

FINAL REPORT

Effective Communication about
Important Insurance Concepts: Results of
Key Word Research

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Executive Summary

This report presents findings and recommendations from Covered California’s Key Word Testing research. Covered California faces the challenge of clearly communicating a number of complex ideas and concepts to its potential customers during the shopping, exploration, and enrollment processes. This research sought to identify which ideas are most challenging to communicate effectively, and then to develop and test possible solutions for explaining them. We also sought to establish final recommendations about how best to present communicate these complex concepts.

NORC and Ogilvy West created the materials to be tested based on consultation with a variety of Covered California professionals and contractors as well as a review of existing evidence and best practices thinking in the field. In the end, much of the material was drawn from existing Covered California information including the recently developed fact sheets. The materials were tailored for the Covered California SHOP (small business) and consumer market segments. Professionals responsible for assisting low-income individuals to navigate the insurance enrollment process (hereafter referred to as “assisters”) were also shown the materials designed for consumers.

Final testing materials, including 13 consumer stimuli and 11 small business stimuli, are available in Appendices IV & V. These stimuli cover five key issue categories:

- ▶ Background on Covered California
- ▶ Type of Plans Available and Their Quality
- ▶ Costs and Incentives
- ▶ Enrollment and Help Available
- ▶ Penalties

To test these materials, thirteen focus groups were conducted between May 14th and 16th. Focus groups were conducted in three cities (San Francisco, Sacramento, and Los Angeles). Sessions were conducted in both English and Spanish. Groups were formed around three distinct populations: consumers who currently had no insurance or were privately insured (58 participants), small business decision makers (36 participants), and those who will assist others with navigating the shopping and enrollment processes (25 participants).

The solutions we tested generally performed well. In general, they were clear and easy to understand. Overall reactions were generally positive. Nevertheless, we identified a number of improvements and refinements that should be made. Thirty-two specific recommendations are identified the concluding recommendations section of the report.

Study Background and Purpose

Covered California faces the challenge of clearly communicating a number of complex ideas and concepts to its potential customers during the enrollment process as well as during the shopping and exploration processes that precede it. Many of these ideas and concepts are also highly sensitive from a marketing/outreach campaign messaging standpoint. This research project was implemented in order to investigate how to best communicate these ideas and concepts

This report presents our findings and recommendations from the research. The project had the following specific objectives:

- ▶ Identify the most important challenging ideas/ concepts that will need to be effectively communicated;
- ▶ Identify existing evidence, or best practices, regarding how to communicate these ideas and concepts;
- ▶ Develop possible solutions to be tested with potential Covered California customers;
- ▶ Test these possible solutions with potential Exchange customers including those with little or no experience with health insurance, and;
- ▶ Develop research-based recommendations about how to best communicate the ideas/concepts.

Study Methodology

In this section we describe the methodology employed by this study. We first describe the development of the information we tested and then review respondent recruitment specifications and the interview/testing protocol.

Information Tested

NORC and Ogilvy West developed the materials to be tested with input from Covered California, CalHEERS, and consultants involved in the creation of the Covered California enrollment portal, including Accenture. To inform the development of the materials, NORC completed an environmental scan of existing evidence and best practices and a review of existing Covered California public communication materials. Peter V. Lee, Executive Director of Covered California, provided an initial list of key terms and issues to focus on, which was supplemented by other Covered California stakeholders. Using this list of key terms and the content from the environmental scan, NORC and Ogilvy West produced the information/language to be tested (referred to here as stimuli since it was what participants were asked to react to during the testing process.) The stimuli were tailored for the small business owner and consumer focus groups. Professionals responsible for assisting low-income individuals to navigate the insurance enrollment process (referred to as “assisters”) were also shown the consumer stimuli.

Final testing materials, including 13 consumer stimuli and 11 small business stimuli, are available in Appendices IV & V. These stimuli cover five key issue categories:

- ▶ Background on Covered California
- ▶ Products Available and Their Quality
- ▶ Costs and Incentives
- ▶ Enrollment and Help Available
- ▶ Penalties

Additionally, several test cards were developed in order to get participant’s reactions to:

- ▶ A short phrase describing Covered California,
- ▶ Alternative terms for health insurance companies,
- ▶ Alternative terms for professionals who assist others in signing up for health insurance, and

These test cards are shown in Appendix VI.

To accompany the stimuli for message testing, NORC produced moderator guides and brief comprehension questionnaires. The brief comprehension questionnaires were designed to confirm understanding of the information prior to the group discussion portion of the testing process. The questionnaires correspond to each of the five issue categories identified above. The moderator guides are shown in Appendices I, II, and III and the comprehension questionnaires are shown in Appendices VIII and IX.

All materials used for testing, including the stimuli, comprehension questions, and moderator guide were shared with Covered California and any edits or comments provided by Covered California were incorporated prior to the start of testing.

Focus Group Interviews

To test these materials, 13 focus group interviews were conducted between May 14th and 16th. Focus groups were conducted in three cities (San Francisco, Sacramento, and Los Angeles). Groups were conducted in both English and Spanish. Groups were formed around three distinct populations: consumers interested in Covered California, small business decision makers interested in Covered California, and those who will assist others with navigating the Exchange. We summarize the size of each group by location, date, and language in Exhibits 1 through 3 below.

Respondent Recruitment

Focus group respondents were chosen based on a number of criteria. Consumers were chosen to represent the Californian population eligible for either Medi-Cal or insurance subsidies. Participants were required to be legal residents of the United States who are involved in the decision making about healthcare for themselves and their family. We attempted to recruit approximately 75% uninsured and 25% individually insured. A mix of income levels were selected with approximately 1/3 having income less than 139% of the Federal Poverty Level (FPL), 1/3 having income between 140-199% of FPL and 1/3 having income between 200-399% of FPL. We also recruited in order to achieve a mix of employment status (75% employed), education (50% less than high school graduate), and gender.

Exhibit 1: Consumer Participants

	San Francisco		Sacramento		Los Angeles	
	English Language	Spanish Language	English Language	Spanish Language	English Language	Spanish Language
Insurance Status						
Yes	1	3	2	2	7	2
No	9	6	8	7	3	8
Income						
0-139% FPL	2	3	4	3	3	4
140-199% FPL	6	3	3	5	3	3
200-399% FPL	2	3	3	1	4	3
Race/Ethnicity						
Asian	1	0	0	0	1	0
African American	2	0	4	0	1	0
Caucasian	4	0	3	0	6	0
Hispanic	1	9	3	9	2	10
Other	2	0	0	0	0	0
Age						
18-34	4	3	4	3	3	3
35-50	3	4	2	4	3	3
51-64	3	2	4	2	4	4
Employment						
Employed	7	6	7	7	7	8
Unemployed	3	3	3	2	3	2
Education						
Less than HS	1	4	4	5	3	4
HS Grad	4	3	0	1	6	3
Some College	5	2	6	3	1	3
Gender						
Male	5	4	6	4	5	5
Female	5	5	4	5	5	5

Small business participants were required to share in decision-making about health care benefits for employees. We attempted to recruit 50% of respondents from businesses with 2 to 24 employees and 50% from businesses with 25 to 50 employees. Seventy-five percent of respondents were chosen from businesses that do not currently offer health insurance to their employees. Only those who were at least somewhat likely to use Covered California for gathering information, comparing plans, or purchasing insurance were recruited. Respondents came from a mix of ethnic backgrounds and genders, and all were over 18 years old. We attempted to ensure that 33% of recruits came from women or minority owned businesses.

Exhibit 2: Small Business Participants

	San Francisco		Sacramento		Los Angeles	
	English Language	Spanish Language	English Language	Spanish Language	English Language	Spanish Language
Insurance Status		n/a	n/a			
Offers	4			8	3	2
Does not offer	4			1	7	7
Race/Ethnicity						
African American	1			0	0	0
Asian	1			0	2	0
Caucasian	3			0	5	0
Hispanic	2			9	2	9
Other	1			0	1	0
Size of Company						
2-24	6			0	5	7
25-50	2			9	5	2
Company Ownership						
Minority-Owned	2			5	1	6
Woman-Owned	2*			4	2	3
Neither	4			0	7	0
Gender						
Male	5			4	3	3
Female	3			5	7	6

* 1 participant was from a woman-owned or minority owned company.

The assisters were drawn from organizations that provide assistance to people in navigating the health insurance sign-up process. Assisters were chosen from the MRMIB database provided to us by Covered California. We stratified based on the language of clients served, the income of clients, and the race/ethnicity of typical clients. All participants in the focus groups were required to be over 18 and we attempted to recruit a mix of males and females.

Exhibit 3: Assister Participants

	San Francisco		Sacramento		Los Angeles	
	English Language	Spanish Language	English Language	Spanish Language	English Language	Spanish Language
Language of Clients Served	English-speaking clients	n/a	n/a	English-speaking clients	Non English-speaking clients	n/a
Income of Clients Served						
Mostly low income	3			2	1	
Mix of low and moderate income	5			3	8	
Mostly moderate income	2			0	1	
Race/Ethnicity of Clients Served						
Asian	1			0	1	
Caucasian	0			0	2	
Hispanic	3			5	0	
Mix	6			0	8	
Age						
18-34	2			2	0	
35-50	4			3	4	
51-64	4			0	6	
Gender						
Male	3			2	3	
Female	7			3	7	

Interview/Testing Protocol

All sessions began with a welcome and overview of the purpose of the research. After a brief group-building discussion centered on what participants current knowledge of the ACA and the coming health care changes, the groups were shown, in turn, each of the stimuli. The stimuli are summarized in Exhibit 4 and presented in full in Appendices IV and V.

Each participant received a copy of the stimuli and was given an opportunity to read it. Participants were then asked to complete a short self-administered questionnaire on the stimuli. Next, they were asked to go through the stimuli and underline unclear or confusing items, words or ideas that they liked or felt positive about, and those they disliked or felt negative about, using a different color to indicate each category.

Moderators then guided participants through a discussion about what they underlined. Participants discussed what they found unclear or confusing in each stimuli, including how or why it was unclear and what might clarify the issue. Next, moderators guided respondents through a discussion of what the participants liked and disliked about the ideas contained in the stimuli, including why they felt as they did.

Groups lasted between two and three hours. Participants were compensated for their time.

Exhibit 4: Summarized Stimuli

Stimuli and Testing Cards Presented	Participant Group		
	Consumer	Assister	Small Business
Stimuli Number and Title:			
1. What is Covered California?	X	X	X
2. How was Covered California created and why?	X	X	X
3. Is Covered California a part of state government? Who pays for it?	X	X	X
4. What insurance is offered by Covered California? - Plus Chart Presenting Different Levels of Health Insurance	X	X	
5. Are these high-quality health plans?	X	X	
6. What determines the cost of health care?	X	X	
7. What help is available to cover the premium costs and how does it work?	X	X	
8. What help is available to help me pay for out-of-pocket costs?	X	X	
9. Who can use Covered California?	X	X	
10. When are plans available?	X	X	
11. How do you shop for and enroll in a plan?	X	X	
12. Can I get help signing up for insurance?	X	X	
13. Do you have to get insurance? What are the penalties and when/how are they collected?	X	X	
4. What insurance products are available?			X
5. Are these high quality health plans?			X
6. What incentives are there for small businesses to buy insurance through Covered California?			X
7. What is the administrative burden for small businesses buying coverage?			X
8. What are my insurance requirements and possible penalties?			X
9. Who can use Covered California SHOP?			X
10. How do employees shop for and enroll in a plan?			X
11. What assistance is available?			X
Testing Cards:			
1. Covered California (Brief Description)	X	X	X
2. Health Insurance Organization Names	X	X	X
3. Health Insurance Assister Names	X	X	

Findings

Overall, consumers, assisters, and small business decision makers responded favorably to all stimuli. While some problem areas were identified (as discussed below and summarized in our recommendations), participants generally found the materials to be clear and informative. In addition, their general reactions to the information were positive.

Below we review detailed findings for each stimulus, presenting first the consumer and assister findings and then the small business decision-maker findings. Because the consumer and assister groups followed the same protocol and had very similar reactions, we combine the two groups in the results presented in this report. We note any instances where the findings diverge.

Consumers

Overall, participants found the materials to be easy to understand and very informative. The data point to a number of areas where improvements are possible, but respondents generally found the material to be clear and helpful in improving their understanding about the issues. For many participants, there was considerable anxiety surrounding the upcoming changes; anxiety that was allayed by the information contained in the tested materials.

Knowledge about Upcoming Changes

At the beginning of the interview, consumer participants were asked about how much they knew about the upcoming changes to the American health insurance system. Most agreed that they had little information about the Affordable Care Act (ACA) and the upcoming changes. Most expressed a belief that they lacked the necessary information to make informed decisions for themselves and their families. When asked what they did know about the broad elements of the ACA, participants most commonly cited components of the law that have received the most media attention (such as the individual mandate and coverage for preexisting conditions). Participants generally believed the changes would be beneficial for people like them but were unfamiliar with the details and unable to articulate exactly how it would be beneficial. As one indicative Spanish-speaking respondent stated, "It's for people like us who don't have health insurance. If it's low cost, we'll get it. If it's high cost, we won't."

Similarly, two of the three assister groups believed that uninsured populations were largely unaware of the details surrounding the implementation of the ACA and the role of Covered California. The other felt that they were at least somewhat informed. One participant in this group felt that uninsured populations "know something is coming but not when it's coming." Additionally, the consensus in one of the assister groups was

they were “only 30% sure of the materials,” despite frequent trainings and the review of materials from Covered California and other sources.

When asked what they most wanted to know about the upcoming health insurance changes, coverage and cost were the most frequent responses. Coverage and cost were also found to be the topics of greatest interest in previous qualitative consumer research. Though some participants also expressed a desire to learn how the changes would affect small businesses and existing programs like Medicare, the majority of participants were focused on how it would affect them and their families. Likewise, the assisters felt costs and subsidies would be the most important factors for the populations they serve. As one participant summarized it, “It really all comes down to how much it costs.”

Testing Card 1: Short Phrase to Describe Covered California

Participants were first asked what they thought “Covered California is California’s new health insurance marketplace” meant. Generally this phrase tested well, though some respondents did have a negative reaction. Since it was tested early in the interview before other information was provided, some found it to be too simple and lacking in detail. This was remedied as more information was circulated and the interview progressed. The pattern seen across the interviews was that the presentation of limited or general information at the beginning prompted requests for more detail. This was due in large part to the very strong interest of participants in understanding the ACA and its implications for their families.

Exhibit 5: Text for Covered California Short Phrase Description Testing Card

▶ Covered California is California’s new health insurance marketplace

Participants initially had a variety of reactions to the brief description. Some thought that it implied the existence of a new health insurance company or broker. Others understood it to be related to the ACA but thought it implied California would be doing something unlike other states.

Participants in all groups commented on the term marketplace and its meaning. For most the term “market” implies both choice and competition. For many participants it also implies purchasing, which was problematic for one participant who thought some options would be free. The Spanish term that was used for marketplace may be problematic as it implies selling and marketing more than the ideas of consumer choice and convenience (see recommendation 1). One assister group felt that the idea of “affordability” was important to include (see recommendation 2). Many in the same group felt that adding the “mandatory” idea would “create urgency, particularly for low-income populations.” However there was disagreement about this and we have not included it in our recommendations. In general, the concept of one-stop-shopping,

competition and consumer choice, which are central to the idea of a marketplace, resonated clearly and positively.

Stimulus 1: What is Covered California?

In general, participants understood this stimulus and found it informative. Participants responded particularly positively to the idea that coverage cannot be refused. Participants also appreciated that Covered California would use simple language to explain the plans and that it would allow comparisons between the plans.

Exhibit 6: Text for “What is Covered California?”

- ▶ Covered California is California’s new health insurance marketplace. It is the place to go for individuals and small businesses that want high-quality health insurance.
- ▶ You can use Covered California to learn about and buy health insurance. You can also see if you qualify for Federal tax credits that can lower the cost of the insurance by up to 90%. Almost three million Californians will qualify for these tax credits. You can also learn if you qualify for no-cost Medi-Cal, a government plan for people with low incomes.
- ▶ There are several ways to shop for and enroll in health insurance at Covered California. You can use a website, call a telephone service center or go to an assistance site in your community.
- ▶ Covered California will offer health insurance from many different private insurance companies. These companies compete for your business.
- ▶ There will be many plans with low premiums and excellent coverage.
- ▶ Covered California will explain prices and benefits in simple language we can all understand. You will not have to guess about your costs. You will have a clear picture of what you are getting before you choose your health plan.
- ▶ Covered California makes it much easier to figure out different health plans and what they cover. You can compare three to six standard plans at the same time. You can make apples-to-apples comparison between the different plans. The choice is yours. You can choose a health plan that meets your health and budget needs.
- ▶ There are health plans for everyone. Health insurance companies cannot refuse to cover you because of a past illness. Everyone your age pays the same monthly cost.

Across all consumer and assister groups there was confusion over the term “tax credits.” Participants were unclear what tax credits were and how they would affect the cost of insurance (see recommendation 3). Participants were also unclear why comparisons were limited to between three and six plans. Consumer participants wondered if that meant that only six plans were available or that it was an artifact of how many plans could be displayed on one page (see recommendation 4). There was some confusion about the relationship of Covered California to the ACA, with some participants thinking that perhaps the state Exchange was something California was setting up in addition to the ACA. This confusion appeared to be clarified as the discussion continued.

Spanish-language participants noted two points of concern. First, the Spanish word for “buy” and “compare” are very similar and thus there was some confusion about whether the Exchange would allow

participants to “buy” multiple plans or “compare” multiple plans (see recommendation 5). Second, “apples-to-apples” is not an idiom used in Spanish. Thus, though translated correctly, it did not resonate with the Spanish-speaking audience (see recommendation 6).

Additionally, some in the assister groups felt that referring to plans as “high-quality” implied either that the current offered plans are low quality, or that the plans will claim to be “high quality” when they are not.

Stimulus 2: How Was Covered California Created and Why?

This stimulus was generally found to be clear and straightforward. Participants were surprised to learn from this stimulus that the state was responsible for implementing the Health Exchanges. Many believed that it would solely be the responsibility of the federal government. When participants learned that California was setting up the first Exchange, many participants viewed this as both a positive (showing California’s initiative) but a few saw it as possibly negative (the California consumers would be, essentially, guinea pigs) (see recommendation 7).

Exhibit 7: Text for “How Was Covered California Created and Why?”

- ▶ Many working families do not have health insurance because their employer does not offer it or they cannot afford it. As a result, they cannot get the health care they need. To solve this problem the U.S. Congress passed the Patient Protection and Affordable Care Act, sometimes called Obamacare. The purpose of the law is to make it easier for people to get good quality, affordable health insurance.
- ▶ To make it easier to get insurance, the health care law allows states to create their own marketplaces, places that offer one-stop shopping for health insurance.
- ▶ California was the first state to create its own marketplace, which is called Covered California. Covered California’s only job is to help Californians get good health insurance they can afford.
- ▶ For those who already have insurance, the law does not require them to make any changes.

Participants had a mixed reaction to the term “Obamacare.” Though most agreed that it was a highly politicized term, and a negative term, some thought it at least clarified what was being discussed as the term is frequently used in the media (see recommendation 8).

Participants also were confused by the second bullet that discusses how the law allows states to create their own marketplaces. Participants didn’t understand how this would help them buy insurance or what purchasing insurance from a state-based Exchange would mean if they were to move to a different state (see recommendation 9).

Stimulus 3: Is Covered California a part of state government? Who pays for it?

Much of this stimulus was considered clear but the final point (discussing who would pay after 2015) was considered unclear by most participants and viewed with cynicism, particularly in the Los Angeles groups.

Exhibit 8: Text for “Is Covered California a part of state government? Who pays for it?”

- ▶ Covered California was set up by the State of California and is a part of state government.
- ▶ Until 2015, the federal government pays for Covered California.
- ▶ It is a part of state government but private companies provide the health plans.
- ▶ By 2015, Covered California will support itself by charging the insurance companies for using it to sell health insurance.

Participants did not understand what would occur in 2015 and how it would affect them. As one participant asked, “If covered California is charging the insurance companies, will that influence the cost of my plan?” Participants found it unlikely that future costs would be borne by the insurance companies as the wording implied. Participants felt that if the Exchange was being paid for by the insurance companies that, ultimately, that meant that consumers would shoulder the cost (see recommendation 10). Some assister participants also argued that there would be confusion and negative reactions to the last bullet, asking if funding was insecure after 2015.

Comprehension scores were measured through self-administered questionnaire given to participants after reading the materials. Participants were not allowed to refer to the materials while completing the comprehension questionnaire. Assisters did not complete the comprehension questionnaire. The average score, 75%, was in line with our qualitative findings.

Stimulus 4: What insurance is offered by Covered California?

