selected Covered California plans for 2024 – the highest count yet for an Open Enrollment.
- Covered California saw new enrollment increases in every region of the state, and across demographic groups, with the highest increase seen among Latinos and Asian Americans.
- New sign-ups in 2024 increased 16% over 2023, reaching 306,382 plan selections, the highest level for Covered California since 2020.

Net Plan Selections	2022	2023	2024	Diff.	
	(Count)	(Count)	(Count)	(2024 v 2023)	
New Enrollment	255,575	263,320	306,382	43,062	16%
Renewals	1,521,867	1,476,040	1,478,271	2,231	0%
Total Plan Selections	1,777,442	1,739,360	1,784,382	45,293	3%

Except where otherwise noted, data are net plan selections as of the end of Open Enrollment 2024 (as of January 31, 2024). Consumers who were automatically enrolled in Covered California following the loss of Medi-Cal coverage and confirmed or paid their plan during Open Enrollment are counted among the 2024 new sign-ups.

2024 COVERED CALIFORNIA ENROLLEES: BY INCOME

- Nearly nine out of ten enrollees in Covered California receive subsidies (advanced premium tax credits) to help lower the cost of coverage each month.
- Four in ten enrollees in Covered California earn less than 200% of the Federal Poverty Level (FPL) – which during open enrollment for 2024 was \$29,160 for a single person, or \$60,000 for a four-person household.

FPL	Subsidy Received		Unsubsidized		Total	
	Enrollees	(column %)	Enrollees	(column %)	Enrollees	(column %)
138% FPL or less	67,380	4.3%	15,990	7.9%	83,370	4.7%
138% FPL to 150% FPL	169,130	10.8%	2,500	1.2%	171,640	9.7%
150% FPL to 200% FPL	446,830	28.6%	5,840	2.9%	452,670	25.6%
200% FPL to 250% FPL	280,780	17.9%	5,230	2.6%	286,010	16.2%
250% FPL to 400% FPL	440,800	28.2%	19,340	9.6%	460,140	26.0%
400% FPL to 600% FPL	118,920	7.6%	31,040	15.3%	149,960	8.5%
600% FPL or greater	38,750	2.5%	42,040	20.8%	80,790	4.6%
FPL Unavailable	2,260	0.1%	10	0.0%	2,260	0.1%
Unsubsidized Application	10	0.0%	80,510	39.8%	80,520	4.6%
Grand Total	1,564,860	100.0%	202,480	100.0%	1,767,340	100.0%

CALIFORNIA ENHANCED COST-SHARING REDUCTION PROGRAM BENEFITS

- The California Enhanced Cost-Sharing Reduction (CSR) Program began in 2024 with a \$82.5 million appropriation from the State of California.
- The 2024 California Enhanced Cost-Sharing Reduction Program:
 - Provided new benefits for approximately low- and middle-income enrollees with income up to \$33,975 for single members and \$69,375 for families of four enrolled in Silver CSR plans.
 - **Eliminated deductibles for lower-income enrollees up to 250% FPL, simplified benefit designs, and reduced out-of-pocket costs.**
 - Combined with federal enhanced premium tax credits under the Inflation Reduction Act, the Covered California provided the most affordability support ever available to enrollees in 2024.

COVERED CALIFORNIA ENROLLEES BENEFITING FROM ENHANCED CSR PROGRAM IN 2024

- Nearly half of Covered California’s current subsidized enrollment is benefiting from the enhanced CSR benefits in 2024.
- The 180,000 members enrolled in Silver 73 are now receiving benefits more equivalent to a Gold-level plan.

Metal Tier Enhanced		
	Enrollees	(column %)
Silver - Enhanced 73 (200-250% FPL)	181,280	24%
Silver - Enhanced 87 (150-200% FPL)	382,250	50%
Silver - Enhanced 94 (138-150% FPL)	199,000	26%
Grand Total	762,530	100%

MEDI-CAL TO COVERED CALIFORNIA (M2C) ENROLLMENT PROGRAM

California Senate Bill 260 (2019)

- Authorized Covered California to auto-enroll consumers in a health plan upon losing Medi-Cal coverage if eligible for subsidized Covered California coverage.
- Aimed to prevent coverage gaps for consumers losing Medi-Cal, given they effectuated coverage within a month of disenrollment.

Federal COVID-19 Public Health Emergency

- Required states to maintain Medicaid continuous coverage for most enrollees; terminations were barred and continuous coverage requirement ended on March 31, 2023.

Medi-Cal Renewals Redetermination

- Process started in April 2023 for June 2023 renewals.
- Covered California initiated the Medi-Cal to Covered California Enrollment Program at the end of May 2023.



MEDI-CAL TO COVERED CALIFORNIA ENROLLMENT PROGRAM

- Following one year of California’s Medi-Cal to Covered California enrollment program, nearly **520,000 individuals losing Medi-Cal coverage have been automatically enrolled in a plan** through the marketplace, with a third of consumers confirming their coverage.
- The 34% effectuation compares to 17% for the equivalent population in 2019.
- Nearly half (46%) of consumers who receive an automatic plan selection have mixed household eligibility between Medi-Cal and Covered California programs.

KEY PERFORMANCE INDICATORS

as of 9/26/2024

Medi-Cal to Covered California Transition Data	
Medi-Cal Transitions eligible in CalHEERS	2,143,007
Medi-Cal Transitions with plan selection**	552,061
<i>Auto Plan Selections***</i>	<i>518,161</i>
Effectuated Coverage After Auto Plan Selection	175,171
<i>Effectuated after APS - Eligible for \$0 Silver plan</i>	<i>34%</i>
<i>Effectuated after APS - Switched out of default plan</i>	<i>30%</i>
Effectuation Rate After Auto Plan Selections (APS)	34%
<i>Effectuation rate among APS - eligible for \$0 plan</i>	<i>36%</i>

* Data excludes any consumers with Medi-Cal redetermination, initially found marketplace eligible, but who returned to Medi-Cal eligibility before losing coverage.

