



2022 Open Enrollment Kickoff Webinars Questions and Answers

These are the commonly asked questions received from our attendees at our 2022 Open Enrollment Period Kickoff webinars held during September 2021. They are categorized by topic. If you have questions regarding this document, please email kickoffevents@covered.ca.gov.

General Open Enrollment:

Q: What are the dates of 2022 Open Enrollment?

A: November 1, 2021 through December 31, 2021 for a January 1 effective date and January 1 - January 31, 2022 for a February 1 effective date.

Q: What are the dates of the Active and Passive Renewals?

A: Active Renewals began October 1st, 2021 and will run through December 31st, 2021. The system will conduct Passive (automatic) Renewals beginning October 31st, 2021 through November 23rd, 2021. Consumers that do not actively renew will be renewed into their same plan for 2022. If the same plan is not available, the consumer will be enrolled in the nearest matching plan automatically according to the hierarchy specified in state regulations.

Q: Is there a penalty for not having insurance in 2022?

A: Yes, as of 2020, individuals and families residing in California are subject to a state tax penalty for not having health insurance (or an exemption). For more information please visit CoveredCA.com. The California Franchise Tax Board also has [information about the penalty](#).

Q: Do we know the last date to make updates to 2021 yet?

A: Consumers may Report a Change (RAC) at any time up to the last day of the month for an effective date of the first of the following month. RAC for 2021 year may be made up to November 30th, 2021 for a December 1st, 2021 effective date. Changes with a retroactive coverage effective date, such as birth or adoption, can be reported up to December 31st, 2021.

Q: Do we have a table available on the website that states the penalty per member/family with no coverage?

A: A table of the penalty is not available but you may visit our tax penalty webpage for more information. <https://www.coveredca.com/learning-center/tax-penalty-details-and-exemptions/penalty/>

For information about the amount a family could owe for not having coverage visit the Franchise Tax Board's website and use their [Penalty Estimator Tool](#).

Q: If someone terminated their Covered California plan because they could not afford to pay, can they sign up now?

A: Consumers needing coverage can sign up now for a 2021 effective date on the 1st of the month following plan selection date or they may sign up during Open Enrollment through December 31st for a January 1st, 2022 effective date OR through January 31st 2022 for a February 1st, 2022 effective date.

Q: With the Auto Enrollment, will it be assigning the member an agent?

A: Unless the agent is already the agent of record, Passive (automatic) Renewal will not assign consumers to an agent.



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Q: What is the California Premium Credit?

A: Beginning benefit year 2022, a new credit of \$1.00 per member per month will be applied to qualified health plan (QHP) premiums. This new credit is called the California Premium Credit and is paid directly to the QHP.

- The credit will be paid for consumers enrolled in subsidized, unsubsidized, and catastrophic plans.
- No credit will be paid for consumers enrolled in dental plans.

American Rescue Plan (ARP):

Q: How will the federal and state government pay for all the subsidies? Who is funding the money and how long can this be sustained?

A: Currently, the American Rescue Plan is scheduled to sunset at the end of 2022, however, Congress is currently considering a \$3.5 trillion budget reconciliation package. Healthcare priorities in the budget reconciliation package include permanency of ARP subsidies, expanding Medicaid coverage to all states and bolstering Medicare to cover vision, dental and hearing.

Q: Will people on Unemployment Insurance (UI) with no new income reported be renewed into Medi-Cal? And if so, when do we need to make sure they've updated their income to keep them from getting sent over to Medi-Cal and needing to get released from them?

A: Members with income reported at or below 138% of the Federal Poverty Level (FPL) may receive Medi-Cal eligibility for the 2022 benefit year. Please refer to the FPL chart for specific income information: <https://www.coveredca.com/pdfs/FPL-chart.pdf>.

Q: Since ARP subsidies were 'front-loaded' in the last six months of 2021, will members think they are receiving higher premiums in 2022 because those additional subsidies are gone?

A: Consumers may feel like they are getting a premium increase but through our messaging and the enroller help, our goal is to educate the consumer and help them shop and compare, and make an informed decision to find the right plan.

Q: For how long are the American Rescue Plan provisions effective?