Participants in all groups understood and appreciated the metal metaphor, though the Spanish language group appeared slightly less comfortable with the metaphor. Participants appreciated that there were options that would allow people to pick the plan that was best for them. As one participant stated, “Everyone’s [financial means] are different. I know I would want more, but I would probably need to get the bronze plan.” Some participants in both assister and consumer groups thought the metal-tiers imply a value judgment and one assister group recommended colors or more descriptive titles, such as 90/80/70 plans to lessen the judgment. (see recommendation 11). Some assisters suggested replacing the phrase “health plans that cover more of your medical expenses will usually have higher premiums” with the phrase “health plans that cover most of your medical costs will have higher monthly dues.” However, this suggestion was not supported by other assisters nor was “more” considered problematic among any of the consumer groups. There was significant confusion surrounding the catastrophic coverage terminology. Participants were unclear what it meant and

how it related to the metal tiers. Though this confusion was, perhaps, less in the Spanish language groups, consumer and assister participants were unclear if catastrophic coverage was a separate tier or associated with each of the tiers or what its relationship was to the age of the insured. It was also unclear to participants how catastrophic coverage would satisfy the individual mandate for those under 30 (see recommendation 12).

Some participants also seemed confused by the idea of multiple plan choices within each metal tier, questioning why there was a need for so many plans. For many of these individuals, too much choice was perceived to be a negative.

Participants had a number of questions and negative reactions that implied that they did not understand that out-of-pocket expenses would be capped. “It’s forcing you to gamble on your own health” as one participant put it. (See recommendation 13).

Exhibit 9: Text for “What insurance is offered by Covered California?”

- ▶ Covered California will offer four groups of health plans, plus catastrophic coverage. The four groups are called platinum, gold, silver and bronze. Each offers a different level of coverage, from low to high.
- ▶ Within each level, the benefits are the same even if the plans are offered by different health insurance companies. For example, a Silver plan offered by insurance company A is the same Silver plan sold by insurance company B. This makes it easy to compare plans. You can look at cost, the network of hospitals and physicians and pick the plan that is right for you
- ▶ Health plans that cover more of your medical expenses will usually have higher premiums, the cost you pay each month to stay covered. However, if you have higher premiums you will pay less when you receive medical care.
- ▶ Platinum plans have the highest premium. This plan also pays 90% of your covered health care expenses.
- ▶ Gold plans pay for 80% of your covered health care expenses.
- ▶ Silver plans pay for 70% of your covered health care expense.
- ▶ Bronze plans have the lowest premium. The bronze plan pays only 60% of covered health expenses.
- ▶ You can choose to pay more for your plan so that when you need medical care, you pay less. On the other hand, you can choose to pay a lower premium so that when you need medical care, you pay more. You can choose the level of coverage that best meets your health needs and budget.
- ▶ Covered California also offers Catastrophic Coverage for people up to age 30. Catastrophic Coverage is not for day-to-day medical expenses such as doctor visits or prescription medicines. It is for very large medical bills that would be more than you could manage without health insurance. This level of coverage is very affordable and helps young people comply with the law’s requirement that almost everyone have some type of coverage.

Category	Percent of expenses paid by health plan	Percent of expenses paid by individual
Platinum	90%	10%
Gold	80%	20%
Silver	70%	30%
Bronze	60%	40%

Higher percentage of expenses paid by plan



Lower monthly premium payments

Stimulus 5: Are these high-quality health plans?

Participants viewed this page very favorably. Participants liked the idea that these plans were high quality and regulated. They appreciated the breakdown of Essential Health Benefits and found them easy to understand. They also liked that all the plans would be required to have a clear price that was easy to understand and compare

Exhibit 10: Text for “Are these high quality health plans?”

- ▶ Yes. Covered California will offer some of the state’s most well-known health plans and a number of regional or local plans. Covered California sets high standards for health insurance plans. You can be sure that all health plans offered by Covered California meet these high standards.
- ▶ All the health plans must cover health services called Essential Health Benefits. Essential Health Benefits include
 - Doctor visits
 1. Hospital care
 2. Emergency care
 3. Care for pregnant women
 4. Care for newborns and children
 5. Prescription drugs
- ▶ Covered California will only offer health plans with adequate networks of doctors, nurses, specialists and other health care providers.
- ▶ Covered California will also only offer health plans that have been proven to offer high quality medical care.
- ▶ Health insurance companies cannot refuse to cover you because you have been sick before or could not get coverage in the past. This is true for all health insurance companies whether they sell their insurance through Covered California or not.
- ▶ All health insurance plans will have clear prices that are easy to understand and compare.
- ▶ Covered California will be your point of contact when you shop and enroll. Covered California will also be available to help you after you buy your plan. If you have a problem with your health plan Covered California will help you fix it. Covered California will help every step of the way.

Consumer and assister participants, though appreciating the desire to offer high quality plans, were unsure what would be considered high quality in practice. The participants did not equate Essential Health Benefits with high quality and wished for more detail on exactly what was considered high quality. There was lack of clarity about who was setting the standards and some simply did not believe that the plans would be high quality. In the assister groups, some thought “adequate networks” was negative and may be interpreted as “minimum requirement” or that the network has “just enough” (see recommendation 14).

Among the Spanish-language audience, there was significant confusion about the difference between emergency room care and urgent care, attributable to the similarity of these terms in Spanish (see recommendation 15).

Testing Card 2: Referring to Health Insurance Companies

Participants were shown a test card containing five potential terms for health insurance companies. Participants were asked which of the terms was best for referring to a company that offers health insurance plans (rather than referring to the plans themselves).

Exhibit 11: Text for “Referring to health insurance companies” Testing Card

- ▶ Health insurance plans
- ▶ Health insurance carriers
- ▶ Health insurance companies
- ▶ Health insurance providers
- ▶ Health insurers

There was a clear language division in participants’ reaction to the terms. Among the Spanish speakers, participants in the consumer and assister groups preferred “health insurance plans.” Even though they agreed that this term somewhat confused “plans” and “companies,” most participants felt that “health insurance plans” is what is typically used to refer to health insurance companies. They also felt that “health insurance providers” was a reasonable term, although assisters noted that providers often refer to doctors. Among English speakers, there was a preference for “health insurance companies” or “health insurance providers” or “health insurance plans” (see recommendations 16).

Comprehension scores for these stimuli, 77%, supported our qualitative findings.

Stimulus 6: What determines the cost of health care?

Participants generally viewed this stimulus favorably, particularly the idea that many Californians will qualify for a subsidy. However, there was confusion about the out-of-pocket costs even with the provided explanation.

Co-insurance was found to be confusing among the English language consumer groups but was not as confusing to the Spanish language consumer groups (see recommendation 17). Participants across all assister groups reported that the concept of co-insurance requires additional explanation, particularly its relationship to other out-of-pocket costs. Both groups had questions about the reference to cost-savings programs. Though appealing, participants wanted more detail in order to understand if they would qualify for cost savings. This information was forthcoming in subsequently circulated materials.

Among the Spanish language group, this stimulus is suggesting that consumers may be penalized if they visit a doctor too frequently. Therefore, the explanation of out-of-pocket costs will need to be modified (see recommendation 18).

Exhibit 12: Text or “What determines the cost of health care?”

- ▶ Your total health care cost is the monthly premium you pay for the health insurance plus out-of-pocket costs you pay when you receive care.
- ▶ The premium is the amount that must be paid for your health insurance or plan. You and/or your employer pay it every month.
- ▶ Out-of-pocket costs are what you pay for health care including deductibles, coinsurance and copayments as well as any services that are not covered. Out- of-pocket costs are on top of premium costs. The most common out-of-pocket costs are:
 1. Deductible -- the amount you pay each year for health care services before your insurance plan starts to pay. The deductible will be different for each health plan. Most insurance plans will pay for preventive care like vaccines even before you meet the deductible.
 2. Copayments -- fixed amounts you pay for a health care service, such as a doctor’s office visit or a visit to the emergency room. Covered California’s standard benefit plans use copayments because they are easy for you.
 3. Coinsurance -- your share of the cost of a covered health care service after the deductible is paid.
- ▶ The amount you will pay for out-of-pocket expenses depends on how often you use health care services. If you do not need much health care, you will not have a lot of out-of-pocket health expenses.
- ▶ Many Californians will qualify for cost-saving programs to lower their premium and out-of-pocket costs.
- ▶ Covered California will make it easy for you to see what your premium and out- of-pocket costs will be before you enroll.

Stimulus 7: What help is available to cover the premium costs and how does it work?

As noted for stimulus 1, participants had difficulty understanding the meaning of “tax credits” and differentiating between tax credits and tax deductions (see recommendation 19). Consumer and assister participants were also unclear about how the tax credit related to the option of maintaining existing coverage (as the text states that only plans purchased through Covered California qualified for a credit). It was unclear whether those maintaining current coverage would receive a tax credit of any kind. (See recommendation 20).

While they stated that further explanation was needed, assister group participants indicated that the tax credit example for a family of four people was a helpful illustration. One participant summarized: “Spelling out the math is very helpful. Families will be able to see what they will pay.”

Exhibit 13: Text for “What help is available to cover the premium costs and how does it work?”

- ▶ The federal government offers tax credits to lower health insurance costs. A tax credit is a dollar amount taken off the taxes you would otherwise owe at the end of the year. A tax credit gives you a price break on your monthly premium cost.
- ▶ You might be able to get a tax credit if you are an eligible U.S. citizen or legal immigrant.
- ▶ The amount of your tax credit depends on your income, the size of your family and the cost of health insurance. Tax credits are on a sliding scale. In other words, if you make more money, you will get a smaller tax credit and less financial help.
- ▶ Many working families will qualify for a tax credit. A family of four can earn up to \$94,200 a year and still get a price break on their premium. Here is an example of how the tax credits work:
 1. Health insurance for a family of four is about \$1,028 per month. If a family earns about \$50,000 per year, they could get a tax credit of more than \$738 per month. With the tax credit, the family’s cost falls to about \$290 a month for an average silver-level health plan. The tax credit pays the remaining \$738. Here, the tax credit covers 72% of the cost.
- ▶ The federal government pays your tax credit directly to the insurance company at same time you buy insurance. After you enroll, the government will make their payment every month and you must make your payment every month. If you stop paying your part of the premium, you will lose your coverage.
- ▶ You can only get the tax credit if you buy health insurance through Covered California.
- ▶ At the end of the year, the government will look at your federal income tax return to see if you earned the same amount you reported when you applied for health insurance and tax credits. There will be a settlement to be sure you received the correct tax credit – no more, no less.
- ▶ You must report income changes. If your income goes down, you may be able to get more financial help. If your income goes up, you may need to repay tax credits you have already received. It is important to report any changes in your income correctly and every time.

Stimulus 8: What help is available to help me pay for out-of-pocket costs?

Consumer group participants found the presentation about out-of-pocket limits to be very informative. Many participants had questions during prior stimuli that were clarified once they discovered that out-of-pocket expenses would be capped. Participants in the assister groups suggested this section might be “too wordy” and confusing for potential consumers (see recommendation 21). One assister group participant suggested summarizing the message as: “the less income you make, the less you pay.” Another participant explained that the out-of-pocket spending limit has a wide range and that consumers will want to know “which limit lines up with their income level.”

Exhibit 14: Text for “What help is available to help me pay for out-of-pocket costs?”

- ▶ Covered California has worked hard to offer benefit plans where you can easily figure out most of your out-of-pocket costs. All of the plans will have an annual limit on what you would spend out-of-pocket for covered expenses each year. This amount ranges from a low of \$2,250 to a high of \$6,400. Your annual limit is based on your income. People with lower incomes will have a lower yearly limit. They will not have to pay as much for out-of-pocket costs.
- ▶ Remember that many preventive health care services do not cost you anything. Any health plan from Covered California will pay for services like vaccinations, cancer screenings and preventive care for infants, children, and adolescents with no cost to you.

Participants viewed the inclusion of preventative services very positively.

Comprehension scores for these stimuli, 75%, supported our qualitative findings.

Stimulus 9: Who can use Covered California?

Participants generally viewed this information as very clear. There was some question about coverage for those under 18 which may suggest the need to clarify that dependents are covered by their parent’s plans. There was also some question about the wording of the Medicare statement, which suggested to some that Medicare coverage may change (see recommendation 22). Participants of the assister groups also raised questions about coverage for undocumented residents of California.

Among the assisters there was some uncertainty about what would happen under different immigration circumstances. For example, what would be appropriate for an undocumented resident who became a legal resident after open enrollment? They also wondered if family members here illegally would be covered on plans purchased by a legal immigrant (see recommendation 23).

Exhibit 15: Text for “Who can use Covered California?”

- ▶ People can use Covered California if they are legal residents of California and are seeking coverage as an individual (including their family) or as a small employer with two to 50 employees.
- ▶ Covered California is available for people 18-64. People over 65 can still enjoy their Medicare benefits.
- ▶ If you have insurance through your job but cannot afford to cover your spouse or children under that plan, you can use Covered California to make sure your whole family is covered.

Stimulus 10: When are plans available?

Though this stimulus was understood among consumer group participants, there was some dissatisfaction with how open enrollment works. Some argued that penalties were unfair, especially if participants later

attempted to rectify their error and then enroll. Members of the assister groups thought that consequences of missing the open enrollment period needed to be more clearly stated.

Exhibit 16: Text for “When are plans available?”

- ▶ Covered California opens enrollment on October 1, 2013. You can enroll through March 31, 2014 for coverage in 2014. If you do not enroll during this period, you may not be covered.
- ▶ The next open enrollment period begins in October 2014 for coverage in 2015.
- ▶ Open enrollment is the only time you can get health insurance unless you have a life-changing event, such as the loss of a job, death of a spouse or birth of a child. If you have such an event, you can enroll within 60 days of the event.

Participants found the concept of a life changing event easy to grasp.

Stimulus 11: How do you shop for and enroll in a plan?

Consumer and assister group participants viewed this stimulus as clear and universally viewed it positively.

Participants had no negative comments or suggestions for improvement.

Exhibit 17: Text for “How do you shop for and enroll in a plan?”

- ▶ Covered California (at Covered.CA.gov) gives you all the information you need about health insurance in clear and simple terms. You will not have to guess about your costs. You will get a clear picture of what you pay and what you get. You can sign up whenever you want during the enrollment period.
- ▶ You can apply for insurance online, by phone, by mail or in person.
- ▶ You will need your home zip code, income, number of people being enrolled (whole or partial family), and the age of each person when you apply.
- ▶ You only need to complete one application, one time in order to buy health insurance.

Stimulus 12: Can I get help signing up for insurance?

This language was also well understood and viewed favorably. One participant felt the term “certified” may be unclear, but the rest of that group had no issue with the term. None of the other groups found the “certified” or anything else to be confusing or negative.

One of the assister group members suggested that specific examples should be provided for the location of trained professionals offering assistance to consumers in their communities. The member explained: “Community is very broad. Where will I be able to find assistance in my community? Will it be at the grocery store?” (See recommendation 24.)

Exhibit 18: Text for “Can I get help signing up for insurance?”

- ▶ Assistance will be available to help you in your community. Trained professionals will give you expert advice and support in shopping for a health plan and enrolling.
- ▶ There are other people to help answer your questions or enroll you online or by phone through the Covered California Customer Call Center.
- ▶ Covered California also will certify many health insurance agents so that they can help you select and enroll in the right plan.
- ▶ Whatever you prefer, it will be easy to do business with Covered California.

Testing Card 3: Term for assisters

Participants were shown an exhibit with nine potential terms to describe a professional who assists consumers with navigating the insurance shopping and enrollment process.

Exhibit 19: Text for “Terms for Assisters” Testing Card

- ▶ Covered California Navigators
- ▶ Covered California Assisters
- ▶ Covered California Customer Service Agents
- ▶ Covered California Insurance Advisors
- ▶ Covered California Insurance Guides
- ▶ Covered California Insurance Helpers
- ▶ Covered California Personal Shoppers
- ▶ Covered California Insurance Counselors
- ▶ Covered California Representatives

Consumer participants did not express a clear preference for any of the terms. The Spanish language participants gravitated somewhat towards “insurance helpers” and “insurance counselors” and universally disliked “shoppers” and “guides.” In the English language consumer groups there was dislike for the term “assisters” and support for the terms “counselors” and “representatives.” The “navigator” term generally tested poorly across the group interviews as did “customer service agent.” The term “assisters” tested positively in all assister groups. (See recommendation 25.)

Comprehension scores for these stimuli, 93%, supported our qualitative findings.

Stimulus 13: Do you have to get insurance? What are the penalties and when/how are they collected?

Consumer group participants found this stimulus to be straightforward, though they viewed the content negatively. The treatment of fines was found to be somewhat confusing. Participants were unclear if the

penalty amounts were per month or per year. They also did not understand why the fines increased over time. Participants also viewed the fines unfavorably, arguing that those who will not get insurance are those who can least afford it and, thus, are least able to cope with a penalty.

Assister group participants thought reference to the individual mandate would be confusing for potential consumers as would exceptions to the mandate. One assister explained: “All the points are saying ‘need insurance, need insurance, need insurance,’ but then you say you won’t be penalized if you fit into a certain category. Everyone is going to try to figure out how to fit into one of those categories.” Another assister agreed: “Don’t bother defending the mandate. Just explain it and tell people what they have to do.” Participants also thought that the penalty amount required more clarification (see recommendation 26).

Exhibit 20: Text for “Do you have to get insurance? What are the penalties and when/how are they collected?”

- ▶ The new health care law says that most people must have health insurance by 2014 or pay a penalty. It is called the “individual mandate.” It helps ensure that everyone who can afford to contributes something to the cost health care when they need it. Insurance can be from your employer; insurance you buy yourself or Medi- Cal coverage. You do not need to get insurance or pay penalties if you:
 1. Would have to pay more than eight percent of your income for health insurance.
 2. Have an income below the level required for filing taxes.
 3. Qualify for religious exemptions.
 4. Is an undocumented immigrant.
 5. Are in jail or prison.
 6. Are a member of a federally recognized Native American tribe.
- ▶ The amount of the penalty is based on the number of months you are without coverage. There is no penalty if you have a gap in coverage that is less than three months in a year.
- ▶ The penalty is based on the greater of two amounts: a flat dollar amount or a percentage of your household income. The penalty goes up every year starting in 2015 and will increase by the cost-of-living adjustment.
- ▶ Here are examples of the penalty:
 1. 2014: \$95 per adult and \$47.50 per child (up to \$285 for a family) or 1 percent of family income.
 2. 2015: \$325 per adult and \$162.50 per child (up to \$975 for a family) or 2 percent of family income.
 3. 2016: \$695 per adult and \$347.50 per child (up to \$2,085 for a family) or 2.5 percent of family income.

Comprehension scores for these stimuli, 66%, supported our qualitative findings.

Small Business

Like consumers, small business group participants generally found the stimuli to be easy-to understand and very informative and helpful. They were somewhat more knowledgeable than the consumers and more comfortable with the terminology being used. Reactions to the information were generally positive.

Knowledge about Upcoming Changes

Small business group participants reported that had little information about the ACA and the upcoming changes. Though some understood that companies with 50 or more employees would be required to provide insurance for their workers, most were unaware of how the law would affect them and their businesses. In one group, respondents were asked to rate their knowledge of the ACA on a scale of one (not at all informed) to 10 (consider themselves ACA experts). The majority of participants rated themselves around three.

Small business group participants most wanted to know the specifics about the new law and how Covered California would facilitate the insurance process for their employees. For example, how it would affect undocumented workers or those with criminal records. Small businesses were also interested in learning if the 50 employee minimum covered part-time and full-time employees or only full-time employees. As with consumers, cost was also a major concern. As one participant stated, “I’m just barely making my bills and business is really low right now. If I can’t pay for the insurance, what are the consequences?”

Testing Card 1: Short Phrase to Describe Covered California

As with consumers and assisters, “Covered California is California’s new health insurance marketplace” generally tested well. Participants liked that it “felt positive” and implied a place offering options and flexibility to small employers. One participant explained: “The phrase empowers me.” Another said it “it’s somewhere I can go and learn, even if I’m not making changes.” These types of reactions were common in the small business group interviews.

Exhibit 21: Text for “What is Covered California?”

▶ Covered California is California’s new health insurance marketplace

Stimulus 1: What is Covered California?

Participants found this stimulus to be clear and easy to understand, though at this point participants wanted more information, most of which was provided in later stimuli. Some participants expressed surprise that providing insurance wasn’t obligatory and were happy to learn that small businesses were exempt. There was one source of confusion for some—they wondered exactly how the 50 employee threshold would be defined in practice (see recommendation 27).

Exhibit 22: Text for “What is Covered California?”