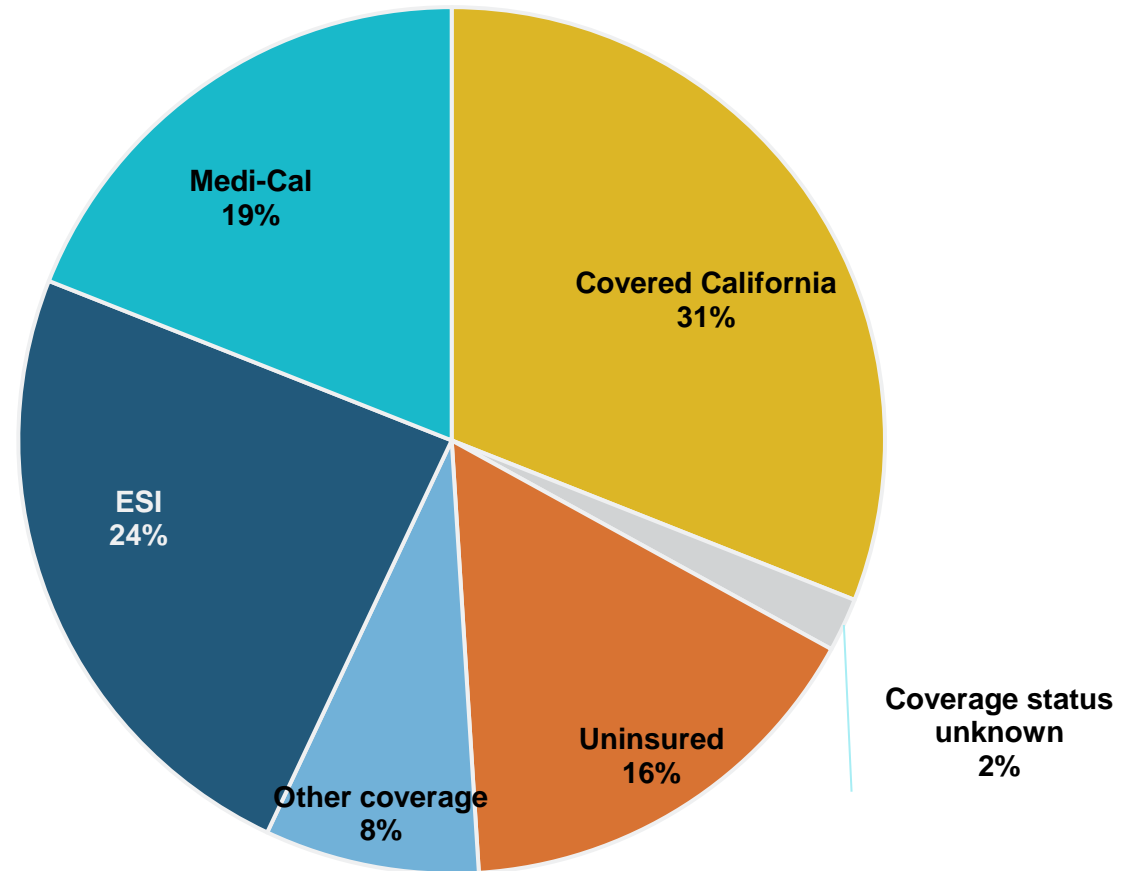
** Includes plan selections by individuals who do not qualify for subsidies and members who were automatically added to an existing family enrollment.

*** A subset of Medi-Cal Transitions with a plan selection. Indicates that consumer received an automatic plan selection when first transitioning from Medi-Cal. Includes consumers who were automatically added to an existing enrollment in the same household, and includes those who later switched into a different plan after auto plan selection.



MOST CONSUMERS REFERRED FROM COUNTIES REPORT HAVING COVERAGE FOLLOWING LOSS OF MEDI-CAL

- Among the first month's cohort of auto plan selection (APS) consumers, **four out of five (82%) reported having coverage – mostly through Covered California, Medi-Cal, or their employer.**
- One in six (16%) consumers reported being uninsured.
- Among the 47% of consumers who confirmed needing coverage, there was a 66% take-up rate with Covered California.



APS Monthly Pulse survey conducted on behalf of Covered California by NORC. Includes consumers who lost Medi-Cal in June 2023 and were automatically enrolled in Covered California beginning July 1, 2024. Survey variables: COVERAGE_1 "Do you currently have health insurance?" and COVERAGE_2 "What is your main source of health coverage right now?" N=663.

WHAT'S IN STORE FOR 2025

PLAN YEAR 2025 RATES

PRELIMINARY RATES

2025 Preliminary Rate Increase: **7.9%**

Causes:

- Continued rise in health care utilization
- Increased pharmacy costs
- Inflation: cost of care, labor shortages, wage increases

Context:

5% average annual rate change over past 5 years, including record lows in previous years



California’s Individual Market Rate Changes

YEAR	2021	2022	2023	2024	2025	5-YR COMPOUNDED AVERAGE	5%
WEIGHTED AVERAGE	0.5%	1.8%	5.6%	9.6%	7.9%		

RATE IMPACTS CURBED BY FINANCIAL ASSISTANCE

Because of the robust financial help available to Covered California enrollees, many will see a small impact, if any, to their monthly cost.

- California's investment in a state-enhanced cost sharing program reduces consumer costs.
- Federal premium assistance through the Inflation Reduction Act continue to make premiums more affordable in 2025.
- In 2025, many people who receive financial help will see no change to their monthly premiums, some of whom are only paying \$10 a month, and many more will have their deductibles eliminated entirely.
- Nearly 25 percent of current enrollees expected to have a \$0 premium in 2025.

