



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

Important news about your health benefits

04/04/2018

Case Number: 5187430819

Dear Amir Mesbahi,

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 checked for Medi-Cal and Covered California premium assistance (a federal tax credit) and cost-sharing reductions (lower co-payments and deductibles). If you are eligible for coverage through Covered California your eligibility is for benefit year **2018**. If you qualify for Medi-Cal, your Medi-Cal may start sooner. Based on your application information and state and federal records, the family members listed below qualify for the following health program(s):

Amir Mesbahi

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 \$11,000.00 for the year (\$916.67 a month).

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



About Special Enrollment Periods

Now that open enrollment is closed, you can only enroll in a Covered California health and dental insurance plans if you experience a "qualifying life event". You have 60 days from the date on which the qualifying life event happens to enroll in a Covered California health and dental insurance plans or change your existing Covered California plans. If 60 days pass and you do not sign up for health and dental coverage, you will have to wait until the next open enrollment period, which will be in the fall. A service center representative can help you if you are not sure whether a situation or change in your life is considered a qualifying life event. If you are eligible for Medi-Cal, you can enroll in Medi-Cal at any time. You do not need a special enrollment period to enroll in Medi-Cal.

What's a qualifying life event?

A qualifying life event is a change in your life that can make you eligible for a Special Enrollment Period. Some examples of qualifying life events are:

- Lost or will soon lose my health insurance
- 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**.

It is important to report changes to Covered California that affect the amount of premium assistance (or tax credits) that you receive within 30 days of the change. If your income changes, it may change what type of health program you qualify for. Also, if your income decreases, you may qualify to receive a higher amount of premium assistance and reduce your out-of-pocket expenses even more. However, if your income increases, you may receive too much premium assistance and may be required to repay some or all of it back when you file your tax return for the benefit year.

You must also report any changes that affect your health insurance within 30 days of the change, such as:

- You move,
- Your income changes,
- Your household changes, for example, you get married/divorced, have a child(ren), lose a dependent or no longer claim a dependent on your tax return,
- You become qualified for other health insurance,
- Your citizenship/immigration status changes,
- You have been a lawful permanent resident in the U.S. for five years or more, or
- Other changes that may affect your eligibility.



To report changes, you can:

- Log in to your account at CoveredCA.com.
- Call the Covered California Service Center at **1-800-300-1506**, where a representative can assist you. 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.
- Contact your Covered California Certified Enrollment Counselor or Insurance Agent to get help renewing your application. You can find a Covered California Certified Enrollment Counselor or Insurance Agent at CoveredCA.com/get-help/local/ if you do not have one.

If you think we made a mistake

I Do Not Want to Lose My Coverage. What Are My Options?

Covered California does not want you to lose your health coverage if you or members of your household can show that you are eligible for Covered California. If you have already submitted documents or if you are having trouble submitting documents, you have options.

- 1: Call our Service Center at 1-800-300-1506**, to speak with a representative who can help you. 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.
- 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.

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 155.420(c), 45 CFR 155.420(d), 45 CFR 155.505, 42 CFR 435.911





**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 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.



هام: هل يمكنك قراءة هذا الخطاب؟ يمكنك الاتصال بـ **7136-628-008-1** وطلب هذا الخطاب مترجماً إلى لغتك أو بصيغة أخرى، بخط كبير مثلاً. للصم والبكم، اتصل بـ **0054-988-888-1** 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 մեկ այլ ձևաչափով, 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** និងស្នើសុំឲ្យគេបកប្រែលិខិតនេះជាភាសាបស់លោកអ្នក ឬជាទម្រង់មួយផ្សេងទៀតដូចជាអក្សរពុម្ពធំៗ។ សម្រាប់ TTY ទូរស័ព្ទមកលេខ **1-888-889-4500** ដែលលោកអ្នកក៏អាចស្នើសុំលិខិតនេះជាទម្រង់ផ្សេងទៀតបានផងដែរ។

Русский (Russian)

ВАЖНАЯ ИНФОРМАЦИЯ: Вы можете прочесть 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 **9788-129-008-1** 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 **0054-988-888-1** 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 **1-888-889-4500** ua koj thov hloov tau lwm hom.



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

Case Number: 5187430819

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 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**