A: The American Rescue Plan provisions have different effective and end dates. Timelines for key provisions that impact Covered California and consumers are as follows:

- The expanded federal premium assistance for consumers is available through December 31, 2022.
- The enhancement of federal premium assistance and cost-sharing reduction subsidies for individuals receiving Unemployment Insurance (UI) are effective through December 31, 2021.

The excess APTC repayment relief provision is effective for tax year 2020 only.



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Q: How long is the American Rescue Plan/Covered California subsidy effective? Is the end of 12/2022 the final effective date?

A: As it stands ARP subsidies go through the 2022 Benefit year. California state subsidies are no longer available.

Q: Will consumers who are voluntarily ending COBRA (Consolidated Omnibus Budget Reconciliation Act) because ARP subsidies are going away give members a qualifying life event?

A: Generally, an individual who elects to enroll in COBRA or COBRA continuation coverage after losing their employer-sponsored insurance (ESI) will not qualify for a Special Enrollment Period (SEP) to enroll in a QHP until their COBRA continuation coverage is exhausted. An individual is considered to have exhausted their COBRA continuation coverage if the employer completely ceases its contributions or the government completely ceases its COBRA subsidies. An SEP is triggered when a qualified individual or his or her dependent is enrolled in COBRA or COBRA continuation coverage for which an employer or government is paying all or part of the premiums or a government entity is providing subsidies, and the employer completely stops its contributions or government subsidies completely cease. This triggering event would occur as of the last day of the period for which COBRA is paid for, in part or in full, by an employer or government. The American Rescue Plan's subsidies for COBRA premiums ended on September 30th, 2021. Therefore, the individual would have 60 days from the triggering event date (September 30th, 2021) to enroll in a QHP through Covered California. Additionally, consumers can enroll in a QHP through Covered California anytime during the 2021 benefit year using the ARP SEP "Learned of American Rescue Plan" Qualifying Life Event (QLE). Consumers enrolled in a COBRA plan may cancel their COBRA plan and enroll in a Covered California plan during Open Enrollment. In addition, consumers who are offered COBRA may opt out of initial enrollment in COBRA and apply for a subsidized Covered California plan.

Q: Can we search our book for all consumers effected by the UI rate change?

A: There is no filter for the UIB lock.

Q: Will agents get a list of consumers who were enrolled in the Enhanced Silver 94 Plan through the UIB lock prior to December 31st, 2021?

A: Yes. In September 2021, Agents started receiving secure files sent to their secure mailbox in the agent portal with a list of consumers who are enrolled in the Enhanced Silver 94 Plan through the UIB lock.

Q: Is the ARP SEP only available to those who might have received unemployment payments ONLY?

A: "Learned of the American Rescue Plan" is a valid SEP QLE available to all qualified individuals for the 2021 benefit year, it is not specific to Unemployment Benefits.

Q: Why will unsubsidized members be eligible for the \$1.00 premium credit starting plan year 2022?

A: The "California Premium Credit Program" is not an eligibility-based program. Starting plan year 2022, the \$1 state premium credit will apply to both subsidized and unsubsidized Covered California QHP enrollees, including the catastrophic QHP enrollees but will exclude individuals in a dental-only plan.



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Q: Will the \$1.00 monthly premium with Silver 94 Plan apply to EDD recipients in Year 2022?

A: The UIB lock is only for the 2021 Benefit Year.

Q: Where can we get a calculator for California Premium Credit Program?

A: Covered California will launch the functionality to apply the California Premium Credit of at least \$1.00 per member per month to all quoted Covered California enrollees. On the CalHEERS application for unsubsidized enrollments, the consumer will now see "after \$1.00 monthly savings" on the plan tile, the \$1.00 savings will already be built in and no calculator is needed.

Plan Information:

Q: Can consumers continue to stay enrolled in a Covered California family dental plan if they are disenrolled from their health plan for some reason?

A: Consumers must have an active health plan to enroll their family in a dental plan. However, consumers who were enrolled in both health and dental who terminate their health coverage may continue their dental coverage only, but they are not allowed to make any changes to their dental enrollment once their health coverage is terminated.

