Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725

{FIRST_NAME}{LAST_NAME}
{ADDRESS_LINE1}
{ADDRESS_LINE2}
{CITY}, {STATE_CD (FK)} {ZIPCODE}

COVERED CALIFORNIA

Your destination for affordable health insurance including Medi-Cal

Act now to ensure you are eligible to receive help paying for your family's health insurance

{CURRENT_DATE} Case number: {CASE_ID}

Dear {FIRST_NAME}{LAST_NAME},

Thank you for choosing health insurance through Covered California. You are receiving this notice because you may not be eligible for help in 2017 with your Covered California health insurance costs. Without taking action now, you may lose premium assistance (a federal tax credit) and/or cost-sharing reductions (lower copayments, coinsurance and deductibles. This help may end because of one or more of the following reasons:

- Your **Consent** to allow Covered California to use computer sources to check your income and family size, including information from tax returns, has expired.
- You may not have filed a 2015 federal income tax return for your household to reconcile the Advanced Premium Tax Credit (APTC) used to lower plan premium costs during 2015.
- Your household income may be too high.

Read below for information about how to keep your premium assistance.

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 into your account and click on Update Consent for Verification and Tax Filing Attestation link.
- Call the Covered California Service Center at **1-800-300-1506**, or for TTY call 1-888-889-4500 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 for 2017, we need you to give us permission to use computer sources to check your income and family size.

Why Filing Your Taxes is Required

Important: If you receive APTC in 2017, but later it is found that you are not eligible for premium assistance because you received APTC in 2015 but did not file a 2015 tax return, you will be responsible for paying back to the IRS some or all of the APTC you took in 2017.

If APTC was made to your Health Plan for health insurance for 2015, to continue getting premium assistance, you should file a 2015 tax return as soon as possible, including a completed IRS Form 8962, Premium Tax Credit. You should have received a Form 1095-A, Health Insurance Marketplace Statement, to help fill out Form 8962 and file your 2015 federal income tax return. To continue getting premium assistance, you must file a tax return even if you don't usually have to file taxes or if you requested an extension. If you do not file your 2015 tax return, Covered California may remove your premium tax credits in 2017 and offer you a full-cost health plan. Also, if you do not file your 2015 tax return, you will be responsible for paying back any APTC sent to your health plan to the Internal Revenue Service (IRS).

What to do if my household received APTC for 2015, but a 2015 tax return with IRS Form 8962 was not filed

- You should file a tax return as soon as possible, including a completed IRS Form 8962. You should have received a Form 1095-A to help fill out Form 8962 and file your 2015 federal income tax return.
- If you don't have a copy of this form, visit **www.Coveredca.com** and log into your account, or call our Service Center at **1-800-300-1506**, where a representative can assist you.
    - For more information on filing a 2015 federal tax return using Form 8962, visit HealthCare.gov/taxes/ or IRS.gov/aca.
- In many cases, filing your tax return electronically is free, can help you avoid mistakes, and will help you find credits and deductions that may be available to you.
    - For more information about Free File and e-file, please visit IRS.gov and search for "free file" or "e-file."
- If you filed a tax return but did not include Form 8962, you may need to file an amendment to your tax return (Form 1040X). To learn more, call the IRS Telephone Assistance for Individuals at 1-800-829-1040.
- After you file a 2015 tax return along with Form 8962, please contact the Covered California Service Center at **1-800-300-1506. You can request to provide attestation that you have filed taxes for 2015 by calling the Service Center and speaking with a representative. Please provide this information by May 15, 2017.**

Sending Documents

Please do not send tax documents to Covered California. If you have questions about your household's tax filing status for 2015, you can use the Interactive Tax Assistant (http://www.IRS.gov/uac/Interactive-Tax-Assistant-(ITA)-1) or call IRS Telephone Assistance for Individuals.

Covered California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Covered California does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Covered California provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats and other formats). Covered California also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator at 916-228-8764 or by email at CivilRights@covered.ca.gov.

If you believe that Covered California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with the Civil Rights Coordinator.

You can file a grievance in person in any of the following ways:

Mail: Civil Rights Coordinator
P.O. Box 989725
West Sacramento
CA 95798-9725

Phone: 916-228-8764

Fax: 916-228-8909

Email: CivilRights@covered.ca.gov

You can also file a civil rights complaint with the Office for Civil Rights at the U.S. Department of Health and Human Services.