DENTAL RATES AND UPDATES

- 2025 Preliminary Rate Increase: **1.55%**
- Humana to offer statewide coverage
- Dental Health Services (DHS) exiting



California’s Dental Plan Rate Changes

YEAR	2022	2023	2024	2025	4-YEAR AVERAGE	
WEIGHTED AVERAGE	-0.95%	-1.7%	4.31%	1.55%	0.8%	

ENHANCED STATE COST-SHARING REDUCTION (CSR) PROGRAM

2025 ENHANCED CSR PROGRAM: MORE FUNDING TO SUPPORT MORE ENROLLEES

- The Governor and Legislature approved a state budget appropriation of \$165 million for the 2025 California Enhanced CSR Program.
- Covered California’s Board approved the 2025 CSR program in May 2024, expanding eligibility to enrollees with incomes above 200% FPL for a Silver 73 plan.
- With expanded eligibility, all Covered California enrollees could benefit from the program, including the nearly 1.1 million consumers already enrolled in Silver.
- AI/AN members with income above 300% FPL will get the enhanced Silver 73 design if enrolled in a silver plan.

Household Income Eligibility by Percentage of FPL	2025 California Enhanced CSR Program Plan
100% up to 150%	Silver 94
Above 150% up to 200%	Silver 87
Above 200% up to 250%	Silver 73
Above 250%	Silver 73
American Indian/Alaska Native Above 300%	Silver 73

ELIMINATING DEDUCTIBLES IN SILVER PLANS

- The 2025 State Cost- Sharing Reduction program will allow Covered California to offer Silver plans with *no deductible* at all incomes.

		Reduced member cost with California Enhanced CSR Program	
Silver Plan Variant by Income as a Percent of FPL	2024 Proposed	2024 Adopted	2025 Adopted
Silver 94 for enrollees up to 150% FPL <i>about \$22,590 for a single person and \$46,800 for a family of four</i>	\$75 inpatient \$0 pharmacy	\$0	\$0
Silver 87 for enrollees up to 200% FPL <i>about \$30,120 for a single person and \$62,400 for a family of four</i>	\$800 inpatient \$50 pharmacy	\$0	\$0
Silver 73 for enrollees up to 250% FPL <i>about \$37,650 for a single person and \$78,000 for a family of four</i>	\$5,400 inpatient \$150 pharmacy	\$0	\$0
Silver 70 for enrollees above 250% FPL <i>starting at about \$37,650 for a single person and \$78,000 for a family of four</i>	\$5,400 inpatient \$150 pharmacy	\$5,400 inpatient \$150 pharmacy	\$0

2025 CALIFORNIA ENHANCED CSR PROGRAM BENEFIT DESIGNS

Benefit	Individual-only Silver 70	
	Ded	Amount
Deductible		
Medical Deductible		\$5,400
Drug Deductible		\$50
Coinsurance (Member)		30%
MOOP		\$8,700
ED Facility Fee		\$400
Inpatient Facility Fee	X	30%
Inpatient Physician Fee		30%
Primary Care Visit		\$50
Specialist Visit		\$90
MH/SU Outpatient Services		\$50
Imaging (CT/PET Scans, MRIs)		\$325
Speech Therapy		\$50
Occupational and Physical Therapy		\$50
Laboratory Services		\$50
X-rays and Diagnostic Imaging		\$95
Skilled Nursing Facility	X	30%
Outpatient Facility Fee		30%
Outpatient Physician Fee		30%
Tier 1 (Generics)		\$18
Tier 2 (Preferred Brand)	X	\$60
Tier 3 (Nonpreferred Brand)	X	\$90
Tier 4 (Specialty)	X	20%
Tier 4 Maximum Coinsurance		\$250
Maximum Days for charging IP copay		
Begin Specialist deductible after # of copays		
Actuarial Value		
2025 AV		71.59†

CA Enhanced CSR Silver 73	
Ded	Amount
	\$0
	\$0
	30%
	\$6,100
	\$350
	30%
	30%
	\$35
	\$85
	\$35
	\$325
	\$35
	\$35
	\$50
	\$95
	30%
	30%
	30%
	\$15
	\$55
	\$85
	20%
	\$250
	79.22

- Medical and Drug deductibles eliminated
- Lower office visit fees, including Primary Care, Specialty Care, and Mental Health/Substance Use Disorder Outpatient Services
- Lower prescription drug costs

KEY	X	Subject to deductible
	†	Additive adjustment included in AV
	Light Blue	Enhanced member cost from Silver 70
	Red	Does not meet AV
	Yellow	Within .5 of upper de minimis
Green	Securely within AV	

ENHANCED FEDERAL PREMIUM TAX CREDITS

FEDERAL ENHANCED PREMIUM TAX CREDITS SCHEDULED TO EXPIRE AT THE END OF 2025

- The American Rescue Plan and the Inflation Reduction Act provide enhanced federal premium tax credits that dramatically increased affordability for marketplace consumers by:
 - **Increasing the amount of premium assistance** for all consumers eligible to receive APTC
 - Providing **two free Silver plan options** for consumers with incomes below 150% FPL
 - **Eliminating the “subsidy cliff”** for middle-income consumers above 400% FPL who were previously ineligible for APTCs
- Enhanced premium tax credits are set to expire at the end of 2025. If this occurs, Covered California enrollees would experience substantial increases in their monthly premium costs, for instance:
 - More than 150,000 middle-income consumers would no longer be eligible for subsidized coverage.
 - Self-employed consumers constitute over a quarter (28%) of Covered California enrollees and are expected to pay more in average monthly premiums (\$280 vs. \$253) than other consumers if enhanced premium tax credits expire.
- Covered California has released detailed data documenting the impact of the expiration of Inflation Reduction Act subsidies to consumers, and a series of briefs describing impacts on a statewide basis and for specific populations.

