Start — Overview

What You Need to Know When You Apply

• Social Security numbers (SSNs) for applicants who are U.S. citizens. Lawfully present immigrants will also need document information if they are applying for health coverage. Proof of citizenship or immigration status is required only for applicants.

• Employer and income information for everyone in your family.

• Your federal tax information. For example, the person who files taxes as head of household and the dependents claimed on your taxes.

• Information about health insurance that you or any family member gets through a job.

→ We ask about income and other information to make sure you and your family get the most affordable coverage possible.

→ We keep your information private and secure, as required by law. We'll use your information only to see if you qualify for health insurance.

→ Families that include immigrants can apply. You can apply for your children and other dependents even if you aren't eligible for coverage. Applying and getting insurance for your eligible child won't affect your immigration status or chances of becoming a permanent resident or citizen.

→ If you don't file taxes, you can still qualify for free or low-cost insurance through Medi-Cal.

→ If you are a federally recognized American Indian or Alaska Native who is getting services from the Indian Health Services, tribal health programs or urban Indian health programs, you may still qualify for health insurance through Covered California.

Former Foster Care Youth

If you were in foster care on your 18th birthday or later, you may qualify for free Medi-Cal until your 26th birthday. Your income does not matter, and you do not need to give income or tax information when you apply for Medi-Cal.

For coverage right away, you should contact your county social services office. You do not need to fill out a full Medi-Cal application. You can fill out a short application for former foster care youth (FFCY) called the MC 250A form. The MC 250A is available online at http://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc250a2014.pdf and for more FFCY information, go to http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/FFY.aspx.

Getting Help Through Covered California

1. What is Covered California?

Covered California is the new marketplace where people can get free or low cost health insurance through Medi-Cal or get help paying for private health insurance available through Covered California.

Our goal is to make it simple and affordable for Californians to get health insurance. Covered California is a partnership of the California Health Benefit Exchange and the California Department of Health Care Services.

2. What is Medi-Cal?

Medi-Cal is California's version of the federal Medicaid program. It is free or low-cost health insurance for California residents who qualify.

3. How can Covered California help me?

Covered California can help you choose a private insurance plan that meets your health needs and budget. We offer some of the state's best-known health plans and some regional and local plans, too.

We can explain the costs and benefits of health insurance plans clearly, so you can compare the different choices you have. You will know exactly what you're getting and how much you have to pay before you choose your plan.

4. Can I get health insurance through Covered California?

Any Californian can get health insurance through Covered California if he or she is a state resident and meets other requirements.

Applicants may qualify for a free or low-cost health plan, or for financial help that can lower the cost of premiums and copayments. The amount of financial help is based on household size and family income. Applicants qualify if their income meets the income limits.

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In order to know how many members are in the household, keep in mind that you must include these people on this application:

• Your spouse.

• Your children who live with you.

• All parents living in the home with their child or children.

• Anyone on your federal income tax return, if you file one. You don't need to file taxes to apply for health insurance.

→ If you are claimed as a dependent on someone else's tax return, you must include on this application all members of the tax filing household that claimed you and any family members living with you.

→ Anyone else who lives with you — for example, a boyfriend, girlfriend or roommate — will need to file his or her own application if he or she wants health insurance.

Will Covered California share my personal and financial information?

No. The information you provide is private and secure, as required by federal and state law. We use your information only to see if you qualify for health insurance.

Household — Introduction

Who should I include on this application?

• Your spouse.

• Your children who live with you.

• All parents living in the home with their child or children.

• Anyone on your federal income tax return, if you file one. You don't need to file taxes to apply for health insurance.

→ If you are claimed as a dependent on someone else's tax return, you must include on this application all members of the tax filing household that claimed you and any family members living with you.

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• Employer and income information for everyone in your family.

• Your federal tax information. For example, the person who files taxes as head of household and the dependents claimed on your taxes.

• Information about health insurance that you or any family member gets through a job.

→ We ask about income and other information to make sure you and your family get the most affordable coverage possible.

→ We keep your information private and secure, as required by law. We'll use your information only to see if you qualify for health insurance.

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→ If you don't file taxes, you can still qualify for free or low-cost insurance through Medi-Cal.

