



CCPU
HEALTH CARE FUND

Documentación Aceptable

Prueba de cobertura

Cómo asegurarse de que su documentación QHP sea aceptable



Prueba de cobertura

¿Qué se requiere para ser aceptado?

- **Nombre del proveedor:** Debemos asociar el documento con el proveedor que busca beneficios
- **Fecha de vigencia del plan de salud calificado:** Esto afecta la posible fecha de inicio del beneficio del Fondo de Reembolso de CCPU
- **El nombre/tipo de QHP:** Este programa tiene un conjunto específico de planes que son elegibles y tenemos que confirmar que el proveedor esté inscrito en uno.
- **Prima:** Necesitamos ver la prima que se paga para los planes elegibles para el reembolso de la prima.
 - *Nota: Para los planes CCA, también debemos ver el APTC aplicado para calcular la prima del proveedor elegible para reembolso si está en un plan familiar.*

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Aceptable

- El proveedor ha confirmado que tiene un plan de salud Silver HMO de Covered California, fecha de vigencia del 5/1/2023, nombre y monto de la prima.

Confirmation

You have completed checkout with Covered California. You will be enrolled once you pay your premium bill to the plan(s) you chose. Congratulations!

Health Plans

Jane Doe

Expected Start Date: **05/01/2023**



Kaiser
Silver 70 HMO

Monthly Premium (monthly cost)

\$527.35

It is important to pay now to complete your enrollment to begin coverage on **05/01/2023**. Please use the "Pay Now" button to submit your first payment.

[Pay Now](#)

Total Monthly Premium Cost

\$527.35

Monthly CA Premium Credit

-\$1.00

Your Total Monthly Premium Payments

\$526.35

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Inaceptable

- Este documento verifica que el proveedor tuvo cobertura a partir del 1/1/2023 con Covered California, pero no nos indica su prima ni su tipo de plan (debe ser un HMO plata). No podemos considerarlos elegibles y requeriríamos información/documentación adicional.

Covered California
P.O. Box 98723
West Sacramento, CA 95716-9723



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

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 state requirements for Minimum Essential Coverage.

Reference Number: 123456
Covered Member: John Doe
Account Mailing Address: 123 Main Street
Date of Birth: 12/04****
Health Plan Name: Blue Shield

Covered Months: 2023 Q1			
All Months	January	February	March
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The enrollment 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.

CAHCD071 

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Prueba de cobertura

Aceptable

- El proveedor ha proporcionado un documento de prueba de cobertura que muestra su nombre, el tipo de plan en el que se encuentra (patrocinado por el empleador), la fecha de vigencia de su plan y su prima mensual.

 Benefits Confirmation Statement
Generated: July 11th 2023

Your Information:

Name	Home Phone	Cell	Gender
Jane Doe	833-714-6028		F
E-mail	Employee Number	Employment Level	Hire Date
JaneDoe@noemail.invalid	241	RFT	1997/06/27
Class	Division	Location	Department Code
NON_EXEC	CA	CORPORATE	1053.7300
Address			
123 Main Street			
Childcare, CA 00000			

Your Family:

Name	Age	Gender	Relationship	QMCSO
John Doe	48	M	Spouse	N

Acknowledgment:

Generic - Acknowledgment	I Understand	Coverage:	Your Cost:
Start Date	01/01/2023		\$0.00

Basic Employee Life & AD&D:

Symetra - Basic Employee Life & AD&D (N)	Enrolled	Status:	Your Cost:
Start Date	06/01/2023		\$0.00
Coverage Amount	\$96,000.00		

Long Term Disability:

Symetra - Long Term Disability (N)	Enrolled	Status:	Your Cost:
Start Date	06/01/2023		\$0.00

Legal Notice:

Generic - Legal Notice	I Understand	Coverage:	Your Cost:
Start Date	01/01/2023		

Aetna Arbitration Agreement:

Generic - Aetna Arbitration Agreement	I Agree	Coverage:	Your Cost:
Start Date	01/01/2023		\$0.00

