



Acceptable Documentation

Proof of Coverage



Proof of Coverage

What is required to be accepted?

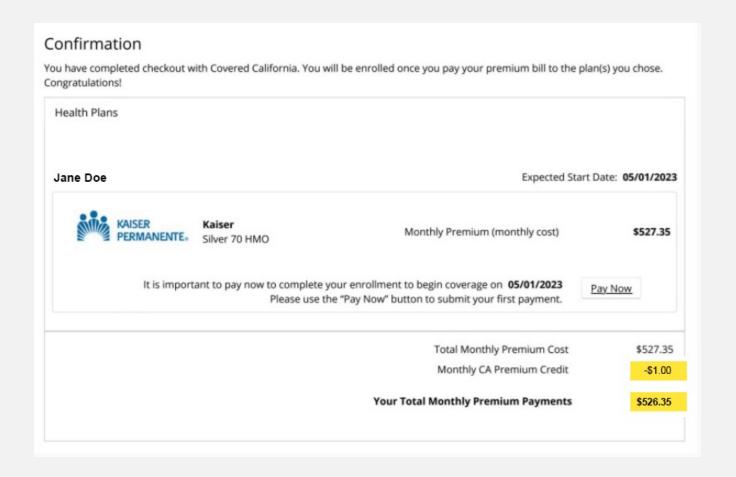
- Name of Provider We need to associate the document with the provider seeking benefits
- Effective Date of the Qualified Health Plan This impacts the potential CCPU Reimbursement Fund benefit start date
- The Name/Type of QHP This program has a specific set of plans that are eligible and we have to confirm the provider is enrolled in one.
- **Premium** We need to see the premium being paid for plans eligible for premium reimbursement
 - Note: For CCA plans, we also need to see APTC applied in order to calculate provider premium eligible for reimbursement if on a family plan.



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 Provider has confirmed they have a Silver HMO Covered California health plan, effective date of 5/1/2023, name and premium amount.







Unacceptable

This document verifies the provider had coverage starting 1/1/2023 with Covered California, but it does not tell us their premium or their plan type (must be a silver HMO). We are unable to deem them eligible and would require additional information/documentation.





Covered California Proof of Coverage 2023 Q1 06/26/2023

state requirements for Minimum Essential Coverage.

123 Main Street

This document provides information about health coverage received by the member identified below through Covered California. Please note that all health plans offered through Covered California meet the federal and

Reference Number: Covered Member: John Doe

Account Nailing Address:

Date of Biets Health Plan Name:

	Covered Months: 2023 Q1						
All Months	Jinuary	February	March				
8							

The envolument status of the individual named above reflects available data as of the time this report was generated and is intended only for informational purposes. This report may not reflect recent changes to an individual's enrollment status, such as coverage falling into an applicable grace period or retroactive cancellation of coverage. Covered California is not liable for any inaccuracies in this report, including those due to changes in enrollment status, data errors, or other discrepancies.

This document is void if it has been changed in any way.

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 The provider has provided a proof of coverage document that displays their name, the type of plan they are in (Employer Sponsored), effective date of the their plan and their monthly premium.

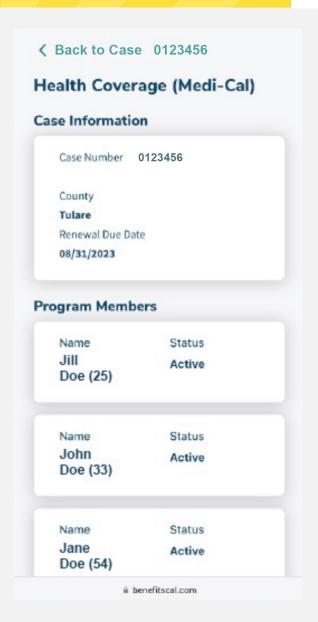
CC CC	DI					
	_					
HEALTH CA		D				
Benefits Confirmation Stateme	ıly 11th 2023					
Your Information:						
Name	Home Phone 833-714-6028	Cell		Gender		
Jane Doe E-mail	Employee Nu	mber Employment Level		Hire Date 1997/06/27	Hire Date	
JaneDoe@noemail.invalid Class NON_EXEC	alid Division		Location CORPORATE		Department Code 1053.7300	
Address	CA	COR	PORATE	1055.7500		
123 Main Street Childcare, CA 00000						
Your Family:						
Name	Age	Gender	R	elationship	QMCSO	
John Doe 48		М	Spouse		N	
Acknowledgment:			Coverage:		Your	
Acknowledgment: Generic - Acknowledgment		I Understand	Coverage:		\$0.00	
Start Date		01/01/2023			Your	
Basic Employee Life & AD&D: Symetra - Basic Employee Life & AD&D (N) Start Date Coverage Amount Long Term Disability:		Status:			Cost: \$0.00	
		06/01/2023 \$96,000.00			\$0.00	
		Status:			Your Cost:	
Symetra - Long Term Disability (N) Start Date		Enrolled 06/01/2023			\$0.00	
Legal Notice:			Coverage:			
Generic - Legal Notice Start Date		I Understand 01/01/2023				
Aetna Arbitration Agreeme	ent:		Coverage:		Your Cost:	
Generic - Aetna Arbitration Agreement Start Date		I Agree 01/01/2023			\$0.00	
Employee Assistance Progr	am:		Coverage:		Your Cost:	
Symetra - Employee Assistance Progra	m	Enrolled			\$0.00	
					Waster .	
Employee Assistance Prog Start Date	ram:	06/01/2023	Coverage:		Your Cost:	
Medical:		00/04/2023	Coverage:		your	
AETNA - HMO Core Start Date		Employee + Sp 01/01/2023 01/01/2023			\$140.00	
Voluntary Employee Life and	AD&D:		Status:		Your Cost:	
Symetra - Voluntary Employee Life and Start Date Coverage Amount	d AD&D (N)	Enrolled 06/01/2023 \$20,000.00			\$6.90	
V-1	nen.				Your	