→ If you are a federally recognized American Indian or Alaska Native who is getting services from the Indian Health Services, tribal health programs or urban Indian health programs, you may still qualify for health insurance through Covered California.

Household — Primary Contact

Tell us about the adult who will be our main contact for this application. This is the person we will contact if we have any questions about your application. Enter the main contact's name as it appears on their Social Security card; if they do not have a Social Security card, please enter their full legal name.

What is Remote Identity Proofing?

To keep your information safe, the primary contact who applies for health coverage for your family is required to prove their identity before starting the application. Once you provide this proof, you do not need to give proof again unless the primary contact changes to a different person. If you are applying online, you will be asked to answer a series of questions through the Remote Identity Proofing (RIDP) service before the application begins. Sometimes the RIDP service doesn't have enough information to verify a person's identity. You can also verify your identity by uploading documents or by meeting with an in-person assister.

Who should I include on this application?

• Your spouse.

• Your children who live with you.

• All parents living in the home with their child or children.

• Anyone on your federal income tax return, if you file one. You don't need to file taxes to apply for health insurance.

→ If you are claimed as a dependent on someone else's tax return, you must include on this application all members of the tax filing household that claimed you and any family members living with you.

→ Anyone else who lives with you — for example, a boyfriend, girlfriend or roommate — will need to file his or her own application if he or she wants health insurance.

What do I need to know?

• Enter your name as it appears on your Social Security card; if you do not have a Social Security card, please enter your full legal name.

• If you have a Social Security number (SSN), you must provide it on this application if you wish to apply for health insurance. Giving your SSN will help you get health insurance faster. We use SSNs to check your citizenship and household income. Even if you are not applying for yourself, we use your SSN to decide if other people on this application can get tax credits.

• If you do not have an SSN, please provide a reason and continue with the application. If you file your taxes using an Individual Taxpayer Identification Number (ITIN), and you are applying for premium assistance (tax credits) or cost-sharing subsidies, you must indicate that you do not have an SSN and must provide your ITIN in the space below.

The purpose of this section is to build the family relationships of household members in the application so we know who is in the household.

Personal Data — Introduction

The purpose of this section is to collect the following details of each household member listed in the application:

- Address.

- Personal data.

- Tax information.

- Health care information.

Personal Data — Address and Contact

Please provide the address and contact information for all household members listed in the application. You will be asked to confirm the address once it has been entered.

Personal Data — Demographics

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For coverage right away, you should contact your county social services office. You do not need to fill out a full Medi-Cal application. You can fill out a short application for former foster care youth (FFCY) called the MC 250A form. The MC 250A is available online at http://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc250a2014.pdf and for more FFCY information, go to http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/FFY.aspx.

Medi-Cal Access Program (MCAP), Formerly Access for Infants and Mothers (AIM)

If your income is over the Medi-Cal limit, you may be eligible for the Medi-Cal Access Program (MCAP) (formerly Access for Infants and Mothers [AIM]) during your pregnancy and immediate postpartum period. If so, you will be enrolled in Covered California, and your application will be sent to MCAP. MCAP will then contact you. If you would like to call MCAP first to enroll, the toll-free number is 1-800-433-2611. You can only be in one program at a time, not both. Here are some key points to consider before paying your Covered California premium and starting your enrollment:

• Your cost-sharing for MCAP would be less expensive than Covered California premiums, and MCAP has no copays.

• MCAP or Medi-Cal covers your baby for the first year of life, and the second year if your income stays under the applicable level.

• You can get an exemption from the health care tax penalty if you are in MCAP during your pregnancy.

• After your pregnancy ends, you can enroll in Covered California if you are still eligible, or you may enroll in Medi-Cal if your new family size qualifies you for Medi-Cal.

Personal Data — Tax Information

Please provide the federal tax information for each household member listed in the application.

What if I didn't file taxes last year?

If you didn't file taxes last year, you can still apply for health insurance and get premium assistance or Medi-Cal. We will use your income to help us find the health insurance that is most affordable for you and your family. If you qualify for premium assistance, you must file taxes for the year you get premium assistance.

Personal Data — Health Care

Please tell us about the health insurance you have now. Answer these questions for everyone who needs help paying for health insurance.