- ▶ Covered California is California’s new health insurance marketplace. It is the place to go for individuals and small businesses that want affordable, high- quality health insurance.
- ▶ Starting in October 2014, employers will find that providing health insurance for employees is easier than ever before. Covered California’s Small Business Health Options Program, or SHOP, provides one portal where employers can research and compare different health plans from competing insurance companies. There will be a broad selection of private health plans and coverage options usually only available to large employers.
- ▶ Covered California puts all your options for health insurance in one place, which makes it easier to look at different health plans. Covered California helps you make apples-to-apples comparisons between the health plans.
- ▶ Information about prices and benefits is presented in clear terms so you do not have to guess about coverage or costs. You get a clear picture of what you are paying and what you are getting before choosing a health plan.
- ▶ All small businesses have to do is choose the level of coverage and benefits they want to offer. Their employees can then choose whatever plans they want within this level or opt for plans at a higher level and pay the difference themselves. Businesses will receive one monthly bill from Covered California regardless of the different plans chosen by employees. Employees can even enroll online through Covered California, thus relieving small businesses of the need to manage enrollment paperwork.
- ▶ Many small businesses will be eligible for a Federal tax credit that will offset up to 50% of the cost of providing group coverage to employees.
- ▶ Covered California SHOP initially will be limited to employers with fewer than 50 employees but expanded later to accept larger groups. Participation is entirely voluntary. There is no requirement that companies with fewer than 50 employees offer health insurance.

Stimulus 2: How Was Covered California Created and Why?

Generally, participants found this language easy to understand and viewed it favorably. Participants liked that the marketplace will offer “one-stop-shopping” and that health insurance plans would be good quality and affordable. Participants expressed some confusion as to why states were running the exchanges and concern that in launching one of the first exchanges, California would act as a “guinea pig” for other states (see previous recommendation 7).

Exhibit 23: Text for “How Was Covered California Created and Why?”

- ▶ Many working families do not have health insurance because their employer does not offer it or they cannot afford it. As a result, they cannot get the health care they need. In order to solve this problem the U.S. Congress passed the Patient Protection and Affordable Care Act, sometimes called Obamacare. The purpose of the law is to make it easier for people to get good quality, affordable health insurance.
- ▶ To make it easier to get insurance, the health care law allows states to create their own marketplaces, or exchanges, to offer one-stop shopping for health insurance.
- ▶ California was the first state to create its own marketplace, which is called Covered California. Its only job is to help individuals and small businesses get good health insurance they can afford.
- ▶ For those who already have insurance, the law does not require them to make any changes.

Stimulus 3: Is Covered California a part of state government? Who pays for it?

Participants expressed confusion and uncertainty about what would happen in 2015. Like the consumer participants, small business group participants believed that the insurance companies would simply pass the cost of using the Exchange on to consumers and small business customers of the Exchange.

Exhibit 24: Text for “Is Covered California a part of state government? Who pays for it?”

- ▶ Covered California was set up by the State of California and is a part of state government.
- ▶ Until 2015, the federal government pays for Covered California.
- ▶ It is a part of state government but private companies provide the health plans.
- ▶ By 2015, Covered California will support itself by charging the insurance companies for using it to sell health insurance.

Comprehension scores were measured through self-administered questionnaire given to participants after reading the materials. Participants were not allowed to refer to the materials while completing the comprehension questionnaire. The average score, 71%, supports our qualitative findings.

Stimulus 4: What insurance products are available?

Participants responded favorably to the choice and flexibility suggested by this stimulus. They appreciated that there were different levels of insurance products offered and that they could pick the one that best met their businesses’ needs.

There was some confusion among small business group participants about the meaning of catastrophic coverage (similar to among the consumer participants). Participants also were concerned about out-of-pocket expenses fearing that the small business might be responsible in the event of a catastrophic event, although this was cleared up once information about out-of-pocket limits was reviewed. Employers also wondered

about why catastrophic coverage was only offered for individual under 30 years old. Some felt this was unfair and expressed a desire to provide all of their employees the same options.

Exhibit 25: Text for “What insurance products are available?”

- ▶ Covered California will offer small employers a number of different plans. You decide how much you will contribute to your employee coverage, who you will cover, and if you want to include their dependents. You also can find out if you can get tax credits to help pay your premiums.
- ▶ Covered California will offer four categories of health plans plus catastrophic coverage. The four categories of coverage are associated with metal rankings: platinum, gold, silver and bronze. This ranking system will make it easy to compare plans in the same category or across categories. As the metal category increases in value, so does the percent of medical expenses that a health plan will cover. These expenses happen at the time of health care services – when you visit the doctor or the emergency room, for example. The health plans that cover more of your medical expenses usually have a higher monthly payment but you will pay less whenever you receive medical care.
 1. Platinum plans have the highest premium payment. However, the platinum plan also pays 90 percent of covered health care expenses.
 2. Gold plans will pay 80 percent of covered health care expenses.
 3. Silver plans will pay 70 percent of covered health care expenses.
 4. Bronze plans have the lowest premium payment. However, the bronze plan will pay only 60 percent of covered health care expenses
- ▶ You can choose to pay a higher monthly cost so that when your employees need medical care, they pay less. Or you can choose to pay a lower monthly cost so that when your employees need medical care, they pay more. You can choose the level of coverage that best meets your company’s insurance needs and budget.
- ▶ Covered California also offers Catastrophic Coverage for people up to age 30. Catastrophic Coverage is not designed for day-to-day medical expenses like doctor visits or prescriptions. It is designed to cover excessive medical bills that almost would be more than you could manage financially.

Stimulus 5: Are these high-quality health plans?

Small business participants generally expressed a better understanding of high-quality plans than consumers. They liked that the essential health benefits were explicitly listed and appreciated that clear prices would be given. They found this stimulus to be straight forward and clear, generally, but felt that the final bullet (on “where to go if you have problems”) was unclear. As one participant stated “How can Covered California fix something that Blue Cross-Blue Shield did wrong?” Participants felt that additional details on the types of problems that Covered California could assist with would be useful (see recommendation 28).

Exhibit 26: Text for “Are these high-quality health plans?”

- ▶ Yes. Covered California will offer some of the state’s most well-known health plans and a number of regional or local plans. All the insurance plans, including those sold outside Covered California, must offer coverage for all the Essential Health Benefits. These Essential Health Benefits include:
 1. Ambulatory patient services
 2. Emergency services
 3. Hospital care
 4. Maternity and newborn care
 5. Mental health and substance use disorder services, including behavioral health treatment
 6. Prescriptions
 7. Rehabilitative and habilitative services and devices
 8. Lab services like blood tests
 9. Preventive and wellness services and managing chronic disease
 10. Pediatric services, including oral and vision care
- ▶ Covered California has established other high standards that all plans sold through Covered California must meet. These standards ensure that the plans have good networks of physicians and other health care providers and have demonstrated that they offer high quality medical care.
- ▶ All the plans will have clear prices that are easy to understand and compare.
- ▶ Covered California will be your point of contact during shopping, enrollment, and after you buy your plan. If you have a problem with your health plan, Covered California will help you fix it. Covered California will help every step of the way.

Comprehension scores for these stimuli, 81%, supported our qualitative findings.

Testing Card 2: Referring to Health Insurance Companies

Small business participants were also shown a test card containing five potential terms for health insurance companies. Participants were asked which of the terms was best for referring to a company that offers health insurance plans (rather than referring to the plans themselves). There was again a clear language division in participant’s reaction to the terms. Among the Spanish speakers, participants preferred “health insurance plans.” Among English speakers, there was a preference for “health insurance company” or “health insurance provider”(see previous recommendation 16).

Exhibit 27: Text for “Referring to health insurance companies” Testing Card

- ▶ Health insurance plans
- ▶ Health insurance carriers
- ▶ Health insurance companies
- ▶ Health insurance providers
- ▶ Health insurers

Stimulus 6: What incentives are there for small businesses to buy insurance through Covered California?

There was substantial confusion on this stimulus among small businesses participants. Participants concentrated on the language in this stimulus which suggested that businesses are eligible for credits during the 2010 through 2013 tax years. Participants did not know if this meant they could get retroactive credits. Participants appreciated the detail provided but felt it was too limited in terms of who could access the incentives and the various thresholds for incentives. There was also substantial confusion over what was meant by the statement that “the tax credit is available for a total of two consecutive years.” Further confusion was expressed around how the tax credits apply for growing businesses (e.g., for businesses that did not have 50 employees or pay an average of \$50,000 or more at one point in the year but did for a later part of the year. See recommendation 29).

Exhibit 28: Text for “What incentives are there for small businesses to buy insurance through Covered California?”

- ▶ Some employers who buy insurance through Covered California SHOP will be eligible for a federal tax credit that could offset up to 50 percent of their premium costs.
- ▶ Businesses that provide health care coverage are eligible for tax credits if, for the tax year, they have 25 or fewer full-time equivalent employees, and paid an average annual salary of less than \$50,000. To qualify for tax credits, the employer must also contribute at least 50 percent toward the employee's premium cost. This contribution requirement also applies to add-on coverage including vision, dental and other limited-scope coverage.
- ▶ Employers with 10 or fewer full-time equivalent employees having an annual wage of \$25,000 or less qualify for the maximum tax credit.
- ▶ Nonprofit or tax-exempt employers must meet the same criteria as other small businesses and their tax credits will be lower.
- ▶ There are two phases of tax credits that help employers with fewer than 50 employees cover premium costs. The first phase covers tax years 2010-2013. During this initial period, there is a maximum tax credit of up to 35 percent of the employer's eligible premium expenses. The second phase begins in tax year 2014, when the maximum tax credit increases to 50 percent of premium expenses and is only available to small businesses that purchase insurance through Covered California SHOP.
- ▶ The tax credit is available for a total of two consecutive years.

Stimulus 7: What is the administrative burden for small businesses buying coverage?

Participants viewed this stimulus positively though the second bullet (explaining how employers and employees pick plans) was unclear. Participants were confused about what the term “benchmark plan” was referring to in this statement, particularly since the term is used only in this stimulus. The ability of employees to upgrade their coverage was seen as a significant benefit (see recommendation 30).

Exhibit 29: Text for “What is the administrative burden for small businesses buying coverage?”

- ▶ Covered California’s online insurance marketplace will simplify the process of shopping for a group health plan. Employers will be able to easily compare plan choices and premium prices at all coverage and benefit levels. Those who want personal help can contact a certified agent or a Covered California representative by telephone.
- ▶ All employers have to do is choose the level of coverage and benefits they are interested in providing. Then they provide employees the choice of any plan offered at this level. Employers help manage their own budgets by choosing a benchmark plan and setting the amount they will contribute toward its purchase. Employees are still allowed to select the plan that best meets their unique needs. If the cost is higher than for the employer’s benchmark plan, the employee can pay the difference.
- ▶ Covered California will handle premium collection as well as enrollment and plan payments to make the process as simple as possible for small employers. Even if your employees choose different plans, you only need to make a single payment to Covered California. Covered California will distribute that payment accordingly.

Comprehension scores for these stimuli, 66%, supported our qualitative findings.

Stimulus 8: What are my insurance requirements and possible penalties?

Participants understood this stimulus and thought most of it was very clear. Participants expressed confusion about language in the second bullet point that describes when small businesses will be penalized for not offering insurance. In particular, participants thought the language used in the final sentence of the second bullet point could be clarified (see recommendation 31).

Exhibit 30: Text for “What are my insurance requirements and possible penalties?”

- ▶ The health care law does not require all businesses to provide insurance. Businesses with fewer than 50 full-time equivalent employees can choose to provide coverage but will not face penalties if they do not.
- ▶ Beginning in 2014, businesses with 50 or more full-time equivalent employees may have to pay a penalty if they do not provide minimum essential coverage to full-time employees. These businesses will be required to pay a penalty if their employees receive a tax credit from the federal government to offset the cost of health insurance they buy on their own. Many low and moderate income individuals who buy insurance on their own will receive these tax credits to make the insurance affordable. The assessment for a large employer that does not offer coverage will be \$2,000 per full-time employee beyond the company's first 30 workers.
- ▶ Businesses with 50 or more full-time equivalent employees may pay a penalty if they do not offer coverage for employees who work an average of 30 or more hours per week. Note that there is no penalty for part-time employees not offered coverage.
- ▶ The Internal Revenue Service collects penalties via tax payment.

Comprehension scores for these stimuli, 83%, supported our qualitative findings.

Stimulus 9: Who can use Covered California SHOP?

This material tested well. It was easy to understand and was viewed either positively or neutrally. Participants had no suggestions on how it could be changed or improved.

Exhibit 31: Text for “Who can use Covered California SHOP?”

- ▶ Right now, only employers with fewer than 50 full-time equivalent employees can use Covered California SHOP. This program is designed specifically for these employers to get expanded opportunities to offer a variety of health plans to their employees.
- ▶ If your business has 50 or more full-time equivalent employees but no more than 100, you will be able to buy insurance through Covered California starting in October 2015 for coverage that begins in 2016.

Stimulus 10: How do employees shop for and enroll in a plan?

This material tested well. It was easy to understand and there were no negative reactions. One person felt that the term “portal” was confusing but the remaining participants all felt it was clear. Participants unanimously viewed the lack of an open enrollment period as a positive benefit.

Exhibit 32: Text for “How do employees shop for and enroll in a plan?”

- ▶ Once an employer chooses the level of coverage, their employees can use Covered California’s one-stop shop to compare the optional plans available to them, and choose the health plan that best meets their needs. There is no open enrollment period, so employees can enroll whenever they choose.
- ▶ Covered California offers a single portal to help you with enrollment and ongoing management of health insurance. Your employees only need to complete one application, one time to apply for any health plan.

Stimulus 11: What assistance is available?

Participants understood this stimulus and particularly appreciated the language that Covered California was their “advocate and benefits manager.” One participant was skeptical that the administrative burden could really be handled by Covered California, but all viewed the possibility that Covered California would cover this burden as a positive.

Exhibit 33: Text for “What assistance is available?”

- ▶ Covered California will have trained community-based professionals available to provide expert advice and support in shopping for a health plan and enrolling. Help also will be also available on line and by phone through a customer service center.
- ▶ Covered California is your advocate and benefits manager. Beyond the shopping and enrolling process, Covered California will handle most of the administrative burden of health insurance, including billing and questions about claims.
- ▶ Covered California expects California health insurance agents to be an important outreach and enrollment channel for businesses and for the individual market. Covered California is working closely with insurance brokers and agents to make sure they continue to serve you in the best, most informed way possible. Insurance agents certified by Covered California can enroll their clients through Covered California. If you are using an insurance agent now, you may continue to do so and still take advantage of health insurance offered through Covered California.

Comprehension scores for these stimuli, 89%, supported our qualitative findings.

Recommendations

The following recommendations flow from the research:

Recommendation 1 (Consumer Test Card 1):

The Spanish term for “marketplace” seems to connote selling and marketing more than consumer choice and convenience. In the Spanish materials, Covered California should find language that emphasizes the benefits of a marketplace for consumer choice and convenience.

Recommendation 2 (Consumer Test Card 1):

Consider changing text to add the term “affordable” or the idea of affordability. For example, the description might be changed to “Covered California is California’s new health insurance marketplace, the place to go for affordable coverage.”

Recommendation 3 (Consumer Stimulus 1):

Clarify the term “tax credits.” Consumers of the information will benefit from an explanation of what a tax credit is and how it affects what they will pay for insurance even when general information about Covered California is being disseminated.

Recommendation 4 (Consumer Stimulus 1):

Use a general term such as “many” or “various” when describing the number of plans offered through Covered California. Participants were unclear why comparisons were limited to three to six plans only.

Recommendation 5 (Consumer Stimulus 1):

A small number of Spanish speakers initially confused the word “buy” with “compare” when reading materials quickly. It may be helpful to underline the Spanish word for “compare” in materials to add emphasis.

Recommendation 6 (Consumer Stimulus 1):

The idea of the “apples-to-apples” idiom resonates with Spanish speakers while the phrase itself does not. Remove the idiom “apples-to-apples” from Spanish materials and replace it with an appropriate Spanish phrase that emphasizes the ability to compare plans equally.

Recommendation 7 (Consumer Stimulus 2):

Remove reference to California being first to set up a Health Exchange.

Recommendation 8 (Consumer Stimulus 2):

Use the term “Obamacare” sparingly or as simply an introduction to discussing the Affordable Care Act.

Recommendation 9 (Consumer Stimulus 2):

Describe more clearly why state exchanges were set up rather than one federal exchange. Include information on how coverage may change for individuals and families who move to a different state under a state plan.

Recommendation 10 (Consumer Stimulus 3):

Given that participants did not understand what would occur in 2015 and how it would affect them, remove reference to specific timeframe and focus instead on fact that neither consumers nor tax payers will be charged for maintaining the Exchange. One solution might be to say “In the future the Health Exchange will be self-funded and not tax payer funded.”

Recommendation 11 (Consumer Stimulus 4):

Given that participants had mixed reactions to the use of the metal theme for tier names with some associating metals with a judgmental tone, consider the feasibility of other possible tier themes. Participants suggested utilizing colors, basic/advance/preferred, or the 90/80/70 plan.

Recommendation 12 (Consumer Stimulus 4):

Include Catastrophic Coverage in the description of each medal tier to alleviate confusion of whether it is a separate tier or an option in any tier. One assister participant suggested that the plan be marketed as a “youth plan” with coverage for accidents only to provide clarification. Describe more clearly the relationship to the age of the insured. Spanish speakers may initially be alarmed by the term Catastrophic Coverage, but quickly understand the description. It is important to keep the name “Catastrophic Coverage” consistent in Spanish and English materials to avoid confusion when signing up for health insurance.

Explain the benefits of choice and options especially in regards to multiple plan options within each medal tier.

Recommendation 13 (Consumer Stimulus 4):

When describing metal tiers and levels of coverage, clearly state that out-of-pocket expenses are capped.

Recommendation 14 (Consumer Stimulus 5):

Modify the discussion about quality to make it more clear that quality has multiple dimensions. Make it clear who sets the standards and how they were devised. Replace or rephrase term “adequate networks” as it was interpreted negatively by some study participants.

Recommendation 15 (Consumer Stimulus 5):

In Spanish materials, distinguish between emergency room care and urgent care to reduce confusion over covered services. If referring to emergency room care, then use term “emergencia” rather than “urgencia”.

Recommendation 16 (Testing Card 2):

While Spanish speakers preferred the term “health insurance plan” and English speakers preferred “health insurance provider” to refer to health insurance companies, “health insurance provider” was a reasonable term for both English and Spanish speakers. In general, keep formal names consistent between English and Spanish to reduce confusion.

Recommendation 17 (Consumer Stimulus 6)

Provide additional examples and explanations of co-insurance.

Recommendation 18 (Consumer Stimulus 6):

Modify the explanation of out-of-pocket costs to clarify the fact that there is no penalty for visiting a doctor too frequently.

Recommendation 19 (Consumer Stimulus 7):

Clarify the difference between a tax credit and tax deduction.

Recommendation 20 (Consumer Stimulus 7):

Make it clear that those retaining existing coverage (outside of Covered California) will not receive a tax credit and why this is the case.

Recommendation 21 (Consumer Stimulus 8):

Further clarify the explanation of out-of-pocket spending limits. One assister group participant suggested summarizing the message as: “the less income you make, the less you pay.” A chart detailing the out-of-pocket spending limit for various income levels may help participants understand their annual obligation.

Recommendation 22 (Consumer Stimulus 9):

State clearly that those receiving Medicare will continue to receive it and do not need to purchase any additional coverage. State also that parents can elect to cover their dependents under age 18 under their plan.

Recommendation 23 (Consumer Stimulus 9):

Especially for assisters, detail the eligibility requirements for undocumented immigrants and their family members who may or may not be undocumented. Further clarify the consequences of missing the open enrollment period for all consumers, regardless of residency status.

Recommendation 24 (Consumer Stimulus 12):

State specifically where in the community consumers can access assistance.

Recommendation 25 (Testing Card 3):

While the term “assisters” tested positively among all assister groups, the term “insurance counselors” was favored by both Spanish and English speaking consumer and small business groups. Use “insurance counselors” for consistency among participants.

Recommendation 26 (Consumer Stimulus 13):

Clarify time frame for listed penalties (yearly or monthly) and consider dropping list of exemptions. Consider removing reference to individual mandate.

Recommendation 27 (Small Business Stimulus 1):

Clarify how the 50 employee threshold will be calculated. Enumerate how part-time employees will be counted.

Recommendation 28 (Small Business Stimulus 5):

Provide additional details on the types of problems with which Covered California could assist its customers.

Recommendation 29 (Small Business Stimulus 6):

Clarify the requirements for small businesses to receive tax credits. The specific points of confusion that need clarification are: 1) whether credits for 2010 through 2013 are retroactive. 2) the logic behind the two consecutive year requirement, 3) and how changes in the number of employees will affect tax credit eligibility within or across tax years.

Recommendation 30 (Small Business Stimulus 7):

Provide more explanation about the term “benchmark plan” and refer to it consistently throughout the stimuli.

Recommendation 31 (Small Business Stimulus 8):

In reference to how fines will be assessed, consider rewriting description as “The assessment for a large employer will be based on the number of full-time worker employed in excess of 30. For every employee in excess of the business will be fined \$2,000.”

Appendices

Appendix I: Consumer Moderator Guide

Ogilvy West/Covered California Key Word Testing Focus Group Discussion Guide (Consumer Groups)

DRAFT DISCUSSION GUIDE (CONSUMERS)

I. Welcome, Introductions, Overview of Focus Group Process (10 min.)

Introductions: Have participants cover where they live, whether employed or not, type of work done and something about their families.

