

# What you'll need to enroll

The following is needed for every household member who will be covered:

- Proof of current household income\*
- California ID or driver's license for adults
- Proof of citizenship or satisfactory immigration status (e.g., U.S. passport, legal resident card, certificate of citizenship or naturalization document)\*\*
- Birth date
- Social Security number or Individual Taxpayer Identification number, if you have one
- Home ZIP Code

**To be covered by Jan. 1, enroll by Dec. 15**

Medi-Cal enrollment is year round.

## Am I required to have health insurance?

In California, most people are required by law to have health insurance or pay a tax penalty. In 2020, the penalty is \$695/adult, \$347.50/child under 18, or 2.5% of your annual household income over your California tax filing threshold, whichever is higher.

\*Proof of current income of all members in the tax household such as a recent tax return, W-2, or pay stub. A dependent's income should only be included if their income level requires them to file a tax return. A household is defined as the person who files taxes as primary tax filer and all the dependents claimed on that person's taxes. If you don't file taxes, you can still qualify for free or low-cost insurance through Medi-Cal.

\*\*You can apply for your child even if you are not eligible. Households that include members who are not lawfully present can also apply.

## You have options

Covered California offers four levels of coverage: Bronze, Silver, Gold and Platinum. Insurance companies pay a portion of covered services, and the benefits offered within each level are the same no matter which insurance company you choose.

COVERAGE LEVEL	ANNUAL DEDUCTIBLE	AVERAGE PAID BY	
		INSURANCE COMPANY	YOU
Bronze	YES	60%	40%
Silver	YES	70%	30%
Gold	NO	80%	20%
Platinum	NO	90%	10%

- **Choose Platinum or Gold** and you'll pay a higher monthly premium, but you'll pay less for medical services.
- **Choose Silver or Bronze** and you'll pay a lower monthly premium, but you'll pay more for medical services.
- **A minimum coverage plan** is available to those under 30 or those 30 and over who have received a hardship exemption from U.S. Department of Health and Human Services.

\*Silver is the only level where your deductible and other costs may be lower based on your household income.

For more information or to find free, local, in-person help, please contact:



**CoveredCA.com | 800.300.1506**

# Covered California Can Help You Get Affordable Health Coverage

**What you need to know**



# Welcome to Covered California

See if you can get help paying for your health insurance.



## We've got you covered.

Covered California is where Californians can shop for and compare quality health plans among a variety of brand-name insurance companies. You may even get help paying for it.

## We're here to help.

Covered California offers free, local, in-person enrollment help, online chat, and telephone assistance in thirteen languages as well as for the hearing-impaired.

Are you eligible? Find out here.



### Maximum Annual Household Income to Qualify for Financial Help

FAMILY SIZE	MEDI-CAL	COVERED CALIFORNIA
1	\$17,237	\$74,940
2	\$23,336	\$101,460
3	\$29,436	\$127,980
4	\$35,535	\$154,500
5	\$41,635	\$181,020
6	\$47,735	\$207,540

*You may be eligible for low or no-cost Medi-Cal.*

*You may be eligible for financial help through Covered California.*

## Shop and Compare

Visit [CoveredCA.com](https://CoveredCA.com) and choose "Shop and Compare" to see which brand-name health plans are right for you.



All numbers listed above are estimates. For larger households, please visit the Shop and Compare tool at [CoveredCA.com](https://CoveredCA.com) to find out if your family qualifies.

## More questions?

Watch our "Welcome to Answers" videos at [CoveredCA.com/FAQs](https://CoveredCA.com/FAQs)



To get started, visit  
**CoveredCA.com**  
or call **800.300.1506**.

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.  
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.300.0213 (TTY: 1.888.889.4500).  
注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.800.300.1533 TTY 1.888.889.4500