Mail: U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F, HHH Building
Washington, DC 20201

Phone: 800-868-1019 or TTY: 800-537-7697

Online: Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available on the U.S. Department of Health and Human Services Office for Civil Rights website.

Thank you,

Covered California

Get Help in a Language Other than English

English: IMPORTANT: Do you need help reading this letter? This letter is about your health insurance. We need more information from you to see if you continue to qualify for financial assistance through Covered California or Medi-Cal. If you do not send us the information we need by the due date, you may lose your financial help and you will have to pay full price for your health plan. Call **1-800-300-1506** to speak with someone who speaks your language. You can also ask for this letter to be 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 a different format.

Español: IMPORTANTE: Necesita ayuda para leer esta carta? Esta carta es sobre su seguro de salud. Necesitamos más información de usted para ver si usted sigue siendo elegible para asistencia financiera a través de Covered California o Medi-Cal. Si no nos envía la información que necesitamos a más tardar en la fecha límite, usted podría perder su ayuda financiera y tendrá que pagar el precio completo por su plan de salud. Llame al **1-800-300-0213** para hablar con alguna persona que hable su idioma. Usted también puede pedir que traduzcan esta carta a su idioma o en otro formato, como letras grandes. Si usa TTY, llame al 1-(888)-889-4500, donde también podrá pedir esta carta en un formato diferente.

英語：重要提示：您需要我們幫助您閱讀此函嗎？此次致函意在告知您有關您的健康保險事宜。我們需要您提供更多資訊，以查看您是否有資格繼續透過 Covered California 或 Medi-Cal 獲得經濟補助。若 您未在規定時間內向我們發送我們所需的資訊，您可能會失去經濟補助，並將必須按全價支付健康計劃。請致電 **1-800-300-1533**，向講您的語言的人員諮詢。您亦可要求將此函翻譯為您的語言版本或索 取其他格式（如大字版）的信函。文字電話號碼用戶請撥打 1-(888)-889-4500，透過撥打此號碼亦可 索取不同格式的信函。

Tiếng Anh: QUAN TRỌNG: Quý vị có cần trợ giúp để đọc thư này không? Thư này trình bày về bảo hiểm y tế của quý vị. Chúng tôi cần thêm thông tin từ quý vị để xem quý vị có tiếp tục đủ tiêu chuẩn nhận hỗ trợ tài chính thông qua Covered California hay Medi-Cal hay không. Nếu quý vị không gửi cho chúng tôi thông tin chúng tôi cần chậm nhất vào ngày đến hạn này, quý vị có thể mất khoản trợ giúp tài chính và quý vị sẽ phải trả toàn bộ chi phí cho chương trình bảo hiểm y tế của quý vị. Hãy gọi **1-800-652-9528** để trao đổi với người nói ngôn ngữ của quý vị. Quý vị cũng có thể yêu cầu thư này được dịch sang ngôn ngữ của mình hoặc ở một định dạng khác như bản in khổ lớn. Đối với người dùng TTY hãy gọi số 1-(888)-889-4500, tại đây quý vị cũng có thể yêu cầu thư này ở định dạng khác.

Korean: 중요: 이 통지문을 읽는 데 도움이 필요하십니까? 이 편지는 귀하의 건강 보험에 관한 것입니다. 귀하가 계속해서 Covered California 또는 Medi-Cal 을 통한 재정 지원 자격이 있는지 확인하기 위해 추가 정보가 필요합니다. 기한까지 당사가 필요한 정보를 보내지 않으시면, 재정 지원 혜택을 잃게 되며, 본인이 등록된 건강 플랜에 전액을 직접 지급하게 됩니다. **1-800-738-9116** 으로 전화하여 통역사와 통화하십시오. 이 통지문은 귀하의 언어로 번역을 요청하거나, 확대본 등의 다른 형식으로 요청할 수 있습니다. TTY 의 경우에는 1-(888)-889-4500 으로 전화하여 이 편지를 다른 형태로 요청하십시오.