PRESERVING HEALTH CARE AFFORDABILITY

- The November election will have consequences on the direction of health policy in the nation.
- Regardless of the outcome, Covered California is committed to working with the federal Administration, Congress, and stakeholders to promote access to quality and affordable health coverage and care.
- Covered California is providing technical assistance to policymakers on how the expiration of enhanced federal premium tax credits at the end of 2025 would impact consumers.
- ***Consumers should not worry and enroll for coverage in 2025! The greatest level of financial help ever will be available in 2025.***

HEALTH EQUITY AND QUALITY TRANSFORMATION INITIATIVE (QTI)

QUALITY TRANSFORMATION INITIATIVE (QTI) OVERVIEW

- Sets direct and substantial financial incentives for qualified health plan (QHP) issuers to improve the quality of healthcare and to reduce health disparities.
- 0.8% of premium at risk for payment for PY2023, moving up to 3% in PY2025, with intention to increase to 4% maximum in PY2026.
- Measure scores are compared to national percentile benchmarks of 25th percentile and 66th percentile to determine the per measure payment amount.
- Funds from payments would be used to establish an internal, separately tracked, Quality Transformation Fund. Funds will be used to support Population Health Investments (PopHIs)
- Issuers are required to submit a quality improvement plan detailing the actions they plan to take to improve quality and equity for any measure for which they score below the 25th percentile.

QUALITY TRANSFORMATION INITIATIVE (QTI) MEASURES

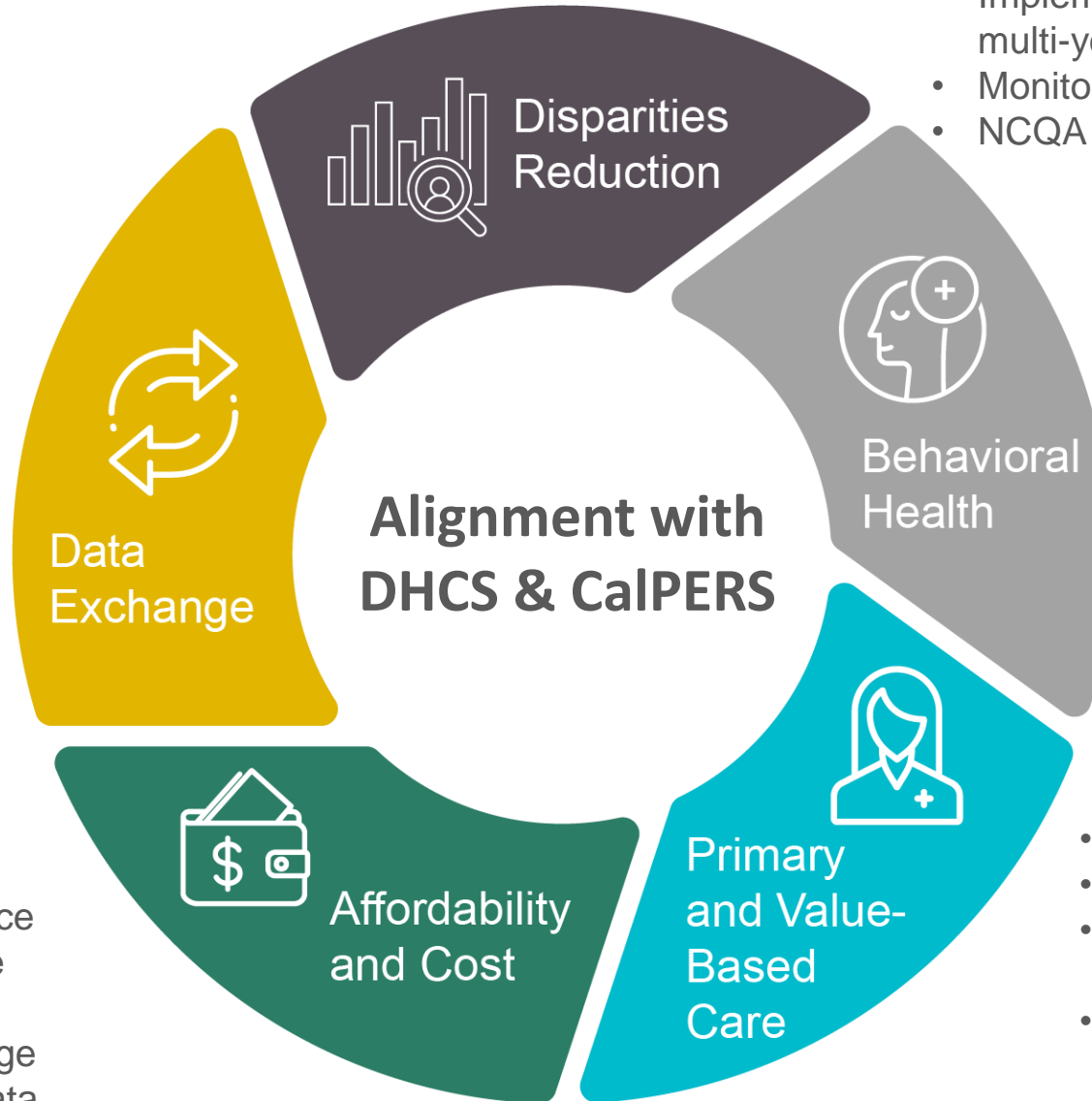
Core Measures*	Clinical Context
Blood Pressure	Key risk factor for cardiovascular disease (heart attacks and strokes), the leading cause of death in the United States
Diabetes (A1c control)	~50% Californians have prediabetes or diabetes, which is a leading cause of blindness and amputation and key risk factor for cardiovascular disease
Colorectal Cancer Screening	Cancer is the second leading cause of death after heart disease, and colorectal cancer is the second leading cause of cancer death after lung cancer. Screening reduces the risk of developing and dying from CRC cancer by 60-70%
Childhood Immunizations	Childhood immunizations prevent 10.5m diseases annually. For every \$1 spent on immunizations, there is as much as \$29 in savings
<i>Reporting only</i>	Depression Screening and Follow-Up for Adolescents and Adults
<i>Reporting only</i>	Medication Treatment for Opioid Use