Q: Can a consumer enroll in a Covered California family dental any time of the year or just during the Open Enrollment period?

A: Enrollment in dental must be completed during Open Enrollment or during a Special Enrollment Period with a Qualifying Life Event (QLE).

Q: Are there any waiting periods for pediatric dental or adult dental plans minor or major services through Covered California? If so, where are details found?

A: All information can be found in the dental section of Covered CA.com [Dental Insurance | Covered California™](#). DHMO plans have no waiting period and DPPO plans have a six-month waiting period for major services.

Q: What counties offer Bright Health Plan?

A: Bright Health Care is offered in Contra Costa County.

Q: Do agents need to contract directly with vision carriers before receiving commission?

A: Yes, you must be contracted (appointed) with all carriers to receive commissions.

Q: Sometimes consumers who live in Contra Costa County choose to go to one of our enrollment sites in Marin County for services. Will a CEC working in Marin see the Brightcare information when they assist a Contra Costa resident? Will that information be available in Shop and Compare and the application?

A: The plans that will display will be based on the consumers address and what is available to them.

Q: What is the purpose of the Proof of Coverage?

A: The Proof of Coverage is intended for use with consumers affected by Proposition 22 which allows app-based drivers a stipend for health coverage by providing a proof of coverage to the app-based network company they are working with.



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Q: If child vision/dental are included in the health insurance, does the system include them in the pricing?

A: Yes. Pediatric dental and vision benefits are Essential Health Benefits mandated by the Affordable Care Act (ACA), and they are embedded in the adult's plan and included in the price.

Q: How do you enroll consumers in Covered California contracted vision plans, EyeMed and VSP?

A: Enrollment in a Covered California contracted vision plan is handled directly through EyeMed and VSP through websites listed below. Covered California does not enroll consumers directly in a vision plan.

- [EyeMed](#)
- [VSP](#)
- [Contact information for EyeMed and VSP](#)

It's important to note that all vision benefits for children are included in all health plans through Covered California. Vision care for adults is not considered an essential health benefit and is not offered in Covered California plans; therefore, Covered California contracts with EyeMed and VSP to offer coverage directly to adult consumers.

Q: Where can a full list of benefits, including HDHP, plans be found?

A: See the full report titled [Covered California 2022 Patient-Centered Benefit Plan Designs](#).

Eligibility and Enrollment:

Q: When does Covered California use the Federal Poverty Level (FPL) income guidelines chart for the 2021 plan year?

A: Annual FPL values are [published by the U.S. Department of Health and Human Services](#). Covered California uses FPL limits from the prior year to determine eligibility for its programs as required by regulation. [FPL income guidelines](#) are used to determine eligibility for premium tax credits and cost sharing reductions for health plans effective in 2021 and are available on the Covered California Website: <https://www.coveredca.com/pdfs/FPL-chart.pdf>.

Q: What happens if the primary applicant/member is the one aging into Medicare, and I need to remove them from plan?

A: The change should be reported to mark the Medicare eligible consumer ineligible for coverage or not requesting coverage in the application. They will remain in the household on the case and can continue to be the primary contact, but they will not be enrolled in coverage. The remaining household members can continue enrollment and financial help as usual but the amount of APTC will be adjusted based on the remaining household members enrolled in the QHP.

Q: When a consumer projects income above 138% FPL but the adjusted gross income (AGI) is lower than 138% FPL when the consumer files taxes, is a consumer subject to paying back the APTC received?

A: Consumers who project an income above 138% FPL and receive APTC but end up lower than 138% FPL during the tax reconciliation would **not** have to pay the tax credit back at tax time.



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Q: How does Medi-Cal determine the household income, and what situations would lead to an individual over 138% FPL being determined eligible for Medi-Cal instead of Covered California?