Purpose: Explore how to best communicate about the changes to the health insurance system so that Californians can take advantage of the benefits.

II. Forming the Group: Learning More About the Health Care Reform Law (10-15 min)

- A. Today, we'll be talking about the health care reform law that will be going into effect in 2014, sometimes called Obamacare. How much information would you say that you have about the law?
- B. What are the main things that the law does? What changes will be taking place because of the law? (Probe for multiple answers and specifics.)
- C. What would you most like to know about the law? What questions would you most like to get an answer to? (Probe for multiple answers and specifics.)

III. Testing (90 min)

- A. What is Covered CA? How Was It Created and Why? Is it a Part of State Government? (20 min)
 1. Because of the law, a new organization called Covered California has been created here in our state. (Distribute sheet that says "Covered California is California's new health insurance marketplace.")
 2. What do you think this phrase, "new health insurance marketplace," means? (Probe on how the group understands the meaning of the term i.e. what it brings to mind.)

3. (Distribute the materials on the three topics listed above and ask respondents to read them.)
 4. (After reading all of them, distribute the self-administered questionnaire addressing these topics. Briefly review the instructions for completing the questionnaire. Collect the questionnaires upon completion and check them to be sure that they were completed properly.)
 5. (Ask respondents to go back through the materials and underline any words or ideas that are *unclear or confusing* to them, i.e. anything they do not understand. Then, ask them to mark any words or ideas they *like or feel positive about* with a colored marker followed by any they *dislike or feel negative* using a marker of a different color. Remember to report the color key to NORC coders. Do not collect the marked materials until after the discussion about this is completed.)
 6. Let's talk about what words or ideas that you found to be unclear or confusing. What did you underline? (Get a show of hands on each one that is mentioned so that we know which ones are most prevalent. Direct the group's attention to each of the main points as needed in order to be sure they followed the instructions.)
 7. (For each word or idea shared, ask) Can you tell me *how or why* this was unclear or confusing? (They may not always be able to do this, but anything we can glean about it will be helpful in terms of how to fix the problem.)
 8. Is there anything not included here about these topics that you need in order to understand them? (If yes, get details and multiple responses.)
 9. What about the words or ideas you like or feel positive about? What did you mark? (Get a show of hands on each one mentioned.)
 10. Why do you feel positive about them? (Probe for details and multiple responses.)
 11. What about the words or ideas that you dislike or feel negative about? What did you mark? (Get a show of hands on each one mentioned.)
 12. Why do you feel that way? (Probe for details and multiple responses.)
- B. What Products Are Being Offered? Are these High Quality Plans? (20 min)
1. (Follow the same procedures as for the above topics.)

2. (As part of the discussion of what is unclear or confusing probe understanding of the difference is between plans at the various metal levels and what the meaning of “catastrophic coverage” is.)
 3. (As part of this discussion hand out sheet with the terms “health insurance plans” and “health insurance carriers” on it. Ask the group what each brings to mind and how they are different.)
- C. What Determines the Cost of Insurance? What Help is Available to Cover Premium Costs and How Does it Work? What Help is Available to Help Pay Out-of-Pocket Costs (20 min)
1. (Follow the same procedures as for the above topics.)
 2. (As part of the discussion of what is unclear or confusing probe understanding of “premium,” “out-of-pocket costs,” how the tax credit works, how the annual tax return fits in, the importance of reporting of income changes, and “out-of-pocket limits.”)
- D. Who Can Use Covered CA? How do you Shop and Enroll? What Assistance is Available? When Are Plans Available? (15 min)
1. (Follow the same procedures as for the above topics.)
 2. (Distribute sheet that has “assisters” and “navigators” on it. Ask group what each brings to mind and how they are different.)
- E. Do You Have to Get Insurance? What are the Penalties and When/How Will They Be Collected?
1. (Follow the same procedures as for the above topics.) (15 min)

IV. Wrap Up/Thanks For Participating (1 Min)

Appendix II: Assister Moderator Guide

Ogilvy West/Covered California

Key Word Testing Focus Group Discussion Guide (Assisters)

DRAFT DISCUSSION GUIDE (Assisters)

I. Welcome, Introductions, Overview of Focus Group Process (10 min.)

Introductions: Have participants cover what organization they work for, how long they have been doing it and what type(s) of populations they do outreach to.

Purpose: Gather input on how to best communicate complex and sensitive ideas related to use of Covered California to its primary audience, i.e. those in need for affordable, high quality health insurance and care. We want to draw on their familiarity with this population and their experiences in serving it.

II. Forming the Group: Learning More About the Health Care Reform Law (15 min)

- A. Today, we'll be talking about how to answer questions from consumers about the health care reform law that will be going into effect in 2014. How much information would you say that uninsured Californians have about the law?
- B. What are the main things they understand about it? What changes do most believe will take place because of the law? (Probe for multiple answers and specifics.)
- C. What information are they most in need of getting? What questions do we most need to answer for them? (Probe for multiple answers and specifics.)
- D. (Explain that they will be looking at information developed for uninsured Californians at or below 400% FPL, those we think will be most interested in get coverage beginning in 2014. Our goal is to ensure that the information is understandable and persuasive in motivating people to take advantage of the new law. In addition to testing the information with consumers directly, we want their insights into how consumers are likely to react to the information. We want them to think of the populations they serve in answering the questions we will put to them in the interview.)

III. Testing (90 min)

- A. What is Covered CA? How Was It Created and Why? Is it a Part of State Government? (20 min)
 1. As you may know, because of the law, a new organization called Covered California has been created here in our state. (Distribute sheet that says "Covered California is California's new health insurance marketplace.")

2. What do you think this phrase, “new health insurance marketplace,” will mean to the types of people you serve? (Probe on how group understands the meaning of the term.)
 3. (Distribute the materials on the three topics listed above and ask respondents to read them.)
 4. (Ask respondents to go back through the text and underline any words or ideas that are likely to seem *unclear or confusing* to the consumers they serve, i.e. anything they may not understand. Then, ask them to mark any words or ideas that consumers will probably *like or feel positive about* with a colored marker followed by any they will probably *dislike or feel negative* using a marker of a different color. Remember to report the color codes to the NORC coders. Do not collect the marked materials until after the discussion about this is completed.)
 5. Let’s talk about what words or ideas that you found to be unclear or confusing. What did you underline? (Get a show of hands on each one that is mentioned. Direct the group’s attention to each of the main points as needed in order to be sure they followed the instructions.)
 6. (For each word or idea shared, ask) Can you tell me *how or why* you believe that this will be unclear or confusing? (They may not always be able to do this, but anything we can glean about it will be helpful in terms of how to fix the problem.)
 7. Is there anything not included here about these topics that consumers will need in order to understand them? (If yes, get details and multiple responses.)
 8. What about the words or ideas you felt consumers would like or feel positive about? What did you mark? (Get a show of hands on each one mentioned.)
 9. Why will they feel positive about them? (Probe for details and multiple responses.)
 10. What about the words or ideas you felt consumers would dislike or feel negative about? What did you mark? (Get a show of hands on each one mentioned.)
 11. Why do you feel that way? (Probe for details and multiple responses.)
- B. What Products Are Being Offered? Are these High Quality Plans? (20 min)
1. (Follow the same procedures as for the above topics.)

2. (As part of the discussion of what is unclear or confusing probe consumer understanding of the difference is between plans at the various metal levels and what the meaning of “catastrophic coverage” is.)
 3. (As part of this discussion hand out the sheet with the terms “health insurance plans” and “health insurance carriers” on it. Ask the group what each will likely bring to mind and whether/ how they are different.)
- C. What Determines the Cost of Insurance? What Help is Available to Cover Premium Costs and How Does it Work? What Help is Available to Help Pay Out-of-Pocket Costs (20 min)
1. (Follow the same procedures as for the above topics.)
 2. (As part of the discussion of what is unclear or confusing probe likely understanding of “premium,” “out-of-pocket costs,” how the tax credit works, how the annual tax return fits in, the importance of reporting of income changes, and “out-of-pocket limits.”)
- D. Who Can Use Covered CA? How do you Shop and Enroll? What Assistance is Available? When Are Plans Available? (15 min)
1. (Follow the same procedures as for the above topics.)
 2. (Distribute sheet that has “assisters” and “navigators” on it. Ask group what each will likely bring to mind and how they are different.)
- E. Do You Have to Get Insurance? What are the Penalties and When/How Will They Be Collected? (15 min)
1. (Follow the same procedures as for the above topics.)

IV. Wrap Up/Thanks For Participating (1 Min)

Appendix III: Small Business Moderator Guide

Ogilvy West/Covered California

Key Word Testing Focus Group Discussion Guide (Small Businesses)

DRAFT DISCUSSION GUIDE (Small Businesses)

I. Welcome, Introductions, Overview of Focus Group Process (10 min.)

Introductions: Have participants cover what type of business they are representing, their title/role and how long they have been in the role.

Purpose: To explore how to best communicate about the changes to the health insurance system so that small businesses can take advantage of its benefits.

B. Forming the Group: Learning More about the Health Care Reform Law (10-15 min)

1. Today, we'll be talking about the health care reform law that will be going into effect in 2014, sometimes called Obamacare. How much information would you say that you have about the law?
2. What are the main things that the law does? What changes will be taking place because of the law? How will small businesses be affected? (Probe for multiple answers and specifics.)
3. What would you most like to know about the law? What questions would you most like to get an answer to? (Probe for multiple answers and specifics.)

III. Testing (90 min)

A. What is Covered CA? How Was It Created and Why? Is it a Part of State Government? (20 min)

1. Because of the law, a new organization called Covered California has been created here in our state. (Distribute sheet that says "Covered California is California's new health insurance marketplace.")
2. What do you think this phrase, "new health insurance marketplace," means? (Probe on how group understands the meaning of the term.)
3. (Distribute the materials on these topics and ask respondents to read them.)

4. (After reading all of them, distribute the self-administered questionnaire addressing these topics. Briefly review the instructions for completing the questionnaire. Collect the questionnaires upon completion and check them to be sure that they were completed fully and properly.)
 5. (Ask respondents to go back through the text and underline any words or ideas that are *unclear or confusing* to them, i.e. anything they do not understand. Then, ask them to mark any words or ideas they *like or feel positive about* with a colored marker followed by any they *dislike or feel negative* using a marker of a different color. Do not collect the marked materials until after the discussion about this.)
 6. Let's talk about what words or ideas that you found to be unclear or confusing. What did you underline? (Get a show of hands on each one that is mentioned so we can identify the most prevalent concerns. Direct the group's attention to each of the main points as needed in order to be sure they are following the instructions.)
 7. (For each word or idea shared, ask) Can you tell me *how or why* this was unclear or confusing? (They may not always be able to do this, but anything we can glean about it will be helpful in terms of how to fix the problem.)
 8. Is there anything not included here about these topics that you need in order to understand them? (If yes, get details and multiple responses.)
 9. What about the words or ideas you like or feel positive about? What did you mark? (Get a show of hands on each one mentioned.)
 10. Why do you feel positive about them? (Probe for details and multiple responses.)
 11. What about the words or ideas that you don't like or feel negative about? What did you mark? (Get a show of hands on each one mentioned.)
 12. Why do you feel that way? (Probe for details and multiple responses.)
- B. What Products Are Being Offered? Are these High Quality Plans? (20 min)
1. (Follow the same procedures as for the above topics.)
 2. (As part of the discussion of what is unclear or confusing probe understanding of the difference is between plans at the various metal levels and what the meaning of "catastrophic coverage" is.)

3. (As part of this discussion hand out sheet with the terms “health insurance plans” and “health insurance carriers” on it. Ask the group what each brings to mind and how they are different.)

C. What Incentives Do Small Businesses Get When Buying Insurance? What is the Administrative Burden for Small Businesses Buying Coverage? (20 min)

1. (Follow the same procedures as for the above topics.)
2. (As part of the discussion of what is unclear or confusing, probe understanding of the tax credit including who is eligible, how the tax credit changes overtime and the idea of selecting a benchmark plan for employees.)

D. Who Can Use Covered CA SHOP? How Do Employees Shop For and Enroll in a Plan? What Assistance is Available? (15 min)

1. (Follow the same procedures as for the above topics.)

E. What are Requirements and Possible Penalties? (15 min)

1. (Follow the same procedures as for the above topics.)
2. (As part of the discussion about what is unclear or confusing, probe understanding of the assessment that larger employers can face.)

IV. Wrap Up/Thanks For Participating (1 Min)

Appendix IV: Consumer & Assister Stimuli

1. What is Covered California?

- Covered California is California's new health insurance marketplace. It is the place to go for individuals and small businesses that want high-quality health insurance.
- You can use Covered California to learn about and buy health insurance. You can also see if you qualify for Federal tax credits that can lower the cost of the insurance by up to 90%. Almost three million Californians will qualify for these tax credits. You can also learn if you qualify for no-cost Medi-Cal, a government plan for people with low incomes.
- There are several ways to shop for and enroll in health insurance at Covered California. You can use a website, call a telephone service center or go to an assistance site in your community.
- Covered California will offer health insurance from many different private insurance companies. These companies compete for your business.
- There will be many plans with low premiums and excellent coverage.
- Covered California will explain prices and benefits in simple language we can all understand. You will not have to guess about your costs. You will have a clear picture of what you are getting before you choose your health plan.
- Covered California makes it much easier to figure out different health plans and what they cover. You can compare three to six standard plans at the same time. You can make apples-to-apples comparison between the different plans. The choice is yours. You can choose a health plan that meets your health and budget needs.
- There are health plans for everyone. Health insurance companies cannot refuse to cover you because of a past illness. Everyone your age pays the same monthly cost.

2. How was Covered California created and why?

- Many working families do not have health insurance because their employer does not offer it or they cannot afford it. As a result, they cannot get the health care they need. To solve this problem the U.S. Congress passed the Patient Protection and Affordable Care Act, sometimes called Obamacare. The purpose of the law is to make it easier for people to get good quality, affordable health insurance.
- To make it easier to get insurance, the health care law allows states to create their own marketplaces, places that offer one-stop shopping for health insurance.
- California was the first state to create its own marketplace, which is called Covered California. Covered California's only job is to help Californians get good health insurance they can afford.
- For those who already have insurance, the law does not require them to make any changes.

3. Is Covered California a part of state government? Who pays for it?


- Covered California was set up by the State of California and is a part of state government.
- Until 2015, the federal government pays for Covered California.
- It is a part of state government but private companies provide the health plans.
- By 2015, Covered California will support itself by charging the insurance companies for using it to sell health insurance.


4. What insurance is offered by Covered California?

- Covered California will offer four groups of health plans, plus catastrophic coverage. The four groups are called platinum, gold, silver and bronze. Each offers a different level of coverage, from low to high.
- Within each level, the benefits are the same even if the plans are offered by different health insurance companies. For example, a Silver plan offered by insurance company A is the same Silver plan sold by insurance company B. This makes it easy to compare plans. You can look at cost, the network of hospitals and physicians and pick the plan that is right for you
- Health plans that cover more of your medical expenses will usually have higher premiums, the cost you pay each month to stay covered. However, if you have higher premiums you will pay less when you receive medical care.
- Platinum plans have the highest premium. This plan also pays 90% of your covered health care expenses.
- Gold plans pay for 80% of your covered health care expenses.
- Silver plans pay for 70% of your covered health care expense.
- Bronze plans have the lowest premium. The bronze plan pays only 60% of covered health expenses.
- You can choose to pay more for your plan so that when you need medical care, you pay less. On the other hand, you can choose to pay a lower premium so that when you need medical care, you pay more. You can choose the level of coverage that best meets your health needs and budget.
- Covered California also offers Catastrophic Coverage for people up to age 30. Catastrophic Coverage is not for day-to-day medical expenses such as doctor visits or prescription medicines. It is for very large medical bills that would be more than you could manage without health insurance. This level of coverage is very affordable and helps young people comply with the law's requirement that almost everyone have some type of coverage.

Different Levels of Health Insurance

Category	Percentage of expenses paid by health plan	Percentage of expenses paid by individual
Platinum	90%	10%
Gold	80%	20%
Silver	70%	30%
Bronze	60%	40%





Higher percentage of expenses paid by plan

Lower monthly premium payment

5. Are these high-quality health plans?

- Yes. Covered California will offer some of the state's most well-known health plans and a number of regional or local plans. Covered California sets high standards for health insurance plans. You can be sure that all health plans offered by Covered California meet these high standards.
- All the health plans must cover health services called Essential Health Benefits. Essential Health Benefits include
 - Doctor visits
 - Hospital care
 - Emergency care
 - Care for pregnant women
 - Care for newborns and children
 - Prescription drugs
- Covered California will only offer health plans with adequate networks of doctors, nurses, specialists and other health care providers.
- Covered California will also only offer health plans that have been proven to offer high quality medical care.
- Health insurance companies cannot refuse to cover you because you have been sick before or could not get coverage in the past. This is true for all health insurance companies whether they sell their insurance through Covered California or not.
- All health insurance plans will have clear prices that are easy to understand and compare.
- Covered California will be your point of contact when you shop and enroll. Covered California will also be available to help you after you buy your plan. If you have a problem with your health plan Covered California will help you fix it. Covered California will help every step of the way.

6. What determines the cost of health care?

- Your total health care cost is the monthly premium you pay for the health insurance plus out-of-pocket costs you pay when you receive care.
- The premium is the amount that must be paid for your health insurance or plan. You and/or your employer pay it every month.
- Out-of-pocket costs are what you pay for health care including deductibles, coinsurance and copayments as well as any services that are not covered. Out-of-pocket costs are on top of premium costs. The most common out-of-pocket costs are:
 - **Deductible** -- the amount you pay each year for health care services before your insurance plan starts to pay. The deductible will be different for each health plan. Most insurance plans will pay for preventive care like vaccines even before you meet the deductible.
 - **Copayments** -- fixed amounts you pay for a health care service, such as a doctor's office visit or a visit to the emergency room. Covered California's standard benefit plans use copayments because they are easy for you.
 - **Coinsurance** -- your share of the cost of a covered health care service after the deductible is paid.
- The amount you will pay for out-of-pocket expenses depends on how often you use health care services. If you do not need much health care, you will not have a lot of out-of-pocket health expenses.
- Many Californians will qualify for cost-saving programs to lower their premium and out-of-pocket costs.
- Covered California will make it easy for you to see what your premium and out-of-pocket costs will be before you enroll.

7. What help is available to cover the premium costs and how does it work?

- The federal government offers tax credits to lower health insurance costs. A tax credit is a dollar amount taken off the taxes you would otherwise owe at the end of the year. A tax credit gives you a price break on your monthly premium cost.
- You might be able to get a tax credit if you are an eligible U.S. citizen or legal immigrant.
- The amount of your tax credit depends on your income, the size of your family and the cost of health insurance. Tax credits are on a sliding scale. In other words, if you make more money, you will get a smaller tax credit and less financial help.
- Many working families will qualify for a tax credit. A family of four can earn up to \$94,200 a year and still get a price break on their premium. Here is an example of how the tax credits work:
 - Health insurance for a family of four is about \$1,028 per month. If a family earns about \$50,000 per year, they could get a tax credit of more than \$738 per month. With the tax credit, the family's cost falls to about \$290 a month for an average silver-level health plan. The tax credit pays the remaining \$738. Here, the tax credit covers 72% of the cost.
- The federal government pays your tax credit directly to the insurance company at same time you buy insurance. After you enroll, the government will make their payment every month and you must make your payment every month. If you stop paying your part of the premium, you will lose your coverage.
- You can only get the tax credit if you buy health insurance through Covered California.
- At the end of the year, the government will look at your federal income tax return to see if you earned the same amount you reported when you applied for health insurance and tax credits. There will be a settlement to be sure you received the correct tax credit – no more, no less.
- You must report income changes. If your income goes down, you may be able to get more financial help. If your income goes up, you may need to repay tax credits you have already received. It is important to report any changes in your income correctly and every time.

8. What help is available to help me pay for out-of-pocket costs?

- Covered California has worked hard to offer benefit plans where you can easily figure out most of your out-of-pocket costs. All of the plans will have an annual limit on what you would spend out-of-pocket for covered expenses each year. This amount ranges from a low of \$2,250 to a high of \$6,400. Your annual limit is based on your income. People with lower incomes will have a lower yearly limit. They will not have to pay as much for out-of-pocket costs.
- Remember that many preventive health care services do not cost you anything. Any health plan from Covered California will pay for services like vaccinations, cancer screenings and preventive care for infants, children, and adolescents with no cost to you.

9. Who can use Covered California?

- People can use Covered California if they are legal residents of California and are seeking coverage as an individual (including their family) or as a small employer with two to 50 employees.
- Covered California is available for people 18-64. People over 65 can still enjoy their Medicare benefits.
- If you have insurance through your job but cannot afford to cover your spouse or children under that plan, you can use Covered California to make sure your whole family is covered.

