CCPU
HEALTH CARE FUND

ACCESSING YOUR **CCPU REIMBURSEMENT FUND BENEFITS**

COVERED CALIFORNIA

Your guide to getting across the benefits finish line with Covered California coverage.

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PROGRAM ELIGIBILITY REQUIREMENTS

Below are the three criteria you need to meet in order to be eligible for these program benefits:

1 CARE OF STATE-SUBSIDIZED CHILDREN

Providers must be paid for the care of a state subsidized child to qualify for this benefit. To qualify initially, a provider must have been paid for the care of a child receiving state subsidy for three out of 12 months according to the program's look back periods. To remain enrolled in this program after initial eligibility a provider must continue to receive payments for the care of a subsidized child.

For additional information regarding the new annual eligibility lookback period, please visit our website www.ccpuhealth.org/eligibility.

2 ENROLLED IN A QUALIFIED HEALTH PLAN

This program is NOT health insurance, but a benefit that works with your health insurance. To be eligible for the Reimbursement Benefit, a provider must be enrolled into one of the following health plans: Covered California Silver-level HMO, Medi-Cal, Medi-Cal and Medicare (Medi-Medi), Medicare Advantage, Employer-sponsored coverage through an employer (as an employee, spouse or dependent), Veterans Affairs, TRICARE (Prime, Select, Reserve Select, Retired Reserve), TRICARE for Life, and carrier-direct Silver-level HMO (if you are not eligible for Covered California).

3 SUBMIT A PROGRAM APPLICATION

This program is designed exclusively for childcare providers in the state of California. To have your information reviewed and your eligibility determined, you must submit an application online or via paper go directly to www.ccpuhealth.org/apply.

COVERED CALIFORNIA SPECIFIC BENEFITS

PREMIUM REIMBURSEMENT

Providers enrolled in a Covered California silver-HMO as their qualified health plan will receive total reimbursement of their monthly premium expenses on eligible expenses and **cannot** be withdrawn as cash.

OUT-OF-POCKET EXPENSE REIMBURSEMENT

Providers are eligible for $9,800 annually to pay for their eligible healthcare expenses. As a rule, these funds may be used to reimburse copays, coinsurance, and deductibles, as well as prescription drug copays, coinsurance and deductibles. It cannot be used to cover any service or charge not covered by your insurance. It must be deemed an eligible expense to be approved.

DEBIT CARD

Providers approved for the Healthcare Reimbursement Fund will receive a debit card to access their benefits. This means that you can swipe your benefit card for eligible expenses at the time of service to avoid spending your own money out of pocket. It is important you obtain and retain proper receipts in the event you need to provide a receipt of your purchases.

REQUEST FOR REIMBURSEMENT

Providers approved for the Healthcare Reimbursement Fund can also request reimbursement for eligible expenses they paid out of pocket for. If you paid an office visit co-pay out of your own pocket, you can request to be reimbursed by direct deposit or check. The date of service must be during the time you were enrolled in this program. Please remember to always keep your receipts.

CCPU DENTAL AND VISION BENEFITS

All providers approved for the Health Care Reimbursement Benefit plan will be automatically enrolled into a Dental and Vision plan through MetLife, free of charge.

ONLINE APPLICATION

THE CCPU ONLINE APPLICATION

The CCPU Online Application is the fastest and easiest way to apply for program benefits. You can visit the **www.ccpuhealth.org** website and select '**Portal Login**' or '**Apply Now**' to register and submit your application online.

WHAT YOU NEED BEFORE YOU START

To complete your application, you will need the following information:

PROFILE INFORMATION ABOUT YOU AS THE PROVIDER

Unique email address*

Unique phone number*

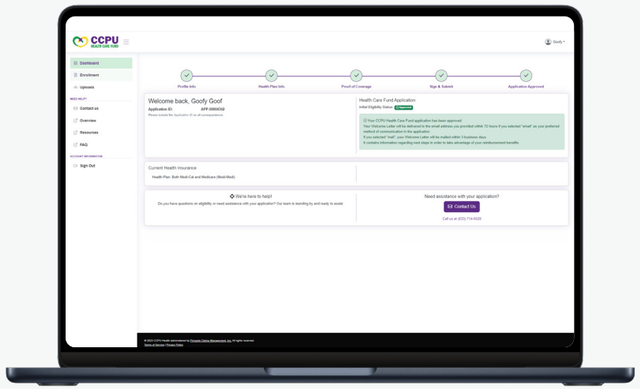
INFORMATION ABOUT YOUR MEDICAL HEALTH INSURANCE PLAN

Name of the Insurance Carrier (Kaiser, Anthem, etc)

Plan type (HMO, PPO, EPO, POS)

Metal Tier, if applicable

A COPY OF YOUR HEALTH PLAN PROOF OF COVERAGE**



Apply Now!

CCPUHEALTH.ORG

*Email address and phone number cannot be used by another provider. **This documentation should provide details that verify your **name** as the policy holder or as a covered member, your health care **plan name**, the coverage period and the **premium amount** (if applicable). Info on materials needed (unique email, and phone; proof of coverage, license info, if applicable)

APPLICATION PROCESSING

Once your application has been received, it typically takes three business days for the team to review. It is important to monitor your email inbox and phone for any communication regarding your application status and request for additional information. Once your application is processed, you will receive a formal letter detailing your status within three business days of the approval or denial.