A: Medi-Cal eligibility is based on the current household monthly income. Children may be eligible for Medi-Cal with household income up to 266% FPL. Pregnant women may be eligible for enrollment in the Medi-Cal with income up to 213% FPL and eligible for Medi-Cal Access Program (MCAP) with income more than 213% FPL and up to 322% FPL. Children in San Mateo, Santa Clara, and San Francisco counties may be eligible for the County Children's Health Initiative Program (CCHIP) which is managed by Medi-Cal. A fluctuating income can result in a Medi-Cal eligibility determination if the individual initially projects an annual income over 138% FPL and later reports a sudden decrease in income. It's also possible for an individual to project an annual income over 138% FPL but not be electronically verified as having such a high income, which would lead to an income inconsistency and a request that the individual prove their income.

Q: If a client is currently on Bronze plan but the FPL is over 300%, is he still qualified for auto renewal for the silver plan?

A: No, auto-enrollment from Bronze into an Enhanced Silver 94 QHP is ONLY applicable to the enrollees with household income at or below 150% FPL, among other conditions.

Q: What type of notice does Covered California provide enrolled consumers who are approaching their 65th birthday and becoming Medicare eligible?

A: Covered California mails notices to consumers four (4) months in advance of their 65th birthday advising them of their possible upcoming Medicare eligibility and actions to be taken to prepare for transition from Covered California to Medicare. These notices are mailed on a monthly cadence to these eligible consumers. It is up to the consumer to enroll in Medicare and terminate their Covered California plan if necessary.

Q: What is the family glitch, and has there been any updates about it?

A: Under the Affordable Care Act, employer coverage is considered affordable if the employee's share of the premium for the employee-only coverage is less than 9.61% of household income for the 2022 plan year. However, this affordability percentage is based only on the cost of a plan to cover the employee; not the cost of a plan that would also cover their spouse or dependents. A plan offered by an employer to cover the employee, spouse, or dependents may cost more than the affordability percentage listed above. However, as long as the cost of the plan to cover only the employee is less than that percentage, then the employee and their household do not qualify for premium assistance or cost-sharing reductions if they enroll in a Covered California health plan. This is known as the "family glitch."

Q: Does the American Rescue Plan fix the "family glitch?"

A: No, the ARP does not fix the family glitch. The American Rescue Plan did not change the 9.61% of household income determination for ESI affordability (for plan year 2022). If a member of the household is offered employer sponsored insurance (ESI) that is considered affordable, no other household members or dependents who are also offered ESI by the same employer are eligible to receive financial help if they purchase their insurance through Covered California. ESI is considered affordable if the employee's share of the premium for the lowest-priced plan available to cover just the employee- not their dependents- is not more than 9.83% of household income determination for 2021.



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Agent:

Q: What is the agent extranet?

A: The [Agent Extranet](#), found outside of the Individual Marketplace online application (CalHEERS), is where Covered California uploads important reports for agents, such as their monthly Conditional Eligibility Extract.

Q: How can agents receive more training and information on how to reconcile a Book of Business?

A: To request support for reconciling your Book of Business, please contact your Regional Field Representative. See [Regional Field Team contact information](#).

Q: Will there be an option for agents to export a report of their Book of Business this year?

A: Agents can download their Book of Business Extract from the agent portal at any time. On the agent dashboard go to the 'My agent profile' you will see "Export Book of Business". When exporting a book of business from the CalHEERS portal the export file will only contain active cases submitted prior midnight on the Friday before the file was downloaded.

Q: Will alerts and notifications be emailed to us? Or do we have to log into the agent portal to see them?

A: You will need to access your secure mailbox to see your alerts.

Q: Does Covered California have material in different languages?

A: You can find Printable Materials available in English, Spanish, Vietnamese Korean, and Chinese on the Covered California website: <https://hbex.coveredca.com/toolkit/collateral.html>

Covered California authorized printed materials are also available for purchase directly, please visit our official Print Store at: <https://360.kpcorp.com/coveredca>.

Q: Will Agent Alerts just come to our Covered California mailbox or will we get it in our regular email?

A: Agent Alerts are sent to the email address you provide Covered CA. Please check your SPAM or JUNK MAIL if you are not receiving Agent Alerts.

Q: Will there be an alert for a Broker of Record change?

A: An alert for a "Broker of Record Change" is not currently available as an enroller alert.

Mixed Households:

Q: Will mixed households with children on Medi-Cal and parents on Covered California still be able to make changes or will that still require the parents to make those changes through the County?