10. When are plans available?

- Covered California opens enrollment on October 1, 2013. You can enroll through March 31, 2014 for coverage in 2014. If you do not enroll during this period, you may not be covered.
- The next open enrollment period begins in October 2014 for coverage in 2015.
- Open enrollment is the only time you can get health insurance unless you have a life-changing event, such as the loss of a job, death of a spouse or birth of a child. If you have such an event, you can enroll within 60 days of the event.

11. How do you shop for and enroll in a plan?

- Covered California (at Covered.CA.gov) gives you all the information you need about health insurance in clear and simple terms. You will not have to guess about your costs. You will get a clear picture of what you pay and what you get. You can sign up whenever you want during the enrollment period.
- You can apply for insurance online, by phone, by mail or in person.
- You will need your home zip code, income, number of people being enrolled (whole or partial family), and the age of each person when you apply.
- You only need to complete one application, one time in order to buy health insurance.

12. Can I get help signing up for insurance?

- Assistance will be available to help you in your community. Trained professionals will give you expert advice and support in shopping for a health plan and enrolling.
- There are other people to help answer your questions or enroll you online or by phone through the Covered California Customer Call Center.
- Covered California also will certify many health insurance agents so that they can help you select and enroll in the right plan.
- Whatever you prefer, it will be easy to do business with Covered California.

13. Do you have to get insurance? What are the penalties and when/how are they collected?

- The new health care law says that most people must have health insurance by 2014 or pay a penalty. It is called the “individual mandate.” It helps ensure that everyone who can afford to contributes something to the cost health care when they need it. Insurance can be from your employer; insurance you buy yourself or Medi-Cal coverage. You do not need to get insurance or pay penalties if you:
 - Would have to pay more than eight percent of your income for health insurance.
 - Have an income below the level required for filing taxes.
 - Qualify for religious exemptions.
 - Is an undocumented immigrant.
 - Are in jail or prison.
 - Are a member of a federally recognized Native American tribe.

- The amount of the penalty is based on the number of months you are without coverage. There is no penalty if you have a gap in coverage that is less than three months in a year.

- The penalty is based on the greater of two amounts: a flat dollar amount or a percentage of your household income. The penalty goes up every year starting in 2015 and will increase by the cost-of-living adjustment.

- Here are examples of the penalty:
 - 2014: \$95 per adult and \$47.50 per child (up to \$285 for a family) or 1 percent of family income.
 - 2015: \$325 per adult and \$162.50 per child (up to \$975 for a family) or 2 percent of family income.
 - 2016: \$695 per adult and \$347.50 per child (up to \$2,085 for a family) or 2.5 percent of family income.

Appendix V: Small Business Stimuli

1. What is Covered California?

- Covered California is California's new health insurance marketplace. It is the place to go for individuals and small businesses that want affordable, high-quality health insurance.
- Starting in October 2014, employers will find that providing health insurance for employees is easier than ever before. Covered California's Small Business Health Options Program, or SHOP, provides one portal where employers can research and compare different health plans from competing insurance companies. There will be a broad selection of private health plans and coverage options usually only available to large employers.
- Covered California puts all your options for health insurance in one place, which makes it easier to look at different health plans. Covered California helps you make apples-to-apples comparisons between the health plans.
- Information about prices and benefits is presented in clear terms so you do not have to guess about coverage or costs. You get a clear picture of what you are paying and what you are getting before choosing a health plan.
- All small businesses have to do is choose the level of coverage and benefits they want to offer. Their employees can then choose whatever plans they want within this level or opt for plans at a higher level and pay the difference themselves. Businesses will receive one monthly bill from Covered California regardless of the different plans chosen by employees. Employees can even enroll online through Covered California, thus relieving small businesses of the need to manage enrollment paperwork.
- Many small businesses will be eligible for a Federal tax credit that will offset up to 50% of the cost of providing group coverage to employees.
- Covered California SHOP initially will be limited to employers with fewer than 50 employees but expanded later to accept larger groups. Participation is entirely voluntary. There is no requirement that companies with fewer than 50 employees offer health insurance.

2. How was Covered California created and why?

- Many working families do not have health insurance because their employer does not offer it or they cannot afford it. As a result, they cannot get the health care they need. In order to solve this problem the U.S. Congress passed the Patient Protection and Affordable Care Act, sometimes called Obamacare. The purpose of the law is to make it easier for people to get good quality, affordable health insurance.
- To make it easier to get insurance, the health care law allows states to create their own marketplaces, or exchanges, to offer one-stop shopping for health insurance.
- California was the first state to create its own marketplace, which is called Covered California. Its only job is to help individuals and small businesses get good health insurance they can afford.
- For those who already have insurance, the law does not require them to make any changes.

3. Is Covered California a part of state government? Who pays for it?

- Covered California was set up by the State of California and is a part of state government.
- Until 2015, the federal government pays for Covered California.
- It is a part of state government but private companies provide the health plans.
- By 2015, Covered California will support itself by charging the insurance companies for using it to sell health insurance.

4. What insurance products are available?

- Covered California will offer small employers a number of different plans. You decide how much you will contribute to your employee coverage, who you will cover, and if you want to include their dependents. You also can find out if you can get tax credits to help pay your premiums.
- Covered California will offer four categories of health plans plus catastrophic coverage. The four categories of coverage are associated with metal rankings: platinum, gold, silver and bronze. This ranking system will make it easy to compare plans in the same category or across categories. As the metal category increases in value, so does the percent of medical expenses that a health plan will cover. These expenses happen at the time of health care services – when you visit the doctor or the emergency room, for example. The health plans that cover more of your medical expenses usually have a higher monthly payment but you will pay less whenever you receive medical care.
- Platinum plans have the highest premium payment. However, the platinum plan also pays 90 percent of covered health care expenses.
- Gold plans will pay 80 percent of covered health care expenses.
- Silver plans will pay 70 percent of covered health care expenses.
- Bronze plans have the lowest premium payment. However, the bronze plan will pay only 60 percent of covered health care expenses
- You can choose to pay a higher monthly cost so that when your employees need medical care, they pay less. Or you can choose to pay a lower monthly cost so that when your employees need medical care, they pay more. You can choose the level of coverage that best meets your company’s insurance needs and budget.
- Covered California also offers Catastrophic Coverage for people up to age 30. Catastrophic Coverage is not designed for day-to-day medical expenses like doctor visits or prescriptions. It is designed to cover excessive medical bills that almost would be more than you could manage financially.

5. Are these high quality health plans?

- Yes. Covered California will offer some of the state’s most well-known health plans and a number of regional or local plans. All the insurance plans, including those sold outside Covered California, must offer coverage for all the Essential Health Benefits. These Essential Health Benefits include:
 - Ambulatory patient services
 - Emergency services
 - Hospital care
 - Maternity and newborn care
 - Mental health and substance use disorder services, including behavioral health treatment
 - Prescriptions
 - Rehabilitative and habilitative services and devices
 - Lab services like blood tests
 - Preventive and wellness services and managing chronic disease
 - Pediatric services, including oral and vision care

- Covered California has established other high standards that all plans sold through Covered California must meet. These standards ensure that the plans have good networks of physicians and other health care providers and have demonstrated that they offer high quality medical care.

- All the plans will have clear prices that are easy to understand and compare.

- Covered California will be your point of contact during shopping, enrollment, and after you buy your plan. If you have a problem with your health plan, Covered California will help you fix it. Covered California will help every step of the way.

6. What incentives are there for small businesses to buy insurance through Covered California?

- Some employers who buy insurance through Covered California SHOP will be eligible for a federal tax credit that could offset up to 50 percent of their premium costs.
- Businesses that provide health care coverage are eligible for tax credits if, for the tax year, they have 25 or fewer full-time equivalent employees, and paid an average annual salary of less than \$50,000. To qualify for tax credits, the employer must also contribute at least 50 percent toward the employee's premium cost. This contribution requirement also applies to add-on coverage including vision, dental and other limited-scope coverage.
- Employers with 10 or fewer full-time equivalent employees having an annual wage of \$25,000 or less qualify for the maximum tax credit.
- Nonprofit or tax-exempt employers must meet the same criteria as other small businesses and their tax credits will be lower.
- There are two phases of tax credits that help employers with fewer than 50 employees cover premium costs. The first phase covers tax years 2010-2013. During this initial period, there is a maximum tax credit of up to 35 percent of the employer's eligible premium expenses. The second phase begins in tax year 2014, when the maximum tax credit increases to 50 percent of premium expenses and is only available to small businesses that purchase insurance through Covered California SHOP.
- The tax credit is available for a total of two consecutive years.

7. What is the administrative burden for small businesses buying coverage?

- Covered California's online insurance marketplace will simplify the process of shopping for a group health plan. Employers will be able to easily compare plan choices and premium prices at all coverage and benefit levels. Those who want personal help can contact a certified agent or a Covered California representative by telephone.
- All employers have to do is choose the level of coverage and benefits they are interested in providing. Then they provide employees the choice of any plan offered at this level. Employers help manage their own budgets by choosing a benchmark plan and setting the amount they will contribute toward its purchase. Employees are still allowed to select the plan that best meets their unique needs. If the cost is higher than for the employer's benchmark plan, the employee can pay the difference.
- Covered California will handle premium collection as well as enrollment and plan payments to make the process as simple as possible for small employers. Even if your employees choose different plans, you only need to make a single payment to Covered California. Covered California will distribute that payment accordingly.

8. What are my insurance requirements and possible penalties?

- The health care law does not require all businesses to provide insurance. Businesses with fewer than 50 full-time equivalent employees can choose to provide coverage but will not face penalties if they do not.
- Beginning in 2014, businesses with 50 or more full-time equivalent employees may have to pay a penalty if they do not provide minimum essential coverage to full-time employees. These businesses will be required to pay a penalty if their employees receive a tax credit from the federal government to offset the cost of health insurance they buy on their own. Many low and moderate income individuals who buy insurance on their own will receive these tax credits to make the insurance affordable. The assessment for a large employer that does not offer coverage will be \$2,000 per full-time employee beyond the company's first 30 workers.
- Businesses with 50 or more full-time equivalent employees may pay a penalty if they do not offer coverage for employees who work an average of 30 or more hours per week. Note that there is no penalty for part-time employees not offered coverage.
- The Internal Revenue Service collects penalties via tax payment.

9. Who can use Covered California SHOP?

- Right now, only employers with fewer than 50 full-time equivalent employees can use Covered California SHOP. This program is designed specifically for these employers to get expanded opportunities to offer a variety of health plans to their employees.
- If your business has 50 or more full-time equivalent employees but no more than 100, you will be able to buy insurance through Covered California starting in October 2015 for coverage that begins in 2016.

10. How do employees shop for and enroll in a plan?

- Once an employer chooses the level of coverage, their employees can use Covered California's one-stop shop to compare the optional plans available to them, and choose the health plan that best meets their needs. There is no open enrollment period, so employees can enroll whenever they choose.
- Covered California offers a single portal to help you with enrollment and ongoing management of health insurance. Your employees only need to complete one application, one time to apply for any health plan.

11. What assistance is available?

- Covered California will have trained community-based professionals available to provide expert advice and support in shopping for a health plan and enrolling. Help also will be also available on line and by phone through a customer service center.
- Covered California is your advocate and benefits manager. Beyond the shopping and enrolling process, Covered California will handle most of the administrative burden of health insurance, including billing and questions about claims.
- Covered California expects California health insurance agents to be an important outreach and enrollment channel for businesses and for the individual market. Covered California is working closely with insurance brokers and agents to make sure they continue to serve you in the best, most informed way possible. Insurance agents certified by Covered California can enroll their clients through Covered California. If you are using an insurance agent now, you may continue to do so and still take advantage of health insurance offered through Covered California.

Appendix VI: Track Cards

Testing card #1

Covered California is California's new health insurance marketplace

Testing card #2

- Health insurance plans
- Health insurance carriers
- Health insurance companies
- Health insurance providers
- Health insurers

Testing card #3

- Covered California Navigators
- Covered California Assisters
- Covered California Customer Service Agents
- Covered California Insurance Advisors
- Covered California Insurance Guides
- Covered California Insurance Helpers
- Covered California Personal Shoppers
- Covered California Insurance Counselors
- Covered California Representatives

Appendix VIII: Consumer Self-Administered Questionnaires

Questionnaire A.

1. Covered California will be run by the health insurance industry.
 - a. True
 - b. False

2. Does Covered California help you access both private health plans and public health plans, like Medi-Cal?
 - a. Yes
 - b. No

3. Is Covered California a welfare program?
 - a. Yes
 - b. No

4. The State of California set up Covered California in order to put the Federal Patient Protection and Affordable Care Act into effect.
 - a. True
 - b. False

5. If you already have insurance you must still register for a health insurance plan through Covered California.
 - a. True
 - b. False

6. Is Covered California paid for by the tax-payers of the State of California?
 - a. Yes, it is paid by California
 - b. No, it is paid for by the Federal government

7. How will Covered California support itself after 2015?
 - a. Charging the health plans who use it to sell insurance
 - b. Charging consumers

8. Is Covered California part of State government?
 - a. Yes
 - b. No

Questionnaire B.

1. How many levels of health plans are there to choose from?
 - a. Four (Bronze, Silver, Gold, Platinum)
 - b. Five (Bronze, Silver, Gold, Platinum) + Catastrophic

2. What is the difference between the health plans offered by Covered California?
 - a. They cover different medical services
 - b. They have different limits on much you can spend for care in your lifetime
 - c. They vary in how much you pay monthly compared with what you spend at the time you receive health care

3. What is an example of an Essential Health Benefit, which must be provided in all Covered California health plans?
 - a. Doctor visits
 - b. Hospital care
 - c. Emergency care
 - d. Prescriptions
 - e. All of the above

4. Can you be denied a plan by Covered California if you have a health problem?
 - a. Yes
 - b. No

5. The health plans will meet people's basic needs but generally won't be as good as the plans sold elsewhere.
 - a. True
 - b. False

Questionnaire C.

1. Insurance premiums are only paid in those months when you receive health care.
 - a. True
 - b. False

2. Which is **NOT** an example of an out of pocket expense?
 - a. Co-payment
 - b. Deductible
 - c. Co-insurance
 - d. Premium

3. Tax credits are the same for everyone.
 - a. True
 - b. False

4. Why should you notify Covered California if your income changes?
 - a. If your income goes down, you could get more financial help
 - b. If your income goes up, you may have to repay tax credits
 - c. All of the above

5. Covered California is the only place low- and moderate-income people can get tax credits to help to reduce the cost of a health plan.
 - a. True
 - b. False

6. Are there limits to how much you could pay out-of-pocket within a year?
 - a. Yes, but only if you are very poor
 - b. Yes, for everyone
 - c. No

7. Do I have to pay for vaccinations, cancer screenings, and other preventive care?
 - a. Yes, these are examples of out-of-pocket costs
 - b. No, these are included free of charge

Questionnaire D.

1. Can you use Covered California if you're 35 and an American citizen living in California?
 - a. Yes
 - b. No

2. Is it possible to use Covered California even if your employer offers health insurance?
 - a. Yes
 - b. No

3. When does Covered California's open enrollment period start?
 - a. October 1, 2013
 - b. December 31, 2013

4. What is the latest day you could enroll and still have insurance coverage in 2014?
 - a. March 31, 2014
 - b. December 31, 2013

5. What information do you need to have in order to shop for plans on Covered California?
 - a. Zip code, income, number of people in your family to cover, and their ages
 - b. Just your income
 - c. You don't need any information

6. How can you purchase a Covered California health plan?
 - a. On-line, by phone, by mail, or in person
 - b. On-line only if you are going to purchase a plan

7. The only way to ask questions about Covered California plans is to call the Customer Call Center.
 - a. True
 - b. False

8. How can the Covered California Customer Call Center help you?
 - a. Answer your questions before enrolling
 - b. Help you enroll in a plan over the phone
 - c. Answer a question about your insurance plan benefits and coverage
 - d. Report a problem with your health plan
 - e. All of the above

Questionnaire E.

1. Everyone must sign up for a health plan or pay a penalty.
 - a. True
 - b. False

2. Is the penalty amount the same in 2014 as in 2015?
 - a. Yes
 - b. No, the penalty increases each year.

3. What is the longest gap you can have in health insurance coverage before there's a penalty?
 - a. 1 month
 - b. 3 months
 - c. 6 months

Appendix IX: Small Business Self-Administered Questionnaire

Questionnaire A:

1. Covered California will be run by the health insurance industry.
 - a. True
 - b. False

2. Does Covered California help individuals access both private health plans and public health plans, like Medi-Cal?
 - a. Yes
 - b. No

3. Is Covered California a welfare program?
 - a. Yes
 - b. No

4. In 2014 will SHOP be available to businesses of all sizes?
 - a. Yes, available to all businesses now
 - b. No, starting with businesses up to 50, expanding later to larger businesses

5. The state of California set up Covered California in order to put the Federal Patient Protection and Affordable Care Act into effect.
 - a. True
 - b. False

6. One of the main purposes of Covered California is to help small business provide health insurance for their employees.
 - a. True
 - b. False

7. In 2014 all small businesses are required to provide insurance or pay a penalty.
 - a. True
 - b. False

8. Is Covered California paid for by the tax-payers of the State of California?
 - c. Yes, it is paid by California
 - d. No, it is paid for by the Federal government

9. How will Covered California support itself after 2015?
 - c. Charging the health plans who use it to sell insurance
 - d. Charging consumers

10. Is Covered California part of State government?

- c. Yes
- d. No

Questionnaire B.

1. Which plans can your employees choose if you get a group plan from Covered California?
 - f. Any plan, as long as the employee pays the extra cost of a more expensive one than you are willing to pay for
 - g. Only plans within the metal level you select for your employees
 - h. Only plans that cover the same medical services that you select

2. How are the different levels of plans different?
 - a. Lower monthly premium costs with higher out-of-pocket costs; higher monthly premium costs with lower out-of-pocket costs
 - b. Some cover more medical services than others
 - c. Some have higher lifetime limits than others

3. Catastrophic coverage is only available to people under the age of 30.
 - a. True
 - b. False**

4. What is an example of an Essential Health Benefit, which must be provided in all Covered California health plans?
 - a. Doctor visits
 - b. Hospital care
 - c. Emergency care
 - d. Prescriptions
 - e. All of the above

5. The health plans will meet your businesses' basic needs but generally won't be as good as the plans sold elsewhere.
 - c. True
 - d. False**

6. Covered California requires health plans to meet high standards for the quality of medical care they provide but has no standards for they organize their networks of doctors, hospitals and other care providers.
 - a. True
 - b. False**

Questionnaire C.

1. What's the maximum federal tax credit employers could be eligible for beginning in 2014?
 - a. Tax credit to offset up to 50% of premium costs
 - b. Tax credits to offset up to 30% of premium costs

2. In order to be eligible for federal tax credits, employers must contribute at least what percent of employees' premium costs?
 - a. At least 20%
 - b. At least 50%
 - c. At least 80%

3. Do nonprofit employers need to meet these requirements too?
 - a. Yes
 - b. No

4. Is it possible to offer employees a variety of private health plans to choose from?
 - a. Yes
 - b. No

5. What does Covered California do to help employers?
 - a. Organizes enrollment and plan selection
 - b. Makes premium collection and plan payments easy
 - c. Employers pay one bill, not matter which plans their employees choose
 - d. Provides help answering any questions about payments or benefits
 - e. All of the above

Questionnaire D.

1. When will SHOP be available for employers with 72 employees?
 - b. October 2015, for coverage in 2016
 - c. October 2013, for coverage in 2014
2. How can you shop and enroll in Covered California plans?
 - d. On-line, by phone, by mail, or in-person.
 - e. By mail only
 - f. By phone only
3. Where can you NOT purchase a plan from Covered California's SHOP program?
 - c. Customer Call Center
 - d. The California Department of Managed Care
 - e. An insurance agent
 - f. Covered California website
4. To purchase a Covered California plan through your insurance agent he or she must be certified by Covered California.
 - a. True
 - b. False

Questionnaire E.

1. If your business has 42 full-time employees, will you be penalized if you do not offer health insurance?
 - d. No, you are exempt because you are a small business with under 50 employees
 - e. Yes, all businesses are required to offer insurance

2. Do employers have to offer coverage to part-time employees?
 - a. Yes
 - b. No

3. Larger employers (with more than 50 employees) will have to pay a penalty in 2014 if they do not provide minimum essential coverage to full time employees.
 - a. True
 - b. False

Appendix X: Consumer Moderator Guide (Spanish)

Ogilvy West/Covered California

Guía de Discusión de Grupos de Enfoque para Prueba Palabras Claves (Grupos de Consumidores)

BORRADOR PARA GUÍA DE DISCUSIONES PARA (CONSUMIDORES)

I. Bienvenida, Presentaciones, Visión General del Proceso de Grupos de Enfoque (10 min.)

Presentaciones: Los participantes deben hablar acerca de dónde viven, si están empleados o no, el tipo de trabajo realizan y algo acerca de sus familias.