RESOURCES

GUIDES, FORMS, AND FAQs

FORMS

Please visit www.ccpuhealth.org's Resources menu to access important documents.

- ACCEPTABLE DOCUMENTATION QUICK GUIDE
- CCPU HEALTH CARE FUND APPLICATION
- CCPU REIMBURSEMENT REQUEST FORM
- CCPU HEALTH CARE FUND AUTHORIZATION FORM (ENGLISH)
- CCPU HEALTH CARE FUND CONSUMER PORTAL QUICKSTART GUIDE (ENGLISH)
- COVERED CALIFORNIA PROOF OF COVERAGE JOB AID

HELP CHANGING YOUR QUALIFIED HEALTH PLAN

If you need help changing your health plan, or have questions about health insurance options for you, you can contact an enrollment specialist to assist and help you make an informed decision.

Please visit: www.ccpuhealth.org/help-enrolling/ to see a list of insurance brokers who can assist you at no cost to you!

FAQS

If you have any questions, we have FAQs on the website to help guide you. We cover topics such as the Application, Benefits, Qualified Health Plans, Eligibility, Reimbursement, and the Debit Card.

Please visit www.ccpuhealth.org/faq/ to review.

ACCEPTABLE DOCUMENTATION PROOF OF COVERAGE

WHAT IS REQUIRED TO BE ACCEPTED?

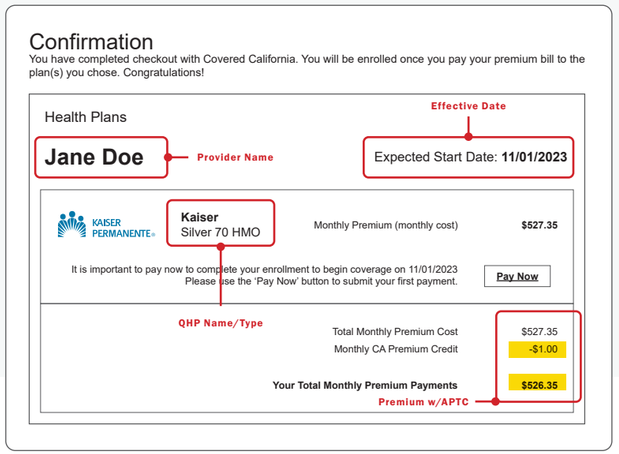
NAME OF PROVIDER:
We need to associate the document with the provider seeking benefits.

EFFECTIVE DATE OF THE QUALIFIED HEALTH PLAN:
This impacts the potential CCPU Reimbursement Fund benefit start date.

THE NAME/TYPE OF QUALIFIED HEALTH PLAN:
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.



WHAT IS REQUIRED TO BE ACCEPTED?

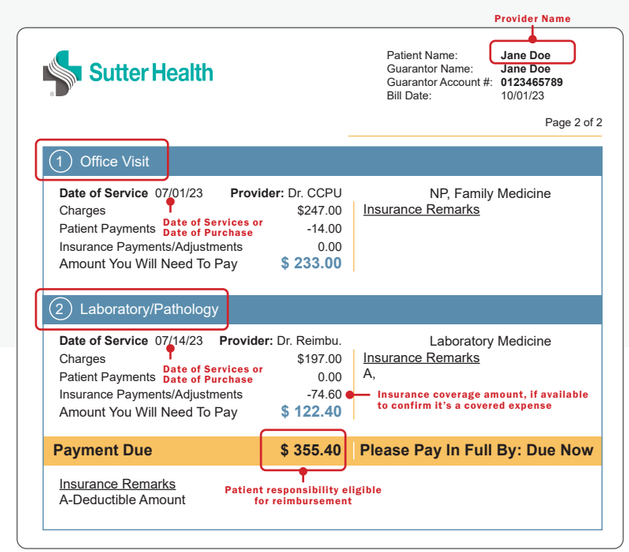
NAME OF PROVIDER:
We need to associate the document with the provider seeking reimbursement

DATE OF SERVICE/GOODS PURCHASED:
We must confirm payment is for services that were incurred in the current plan year and on or after the benefit effective date for the provider

WHAT THE MONIES WERE PAID TOWARDS:
This program has a specific set of eligible expenses depending on the type of benefits you have. We have to have proof the provider paid for services/goods covered by their health insurance plan.

Note: We NEVER need your medical diagnosis. We do need to see that charges were for an eligible expense: Covered Rx, Copay, Coinsurance, Deductible, etc.

AMOUNT:
We need to see the amount needed for reimbursement.



ACCEPTABLE DOCUMENTATION REIMBURSEMENT RECEIPTS

WHO WE ARE

Child Care Providers United ("CCPU") won $100 million for eligible child care providers to reduce or eliminate their healthcare costs. These benefits are provided by the Child Care Providers United California Workers Health Care Fund (the "CCPU Health Care Fund"), a health care trust governed by the Board of Trustees, who are appointed by SEIU Local 521, SEIU Local 99 and the United Domestic Workers/AFSCME Local 3930.

CONTACT US

Child Care Providers United
– California Workers Health Care Fund
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Email: support@ccpuhealth.org

Website: ccpuhealth.org

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