*All measures will be stratified by race/ethnicity

STRATEGIC FOCUS AREAS

- Quality Rating System
- Healthcare Evidence Initiative (HEI) claims database
- Health Information Exchange (HIE) participation
- Data submission to Integrated Healthcare Association (IHA)



- Collect race, ethnicity, and language data
- Implement disparities interventions and meet a multi-year disparities reduction target
- Monitor maternal health disparities
- NCQA Health Equity Accreditation

- Telehealth to improve access
- Depression screening
- Opiate use disorder treatment
- Primary care behavioral health integration

- PCP assignment for all enrollees
- Value based payment for primary care
- Measure and report enrollment in Accountable Care Organizations
- Monitor provider organization and hospital quality and costs

- Track hospital compliance with CMS Hospital Price Transparency rule
- Review of unit price range and trends via claims data

GUIDING PRINCIPLES: USE OF FUNDS

Centered on goal to improve health outcomes for Covered California enrollees



Equity First: funds should preferentially focus on geographic regions or communities with the largest identified gaps in health and quality among California subpopulations



Direct: use of funds should lead to measurable improvements in quality and outcomes for enrollees that are related to QTI Core Measure performance



Evidence-based: use of funds should be grounded in approaches that have established evidence of success in driving improvements in quality or outcomes



Additive: funds should be used to advance quality in a currently underfunded arena.

2025 POPULATION HEALTH INVESTMENTS (PopHIs)

1



Early Investments in Childhood Health and Wellness

- Funds deposited directly into CaKIDS Child Savings Account to incentivize timely vaccination and well-child visits
- Targets families with newborns enrolled in Covered California and children under 2 years old

2



Direct Investments to Enhance Food Security

- Reusable cards loaded with funds available for use at grocery stores and other retailers with food facilitated by a third-party for disbursement and data collection.
- Targets Covered California members with income levels below 250% of the Federal Poverty Level (FPL), with a chronic condition, and identified as food insecure

3



Equity and Practice Transformation

- Funds will accelerate adoption of practice transformation through high-quality, 1:1 coaching, subject matter expertise, and foster sustainable practice change and disseminate innovative models statewide.
- Targets primary care practices enrolled in DHCS EPT program and serving Covered California enrollees

COVERAGE EXPANSION: DEFERRED ACTION CHILDHOOD ARRIVALS

IMPLEMENTING EXPANSION FOR RECIPIENTS OF DEFERRED ACTION FOR CHILDHOOD ARRIVALS (DACA)

- On May 2, 2024, CMS finalized an expansion of the definition of “lawfully present” – a necessary condition for enrolling through the insurance marketplaces – to include recipients of Deferred Action for Childhood Arrivals (DACA).
- Beginning November 1, 2024, DACA recipients in California will be eligible to apply for coverage through the marketplace and receive federal and state tax credits in the form of Advanced Premium Tax Credits (APTC) and cost sharing reductions to make coverage more affordable.
- However, the rule is currently being challenged in court and Covered California is closely tracking the litigation. Should the rule be impacted by the final decision, Covered California is developing strategies to respond accordingly.

CALIFORNIA PENALTY & EXEMPTIONS

Effective **January 1, 2020**, California residents must either:

- Have qualifying health insurance coverage, *or*
- Pay a penalty when filing a state tax return, *or*
- Get an exemption from the requirement to have coverage.

The penalty for not having coverage the entire 2023 year will be at least **\$900 per adult** and **\$450 per dependent child under 18** in the household when you file your 2023 state income tax return in 2024.

A family of four that goes uninsured for the whole year would face a penalty of at least \$2,700.

It may actually cost you *less* to get covered than to pay the tax penalty.

For example, a 30 year-old individual living in Los Angeles, making \$18,000/year would pay more to NOT have health coverage.

Get
COVERED

OR

Pay the
PENALTY

\$0

per year

at least

\$900

per year

DACA UNINSURED RECIPIENTS IN CALIFORNIA ELIGIBLE FOR SUBSIDIES



- **California Simulation of Insurance Markets (CalSIM) model Estimates**
 - UC Berkeley Labor Center's analysis using CalSIM
 - Rough estimate: **40,000** uninsured Californians are DACA recipients
 - Would now **qualify** for Covered California subsidies
- **Enrollment Impact**
 - Estimated **30,000** uninsured DACA recipients **may enroll**
 - Assumption: Take-up rates similar to general Californian population
- **Importance of Coverage Access**
 - Acts as important **safety net** for DACA recipients
 - **Aligns with benefits** to citizens and lawfully present individuals
 - Helps in **closing health insurance gaps** due to income fluctuations or job transitions

OUTREACH & EDUCATION EFFORTS UNDERWAY FOR DACA RECIPIENTS

External Affairs and Community Engagement

Working closely with partners and the community to gather feedback and share resources, focusing on reaching target groups effectively.

Communications and Public Relations

Creating clear messaging and responding to media queries, especially regarding DACA, and preparing educational materials in multiple languages.

Marketing

Targeting DACA audiences with tailored advertising, especially through digital platforms, and to conduct a comprehensive media campaign in various languages, assessing the impact of different outreach methods.

Outreach and Sales

Understanding the needs related to DACA changes, providing guides for easier enrollment, and engaging with agents and partners through email campaigns and meetings to refine strategies.

EXTERNAL AFFAIRS & COMMUNITY ENGAGEMENT (EACE) DACA CAMPAIGN STRATEGY

- **Partner Engagement and Mobilization:**
 - **Informational Interviews:** Interviews to inform our strategy on how to reach DACA recipients, mobilization to assist with awareness and education; ongoing consultation for continued outreach and enrollment efforts.
 - **Community partnership:** Work with community organizations to disseminate information about Covered CA and new DACA-recipient eligibility.
 - **District Office mobilization:** Engaging legislative district offices to promote DACA eligibility in their districts as part of renewal and open enrollment messaging.