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 Provider has confirmed they have a medi-cal health plan, we know it is active 1/1/2023 due to their renewal date, and their name is listed as a covered and active medi-cal member.

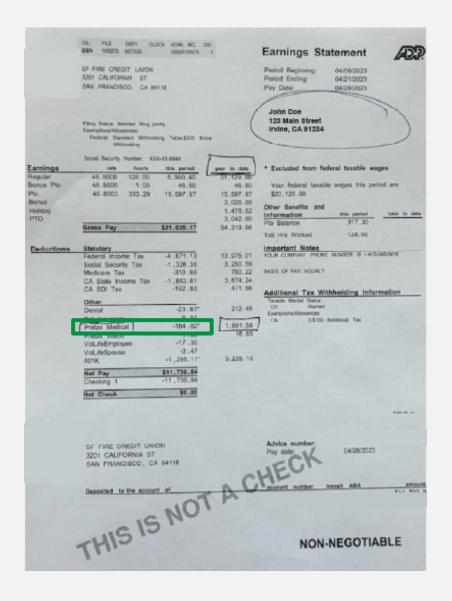




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 The provider has provided a pay stub document that displays their name, the deduction for their Employer Sponsored plan, effective date of the their plan (via pay period is April- they sent this stub as it was the first month they paid for employer sponsored-coverage) and their monthly premium.





Proof of Coverage

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 The provider has provided a retirement insurance letter that displays their name, their Medicare coverage types, effective date of the their plan and their monthly premium.

Social Security Administration Retirement, Survivors and Disability Insurance Important Information

Service Program Center P.O. Box 1234 Irvine, CA 92122-0001 Date: December 1, 2023 BNC#: 12345678901254-AB

SAM SMITH 123 MAIN ST. IRVINE, CA 92111

We are writing to you about your Social Security benefits.

What You Should Know

Your Medicare Part A (hospital insurance) starts January 2022 and Part B (medical insurance) starts April 2023.

What We Will Pay And When

We pay Social Security benefits for a given month in the next month. For example, Social Security benefits for March are paid in April.

- You will receive \$861.10 for April 2023 around May 10, 2023.
- After that you will receive \$1,026.00 on or about the second Wednesday of each month.

Information About Medicare

Your monthly premium for Medicare Part B (medical insurance) is \$164.90 beginning April 2023.

IMPORTANT: A Medicare law requires some higher income persons to pay higher premiums. The law applies to premiums for Medicare Part B (Medical Insurance), prescription drug coverage, and Medicare Part B Immunosuppressive Drug coverage. The law generally affects individuals with incomes higher than \$97,000 and couples with incomes higher than \$194,000. We will contact the Internal Revenue Service to get information about your income. If we decide that you have to pay higher premiums, we will send a letter explaining our decision. The higher amount will be effective April 2023. For more information, please visit www.ssa.gov on the Internet or call us toll-free at 1-800-72-1213 (TTY 1-800-325-6778).

We deduct Medicare medical insurance (Part B) premiums 1 month in advance.

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See Next Page



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 The provider has provided a Medicare Premium Bill and cards that displays their name, effective date of the their plan and their monthly premium.



