



CCPU
HEALTH CARE FUND

Acceptable Documentation

Proof of Coverage

Ensuring Your QHP Documentation is Acceptable



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.

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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Proof of Coverage

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
P.O. Box 989725
West Sacramento, CA 95716-9725



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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- 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.

 Benefits Confirmation Statement
Generated: July 11th 2023

Your Information:

Name Jane Doe	Home Phone 833-714-6028	Cell	Gender F
E-mail JaneDoe@noemail.invalid	Employee Number 241	Employment Level RFT	Hire Date 1997/06/27
Class NON_EXEC	Division CA	Location CORPORATE	Department Code 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 Start Date	I Understand 01/01/2023	Coverage:	Your Cost: \$0.00
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Basic Employee Life & AD&D:

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

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

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

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

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

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

AETNA - HMO Core Start Date	Employee + Spouse 01/01/2023 01/01/2023	Coverage:	Your Cost: \$140.00
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Voluntary Employee Life and AD&D:

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

[← 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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- 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.

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

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

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

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

Social Security Number: XXX-XX-8888

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
Holiday				1,475.52
PTO				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
Prefax Medical	-184.92*	1,661.58
VolLifeEmployee	-17.35	16.65
VolLifeSpouse	-3.47	
401K	-1,296.11*	3,259.19

Net Pay \$11,736.84
Checking 1 -11,736.84
Net Check \$0.00

Important Notes
YOUR COMPANY PHONE NUMBER IS 714-345-5418
BASE OF PAY: HOURLY

Additional Tax Withholding Information
Taxable Marital Status: CA Married
Exemptions/Allowances: CA \$100 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 \$11,736.84

THIS IS NOT A CHECK

NON-NEGOTIABLE

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

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

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See Next Page

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Proof of Coverage Acceptable

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Premium Bill

Statement Date: 08/28/2023
Your Medicare Number: 1AB2-C34-X134
Last Payment Received: \$0.00 on 00/00/0000
Total Amount Due: \$494.70 by 09/25/2023

SAM SMITH
123 MAIN STREET
IRVINE, CA 92122-0001

*****ALL FOR AADC 913

Want to pay electronically?
• Pay online at Medicare.gov
• Establish online bill pay with your bank
• Enroll in Medicare Easy Pay

Summary of Charges

Coverage Periods	Part A (Hospital Insurance)	Part B (Medical Insurance)	Part B IRMAA	Part D IRMAA	Total Amount
10/01/2023 - 12/31/2023	\$0.00	\$494.70	\$0.00	\$0.00	\$494.70
Total Amount Due:					\$494.70
Due in Full By:					09/25/2023

NOTE: Don't send letters with your payment or write notes on the coupon - this will delay your payment.

VISA/MasterCard/American Express/Discover Accepted:
[] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] []
Expiration Date: (mm/yyyy) [] [] - [] [] [] []
Credit/Debit Card Billing ZIP Code: [] [] [] [] [] []
Signature: _____

Amount You're Paying: \$ [] [] [] [] . [] []
Amount Due: \$ 494.70 Due in Full By: 09/25/2023
Medicare Number: 1AB2-C34-X134

Don't Send Cash. Make check/money order payable to:
CMS Medicare Insurance

Send Payment To:
Medicare Premium Collection Center
P.O. Box 750355
St. Louis, MO 63179-0355

Send just one payment and one coupon per envelope. Write your Medicare Number on your check or money order. Use the return envelope included with your bill.

KAISER PERMANENTE

Issuer: 1234
Rx Bin: 00 1234 000 12
RxGrp: AB

Senior Advantage
CMS-HSD4-003

Profile Medical Record ID:
00 1234 000 12
Name First MI Last
SAM SMITH

Date of Birth
10/1958

ispang MedicareRx

MEDICARE HEALTH INSURANCE

Name/Nombre
SAM SMITH

Medicare Number/Numero de Medicare
1AB2-C34-X134

Identified to/Con derecho a
HOSPITAL (PART A)
MEDICAL (PART B)

Coverage starts/Comienza vigencia
10-01-2023
10-01-2023