EACE DACA CAMPAIGN STRATEGY

- **Webinars and Information Sessions:** Two educational webinars/events for community organizations, as well as elected offices (Congress, Assembly and Senate, District offices), stakeholders.
- **Toolkit Development and Distribution:** Similar to the [M2C toolkit](#), EACE will develop and disseminate consumer- and organization-facing documents that outline the new DACA eligibility, coverage and financial help, public charge clarification, how to find help and enroll.
- **Multilingual Resources:** Provide materials in multiple languages to ensure accessibility.

DACA Recipients Now Eligible for Covered California!

Starting November 1st, 2024, recipients of Deferred Action for Childhood Arrivals (DACA) can apply for health insurance through Covered California and receive financial help to lower your monthly premium payment.

Enrollment Period and Coverage Start Dates
As a DACA recipient, you are eligible (or allowed) to enroll during open enrollment from Nov. 1 through Jan. 31. You can start using your health plan the first day of the following month after you submit your application and pick a plan.

Application Processing
Note the following tips when submitting your application:
• You will be asked to provide document information or a copy of your documents to show proof of immigration or lawful presence. You can use either of the following documents:
• **Notice of Action (I-797)** issued by U.S. Citizenship and Immigration Services showing the approval of your "deferred action" status.
• **Employment Authorization Document (E-AD)** indicating your authorization to work in the United States.
• If you cannot provide documentation during the application process, you will be found "conditionally eligible" if you meet all other eligibility requirements. You will be given additional time to submit the required documentation.
Note: DACA status is determined by the Department of Homeland Security (DHS). Those individuals with approved DACA status will be eligible to enroll in Covered California if they meet all other eligibility requirements.

We've Got You Covered
Covered California was created to help Californians compare, afford, and enroll in brand-name health insurance plans. Most enrollees receive financial help to pay their monthly premium, and everyone is guaranteed the same high-quality coverage.

Will you get financial help?
Most likely, yes! Approximately 90% of Covered California enrollees get financial help to pay their monthly premium. How much financial help depends on your household income, family size, and where you live. You could pay as little as \$0/month for your plan, and you won't pay more than 8.5% of your income for our benchmark Silver plan. You may also qualify for low or no-cost Medi-Cal.

How to Enroll
To find free, expert enrollment help near you, visit [CoveredCA.com/support/contact-us](#).
If you qualify for Medi-Cal, you can enroll anytime. To find out if you or someone in your family is eligible, apply on [CoveredCA.com](#) or call your county human services agency.
For more information and free in-person help, contact: [CoveredCA.com](#) | (800) 200-1506.

DACA ya son elegibles para Covered California!

Personas que son parte de la Acción Diferida para los Jóvenes (DACA) por sus siglas en inglés, ahora pueden inscribirse en Covered California y ser elegibles para obtener seguro médico. ¡Cuando comienza tu seguro médico, también comienza tu cobertura médica el primer día!

¿Cómo puedes aplicar?
Puedes utilizar a uno de nuestros cientos de agentes certificados que se encuentran en tu área. Para encontrar a alguien que te pueda ayudar de manera gratis, confidencial y en tu idioma, visita [CoveredCA.com/support/contact-us](#) o lláma al (800) 200-1506.
Si calificas para Medi-Cal, puedes inscribirte cualquier día del año. Si quieres saber si alguien de tu familia califica, aplica en [CoveredCA.com](#) o lláma a tu agencia de servicios humanos del condado.

Para una cotización rápida, visita [CoveredCA.com/quick-calculator](#) y dila nuestra calculadora para ver cuánto puedes pagar al mes por tu cobertura o rezame a mi @G.

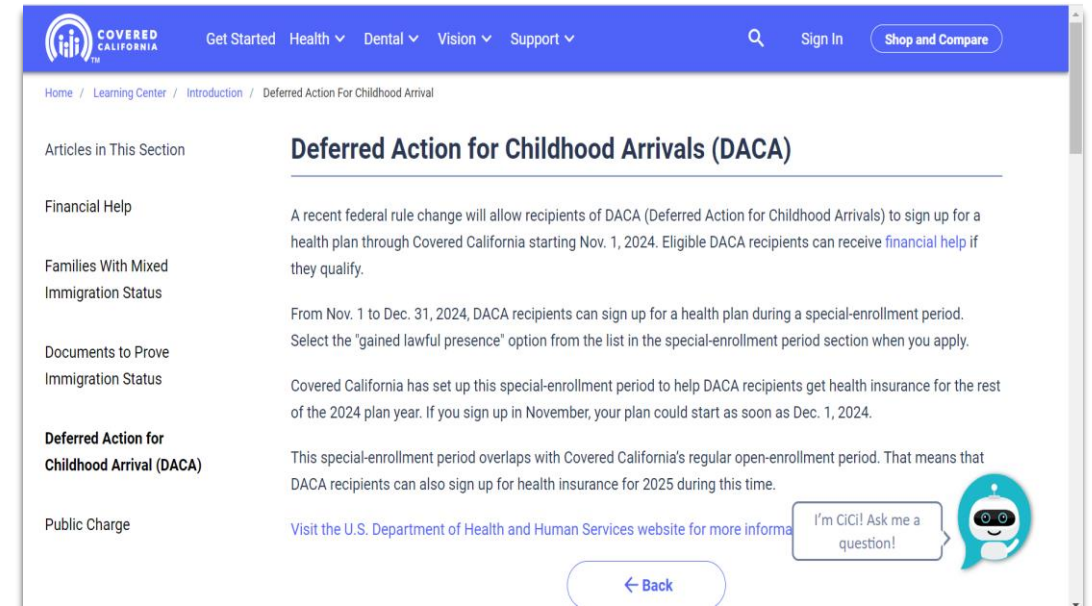
MARKETING: DACA CAMPAIGN STRATEGY

- Augment Open Enrollment advertising efforts that focus on the broad CA population and the uninsured to include targeted media and messaging to reach likely DACA audiences.
- Prioritize digital platforms with outreach in English, Spanish, Chinese, and Korean
- Supplement with Spanish radio due to the size of the Hispanic DACA population
- Direct outreach through email, direct mail, and SMS/text.



