

First time? Here's what you need to know!

Covered California is the only place where you can get financial help paying your health insurance premiums in California. In some cases, you can also get help from Covered California to lower how much you pay when you go to the doctor or buy medicine. To qualify for this financial help in California, you must:

- Be income eligible (make less than 400% of the Federal Poverty Level);
- Not be eligible for coverage from an employer, Medi-Cal, or Medicare;
- File your taxes jointly if you're married;
- Purchase your health plan with Covered California.

Learn more from our **Financial Assistance from Covered California** factsheet.

Covered California's open enrollment period runs from November 1, 2017 through January 31, 2018. You can shop for and compare plans online at **CoveredCA.com/ShopAndCompare**.

Renewing? You better shop around!

If you already have a Covered California health plan, it is time to renew! When you renew, you can stick with the same plan you currently have or you can shop for a different plan through Covered California.

Covered California will automatically re-enroll you if you don't make any changes to your health plan, but it is a good idea to take a look at your health plan during the renewal period. Plan options and rates in your area may have changed this year. You may also qualify for a different amount of financial help, especially if things like your income, family size, or address have changed during the year.

Covered California's renewal period is from October 11, 2017 through January 31, 2018. You can shop for and compare plans online at **CoveredCA.com/ShopAndCompare**.

In most cases, Covered California plan benefits are very similar no matter what plan you buy. But there are a few important questions to ask yourself when you are shopping for a plan - see the back for those details!

Q: What kinds of payments will I have to make?

A: Each month you will pay your health plan a set amount of money. This is called a "premium." In return, you get health insurance coverage. You will pay these monthly costs whether you use services or not, and the monthly cost will stay the same for the year (January through December).

If you get sick or hurt, your insurance will cover a lot of the cost, but you will also usually have to pay for part of your own care yourself. The part that you will pay for is called "cost-sharing." Learn more from our **Understanding Copayments, Coinsurance, and Deductibles** factsheet.

Q: What are the differences between the levels of plans that are available?

A: When you look at your Covered California plan choices, you will see four main levels of coverage, known as "metal tiers" – Bronze, Silver, Gold, and Platinum. The amount you pay in premiums and the amount you pay when you need medical care are different, depending on the level of coverage you sign up for. For example, plans in the higher metal tiers have higher monthly premiums, but you pay less when you need medical care. Sometimes people choose a health plan because of a low premium, but end up with high bills when they go to the doctor or have to buy medicine. Learn more from our **Bronze, Silver, Gold, or Platinum: How to Choose the Right Level of Coverage** factsheet.

Q: What is the difference between an HMO, EPO, and PPO?

A: The type of plan you have determines how much freedom you have in choosing your doctor. There are three types of plans offered through Covered California:

HMO: A plan that covers the cost of care from doctors and hospitals inside the network. HMOs require you to get a referral from your primary care physician in order to see a specialist, and usually do not cover out-of-network care.

EPO: A plan that covers the cost of care provided by doctors and hospitals inside the network, but you can see a specialist without needing a referral from your primary care doctor. However, the plan won't cover out-of-network care.

PPO: A plan that covers the cost of care provided both inside and outside the plan's provider network, but you may pay a higher share of the cost for out-of-network care.

Q: Can I still see my same doctors and go to my same hospital?

A: Call the plan you are interested in signing up for to make sure that your doctors and hospitals are part of their network. Also, call your doctors office and the hospitals directly. Ask if they are in your plan's 2018 Covered California network. Learn more from our **Is My Doctor in a Covered California Plan? Why "Networks" Matter** factsheet.

Want more information? Check these out:

Bronze, Silver, Gold, or Platinum: How to Choose the Right Level of Coverage

Is My Doctor in a Covered California Plan? Why "Networks" Matter

Cost-Sharing: Understanding Copayments, Coinsurance, and Deductibles

Financial Assistance from Covered California

Reporting Income to Covered California

Find the these factsheets and more at
ConsumersUnion.org/CalHealthInsuranceHelp