Propósito: Explore cómo comunicarse mejor acerca de los cambios del sistema de seguro de salud para que los californianos puedan aprovechar de los beneficios.

II. La Formación del Grupo: Aprender Más Sobre la Ley de la Reforma de Salud (10-15 min)

- A. Hoy vamos a estar hablando sobre la ley de reforma de salud que entrará en vigor en el 2014, la llamada Obamacare. ¿Cuánta información diría usted que tiene acerca de la ley?
- B. ¿Cuáles son las cosas más importantes de la ley? ¿Qué cambios se están produciendo debido a la ley? (Sondee por respuestas múltiples y específicas.)
- C. ¿Qué más le gustaría saber sobre la ley? ¿Qué preguntas le gustaría a usted que fueran respondidas? (Sondee por respuestas múltiples y específicas.)

III. Prueba (90 minutos)

- A. ¿Qué es Covered California? ¿Cómo se creó y Por qué? Se trata de una parte del Gobierno del Estado? (20 min)
 1. Debido a la ley, una nueva organización llamada Covered California ha sido creada aquí en nuestro estado. (Distribuya la hoja que dice " Covered California es un nuevo mercado de seguros de salud de California.")
 2. ¿Qué cree usted que significa esta frase, "nuevo mercado de seguro de salud"? (Sondee cómo el grupo entiende el significado del término, es decir que es lo que le trae a la mente.)
 3. (Distribuya los materiales sobre los tres temas antes mencionados y pídale a los Entrevistados que los lean.)
 4. (Después de leer todos ellos, distribuya el cuestionario auto administrado que aborda estos temas. Brevemente revise las instrucciones para completar el cuestionario. Recoja

los cuestionarios después de haber sido completados y verifíquelos para estar seguro de que se completaron correctamente.)

5. (Pídales a los encuestados que revisen los materiales y que subrayen las palabras o ideas que no sean claras o que son confusas para ellos, es decir, cualquier cosa que no entiendan. Luego, pídales que marquen las palabras o ideas que *les gusten o que les haga sentirse positivos* con un marcador de color seguido por cualquiera que no *les guste o que les haga sentirse negativos* con un marcador de diferente color. Recuerde reportar los códigos a los codificadores NORC. No recoja los materiales marcados hasta después que la discusión acerca de esto termine.)
 6. Hablemos acerca de las palabras o ideas que ustedes hayan encontrado ser poco claras o confusas. ¿Qué subrayaron? (pídales que levanten la mano en cada uno que mencionemos para que sepamos cuáles son los más frecuentes. Dirija la atención del grupo a cada uno de los puntos principales, según sea necesario con el fin de asegurarse de que se sigan las instrucciones.)
 7. (Para cada palabra o idea compartida, pregunte) ¿Puede decirme *cómo o por qué* esto era poco claro o confuso? (Es posible que no siempre sean capaces de hacer esto, pero cualquier cosa que podamos deducir de ello será útil en términos de cómo solucionar el problema.)
 8. ¿Hay algo acerca de que estos temas que no está incluido y que usted necesite para poder entenderlo? (Si es así, obtenga detalles y múltiples respuestas.)
 9. ¿Qué tal las palabras o ideas que le gusten o que les haga sentirse positivos? ¿Qué marcaron? (Pídales que levanten la mano para cada una de las mencionadas.)
 10. ¿Por qué sienten positivos acerca de ellas? (Pídales los detalles y múltiples respuestas.)
 11. ¿Qué tal las palabras o ideas que no les gusten o que les hacen sentirse negativos? ¿Qué marcaron ustedes? (Pídales que levanten la mano para cada una de las mencionadas.)
 12. ¿Por qué se sienten ustedes así? (Pídales los detalles y múltiples respuestas.)
- B. ¿Qué Productos Se Están Ofreciendo? ¿Son estos Planes de Alta Calidad? (20 minutos)
1. (Siga los mismos procedimientos que con los temas anteriores.)
 2. (Como parte de la discusión acerca de lo que es poco claro o confuso pruebe el nivel de comprensión de las personas acerca de la diferencia entre los distintos niveles de metales y lo que es el significado de "cobertura catastrófica".)

3. (Como parte de esta discusión entrégueles hojas con las palabras "planes de salud" y "las compañías de seguros de salud" en las mismas. Pregunte al grupo lo que a cada una les trae a la mente y en qué se diferencian.)
- C. ¿Qué determina el Costo del Seguro? ¿Qué Ayuda está Disponible para Cubrir los Costos de las Primas y Cómo Funciona? ¿Qué Ayuda hay Disponible para Ayudar a Pagar los Costos de su Propio Bolsillo? (20 min)
1. (Siga los mismos procedimientos que con los temas anteriores.)
 2. (Como parte de la discusión acerca de lo que es poco claro o confuso pruebe el nivel de comprensión de las personas acerca de lo que es "prima", "gastos directos de su bolsillo," cómo funciona el crédito de impuestos, cómo la declaración de impuestos anual se ajusta a la importancia de los informes de cambios en los ingresos, y "los límites de pagar los costos de su propio bolsillo")
- D. ¿Quién Puede Usar Covered California? ¿Cómo Se Puede Ir de Compras e Inscribirse? ¿Qué Ayuda Está Disponible? ¿Cuándo Están Disponibles los Planes? (15 minutos)
1. (Siga los mismos procedimientos que con los temas anteriores.)
 2. (Distribuya la hoja que tiene "ayudantes" y "navegantes" en ella.. Pregunte al grupo lo que a cada uno le trae a la mente y en qué se diferencian.)
- E. ¿Tiene Usted Que Conseguir Un Seguro? ¿Cuáles son las Sanciones y Cuándo / Cómo Serán Recolectadas?
1. (Siga los mismos procedimientos que con los temas anteriores.) (15 minutos)

IV. Cierre/Gracias Por Participar (1 Minuto)

Appendix XI: Assister Moderator Guide (Spanish)

Ogilvy West/Covered California

Guía de Discusión de Grupos de Enfoque para Prueba Palabras Claves (Ayudantes)

BORRADOR PARA GUÍA DE DISCUSIONES PARA (Ayudantes)

1. Bienvenida, Presentaciones, Visión General del Proceso de Grupos de Enfoque (10 min.)

Presentaciones: Los participantes hablan acerca de la organización para la que trabajan, cuánto tiempo han estado trabajando allí y a qué tipo (s) de poblaciones alcanzan.

Objetivo: Obtenga opiniones sobre la mejor manera de comunicar ideas complejas y delicadas a su público principal relacionadas con el uso de Covered California, es decir, aquellos en necesidad de un seguro médico accesible y de calidad y cuidado. Queremos aprovechar su conocimiento con esta población y su experiencia en el servicio a ella.

II. La Formación del Grupo: Aprender Más Sobre la Ley de la Reforma de Salud (15 min)

- A. Hoy vamos a estar hablando sobre cómo contestar preguntas de los consumidores acerca de la ley de reforma de salud que entrará en vigor en el 2014. ¿Cuánta información diría usted que los californianos sin seguro tienen acerca de la ley?
- B. ¿Cuáles son las cosas principales que ellos entienden al respecto? ¿Qué cambios la mayoría cree se llevarán a cabo a causa de la ley? (Sondee las respuestas múltiples y específicas.)
- C. ¿Qué información es la que más necesiten? ¿Qué preguntas son las que más necesitamos responder por ellos? (Sondee las respuestas múltiples y específicas.)
- D. (Explíqueles que estarán viendo información desarrollada para los californianos sin seguro médico en o por debajo del 400% del FPL, aquellos que creemos que estarán más interesados en obtener cobertura a partir de 2014. Nuestro objetivo es asegurar que la información es comprensible y persuasiva para motivar a la gente a aprovechar de la nueva ley. Además de probar la información con los consumidores directamente, también queremos sus ideas sobre cómo los consumidores podrían reaccionar a la información. Queremos que piensen en las poblaciones a las que sirven para responder a las preguntas que se les harán en la entrevista.)

III. Prueba (90 minutos)

- A. ¿Qué es Covered California? ¿Cómo se creó y Por qué? ¿Se trata de una parte del Gobierno del Estado? (20 min)

1. Como ustedes pueden saber, debido a la ley, una nueva organización llamada Covered California ha sido creada aquí en nuestro estado. (Distribuya la hoja que dice " Covered California es nuevo mercado de seguros de salud de California.")
2. ¿Qué creen ustedes que esta frase, "nuevo mercado de seguro de salud" significará a los tipos de personas a quienes ustedes sirven? (Sondea de cómo el grupo entiende el significado del término.)
3. (Distribuya los materiales sobre los tres temas antes mencionados y pídale a los entrevistados que los lean.)
4. (Pídale a los encuestados que revisen los materiales y subrayen las palabras o ideas que sean poco *claras o confusas* para ellos, es decir, cualquier cosa que no entiendan. Luego, pídale que marquen las palabras o ideas que probablemente *les gustarán a los consumidores o que les harán sentirse positivos* con un marcador de color seguido por cualquiera que *no les gustará a los consumidores o que les hará sentirse negativos* con un marcador de diferente color. Recuerde reportar los códigos de color a los codificadores NORC. No recoja los materiales marcados hasta después de que la discusión termine.)
5. Hablemos acerca de las palabras o ideas que a usted le hayan parecido ser poco claras o confusas. ¿Qué subrayaron? (Obtenga una demostración de manos alzadas en cada uno que se menciona. Dirija la atención del grupo a cada uno de los puntos principales, según sea necesario para poder asegurarse de que hayan seguido las instrucciones.)
6. (Para cada palabra o idea compartida, pregunte) ¿Puede decirme *cómo o por qué* esto era poco claro o confuso? (Es posible que ellos no siempre sean capaces de hacer esto, pero cualquier cosa que podamos deducir de ello será útil en términos de cómo solucionar el problema.)
7. ¿Hay algo que no está incluido aquí sobre estos temas que usted necesite saber para poder Entenderlo mejor? (Si es así, obtenga detalles y múltiples respuestas.)
8. ¿Qué tal acerca de las palabras o ideas que ustedes sintieron que a los consumidores les gustarían o que les harían sentirse positivos? ¿Qué marcaron? (Pídale que levanten la mano para cada una de las mencionadas.)
9. ¿Por qué se sentirán positivos acerca de ellas? (Pídale los detalles y múltiples respuestas.)
10. ¿Qué tal las palabras o ideas que ustedes sintieron que a los consumidores no les gustarían o que les harán sentirse negativos? ¿Qué marcaron? (Pídale que levanten la mano para cada una de las mencionadas.)
11. ¿Por qué se sienten ustedes así? (Pídale los detalles y múltiples respuestas.)

B. ¿Qué Productos Se Están Ofreciendo? ¿Son estos Planes de Alta Calidad? (20 minutos)

1. (Siga los mismos procedimientos que con los temas anteriores.)
2. (Como parte de la discusión acerca de lo que es poco claro o confuso pruebe el nivel de comprensión de las personas acerca de la diferencia entre los planes de los distintos niveles de metales y lo que es el significado de "cobertura catastrófica".)
3. (Como parte de esta discusión entrégueles hojas marcadas con las palabras "planes de salud" y "las compañías de seguros de salud" en las mismas. Pregunte al grupo lo que a cada una les trae a la mente y en qué se diferencian.)

C. ¿Qué determina el Costo del Seguro? ¿Qué Ayuda está Disponible para Cubrir los Costos de las Primas y Cómo Funciona? ¿Qué Ayuda hay Disponible para Ayudar a Pagar los Costos de su Propio Bolsillo? (20 min)

1. (Siga los mismos procedimientos que con los temas anteriores.)
2. (Como parte de la discusión acerca de lo que es poco claro o confuso pruebe el nivel de comprensión de las personas acerca de lo que es "prima", "gastos directos de su bolsillo," cómo funciona el crédito de impuestos, cómo la declaración de impuestos anual se ajusta a la importancia de los informes de cambios en los ingresos, y "los límites de pagar los costos de su propio bolsillo".)

D. ¿Quién Puede Usar Covered California? ¿Cómo Se Puede Ir de Compras e Inscribirse? ¿Qué Ayuda Está Disponible? ¿Cuándo Están Disponibles los Planes? (15 minutos)

1. (Siga los mismos procedimientos que con los temas anteriores.)
2. (Distribuya la hoja que tiene "ayudantes" y "navegantes" en ellas.. Pregunte al grupo lo que a cada uno le trae a la mente y en qué se diferencian.)

E. ¿Tiene Usted Que Conseguir Un Seguro? ¿Cuáles son las Sanciones y Cuándo / Cómo Serán Recolectadas? (15 minutos)

1. (Siga los mismos procedimientos que con los temas anteriores.)

IV. Cierre/Gracias Por Participar (1 Minuto)

Appendix XII: Small Business Moderator Guide (Spanish)

Ogilvy West/California Cubierta

Guía de Discusión de Grupos de Enfoque para Prueba Palabras Claves (Empresas Pequeñas)

BORRADOR PARA GUÍA DE DISCUSIONES PARA (Empresas Pequeñas)

I. Bienvenida, Presentaciones, Visión General del Proceso de Grupos de Enfoque (10 min.)

Presentaciones: Los participantes hablan acerca del tipo de empresa que están representando, su título o puesto y cuánto tiempo han estado allí en ese puesto.

Propósito: Explore cómo comunicarse mejor acerca de los cambios del sistema de seguro de salud para que los californianos puedan aprovechar de los beneficios.

B. La Formación del Grupo: Aprender Más Sobre la Ley de la Reforma de Salud (10-15 min)

1. Hoy vamos a estar hablando sobre la ley de reforma de salud que entrará en vigor en el 2014, la llamada Obamacare. ¿Cuánta información diría usted que tiene acerca de la ley?
2. ¿Cuáles son las cosas más importantes de la ley? ¿Qué cambios se están produciendo debido a la ley? ¿Cuántas empresas pequeñas serán afectadas? (Sondee por respuestas múltiples y específicas.)
3. ¿Qué más le gustaría saber sobre la ley? ¿Qué preguntas le gustaría a usted que le fueran respondidas? (Sondee por respuestas múltiples y específicas.)

III. Prueba (90 minutos)

A. ¿Qué es Covered California? ¿Cómo se creó y Por qué? Se trata de una parte del Gobierno del Estado? (20 min)

1. Debido a la ley, una nueva organización llamada Covered California ha sido creada aquí en nuestro estado. (Distribuya la hoja que dice " Covered California es un nuevo mercado de seguros de salud de California.")
2. ¿Qué cree usted que significa esta frase, "nuevo mercado de seguro de salud"? (Sondee cómo el grupo entiende el significado del término, es decir que es lo que le trae a la mente.)
3. (Distribuya los materiales sobre los tres temas antes mencionados y pida que los entrevistados los lean.)

4. (Después de leer todos ellos, distribuya el cuestionario auto administrado que aborda estos temas. Brevemente revise las instrucciones para completar el cuestionario. Recoja los cuestionarios después de haber sido completados y márkuelos para estar seguro que se completaron correctamente.)
 5. (Pídales a los encuestados que revisen los materiales y que subrayen las palabras o ideas que no *sean claras o que son confusas* para ellos, es decir, cualquier cosa que no entiendan. Luego, pídale que marquen las palabras o ideas que *les gusten o que les haga sentirse positivos* con un marcador de color seguido por cualquiera que no *les guste o que les haga sentirse negativos* con un marcador de diferente color. No recoja los materiales marcados hasta después que la discusión acerca de esto termine.)
 6. Hablemos acerca de las palabras o ideas que ustedes hayan encontrado ser poco claras o confusas. ¿Qué subrayaron? (Pídales que levanten la mano en cada uno que mencionemos para que sepamos cuáles son los más frecuentes. Dirija la atención del grupo a cada uno de los puntos principales, según sea necesario con el fin de asegurarse de que se sigan las instrucciones.)
 7. (Para cada palabra o idea compartida, pregunte) ¿Puede decirme *cómo o por qué* esto era poco claro o confuso? (Es posible que no siempre sean capaces de hacer esto, pero cualquier cosa que podamos deducir de ello será útil en términos de cómo solucionar el problema.)
 8. ¿Hay algo acerca de estos temas que no están incluidos y que usted necesite para poder Entenderlo mejor? (Si es así, obtenga detalles y múltiples respuestas.)
 9. ¿Qué tal las palabras o ideas que le gusten o que les haga sentirse positivos? ¿Qué marcaron? (Pídales que levanten la mano para cada una de las mencionadas.)
 10. ¿Por qué sienten positivos acerca de ellas? (Pídales los detalles y múltiples respuestas.)
 11. ¿Qué tal las palabras o ideas que no les gusten o que les hacen sentirse negativos? ¿Qué marcaron ustedes? (Pídales que levanten la mano para cada una de las mencionadas.)
 12. ¿Por qué se sienten ustedes así? (Pídales los detalles y múltiples respuestas.)
- B. ¿Qué Productos Se Están Ofreciendo? ¿Son estos Planes de Alta Calidad? (20 minutos)
1. (Siga los mismos procedimientos que con los temas anteriores.)
 2. (Como parte de la discusión acerca de lo que es poco clara o confusa pruebe el nivel de comprensión de las personas acerca de la diferencia entre los planes de los distintos

niveles de metales y lo que es el significado de "cobertura catastrófica".)

3. (Como parte de esta discusión entrégueles hojas con las palabras "planes de salud" y "las compañías de seguros de salud" en las mismas. Pregunte al grupo lo que a cada una les trae a la mente y en qué se diferencian.)

C. ¿Qué Incentivos Reciben las Pequeñas Empresas a la Hora de Comprar un Seguro? ¿Cuál es la Carga Administrativa para las Pequeñas Empresas que Compran Cobertura? (20 minutos)

1. (Siga los mismos procedimientos que con los temas anteriores.)
2. (Como parte de la discusión acerca de lo que es poco claro o confuso pruebe el nivel comprensión del crédito de impuestos incluyendo quién es elegible, cómo el crédito de impuestos cambio a lo largo del tiempo y la idea de seleccionar un plan de referencia para empleados.)

D. ¿Quién Puede Usar Covered California ? ¿Cómo Se Puede Ir de Compras e Inscribirse? ¿Qué Ayuda Está Disponible? ¿Cuándo Están Disponibles los Planes? (15 minutos)

1. (Siga los mismos procedimientos que con los temas anteriores.)

E. ¿Cuáles son los Requisitos y las Posibles Sanciones? (15 minutos)

1. (Siga los mismos procedimientos que con los temas anteriores.)
2. (Como parte de la discusión sobre lo que está claro o confuso, pruebe el nivel de comprensión acerca de la evaluación que los empleadores más grandes pueden encarar.)

IV. Cierre/Gracias Por Participar (1 Minuto)

Appendix XIII: Consumer & Assister Stimuli (Spanish)

1. ¿Qué es Covered California?

- Covered California es el nuevo mercado de seguros de salud de California. Es el lugar al cual pueden acudir las personas y las pequeñas empresas cuando buscan seguros de salud accesibles y de alta calidad.
- Puede usar Covered California para conocer más acerca de estos seguros, y para comprarlos. Además, puede verificar si califica para créditos tributarios federales que puedan reducir el costo de sus seguros hasta en un 90 por ciento. Casi tres millones de Californianos van a calificar y a obtener estos créditos. También podrá saber si califica para Medi-Cal sin costo – un plan del gobierno que apoya a familias de escasos recursos.
- Hay varias maneras de comprar y de inscribirse en los seguros de salud de Covered California. Puede visitar nuestro portal en internet, llamarnos por teléfono o visitar un centro de servicio en su comunidad.
- Covered California le ofrecerá opciones de seguros de salud de distintas empresas aseguradoras. Estas empresas son privadas y compiten entre sí para tenerlo a usted de cliente.
- Habrá muchos planes - con primas muy reducidas y una excelente cobertura.
- Covered California explicará los precios y los beneficios, en un lenguaje sencillo que todos podamos entender. No tendrá que adivinar los costos. Tendrá una visión clara de lo que obtendrá antes de elegir su plan salud.
- Covered California hace que sea fácil descifrar los diferentes seguros de salud y lo que cubren. Va a poder comparar de tres a seis planes estándar al mismo tiempo. Y va a poder comparar ‘manzanas-con-manzanas’ entre los distintos planes. La decisión será suya. Podrá elegir un plan que satisfaga tanto sus necesidades de salud como su presupuesto.
- Hay seguros de salud aptos para todos. Las aseguradoras no pueden negarle un seguro a causa de alguna enfermedad previa. Todos los que tengan su edad, pagarán la misma prima mensual.

2. ¿Cómo y por qué fue creada Covered California?