COMMUNICATIONS AND PUBLIC RELATIONS DACA CAMPAIGN STRATEGY

- Integrating DACA messaging into the Open Enrollment 2025 media events and activations.
- Developing DACA-specific infographics, fact sheets and other education materials in key languages.
- Updating DACA-related content on CoveredCA.com to support education and enrollment.



OUTREACH AND SALES DACA CAMPAIGN STRATEGY

- Quick Guide Materials for Enrollers
 - Quick guides with detailed instructions for enrollers to assist them with step-by-step training on the necessary steps to enroll a DACA recipient.
 - Enroller how-to video
- E-Mail Campaigns
 - DACA news being shared in agent/community partner alerts and monthly briefings.



Deferred Action for Childhood Arrivals (DACA) FAQs for Enrollers

Throughout its history, DACA has helped hundreds of thousands of undocumented immigrants who were brought to the U.S. as children, often called "Dreamers." It stops them from being deported and allows them to work in the United States. Nonetheless, DACA does not offer a way to permanent residency or citizenship. This means that those under DACA are in a provisional state of protection, which can change depending on the political and legal climate.

What does Deferred Action mean?

Deferred action refers to a discretionary decision by immigration authorities to postpone the removal (deportation) of an individual who is unlawfully present in the United States. This does not provide legal status but grants temporary relief from deportation and allows the individual to remain in the country for a specified period. During this time, individuals may also be eligible for employment authorization. DACA is a notable example of deferred action, which provides such relief to individuals who were brought to the U.S. as children and meet specific criteria.

How many people will the DACA final rule impact?

The Center for Medicare and Medicaid Services (CMS) estimates that as many as 124,000 uninsured DACA recipients would be enrolling in coverage. It is estimated that about 40,000 DACA recipients in California will be eligible for coverage. Although there is no way to be entirely sure of the exact number of individuals who would apply for coverage, Covered California will be ready to serve them.

Qualifying for Healthcare Coverage through

How does the New Rule impact Covered California?

The new final rule published by CMS on May 3, 2024, modifies the presence to include DACA recipients, allowing them to enroll financial help through Covered California as of November 1, 2024. (The rule explicitly excludes Medicaid and CHIP from this change.) Under the new rule, individuals with DACA status are eligible to receive full-scope coverage if they meet all other program eligibility requirements.

Helping DACA Recipients Apply for Covered California



The upcoming Open Enrollment period will offer Californians the greatest affordability and access ever due to California's Enhanced Cost Sharing Reduction plans, and the new eligibility for DACA recipients.

The state-enhanced Cost-Sharing Reduction (CSR) program will lower the cost of care for over a million Californians. In 2024, for Californians at or below 250% of the [federal poverty level \(FPL\)](#), the program improved health care affordability and access to care by eliminating deductibles in all three Silver CSR plans. It also lowered generic drug costs.

UPCOMING ACTIVITIES AND PARTNERSHIP

COVERED CALIFORNIA ENROLLMENT AND RENEWAL WINDOWS

Open Enrollment:

Eligible Californians can sign-up for Covered California between **November 1 and January 31**. Unless qualified for “special enrollment,” individuals and families cannot enroll outside of the open enrollment period.

Special Enrollment:

Short window of **60 days** in which eligible Californians can sign-up for Covered California. Special Enrollment can only be triggered by a change in circumstance (loss of employment, marriage, birth, relocation, etc.).

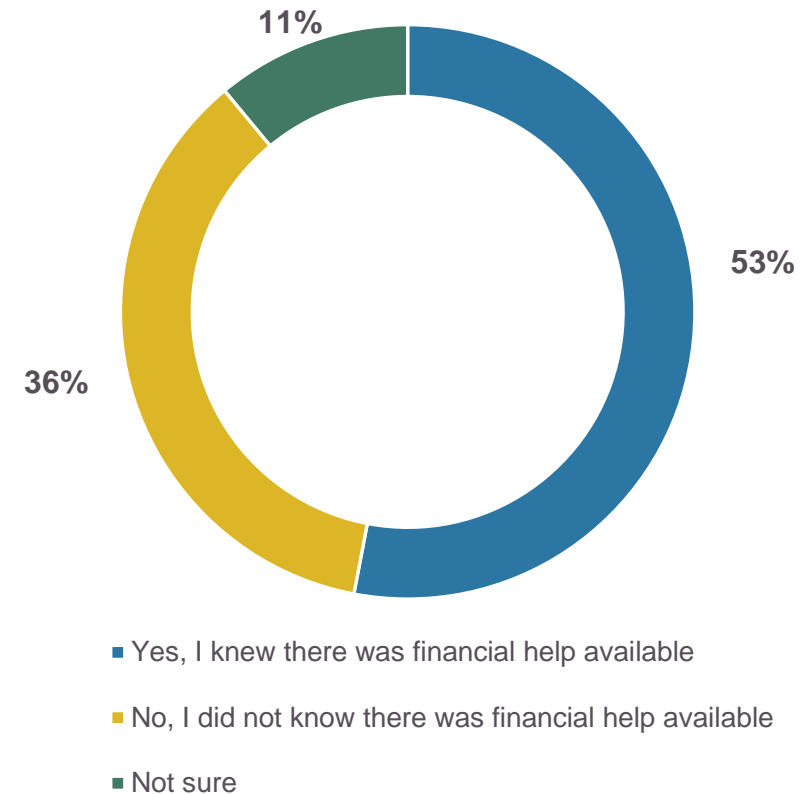
Renewal:

The renewal period begins **October 1, 2024 and ends on January 31**. To have coverage effective January 1, 2025, you must complete your renewal by December 31, 2024. Without action, consumers will have their existing plan automatically renewed.