A: Changes for mixed household are made through the County. Covered California can process name changes for the members in a Covered California plan only; members who report changes themselves on CoveredCa.com should call their county within 5 business days to confirm that their changes were received.



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Q: Are consumers in a mixed household able to report income changes using the renewal tool or do they still need to report income changes directly to Medi-Cal?

A: A mixed household income change will need to be reported through the county. The renewal tool is only for Covered California enrolled members to renew their enrollment only. Members who report changes themselves on CoveredCa.com should call their county within 5 business days to confirm that their changes were received.

Enroller Resources:

Q: Where can we obtain the sales tools for storefront locations?

A: You can obtain sales tools by contacting your Covered California Regional Field Representative or Account Services Representative. See [Regional Field Team contact information](#).

Q: How can enrollers update their storefront contact information such as the emails and phone numbers on the “Find Local Help”?

A: If you need to update your contact information on the “Find an Agent” page on www.CoveredCA.com, please email AgentContracts@covered.ca.gov (for Agents) or CommunityPartnerCertSupport@covered.ca.gov (for CECs). Note that the “Find an Agent” information is pulled directly from the agent’s CalHEERS profile.

If you are a Covered California Certified Storefront and need to update your storefront information on our “Storefront Finder” page on www.CoveredCA.com, please email Storefront@covered.ca.gov.

Q: When will the Patient Centered Benefit Design chart be available for us?

A: The 2022 Patient Centered Benefit Design chart is available on the Covered California website: <https://www.coveredca.com/pdfs/2022-Health-Benefits-table.pdf>

Q: Where can I find social media graphics or messaging aimed at new or current clients for Agents?

A: Please refer to the Toolkit section of the Covered California website. <https://hbex.coveredca.com/toolkit>.

Covered California for Small Business (CCSB):

Q: What is the minimum number of employees to have for CCSB eligibility?

A: One W-2 employee not including the owner nor the employer’s spouse is the minimum for CCSB eligibility.

Q: Are CCSB quotes different than those offered directly by the health plans?

A: CCSB will have total rate parity for 2022.

Q: Does a dependent (spouse) have to use the household income from both partners? Or are they able to only use their own income?

A: When the employee is enrolled in an employee only policy and the spouse and dependents are enrolling in the individual exchange, the family eligibility would be based on total household income.



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Q: Do small business health plans include dental and vision?

A: The Covered California for Small Business application allows employers to offer their employees dental insurance plans for the employees and their dependents. Employers are not required to offer dental plans. No vision is offered.

Q: Is there a fact finder of all the information we need from an employer that we can access?

A: Yes, there is a fact finder on the Covered California website:
<https://www.coveredca.com/for-small-business/applications-and-forms>.

Q: Where can we find the tax credit calculator?

A: The tax credit calculator can be found on the Covered California website here:
<https://www.coveredca.com/for-small-business/tax-credit>.

Q: When do the four metal tiers become available to groups?

A: The four-metal tier option is currently available and started on September 1st, 2021.

Q: Can an existing CCSB employer group select 4-tier coverage at renewal?

A: Yes, an existing CCSB employer group can select 4-tier coverage at renewal.

Q: When will CCSB allow businesses/employees to enroll with multiple carriers, and multiple tiers, like California Choice?

A: This is currently available to all businesses.

Q: Would each member of the family be able to enroll in a different plan even as a dependent?

A: No, the family must enroll in the same plan that the employee chooses.

Q: Can you explain the Dual Contribution for the CCSB?

A: Dual contributions are no longer offered. Employers must offer a single contribution for all employees.

Q: Is the BlueCard network limited to urgent and emergency care only out of state like it is with the Blue Shield Individual Family PPO plan?

A: No, it's different. If there is someone on Blue Shield out of state, they will have the BlueCard national network access to anyone in or out of network in the state they live and nationwide.

Q: What is a Professional Employer Organization (PEO) Takeover?

A: Some employers use PEOs for payroll services, human resources, and benefits administration. Often, the health insurance options are limited and expensive. A group can remain in the PEO for payroll and human resources services and can enroll in CCSB for group health insurance.