
Member Level Benefit Plan Selection

- **What is Member Level Benefit Plan Selection?**

[Member level plan selection](#) is a new option in CalHEERS that allows consumers to select individual APTC eligible plans for each member of the household or custom group members of the household into separate APTC eligible plans.

- **How will APTC be disbursed across the household if different plans are selected?**

CalHEERS will display the max APTC available to the tax filing household. Once the primary household member or custom group including the primary household member selects a health plan, CalHEERS will allocate any surplus APTC equally amongst the other individual or custom grouped plans. If the primary household member selects a plan that has a premium higher than the max available APTC, there will be no surplus APTC available to apply to the other individual or custom grouped plans.

- **Can household members be enrolled in different plans and share the same deductible?**

No. Each individual or custom grouped plan will have a separate applicable deductible. Deductible will not be applied across different plans, carriers, or metal tiers.

- **Will one Out of Pocket maximum limit be shared across all enrolled household members?**

No. Each individual or custom grouped plan will have a separate Out of Pocket Maximum applied to each plan. Out of Pocket calculations, like deductibles, will not be applied across different plans, carriers or metal tiers.

- **If a household member is not eligible for premium assistance can they be grouped into an APTC plan with APTC eligible members?**

No. Non-APTC eligible members will not be able to be included in custom groups. They will have the ability to select separate unsubsidized plans.

- **Can Medi-Cal eligible household members be grouped with APTC eligible members?**

No. Medi-Cal eligible household members will not be able to be included in custom groups with APTC eligible household members.

- **Will the Shop and Compare tool be updated to reflect the new Member level Benefit option?**

Yes. Future CalHEERS updates will allow consumers to preview plans for each individual or custom group during plan selection.

Special Enrollment Verification

- **Does CalHEERS now require proof of a Qualifying Life Event (QLE) for all Special Enrollment (SEP) applications?**

No. Consumers are currently not required to submit proof of a QLE upon submitting an application. Some consumers may receive a request from Covered California to submit proof after their application has been processed. This process is known as [Special Enrollment Verification](#). These consumers are selected by a random sampling of applicants and will be contacted via mail with instructions to submit their proof.

- **When will consumers begin to receive requests for proof of a QLE?**

The Special Enrollment Verification process began on August 1, 2016. Some consumers may have already received a request to submit their proof of Qualifying Life Event. Moving forward, Covered California will select a random sampling of applicants on a weekly basis and notify them via mail.

- **What will consumers need to submit if they receive a request to submit Special Enrollment Verification Documents?**

Along with instructions on how to submit their verification documents, consumers will also receive an Acceptable Documentation List that lists acceptable proof for each QLE.

- **Will agents be notified when a consumer receives a request to submit proof of a QLE?**

Covered California is currently working to refine and improve the notification process for consumers who receive a request to submit Special Enrollment Verification Documents. Feedback from Certified Enrollers is being included in these updates to the process. Stay tuned for more information.

- **Will agents be held responsible for consumers that are unable to submit proof of a QLE?**

Certified enrollers may risk their certification by fraudulently enrolling a consumer in a Special Enrollment period without a Qualifying Life Event. Enrollers should work to ensure all consumers who attest to having a QLE are able to provide proof if requested.

Medicare Eligibility Notice

- **When will a consumer receive a Medicare eligibility notice?**

Consumers that are approaching the age of 65 or are over their 65th birthday will receive the notice. The notice Advises consumers that they may no longer be eligible for Advanced Premium Tax Credit (APTC) or Covered California coverage if they are now eligible for [Medicare](#).

- **Can a consumer still receive APTC if they are eligible for Medicare coverage?**

After becoming eligible for Medicare, most consumers will no longer qualify for financial assistance through Covered California. Some consumers that are only eligible for Medicare with premiums may still qualify for APTC. Consumers can contact Medicare for more information at 800.633.4227 or www.Medicare.gov.

- **What should a consumer do if they receive a Medicare eligibility notice?**

The notice includes instructions for consumers who may now need to enroll into Medicare coverage. If the consumer is now eligible, they can apply for Medicare by calling the Social Security Administration during their Medicare Initial Enrollment Period, which starts three months before the month of their 65th birthday and ends three months after their birthday month. If a consumer misses their Initial Enrollment Period, they can enroll during the General Enrollment Period from January 1 through March 31 of each year, but they may have to pay a late enrollment penalty to Medicare, which may increase each year that they do not enroll in Medicare.

- **Can a consumer be eligible for both Med-Cal and Medicare?**

Some applicants may be eligible for both Medi-Cal and Medicare benefits if they meet all income and immigration eligibility requirements. This eligibility will not currently reflect in CalHEERS. If the consumer is eligible for this type of coverage they will be referred to their local Medi-Cal county department for further details.