- Muchas familias de la clase trabajadora no gozan de un seguro de salud, porque la empresa en la que trabajan no ofrece un seguro o porque ellos mismos no lo pueden pagar. Como resultado, no pueden obtener el cuidado médico que necesitan. Para resolver este problema, el Congreso de la nación, aprobó la ley conocida como ‘Obamacare ‘ – o sea, the Patient Protection and Affordable Care Act (Ley Federal de Protección al Paciente y Cuidado de Salud Asequible). El propósito de esta ley es el de facilitar la adquisición de seguros de calidad que también sean factibles de pagar.
- Para facilitar la adquisición de este tipo de seguro, esta ley permite a los estados crear su propio mercado, el cual brinda la posibilidad de comprar sus seguros médicos en un solo lugar.
- California fue el primer estado en crear su propio mercado. Se llama Covered California. El único propósito de Covered California es ayudar a los Californianos a obtener un seguro de salud accesible y de calidad.
- Para aquellos que ya disponen de un seguro, la ley no les requiere que hagan cambios.

3. ¿Es Covered California parte del gobierno estatal? ¿Quién la financia?


- Covered California fue establecida por el Estado de California y forma parte del gobierno.
- Hasta el 2015, Covered California será financiada por el gobierno federal.
- Aunque forma parte del gobierno del estado, los seguros son ofrecidos por aseguradoras privadas.
- Para el 2015, Covered California se autofinanciará al cobrarle a las aseguradoras por vender sus seguros de salud a través de la institución.


4. ¿Cuál seguro ofrece Covered California?

- Covered California ofrecerá cuatro grupos de seguros de salud, junto con lo que llamamos ‘cobertura catastrófica’. Los cuatro grupos se denominan platino, oro, plata y bronce respectivamente. Cada denominación brinda una cobertura diferente que va de más a menos.
- Dentro de cada nivel, los beneficios son los mismos, aun cuando se trata de planes de diferentes aseguradoras. Por ejemplo, un seguro ‘plata’ ofrecido por la empresa A será igual a un seguro ‘plata’ ofrecido por la empresa B. Esto hace que sea muy fácil comparar los planes. Puede revisar costos, la red hospitalaria y los médicos – para poder elegir el plan que más le convenga.
- Los seguros que cubran una mayor parte de sus gastos médicos generalmente van a tener primas mensuales (la cuota que paga cada mes para no perder su seguro) más altas. Sin embargo, si paga primas altas cada mes, va a pagar menos al recibir los servicios médicos.
- Los seguros Platino tienen las primas más altas. A la vez, pagan el 90 por ciento de sus gastos médicos cubiertos por el plan.
- Los seguros Oro pagan el 80 por ciento de sus gastos médicos cubiertos.
- Los seguros Plata pagan el 70 por ciento de sus gastos médicos cubiertos.
- Los seguros Bronce cobran la prima más baja, aunque sólo pagan el 60 por ciento de sus gastos médicos cubiertos.
- Usted puede elegir pagar más por su seguro, para que cuando tenga gastos médicos, pague menos. Por otra parte, puede decidir pagar primas menores mensuales y pagar más en el momentos de requerir cuidados médicos. Puede elegir el nivel de cobertura que más le convenga en relación a su presupuesto y requerimientos de salud.
- Covered California también ofrece ‘cobertura catastrófica’ para personas menores de 30 años. La ‘cobertura catastrófica’ no es para aplicarse a los gastos médicos cotidianos, como por ejemplo, las visitas al médico o la compra de medicina. Es para cubrir costos médicos muy elevados que no podría pagar sin un seguro. Este nivel de seguro es muy accesible y ayuda a los jóvenes a cumplir con la ley, la cual exige que todos tengan algún tipo de seguro de salud.

Los diferentes niveles de seguros de salud

Categoría	Porcentaje de gastos pagados por el plan de salud	Porcentaje de gastos pagados por la persona
Platinum	90%	10%
Gold	80%	20%
Silver	70%	30%
Bronze	60%	40%





El plan paga un porcentaje mayor de los gastos

Prima mensual inferior

5. ¿Son estos planes de salud de alta calidad?

- Sí. Covered California ofrecerá algunos de los seguros de salud más reconocidos del estado, junto con varios seguros regionales o locales. Covered California impone altos estándares en cuanto a los seguros de salud. Usted puede confiar en que si Covered California ofrece un seguro, este seguro cumplirá con esos altos estándares.
- Todo seguro de salud tiene que cubrir los servicios conocidos como 'Essential Health Benefits'. Estos beneficios básicos o esenciales incluyen:
 - Visitas al médico
 - Cuidados hospitalarios
 - Servicios de urgencia
 - Cuidados para mujeres embarazadas
 - Cuidados para niños y recién nacidos
 - Medicina prescrita
- Covered California únicamente ofrecerá seguros de salud que brinden una red adecuada de médicos, enfermeras, especialistas y demás profesionales de la salud.
- Covered California también sólo ofrecerá seguros de salud de comprobada calidad en los cuidados médicos que ofrece.
- Las aseguradoras no podrán negarle cobertura médica a causa de una enfermedad anterior ni porque no pudo tener cobertura en el pasado. Esto aplicará a todas las aseguradoras en el campo de la salud – vendan vía Covered California o no.
- Todos los seguros médicos tendrán precios muy claros y fáciles de entender.
- Covered California será su puerta de entrada para investigar, comprar y para inscribirse en un plan. Covered California seguirá estando a su servicio después de que usted adquiera su seguro de salud. Si llegara a tener algún problema con su seguro, Covered California estará ahí para apoyarlo. Si surgiera un problema específico podremos ayudarlo a solucionarlo. Covered California le ayudará en cada paso del proceso.

6. ¿Qué es lo que determina el costo de los seguros de salud?

- El costo total del seguro de salud es la prima mensual de su seguro, más los costos directos que usted tendrá que desembolsar al recibir la atención médica.
- La prima es la cantidad que usted debe de cubrir para tener su seguro de salud. Usted, su patrón o los dos juntos pagarán esta prima cada mes.
- Los costos directos son los gastos que cubrirá al recibir la atención médica. Estos incluyen costos compartidos como deducibles, copagos y coseguros, además de los costos de servicios no cubiertos por su seguro. Los gastos directos, pues, se suman a la prima mensual. Los gastos directos más comunes que debe desembolsar serían:
 - **Deducible** – se trata de la suma que usted debe pagar por servicios de atención médica cubiertos por su seguro o plan de salud antes de que su seguro o plan comience a pagar. El deducible será diferente para cada seguro de salud. La mayoría de los seguros de salud pagan los costos de los cuidados preventivos, como las vacunas, aun antes de que usted cubra el deducible.
 - **Copagos** – son cantidades fijas que usted paga para obtener un servicio para el cuidado de su salud. Podría tratarse de una visita al médico o de los cuidados recibidos en una sala de urgencias. Los planes estándar de Covered California usan los copagos porque son manejables para usted.
 - **Coseguro** – es la parte que le toca a usted del costo de un servicio de salud cubierto, después de haber sido pagado el deducible.
- La cantidad que usted pagará en gastos directos dependerá de cuánto y con qué frecuencia usa los servicios de salud. Si requiere de pocos cuidados, usted no tendrá muchos gastos directos.
- Muchos Californianos calificarán para programas de ahorro que ayudarán a reducir tanto las primas como los gastos directos.
- Covered California hará más fácil saber cuáles serán las primas a pagar y los gastos directos a cubrir antes de que se inscriba a un seguro.

7. ¿Qué ayuda existe para cubrir el costo de las primas y cómo funciona?

- El gobierno federal ofrece créditos tributarios que reducen los costos de los seguros de salud. Un crédito tributario es un crédito en dólares que se restará de la cantidad que usted debería a fin de año. Un crédito tributario le da un apoyo en relación al costo de su prima mensual.
- Usted posiblemente pueda obtener un crédito tributario si califica, siendo ciudadano del país o inmigrante legal.
- La cantidad de su crédito tributario varía según sus propios ingresos, el tamaño de su familia y el costo del seguro de gastos médicos. Los créditos hacendarios (o tributarios), se establecen mediante una escala proporcional. O sea, si gana más dinero, obtendrá un crédito tributario más pequeño y menos apoyo financiero.
- Muchas familias trabajadoras van a calificar para obtener un crédito tributario. Una familia de cuatro puede tener ingresos hasta de \$94,200 al año, y todavía lograr un descuento en la prima. Aquí abajo aparece un ejemplo que ilustra el funcionamiento de un crédito tributario:
 - El costo de un seguro de gastos médicos para una familia de cuatro estará sobre los \$1,028 al mes. Si la familia gana unos \$50,000 al año, podrían obtener un crédito tributario de más de \$738 al mes. Con el crédito tributario, el costo para la familia se reduce a unos \$290 al mes, para un seguro promedio de nivel plata. El crédito tributario cubre los \$738 restantes. Aquí, el crédito tributario está cubriendo el 72 por ciento del costo.
- El gobierno federal paga su crédito tributario directamente a la compañía aseguradora al mismo tiempo que usted compra su seguro. Una vez que se haya inscrito, el gobierno realizará su parte del pago cada mes, y usted tendrá que hacer su propio pago también cada mes. Si usted dejara de pagar su parte de la prima, perdería su cobertura.
- Sólo puede obtener el crédito tributario si adquiere su seguro de salud vía Covered California.
- A fin de año, el gobierno revisará su declaración de impuestos federales para ver si usted ganó la misma cantidad que reportó al inscribirse al seguro y al solicitar un crédito tributario. Es posible que haya algún ajuste para asegurar que usted haya recibido el crédito tributario correcto – ni más ni menos.
- Debe de reportar cambios en sus ingresos. Si sus entradas se reducen, posiblemente pueda obtener mayor apoyo. Si aumentan sus ingresos, es posible que se le pida que devuelva créditos tributarios ya recibidos. Así que es importante reportar correctamente cada cambio que tenga en sus ingresos.

8. ¿Existe algún apoyo que me ayude a cubrir los gastos directos?

- Covered California ha trabajado arduamente para poder brindar planes de beneficios con los que le será muy fácil calcular la mayoría de sus gastos directos. Todos los planes tienen un límite anual en gastos cubiertos para el año en el rubro de gastos directos. La cantidad varía desde \$2,250 hasta \$6,400. Su propio límite anual está basado en sus ingresos. Así, las personas con ingresos bajos tendrán un límite anual menor. No tendrán que pagar tanto en cuanto a gastos directos..
- Recuerde que muchos de los servicios de salud preventivos no tienen ningún costo para usted. Cualquier seguro de gastos médicos de Covered California cubrirá el costo de servicios como vacunas, cribado del cáncer y los cuidados preventivos para infantes, niños y adolescentes sin generar costo alguno para usted.

9. ¿Quién califica para usar Covered California?

- Las personas que sean residentes legales del estado de California, y deseen obtener cobertura como individuos (incluyendo la familia, claro) o como pequeños empresarios. Califican las empresas con al menos 2 (y hasta 50) empleados .
- Covered California queda disponible para personas entre 18 y 64 años de edad. Aun las personas con más de 65 pueden aprovechar los beneficios que les ofrece Medicare.
- Si tiene un seguro a través de su empleo, pero no puede pagar la cobertura de su esposa e hijos bajo ese mismo plan, usted puede usar Covered California para asegurar la cobertura de toda la familia.

10. ¿Cuándo estarán disponibles los planes?

- Covered California abre sus inscripciones el primero de octubre del 2013. Se puede inscribir hasta el 31 de marzo del 2014, para quedar asegurado en el 2014. Si no se inscribe durante este período es posible que se quede fuera.
- El siguiente período de inscripción se iniciará en octubre del 2014 para quedar asegurado durante el 2015.
- Únicamente podrá inscribirse a un seguro de salud durante estos períodos 'abiertos' - al menos que enfrente un evento que impacte en su vida, como por ejemplo la pérdida de su empleo, la muerte de su cónyuge o el nacimiento de un hijo. Si usted enfrenta un evento de esta naturaleza en su vida, dispone de 60 días para realizar su inscripción.

11. ¿Cómo puedo investigar, elegir y adquirir un seguro de salud?

- Covered California (visite Covered.CA.gov) le brinda toda la información que requiere acerca de los seguros de salud, y lo hace en términos sencillos y fáciles de comprender. No tendrá que estar adivinando acerca de los costos. Obtendrá una idea muy clara acerca de lo que tendrá que pagar y lo que recibirá a cambio. Se puede inscribir cuando lo desee, siempre y cuando sea durante el período abierto de inscripción.
- Puede solicitar su seguro en línea, vía telefónica o en persona.
- Información que debe tener a la mano para hacer la solicitud: su código postal, ingresos, número de personas a cubrir (puede tratarse de una familia entera o sólo parte de una), y finalmente la edad de cada persona.
- Sólo tiene que llenar una solicitud, una sola vez, para poder comprar un seguro de salud.

12. ¿Puedo solicitar ayuda para inscribirme en un seguro de salud?

- Habrá ayuda, cerca de usted, en su propia comunidad. Profesionales entrenados le brindarán recomendaciones-con-conocimiento y su apoyo, mientras investiga las opciones de seguro y elige inscribirse en uno.
- Habrá otras personas que también pueden responder a sus preguntas o realizar su inscripción en línea o por teléfono, a través del Centro Telefónico de Servicio a Clientes de Covered California.
- Covered California además certificará a muchos agentes de seguros médicos, para que ellos también le puedan asistir en elegir y adquirir el plan más conveniente para usted.
- Como usted prefiera acercarse, hágalo confiando en que será fácil tratar con Covered California.

13. ¿Tiene que tener seguro? ¿Cuáles son las penalizaciones, y cómo/cuándo se aplican?

- La nueva ley de cuidados de la salud estipula que la mayoría de las personas deben estar aseguradas para el 2014 o pagar una multa. Esto se conoce como ‘el mandato individual’. Es una forma de asegurar que todos los que puedan contribuir al costo de sus cuidados de salud, lo hagan cuando los necesiten. El seguro puede provenir de su empleo; o puede ser un seguro adquirido por usted mismo; o puede ser una cobertura de Medi-Cal. No necesita comprar un seguro ni pagar las multas, siempre y cuando usted:
 - Tuviera que gastar más del 8 por ciento de sus ingresos para tener un seguro de gastos médicos.
 - Tuviera ingresos menores a los requeridos para hacer una declaración de impuestos.
 - Califica para exención por cuestiones religiosas.
 - Es un migrante indocumentado.
 - Está en la cárcel o en prisión.
 - Forma parte de una tribu nativa americana reconocida por la federación.

- El monto de la multa se basa en el número de meses que ha estado sin seguro. No hay multa aplicable si incurre en una falta de cobertura de menos de tres meses en el transcurso de un año.

- La multa se basa en la mayor de dos cantidades: una simple cantidad en dólares o un porcentaje de los ingresos del hogar. La multa va a ir en aumento año con año, comenzando en el 2015. El incremento se hará de acuerdo al aumento en el costo de la vida.

- Aquí se presentan algunos ejemplos de la multa:
 - 2014: \$95 por adulto y \$47.50 por niño (hasta \$285 por una familia) o el 1 por ciento del ingreso de la familia.
 - 2015: \$325 por adulto y \$162.50 por niño (hasta \$975 por una familia) o 2 por ciento del ingreso de la familia.
 - 2016: \$695 por adulto y \$347.50 por niño (hasta \$2,085 para una familia) o 2.5 por ciento del ingreso de la familia.

Appendix XIV: Small Business Stimuli (Spanish)

1. ¿Qué es Covered California?

- Covered California es el nuevo mercado de seguros de salud de California. Es la mejor alternativa para individuos y pequeñas empresas que buscan seguros de salud de alta calidad y a precios razonables.
- A partir de octubre del 2014, los empleadores se darán cuenta de que proveerle seguros de salud a sus empleados nunca ha sido más fácil. El Programa de Alternativas de Salud para Pequeñas Empresas de Covered California (Small Business Health Options Program), SHOP por sus siglas en inglés, proveerá un portal en el cual los empleadores podrán obtener información sobre los diferentes seguros de salud ofrecidos por compañías de seguros competitivas y hacer comparaciones. Habrá una amplia selección de planes de salud privados y de opciones de cobertura que usualmente sólo están al alcance de grandes empleadores.
- Covered California pone todas sus opciones de seguros de salud en un solo lugar, lo que facilita la evaluación de diferentes planes de salud. Covered California le ayuda a hacer comparaciones válidas entre planes de salud.
- La información sobre precios y beneficios se encuentra expuesta en términos claros, de manera tal que usted no tenga que preguntarse cuál es la cobertura o el costo del plan de salud. Antes de escoger su plan de salud usted tendrá una idea clara sobre lo que pagará y sobre lo que recibirá a cambio.
- Todo lo que tienen que hacer las pequeñas empresas es escoger el nivel de cobertura y de beneficios que quieren ofrecer. Sus empleados podrán entonces escoger los planes que ellos quieran escoger dentro del nivel seleccionado por el empleador, u optar por planes pertenecientes a un nivel más alto y pagar la diferencia por cuenta propia. Covered California le enviará una sola factura mensual a las empresas sin importar que los empleados hayan escogido planes diferentes. Los empleados pueden incluso inscribirse vía internet a través de la página web de Covered California y así las pequeñas empresas no tendrán la necesidad de mantener un archivo con el papeleo de la inscripción.
- Muchas pequeñas empresas tendrán derecho a un crédito tributario federal que les compensará por hasta un 50 por ciento del costo de proveerle cobertura grupal a sus empleados.
- Inicialmente el programa SHOP de Covered California sólo le prestará servicios a empleadores que tengan menos de 50 empleados pero más adelante expandirá sus servicios para admitir empleadores con grupos más grandes de empleados. La participación es completamente voluntaria. Las compañías con menos de 50 empleados no tienen que ofrecerle seguro médico a sus empleados.

2. ¿Cómo y por qué fue creada Covered California?

- Muchas familias trabajadoras no tienen seguro médico debido a que sus empleadores no lo ofrecen o ellos no lo pueden costear. Como resultado, estas familias no pueden recibir los servicios médicos que necesitan. Para resolver este problema, el Congreso de los Estados Unidos pasó la Ley de Protección al Paciente y de Cuidado de Salud a Bajo Precio, también conocido como Obamacare. El propósito de esta ley es facilitarle a las personas el acceso a seguros de salud de buena calidad y a precios razonables.
- Para facilitar el acceso a los seguros, la ley de cuidados de la salud permite que los estados creen sus propios mercados para ofrecer la posibilidad de comprar seguros de salud en un solo lugar.
- California fue el primer estado en crear su propio mercado. Este mercado se llama Covered California. Su único deber es ayudar a que los individuos y las pequeñas empresas obtengan buenos seguros de salud a precios razonables.
- La ley no le requiere hacer cambio alguno a aquellos que ya están asegurados.

3. ¿Es Covered California parte del gobierno estatal? ¿Quién la financia?

- Covered California fue fundada por el Estado de California y es parte del gobierno estatal.
- Covered California será financiada por el gobierno hasta el 2015.
- Covered California es parte del gobierno estatal pero son compañías privadas las que proveen los planes de salud.
- A partir del 2015 Covered California se financiará a si misma mediante el cobro a compañías de seguros por permitirles vender sus seguros de salud a través de ellos.

4.¿Cuáles son los diferentes tipos de seguros que se pueden obtener?

- Covered California le ofrecerá a pequeñas empresas varios planes diferentes. Usted decidirá con cuánto dinero contribuirá a la cobertura de su empleado, a quién le ofrecerá cobertura y si quiere o no incluir a sus dependientes. Usted también podrá informarse sobre si usted puede obtener exenciones que le ayuden a pagar sus primas.
- Covered California le ofrecerá cuatro categorías de planes de salud, y en adición le ofrecerá cobertura en situaciones catastróficas. Las cuatro categorías de cobertura tienen nombres relacionados a la jerarquía de los metales: platino, oro, plata y bronce. Este sistema de clasificación facilitará la comparación de planes que estén dentro de una misma categoría o en distintas categorías. Mientras más valiosa sea la jerarquía del metal, mayor será el porcentaje de gastos médicos que un plan de salud cubrirá. Estos gastos tendrán que ser cubiertos cuando se reciban los servicios médicos – por ejemplo cuando usted acuda a una cita médica o a la sala de emergencias. Usualmente los planes de salud que cubren la mayor cantidad de sus gastos médicos tienen un pago mensual más alto pero usted pagará menos cada vez que usted reciba cuidados de salud.
- Los planes de platino tienen el pago de prima más alto. Sin embargo, el plan de platino también paga el 90 por ciento de los gastos por servicios médicos cubiertos.
- Los planes de oro pagarán el 80 por ciento de los gastos por servicios médicos cubiertos.
- Los planes de plata pagarán el 70 por ciento de los gastos por servicios médicos cubiertos.
- Los planes de bronce tienen el pago de prima más bajo. Sin embargo, el plan de bronce pagará sólo el 60 por ciento de los gastos por servicios médicos cubiertos.
- Usted podrá escoger hacer un pago mensual mayor para que cuándo sus empleados necesiten cuidados médicos paguen menos. Usted podrá escoger el nivel de cobertura que mejor se ajuste a las necesidades de seguro de su compañía y a su presupuesto.
- Covered California también ofrecerá cobertura en situaciones catastróficas para personas de 30 años o menos. La cobertura en situaciones catastróficas no fue creada para gastos de salud cotidianos como visitas o recetas médicas. Dicha cobertura fue creada para cubrir facturas médicas excesivas que se acerquen a cantidades que usted no pudiera manejar económicamente.