Employee Assistance Program:

Symetra - Employee Assistance Program	Enrolled	Coverage:	Your Cost:
			\$0.00

Employee Assistance Program:

Start Date	06/01/2023	Coverage:	Your Cost:
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Medical:

AETNA - HMO Core	Employee + Spouse	Coverage:	Your Cost:
Start Date	01/01/2023		\$140.00
	01/01/2023		

Voluntary Employee Life and AD&D:

Symetra - Voluntary Employee Life and AD&D (N)	Enrolled	Status:	Your Cost:
Start Date	06/01/2023		\$6.90
Coverage Amount	\$20,000.00		

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Prueba de cobertura

Aceptable

- El proveedor ha confirmado que tiene un plan de salud de medi-cal, sabemos que está activo el 1/1/2023 debido a su fecha de renovación y su nombre figura como miembro activo y cubierto de Medi-cal.

< Back to Case 0123456

Health Coverage (Medi-Cal)

Case Information

Case Number 0123456

County

Tulare

Renewal Due Date

08/31/2023

Program Members

Name	Status
Jill Doe (25)	Active

Name	Status
John Doe (33)	Active

Name	Status
Jane Doe (54)	Active

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Prueba de cobertura Aceptable

- El proveedor ha proporcionado un documento de talón de pago que muestra su nombre, la deducción de su plan patrocinado por el empleador, la fecha de vigencia de su plan (el período de pago es abril; enviaron este talón porque era el primer mes que pagaron por la cobertura patrocinada por el empleador) y su prima mensual.

CO. FILE DEPT. CLOCK VCHR. NO. 030
BN 10225 007200 000110074 1

SF FIRE CREDIT UNION
3201 CALIFORNIA ST
SAN FRANCISCO, CA 94118

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table \$100 Extra Withholding

Social Security Number: XXX-XX-8884

Earnings Statement

Period Beginning: 04/08/2023
Period Ending: 04/21/2023
Pay Date: 04/28/2023

John Doe
123 Main Street
Irvine, CA 91234

Earnings	rate	hours	this period	year to date
Regular	46.8000	128.00	5,990.40	31,128.88
Bonus Pto	46.8000	1.00	46.80	46.80
Pto	46.8000	333.29	15,587.97	15,587.97
Bonus			3,026.89	3,026.89
Holiday			1,475.52	1,475.52
PTO			3,042.80	3,042.80
Gross Pay			\$21,635.17	54,319.66

* Excluded from federal taxable wages
Your federal taxable wages this period are \$20,126.98

Other Benefits and Information	this period	total to date
Pto Balance	317.30	
Total Hrs Worked	128.00	

Reductions

Statutory		
Federal Income Tax	-4,675.13	13,075.01
Social Security Tax	-1,328.35	3,250.59
Medicare Tax	-310.88	760.22
CA State Income Tax	-1,863.81	3,674.24
CA SDI Tax	-192.83	471.96

Other

Dental	-23.61*	212.49
Health Insurance	0.00	16.65
PreTax Medical	-184.92*	1,661.58
Profit Share		
VolLifeEmployee	-17.35	
VolLifeSpouse	-3.47	
401K	-1,296.11*	3,259.19

Net Pay \$11,730.84
Checking 1 -11,730.84
Net Check \$0.00

Additional Tax Withholding Information
Taxable Marital Status: CA Married
Exemptions/Allowances: CA 0500 Additional Tax

SF FIRE CREDIT UNION
3201 CALIFORNIA ST
SAN FRANCISCO, CA 94118

Advice number:
Pay date: 04/28/2023

Deposited to the account of _____ account number _____ branch ABA _____ amount _____

THIS IS NOT A CHECK

NON-NEGOTIABLE

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- El proveedor ha proporcionado una carta de seguro de jubilación que muestra su nombre, sus tipos de cobertura de Medicare, la fecha de vigencia de su plan y su prima mensual.

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 1-800-772-1213 (TTY 1-800-325-0778).

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

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