We need to know if anyone applying for health insurance has coverage now. You do not have to tell us about health insurance that is not considered minimum essential coverage. Minimal essential coverage is the health insurance a person needs to meet the "individual responsibility" requirement of the federal Patient Protection and Affordable Care Act of 2010, also called the Affordable Care Act or ACA. Examples of the types of plans you do not have to tell us about are: Indian Health Services, tribal health program, urban Indian health program, flex savings plans, health savings accounts or insurance available in another country.

We do need to know if anyone has any of the following health insurances now: COBRA, insurance from a job, Medicare part A (coverage requiring payment of premium), state high-risk pools, Peace Corps, a retiree health plan, TRICARE/CHAMPUS, a veterans health program, student health plans or other health insurance.

Personal Data — Optional Details

The purpose of this page is to collect the optional data of each household member listed in the application. We collect this information to improve the quality of our service and to measure our efforts to reach those who are eligible for health coverage. This information is confidential and will only be used to make sure that everyone has the same access to quality health care. It will not be used to decide what health program you are eligible for.

Income — Introduction

The purpose of this section is to gather the income information details of each household member listed in the application.

Income — Employment

Click the "Add Income" button to enter all of the gross taxable employment income expected for the entire benefit year, for everyone in your household. The benefit year is the year for which you are getting health coverage. For each employer, put in the amount you are paid at each pay rate during the year.

Enter the "First Date Paid" as the date you started earning income at that pay rate. The date must be during the calendar year. The calendar year begins January 1st and ends December 31st.

Do not enter a "Last Date Paid" for a job you still have. If this job has not ended, please leave this blank. If this job has ended or is about to end, enter in the date you received or will receive your last pay from this employer. If you think you will have this job for more than the next four months, DO NOT ENTER A DATE here. Please come back and tell us if your job ends, to make sure you stay enrolled in the correct program. If you think or expect your job will end within the next four months, THEN ENTER the date you think you will get your last paycheck from this employer.

If your pay rate changed during the year, add another entry for that employer where the "First Date Paid" is the date of your first paycheck at the new rate. Make sure that for your old pay rate, the "Last Date Paid" is the date of your last paycheck at that pay rate.

Income — Self-Employment

Click the "Add Income" button to enter all of the gross taxable self-employment income expected for the entire benefit year, for everyone in your household. The benefit year is the year for which you are getting health coverage. "Self-employment income" means the net profit or loss from a business that you own or from work as an independent contractor. "Net profit or loss" means the business profit or loss after expenses are paid. If your costs were more than your earnings (loss), you can enter a negative number.

You can subtract the following items from your gross income to find your net self-employment income (see "Instructions for Schedule C" at www.irs.gov for more information):

• Car and truck expenses (workday travel, not commuting).

• Depreciation.

• Employee wages and fringe benefits.

• Property, liability or business interruption insurance.

• Interest (for example, mortgage interest paid to banks).

• Legal and professional services.

• Rent or lease of business property and utilities.

• Commissions, taxes, licenses and fees.

• Advertising.

• Contract labor.

• Repairs and maintenance.

• Certain business travel and meals.

Enter the "First Date Paid" as the date you started earning income at that pay rate. The date must be during the calendar year. The calendar year begins January 1st and ends December 31st.

Do not enter a "Last Date Paid" for a job you still have. If this job has not ended, please leave this blank. If this job has ended or is about to end, enter in the date you received or will receive your last pay from this employer. If you think you will have this job for more than the next four months, DO NOT ENTER A DATE here. Please come back and tell us if your job ends, to make sure you stay enrolled in the correct program. If you think or expect your job will end within the next four months, THEN ENTER the date you think you will get your last paycheck from this employer.

If your pay rate changed during the year, add another entry for that employer where the "First Date Paid" is the date of your first paycheck at the new rate. Make sure that for your old pay rate, the "Last Date Paid" is the date of your last paycheck at that pay rate.

Income — Other Income

Click the "Add Income" button to enter all of the other income expected for the entire benefit year, for everyone in your household. The benefit year is the year for which you are getting health coverage. "Other income" is money you get from something other than your job. On this page, enter all other income you have not already entered, such as income from unemployment benefits, Social Security, retirement or pension accounts, rents or royalties, alimony received, investments, capital gains, farming or fishing income, canceled debts, court awards, jury duty pay and other types of income. Enter gross taxable income for all sources except Social Security and interest income.