5. ¿Son estos planes de salud de alta calidad?

- Sí. Covered California le ofrecerá algunos de los planes médicos más reconocidos del estado y varios planes regionales o locales. Todos los planes de seguro, incluyendo aquellos que se vendan fuera de Covered California, deberán ofrecer cobertura para todos los beneficios de salud esenciales. Estos beneficios de salud esenciales incluyen los siguientes servicios:
 - Servicios a pacientes ambulatorios
 - Servicios de emergencias
 - Hospitalización
 - Cuidados para madres y recién nacidos
 - Servicios a pacientes con problemas de salud mental y con trastornos relacionados al uso de sustancias, incluyendo tratamientos de salud para la modificación de la conducta
 - Medicamentos recetados
 - Servicios y aparatos de rehabilitación y de habilitación
 - Servicios de laboratorio como por ejemplo pruebas de sangre
 - Servicios de prevención y bienestar y servicios para el manejo de enfermedades crónicas
 - Servicios pediátricos, incluyendo servicios odontológicos y oftalmológicos
- Covered California ha establecido normas elevadas que todo plan que venda sus seguros a través de ellos debe cumplir. Estas normas aseguran que los planes tengan buenas redes de médicos y de otros proveedores de servicios del cuidado de la salud y que hayan demostrado que ofrecen cuidados médicos de alta calidad.
- Todos los planes tendrán precios transparentes que sean fáciles de entender y de comparar.
- Covered California será su primer punto de contacto durante el proceso de compra, de inscripción y durante el periodo posterior a la compra. Si tiene algún problema con su plan de salud, Covered California le ayudará a solucionarlo. Covered California le ayudará en cada paso del camino.

6. ¿Qué incentivos existen para que las pequeñas empresas compren sus seguros a través de Covered California?

- Algunos de los empleadores que compren sus seguros a través del programa SHOP de Covered California tendrán derecho a un crédito tributario federal que les compensará por hasta un 50 por ciento del costo de sus primas.
- Las empresas que proveen cobertura de servicios para el cuidado de la salud tendrán derecho a un crédito tributario federal si durante el año fiscal tienen 25 o menos empleados trabajando el equivalente a una jornada completa, y pagaron un salario anual promedio de menos de 50,000 dólares. Para calificar para un crédito fiscal, el empleador debe contribuir también con al menos el 50 por ciento del costo de la prima del empleado. Este requisito de contribución también aplica a las coberturas agregadas, incluyendo oftalmología, odontología y otras coberturas con alcance limitado.
- Empleadores con 10 o menos empleados trabajando el equivalente a una jornada completa y con un ingreso anual de 25,000 dólares o menos, califican para obtener el máximo de crédito tributario.
- Empleadores sin fines de lucro o con exención de impuestos deberán cumplir con los mismos requisitos que otras pequeñas empresas y su crédito tributario será menor.
- Existen dos etapas de crédito tributario que ayudan a que empleadores con menos de 50 empleados puedan cubrir los costos de la prima. La primera etapa cubre los años fiscales del 2010 al 2013. Durante este periodo inicial se aplicará un máximo de crédito tributario de hasta 35 por ciento de los gastos en primas de seguro. La segunda etapa comenzará en el año fiscal 2014 cuando el máximo de crédito tributario aumente a 50 por ciento de los gastos de prima, y sólo se le proveerá a pequeñas empresas que compren seguros a través del programa SHOP de Covered California.
- El crédito tributario estará disponible durante un total de dos años consecutivos.

7.¿Cuál será la carga administrativa para las pequeñas empresas que compren cobertura?

- El mercado de seguros que Covered California tiene en la internet simplificará el proceso de comprar planes de seguro de salud grupales. Los empleadores podrán comparar fácilmente sus opciones en cuanto a planes y a los precios de las primas de todos los niveles de cobertura y de beneficios. Aquellos que quieran contar con ayuda individualizada podrán contactar a un agente certificado por vía telefónica o a un representante de Covered California.
- Lo único que los empleadores tendrán que hacer es escoger el nivel de cobertura y de beneficios que les interesa proveer. Entonces, los empleadores le proveerán a sus empleados la opción de escoger cualquier plan que se ofrezca a este nivel. Los empleadores se ayudarán a manejar sus propios presupuestos escogiendo un plan de referencia y estableciendo la cantidad con la que contribuirán en la compra del mismo. Los empleados aún podrán seleccionar el plan que mejor se ajuste a sus necesidades personales. Si el costo es mayor que el costo del plan de referencia del empleador, el empleado podrá pagar la diferencia.
- Covered California manejará el cobro de las primas y también manejará las inscripciones y los pagos del plan para que el proceso sea lo más simple posible para los empleadores. Aunque sus empleados escojan diferentes planes, usted sólo tendrá que efectuar un pago único a Covered California. Covered California distribuirá dicho pago apropiadamente.

8. ¿Cuáles serán los requisitos de mi seguro y las posibles penalidades?

- La ley de cuidados de la salud no requiere que todas las empresas le provean seguros a sus empleados. Las empresas con menos de 50 empleados trabajando el equivalente a una jornada completa, podrán decidir proveer cobertura pero no enfrentarán penalidad alguna si no lo hacen.
- A partir del 2014 es posible que las empresas con 50 o más empleados trabajando el equivalente a una jornada completa tengan que pagar una penalidad si no le proveen la cobertura mínima esencial a sus empleados de jornada completa. Estas empresas tendrán que pagar una penalidad si sus empleados reciben un crédito tributario del gobierno federal para compensarlos por haber comprado seguros médicos sin ayuda. Individuos con ingresos bajos o moderados que compren seguros sin ayuda recibirán dichos créditos tributarios para que les sea posible cubrir los costos del seguro. La tasación para una empresa con muchos empleados que no ofrece cobertura será de 2,000 dólares por cada empleado a jornada completa después de los primeros 30 empleados.
- Es posible que las empresas con 50 o más empleados trabajando el equivalente a una jornada completa tengan que pagar una penalidad si no le ofrecen cobertura a empleados que trabajen un promedio de 30 horas o más semanales. Note que no hay penalidad por no ofrecerle cobertura a empleados que trabajen a tiempo parcial.
- El Servicio de Rentas Internas de los Estados Unidos (IRS por sus siglas en inglés) recauda las penalidades a través del pago de impuestos.

9. ¿Quién puede hacer uso del programa SHOP de Covered California?

- En este momento, sólo los empleadores con menos de 50 empleados trabajando el equivalente a una jornada completa pueden hacer uso del programa SHOP de Covered California. Este programa fue creado específicamente para que estos empleadores pudieran expandir sus oportunidades de ofrecer a sus empleados una variedad de planes de salud.
- Si su empresa tiene entre 50 a 100 empleados trabajando el equivalente a una jornada completa, podrá comprar seguros a través de Covered California a partir de octubre del 2015 para obtener cobertura a partir del 2016.

10. ¿Cómo pueden los empleados comprar e inscribirse a un plan?

- Una vez que el empleador escoja el nivel de cobertura, sus empleados podrán usar el mercado de Covered California para comparar los planes opcionales que tienen a su disposición y escoger el plan de salud que mejor se ajuste a sus necesidades. No habrá periodo de inscripción abierta así que los empleados podrán inscribirse cuando quieran.
- Covered California ofrece un sólo portal para ayudarlo con la inscripción y con la administración continua del seguro de salud. Sus empleados sólo necesitarán llenar una sola solicitud para solicitar cualquier plan de salud.

11. ¿Qué tipo de asistencia ofrecerá Covered California?

- Covered California contará con profesionales locales adiestrados para proveer asesoría profesional y apoyo en la compra de planes de salud y en el proceso de inscripción. También proveerá ayuda vía internet y vía telefónica a través de un centro de servicio al cliente.
- Covered California es su administrador y asesor de beneficios. Más allá del proceso de compra e inscripción, Covered California se hará cargo de la mayor parte de la carga administrativa del seguro médico, incluyendo la facturación y las preguntas sobre reclamaciones.
- Covered California espera que los agentes de seguros de salud de California sean una fuente de asistencia importante en la inscripción de seguros para empresas y para los individuos. Covered California trabaja estrechamente con agentes y corredores de seguros para asegurarse de que continuarán brindándole el mejor y el más informado servicio. Los agentes de seguro certificados por Covered California podrán inscribir a sus clientes a través de Covered California. Si usted está haciendo uso de los servicios de un agente en la actualidad, podrá continuar haciéndolo y aún así podrá aprovechar el seguro de salud ofrecido a través de Covered California.

Appendix XV: Track Cards (Spanish)

Tarjetas de prueba #1

Covered California es el nuevo mercado de seguros de salud de California

Tarjetas de prueba #2

- Planes de seguro de salud
- Las aseguradoras de seguros de salud
- Las compañías de seguros de salud
- Los proveedores de seguros de salud
- Los seguros de salud

Tarjetas de prueba #3

- Navegadores de Covered California
- Ayudantes de Covered California
- Agentes de Servicio al Cliente de Covered California
- Asesores de Seguros de Covered California
- Guías de Seguros de Covered California
- Ayudantes de Seguros de Covered California
- Ayudantes de Compras Personales de Covered California
- Consejeros de Seguros de Covered California
- Representantes de Covered California

Appendix XVI: Consumer Self-Administered Questionnaires (Spanish)

Cuestionario A:

1. Covered California será administrada por la industria de seguros de salud.
 - a. Verdadero
 - b. Falso

2. ¿Covered California ayuda a los individuos a tener acceso a tanto los planes de salud privados como los planes de salud pública, tal como Medi-Cal?
 - a. Sí
 - b. No

3. ¿Es Covered California un programa de bienestar?
 - a. Sí
 - b. No

4. El Estado de California estableció Covered California para poder poner la Ley Federal de Asistencia Accesible y Protección del Paciente.
 - a. Verdadero
 - b. Falso

5. Si usted ya tiene un seguro todavía debe inscribirse en un plan de seguro de salud a
 - a. través Covered California
 - b. Verdadero
 - c. b. Falso

6. ¿Está pagada Covered California por los contribuyentes del estado de California?
 - a. Sí, está pagada por California
 - b. No, está pagada por el Gobierno Federal

7. ¿Cómo va a sostenerse Covered California a partir del 2015?
 - a. Cargar los planes de salud que lo utilicen para vender seguros
 - b. Cargar a los consumidores

8. ¿Es Covered California parte del Gobierno del Estado?
 - a. Sí
 - b. No

Cuestionario B:

1. ¿Cuántos niveles de los planes de salud hay para elegir?
 - a. Cuatro (Bronce, Plata, Oro, Platino)
 - b. Cinco (Bronce, Plata, Oro, Platino) + Catastrófico

2. ¿Cuál es la diferencia entre los planes de salud ofrecidos por Covered California?
 - a. Ellos cubren diferentes servicios médicos
 - b. Ellos tienen diferentes límites sobre cuánto uno puede gastar por el cuidado de su vida
 - c. Ellos varían en la cantidad que uno paga mensualmente, en comparación con lo que uno paga en el momento de recibir atención médica

3. ¿Cuál es un ejemplo de los Beneficios Esenciales de Salud, lo cual se debe proporcionar en todos los planes de salud de Covered California?
 - a. Las visitas al médico
 - b. La atención hospitalaria
 - c. Atención de emergencia
 - d. Recetas
 - e. Todo lo anterior

4. ¿Puede usted ser negado un plan por parte de Covered California si tiene un problema de salud?
 - a. Sí
 - b. No

5. Los planes de salud van a satisfacer las necesidades básicas de personas, pero en general no serán tan buenos como los planes vendidos en otros lugares.
 - a. Verdadero
 - b. Falso

Cuestionario C:

1. Las primas de seguros se pagan sólo en los meses en que uno recibe atención médica.
 - a. Verdadero
 - b. Falso

2. ¿Cuál NO es un ejemplo de un gasto de su bolsillo?
 - a. Co-pago
 - b. Deducible
 - c. Co-seguro
 - d. Prima

3. Los créditos de impuestos son los mismos para todos.
 - a. Verdadero
 - b. Falso

4. ¿Por qué uno debe notificar a Covered California si sus ingresos cambian?
 - a. Si su ingreso baja, uno podría recibir más ayuda financiera
 - b. Si sus ingresos aumentan, es posible que uno tenga que pagar los créditos fiscales
 - c. Todo lo anterior

5. Covered California es el único lugar donde la gente de bajos y moderados ingresos puede obtener créditos fiscales para ayudar a reducir el costo de un plan de salud.
 - a. Verdadero
 - b. Falso

6. ¿Hay límites a la cantidad que uno podría pagar de su propio bolsillo en un año?
 - a. Sí, pero sólo si uno es muy pobre
 - b. Sí, para todo el mundo
 - c. No

7. ¿Tengo que pagar las vacunas, exámenes de cáncer, y otros métodos de prevención?
 - a. Sí, estos son ejemplos de gastos directos de su propio bolsillo
 - b. No, éstos se incluyen de forma gratuita

Cuestionario D:

1. ¿Se puede utilizar Covered California si uno tiene 35 años de edad y es un ciudadano americano viviendo en California?
 - a. Sí
 - b. No

2. ¿Es posible utilizar Covered California, incluso si su empleador ofrece seguro de salud?
 - a. Sí
 - b. No

3. ¿Cuándo empieza el período de inscripción inicial para Covered California?
 - a. 01 de octubre 2013
 - b. 31 de diciembre 2013

4. ¿Cuál es el último día en que uno podría inscribirse y todavía tener cobertura de seguro en el 2014?
 - a. 31 de marzo 2014
 - b. 31 de diciembre 2013

5. ¿Qué información necesita uno para poder buscar planes de Covered California?
 - a. Código postal, ingresos, número de personas en su familia a cubrir, y sus edades
 - b. Sólo sus ingresos
 - c. Usted no necesita ninguna información

6. ¿Cómo se puede comprar un plan de salud de Covered California?
 - a. En el internet, por teléfono, por correo, o en persona
 - b. En el internet, sólo si usted va a comprar un plan de

7. La única manera de hacer preguntas acerca de los planes de Covered California es llamando a la Central de Llamadas para Atención al Cliente.
 - a. Verdadero
 - b. Falso

8. ¿Cómo puede el Central de Llamadas para Atención al Cliente de Covered California ayudarlo/a?
 - a. Responder a sus preguntas antes de inscribirse
 - b. Ayudarle a inscribirse en un plan por teléfono
 - c. Responder a una pregunta acerca de sus beneficios de plan de seguro y cobertura
 - d. Reportar un problema con su plan de salud
 - e. Todo lo anterior

Cuestionario E.

1. Todo el mundo debe inscribirse en un plan de salud o pagar una multa.
 - a. Verdadero
 - b. Falso

2. ¿Es la cantidad de la multa la misma en el 2014 que en el 2015?
 - a. Sí
 - b. No, la multa se incrementa cada año.

3. ¿Cuál es el lapso más largo que se puede tener en la cobertura de seguro de salud antes de que haya una sanción?
 - a. 1 mes
 - b. 3 meses
 - c. 6 meses

Appendix XVII: Small Business Self-Administered Questionnaires (Spanish)

Cuestionario A:

1. Covered California será administrada por la industria de seguros de salud.
 - a. Verdadero
 - b. Falso

2. ¿Covered California ayuda a los individuos a tener acceso tanto a los planes de salud privados como a los planes de salud pública, tal como Medi-Cal?
 - a. Sí
 - b. No

3. ¿Es Covered California un programa de bienestar?
 - a. Sí
 - b. No

4. En el 2014, ¿estará SHOP disponible a empresas de todos los tamaños?
 - a. Sí, ahora estará disponible a todas las empresas
 - b. No, empezará con las empresas de hasta 50, y se expandirá a empresas más grandes

5. El estado de California estableció Covered California para poder poner la Ley de Asistencia Accesible y Protección del Paciente Federal.
 - a. Verdadero
 - b. Falso

6. Uno de los propósitos principales de Covered California es ayudar a las empresas pequeñas a proporcionar seguro de salud a sus empleados.
 - a. Verdadero
 - b. Falso

7. En el 2014 todas las empresas pequeñas son obligadas a proporcionar seguro o pagar una multa.
 - a. Verdadero
 - b. Falso

8. ¿Está Covered California pagada por los contribuyentes del estado de California?
 - a. Sí, está pagada por California
 - b. No, está pagada por el Gobierno Federal

9. ¿Cómo va a sostenerse Covered California a partir del 2015?
 - a. Cargará los planes de salud que lo utilicen para vender seguros
 - b. Cargará a los consumidores

10. ¿Es Covered California parte del Gobierno del Estado?
 - a. Sí
 - b. No

Cuestionario B:

1. ¿Qué planes pueden elegir sus empleados si usted obtiene un plan de grupo de Covered California?
 - a. Cualquier plan, siempre y cuando el empleado pague el costo extra de uno más caro de lo que usted está dispuesto a pagar.
 - b. Sólo los planes dentro del nivel de metal que usted seleccione para sus empleados
 - c. Sólo los planes que cubren los mismos servicios médicos que usted seleccione

2. ¿Cómo son diferentes los planes de niveles diferentes?
 - a. Los costos de las primas mensuales más bajas con costos de su propio bolsillo más altos, mayores costos de las primas mensuales con menores costos de su propio bolsillo
 - b. Algunos cubren más servicios médicos que otros
 - c. Algunos tienen límites de por vida más altos que otros

3. La cobertura catastrófica solamente está disponible para las personas menores de 30 años de edad.
 - a. Verdadero
 - b. Falso

4. ¿Cuál es un ejemplo de los beneficios esenciales de salud, el cual se debe proporcionar en todos los planes de salud de Covered California?
 - a. Las visitas al médico
 - b. La atención hospitalaria
 - c. Atención de emergencia
 - d. Recetas
 - e. Todo lo anterior

5. Los planes de salud van a satisfacer las necesidades básicas de su empresa, pero en general no serán tan buenos como los planes vendidos en otros lugares.
 - a. Verdadero
 - b. Falso

6. Covered California requiere que los planes de salud cumplan con las altas exigencias de calidad de la atención médica que proporcionan, pero no tiene normas pues ellos organizan sus redes de médicos, hospitales y otros proveedores de servicios.
 - a. Verdadero
 - b. Falso

Cuestionario C:

1. ¿Cuál es el crédito máximo de impuestos federales que los empleadores podrían ser elegibles para recibir a partir del 2014?
 - a. Crédito fiscal para compensar hasta el 50% de los costos de las primas
 - b. Créditos fiscales para compensar hasta un 30% de los costos de las primas

2. Para ser elegibles para créditos de impuestos federales, ¿los empleadores deben contribuir al menos qué porcentaje de costos de las primas de los empleados?
 - a. Al menos el 20%
 - b. Al menos el 50%
 - c. Al menos el 80%

3. ¿Los empleadores sin fines de lucro deben cumplir con estos requisitos también?
 - a. Sí
 - b. No

4. ¿Es posible ofrecerles a los empleados una variedad de planes de salud privados para elegir?
 - a. Sí
 - b. No

5. ¿Qué hace Covered California para ayudar a los empleadores?
 - a. Organiza la selección de inscripción y de planes
 - b. Facilita el cobro de primas y pagos de planes
 - c. Los empleadores pagan una sola factura, no importa cuáles sean los planes que sus empleados elijan
 - d. Proporciona ayuda para responder cualquier pregunta acerca de pagos o beneficios
 - e. Todo lo anterior

Cuestionario D.

1. ¿Cuándo estará disponible SHOP para los empleadores con 72 empleados?
 - a. octubre del 2015, para cobertura en el 2016
 - b. octubre del 2013, para cobertura en el 2014
2. ¿Cómo puede usted inscribirse en los planes de Covered California?
 - a. En el internet, por teléfono, por correo, o en persona.
 - b. Por correo sólo
 - c. Por teléfono sólo
3. ¿Dónde NO puede usted comprar un plan del programa SHOP de Covered California?
 - a. En el Centro de Llamadas al Cliente
 - b. En El Departamento de Atención Administrada de California
 - c. Con un agente de seguros
 - d. En el sitio web de Covered California
4. Para comprar un plan de Covered California a través de su agente de seguros él o ella debe estar certificado por Covered California.
 - a. Verdadero
 - b. Falso

Cuestionario E.

1. Si su empresa cuenta con 42 empleados a tiempo completo, ¿usted va a ser penalizado si no ofrece seguro de salud?
 - a. No, usted está exento porque tiene una pequeña empresa con menos de 50 empleados
 - b. Sí, se requiere que todas las empresas ofrezcan un seguro

2. ¿Los empleadores deben ofrecer cobertura a los trabajadores a tiempo parcial?
 - a. Sí
 - b. No

3. Los empleadores más grandes (con más de 50 empleados) tendrán que pagar una multa en el 2014 si no ofrecen cobertura mínima esencial para los empleados a tiempo completo.
 - a. Verdadero
 - b. Falso