AWARENESS GAPS AMONG THE REMAINING UNINSURED

- There are an estimated 590,000 remaining subsidy-eligible uninsured.
- While the uninsured have very high brand-recognition of Covered California, only half understand what we offer to lower costs.
- And, nearly half of the uninsured report that they wouldn't try to get financial help because they wouldn't know how.

Did you know that many people were able to get this financial help through Covered California?



PROMOTING ENROLLMENT AND HEALTH LITERACY: “LET’S TALK HEALTH” CAMPAIGN



STATEWIDE MEDIA CAMPAIGN WITH A FOCUS ON HEALTH LITERACY

- Simplify the complexity of health insurance and empower consumers to enroll, regardless of language, ethnicity, region or income.
- Leverage new partners, as well as our incredible network of enrollers and navigators to deepen reach.
- Multi-layered campaign messaging covering enrollment, record-level of affordability support, and DACA.
- Media, stakeholder elected official and community leader engagement.



“HEALTHY CONVERSATIONS” AD CAMPAIGN

- Using a casual conversation, we drop in on moments between friends and co-workers to answer common questions about health insurance and how Covered California can help.
- Center conversations in relatable settings, where our heroes are less likely to have health insurance through work (e.g., restaurant kitchen, small residential construction site).
- Anchor on affordability with data points to make it feel tangible and real (e.g., high-quality health insurance at \$10/month, and \$0 deductibles).
- **Creative testing top line:**
The conversation device is effective at drawing people in, making them feel seen/understood and ultimately delivering critical information about Covered California that motivates them to act.



HELPING CONSUMERS ENROLL



Find an Enroller

Licensed Insurance Agents and Certified Enrollers are ready to help.



Help on Demand

Have a certified enroller call you. Most calls are returned in under 15 minutes.



Local Medi-Cal Offices

For those who want to apply for Medi-Cal health coverage.

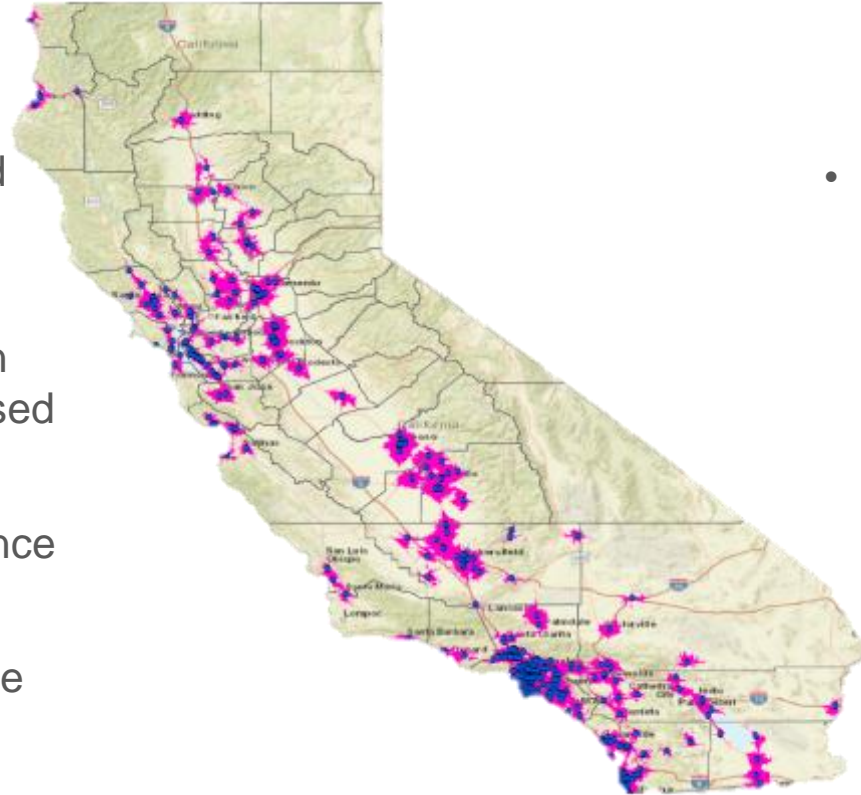


Call Us

Speak with a service center representative during our regular business hours.
(800) 300-1506

COVERED CALIFORNIA ENROLLMENT PARTNERS

- More than 11,000 insurance agents have been trained to sell Covered California products and are consistently the largest channel for enrollment.
- To spur enrollment, Covered California engages with licensed insurance agents and navigators who offer free confidential assistance.
- Consumers can get enrollment assistance in 16 languages from Covered California licensed insurance agents.
- Consumers can go to this [site](#) to find insurance agents licensed by Covered California.
- 95% of all Californians are within a 15-minute drive from one of Covered California's [storefront locations](#).



- Covered California awards up to \$6.5 million annually to support more than 100 community organizations through the [Navigator Program](#).
- Covered California's Navigator Program is a partnership with community organizations across the state who have experience in reaching and assisting California's diverse populations and have proven success enrolling consumers in health care programs.

COVERED CALIFORNIA COLLATERAL MATERIALS & ENROLLMENT DATA

- Covered California collateral materials including paper calculator, brochures, enrollment guide and fact sheets can be found [here](#)
- Covered California's [Active Member Profile](#) shows counts of enrollees who have paid and have effective coverage through Covered California during specified reporting months.
- Data is available by various cross sections including ethnicity, age, product, health plan, county, zip code, congressional and legislative districts.

CASEWORK: CONSTITUENT ESCALATION PROCESS

ESCALATING CONSTITUENT ISSUES

If your office needs assistance with Covered CA casework, you can email it to at externalaffairs@covered.ca.gov.

It is helpful to include the following information in your email to help us research the case:

- Constituent's Name,
- Constituent's Telephone Number,
- Case # or Application ID # (optional),
- Constituent's Date of Birth, and
- Description of the issue.

Use the email above to reach out to us with questions, queries or to request more information.

QUESTIONS?

THANK YOU

Questions or follow ups, please email me at
linda.torres@covered.ca.gov