Tagalog: MAHALAGA: Kailangan mo ba ng tulong sa pagbasa sa sulat na ito? Ang sulat na ito ay tungkol sa iyong insurance sa kalusugan. Kinakailangan naming ang karagdagang impormasyon mula sa iyo upang malaman kung patuloy kang karapat-dapat para sa pinanasiyal na tulong a pamamagitan ng Covered California o Medi-Cal. Kung hindi mo ipapadala ang impormasyon na kailangan naming bago lumipas ang petsa ng taning, maaaring mawala sa iyo ang pinansiyal na tulong at kailangan mong bayaran ang buong presyo ng plano sa kalusugam. Tumawag sa

1-800-983-8816 upang makipag-usap sa isang tao na nagsasalita ng iyong wika. Maaari mo ring hilingin na isalin ang sulat na ito sa iyong wika o sa ibang pormat, tulad ng malalaking pagkaka-print. Para sa TTY, tumawag sa 1-(888)-889-4500 kung saan maaari mo ring hilingin ang sulat na ito sa naiibang pormat.

Ntawv Hmoob: TSEEM CEEB: Koj puas xav tau kev pab nyeem tsab ntawv no? Tsab ntawv no hais txog koj li pab kas phais pov hwm kev noj qab haus huv. Peb xav tau cov ntaub ntawv ntau ntxiv los ntawm koj los saib seb koj puas muaj cai tau txais kev pab nyiaj txiag mus ntxiv los ntawm Covered California lossis Medi-Cal. Yog koj tsis xav cov ntaub ntawv no tuaj rau peb raws li hnub txog sijhawm, tej zaum koj yuav tsis tau txais kev pab nyiaj txiag thiab koj yuav tsum tau them tag nrho cov nqi ntawm koj hom kev saib xyuas kev noj qab haus huv. Hu rau **1-800-771-2156** mus tham nrog ib tug neeg uas paub hais koj hom lus. Koj tuaj yeem thov kom tsab ntawv no txhais ua koj hom lus lossis muab kho ua lwm ntawv xws li muab luam tawm koj loj. Rau cov TTY hu rau 1-(888)-889-4500 koj tuaj yeem thov kom muab tsab ntawv no tsim ua lwm hom sib txawv.

Russian: ВАЖНАЯ ИНФОРМАЦИЯ: Вам нужна помощь, чтобы прочитать это письмо? В этом письме говорится о Вашем медицинском страховании. Нам нужно получить от Вас дополнительную информацию, чтобы определить, продолжаете ли Вы соответствовать требованиям для получения финансовой помощи через Covered California или Medi-Cal. Если Вы не отправите нам необходимую информацию до указанной даты, Вы можете потерять финансовую помощь, и Вам придется оплачивать полную стоимость медицинского страхования. Позвоните по номеру **1-800-778-7695**, чтобы побеседовать с человеком, говорящем на Вашем языке. Вы также можете обратиться с запросом, чтобы это письмо перевели на Ваш язык или предоставили его в другом формате, например, крупным шрифтом. Лица с нарушениями слуха могут позвонить по номеру 1-(888)-889-4500, по которому также можно обратиться с запросом на получение этого письма в другом формате.

Հայերեն: ԿԱՐԵՎՈՐ Է: Ձեզ այս նամակը կարդալու համար օգնություն անհրաժե՞շտ է: Այս նամակը վերաբերում է Ձեր առողջության ապահովագրությունը: Մեզ հարկավոր է Ձեզանից լրացուցիչ տեղեկություններ ստանալ՝ պարզելու համար, թե արդյոք Դուք համապատասխանում եք «Covered California»-ի կամ «Medi-Cal»-ի միջոցով ֆինանսական օգնություն ստանալու պահանջներին: Եթե Դուք մինչև պահանջված օրը մեզ չուղարկեք անհրաժեշտ տեղեկությունները, ապա հնարավոր է, որ զրկվեք ֆինանսական օգնությունից և ստիպված կլինեք ամբողջովին վճարել Ձեր առողջապահական ծրագրի գինը: Զանգահարեք **1-800-996-1009** և խոսեք Ձեր լեզվով խոսող որևէ աշխատակցի հետ: Կարող եք նաև խնդրել, որ այս նամակը թարգմանվի Ձեր լեզվով կամ Ձեզ տրամադրվի որևէ այլ ձևաչափով, օրինակ՝ խոշորատառ տպագրությամբ: TTY-ի համար զանգահարեք 1-(888)-889-4500, որտեղ կարող եք նաև մեկ այլ ձևաչափով խնդրել այս նամակը:

فارسی: مهم: آیا برای خواندن این نامه نیاز به کمک دارید؟ این نامه در ارتباط با بیمه بهداشتی شما ارسال می شود. برای تعیین اینکه آیا هنوز دارای صلاحیت دریافت کمک مالی از طریق Covered California یا Medi-Cal هستید، به اطلاعات بیشتری از طرف شما نیاز داریم. اگر تا مهلت مقرر اطلاعات مورد نیاز را به ما ارسال نکنید، ممکن است کمک مالی خود را از دست بدهید، و ملزم به پرداخت هزینه کامل طرح بهداشتی تان شوید. برای گفتگو با فردی که به زبان شما صحبت می کند با شماره **1-800-921-8879** تماس بگیرید. همچنین می توانید تقاضا کنید که این نامه به زبان شما یا به فرمت دیگری مانند چاپ درشت ارسال شود. برای TTY با شماره 1-(888)-889-4500 تماس بگیرید و در آنجا می توانید درخواست کنید که این نامه به فرمت دیگری به شما ارسال شود.

Khmer: ចំណុចសំខាន់ៈ តើអ្នកត្រូវការជំនួយក្នុងការអានលិខិតនេះដែរឬទេ? លិខិតនេះគឺទាក់ទងនឹងធានារ៉ាប់រងសុខភាពរបស់អ្នក។ យើងខ្ញុំត្រូវការព័ត៌មានបន្ថែមពីអ្នក ដើម្បីឲ្យដឹងថាអ្នកបន្តមានគ្រប់លក្ខណៈសម្បត្តិដើម្បីទទួលបានជំនួយហិរញ្ញវត្ថុតាមរយៈកម្មវិធី Covered California ឬ Medi-Cal ដែរឬទេ។ ប្រសិនបើអ្នកមិនផ្តល់ព័ត៌មានដែលយើងខ្ញុំត្រូវការ ឲ្យទាន់តាមកាលបរិច្ឆេទកំណត់ទេនោះ អ្នកអាចនឹងបាត់បង់ជំនួយហិរញ្ញវត្ថុ

របស់អ្នក ហើយអ្នកនឹងត្រូវបង់ពេញថ្លៃសម្រាប់គម្រោងសុខភាពរបស់អ្នក។ សូមទូរសព្ទទៅលេខ **1-800-906-8528** ដើម្បីនិយាយទៅកាន់នរណាម្នាក់ដែលនិយាយភាសារបស់អ្នក។ អ្នកក៏អាចស្នើសុំឲ្យគេបកប្រែលិខិតនេះជាភាសារបស់អ្នក ឬស្នើសុំលិខិតនេះជាទម្រង់ផ្សេងទៀត ដូចជាឯកសារបោះពុម្ពជាអក្សរធំៗជាដើម។ សម្រាប់ TTY សូមទូរសព្ទទៅលេខ 1-(888)-889-4500 ដើម្បីអាចស្នើសុំលិខិតនេះជាទម្រង់ផ្សេងទៀត។

ARABIC: هام: هل تحتاج إلى مساعدة في قراءة هذا الخطاب؟ هذا الخطاب بشأن التأمين الصحي الخاص بك. نحتاج إلى مزيد من المعلومات منك لنقرر إذا كنت ما تزال مؤهلاً للحصول على الإعانة المالية من خلال Covered California أو Medi-Cal. إذا لم ترسل إلينا المعلومات التي نحتاج إليها في التاريخ المحدد، فقد تفقد الإعانة المالية ويجب عليك سداد تكلفةخطتك الصحية بالكامل. اتصل على الرقم **1-800-826-6317** للتحدث مع شخص يتحدث بلغتك. يمكنك أيضًا طلب ترجمة هذا الخطاب إلى لغتك أو بتنسيق آخر مثل الحصول عليه بالأحرف الكبيرة. للحصول على مكالمة مع ميزة الكتابة عن بعد، اتصل على الرقم 1-(888)-889-4500 حيث يمكنك كذلك طلب هذا الخطاب بتنسيق مختلف.