When entering Social Security or interest income, enter the gross amount received (taxable and non-taxable amounts).

When entering rents, royalties, farming, fishing or capital gains, enter the net income — your profits after you have paid the expenses. See instructions for Schedule F (Farming/Fishing Income), Schedule E (Rent/Royalty Income) and Schedule D (Capital Gains Income) at www.irs.gov for more information.

You do not need to tell us about child support payments you receive, veterans payments or Supplemental Security Income (SSI).

Examples of other income:

• Unemployment benefits.

• Social Security retirement benefits.

• Social Security survivors benefits.

• Social Security disability benefits.

• Retirement or pension income.

• Rent or royalty income.

• Alimony received.

• Investment income.

• Capital gains.

• Farming or fishing income.

• Canceled debts.

• Court awards.

• Jury duty pay.

• Miscellaneous.

Enter the "First Date Paid" as the date you started receiving other income at that rate. The date must be during the calendar year. The calendar year begins January 1st and ends December 31st.

Do not enter a "Last Date Paid" for other income you still receive. If you still receive this income, please leave this blank. If this income has ended or is about to end, enter in the date you received or will receive this income for the last time.

Income — Deductions

Click the "Add Deduction" button to enter all of the deductions expected for the entire benefit year, for everyone in your household. The benefit year is the year for which you are getting health coverage. If you pay for certain things that can be deducted on a federal income tax return, telling us about them may lower the cost of health insurance. Do not include self-employment expenses.

Examples of deductions:

• Certain self-employment expenses.

• Student loan interest deductions.

• Tuition and fees.

• Educator expenses.

• IRA contributions.

• Moving expenses.

• Penalties on early withdrawal of savings.

• Health savings account deductions.

• Alimony paid.

• Domestic production activities deductions.

• Certain business expenses of reservists, performing artists and fee-basis government officials.

Enter the "First Date Paid" as the date you first made a payment toward this type of income deduction. The date must be during the calendar year. The calendar year begins January 1st and ends December 31st.

Do not enter a "Last Date Paid" for a deduction you still pay. If you will continue to make payments for this type of income deduction, please leave this blank. If your payments are ending or have ended, enter the date you will no longer make a payment for this deduction.

Income — Summary

The income summary page shows the total current monthly household income and calculates a projected annual household income. If you expect your total household income to be different from what is shown, you can enter a different projected annual income by selecting "Click Here" under "Expected Yearly Household Income." For example, if you usually work only some months and don't get income or get less income in other months, count the money you will earn in the months you will work and enter that as your annual income.

Income — Projected Annual Income

If you expect your yearly household income to be different than what is shown, you can update the amount for each person listed on this page. For example, if you usually work only some months and don't get income or get less income in other months, count the money you will earn in the months you will work and enter that as your annual income.

The purpose of this section is to show a summary of the information you gave that will help us determine eligibility for health coverage programs. Read all of your information. Be sure it is correct. You can click "Edit" to make any changes.

Eligibility — Submit Application

Please read all of the information on this page. Click the boxes and sign (electronic signature). Your electronic signature is required to process the application.

Eligibility — Eligibility Results

The purpose of this page is to show you what programs you and your household members are eligible for, or appear to be eligible for.

If you are told that verifications are missing or needed, you must provide these verifications. If you do not provide the verifications, you may lose eligibility or have your application denied. You can provide verifications in the following ways:

• Upload documents to the manage verifications page.

• Submit your verifications by mail or in person to your local county social services office.

• Submit your verifications to a Certified Enrollment Counselor (CEC) or insurance agent who is helping you apply.

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To apply for nutrition or cash assistance, check which programs you want a referral for. If you would prefer to apply in person, you can call 1-877-847-3663 for a list of places near where you live or work. You can also apply online at www.benefitscal.org.

Maintain — Summary of Reported Changes

The purpose of this page is to provide a summary of changes that have been reported for your case.

Maintain — Report a Change Application

When you report a change about your household's circumstances, you must sign (electronic signature) before the changes will take effect.