



Communicators' Guide



Communicators' Guide

Tips, Tools and Messages for Target Audiences

Clear, concise and consistent communication is important to our mission. Our audiences depend on us to explain a very complicated subject in an easy-to-understand way.

This guide is made up of the following sections:

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This guide was developed to maximize consistency in tone, voice and style. We hope staff, partners, contractors and stakeholders will find it a useful tool in preparing public-facing documents and online content. Covered California™ Certified Enrollment Counselors may not find the writing guidelines relevant to their work, but when preparing to engage with potential enrollees they might find the following sections useful: “The Covered California Voice,” “Language and Word Use,” and “Sample Messages.” The information in this guide provides researched approaches to communicating with consumers and small-business targets. As we learn more, we will refine this document.

Please review this guide before developing consumer-facing, employer-facing, media and stakeholder materials. It will also be a useful tool in staying up-to-date with emerging word usage. Covered California has focus-tested some language in this guide for specific audiences to ensure message effectiveness. We relied on advice from communications professionals and others to develop the guide. We are doing continual testing that will lead to future refinements and revisions. We welcome your questions and suggestions.

You can identify when this document was prepared by looking at the bottom of each page. It will have the date issued listed. The latest staff version will reside on the G drive. Others may receive updates or provide suggestions by sending an email to Sarah.Sol@covered.ca.gov. The guide will be updated at least quarterly. In addition, Covered California plans to produce similar guidance for Spanish communication.

A separate brand style guide has been developed for logo usage and design considerations. For a copy, send an email to Scott.Howe@covered.ca.gov.

The Covered California Voice

Our voice establishes the Covered California™ brand and describes the tone and manner in which we should communicate with our audiences.

Table 1 — Covered California Voice and Tone

Attribute	It means...	We sound...	But not...
Confident	We are strong and proactive. We are direct and knowledgeable.	Strong Positive Knowledgeable	Reckless Brash Smug
Expert	We are an authority on a very confusing subject. We are here to help our consumers understand and navigate.	Expert Firm Secure	Political Combative Elitist
Trustworthy	We are here to help. We do not profit. We are neutral.	Neutral Authentic Direct	Pushy Aggressive Superior
Caring	We care about the health of all Californians. We want people to be covered by health insurance because we know it can make their lives better.	Warm Considerate Helpful Encouraging	Unsure Weak Patronizing

Guidelines for Clear and Simple Writing

Insurance is a complex subject. Write in simple and short sentences. Of course, there will be exceptions to the rule, and some concepts (such as “actuarial value”) cannot be easily explained in 10 words.

You can test readability using a feature in Microsoft Word. First use the spelling and grammar check. After that is done, choose to display information about the reading level of the document using the “Flesch-Kincaid Grade Level” tab. This test rates text on a U.S. school-grade level. (To use this feature in Word 2010, you will need to go to Word’s “Options” menu, by selecting “File” and then “Options.” Select the “Proofing” tab. There, you can check the box for “Show readability statistics,” and the reading-level information will display after you perform a spelling and grammar check.)

For example, a score of 8.0 means that an eighth-grader can understand the document. For most documents, aim for a score of approximately 7.0 to 8.0.

Use an active voice:

- Active voice: Covered California™ cares about its customers.
- Passive voice: Customers are a care of Covered California. Customers are cared for by Covered California.

Do not “back in” to a sentence:

- At the Covered California Board meeting, office staff reported enrollment details.

Instead, lead with the most important information:

- Office staff reported enrollment details at the Covered California Board meeting.

Table 2 shows an example of how text was rewritten to make it easier to read.

Table 2 — Improving Readability	
Before	After
<p>GETTING CALIFORNIANS COVERED Citizens and legal permanent residents of California will be eligible to buy health coverage through a new marketplace established by Covered California. It will be easy to shop online, in person or by phone for health insurance that is a good value for you and your family. You could be eligible for federal help to pay the premium. Covered California’s mission is to improve health care in our state by providing you and all Californians access to good insurance that can’t be canceled or denied if you have a pre-existing medical condition or get sick.</p> <p>THE NEW MARKETPLACE For those who want to purchase insurance, private companies will compete for your business in this state-run marketplace. Covered California will be open for enrollment starting in the fall of 2013 for coverage that will begin in January 2014. Not only will you have historic access to health insurance, you will also benefit from elevated standards for health coverage.</p> <p>As part of the federal health care law, the Patient Protection and Affordable Care Act, all newly sold or renewed insurance plans must cover Essential Health Benefits such as doctor visits, hospital care, emergency care, maternity, pediatric care for your kids and prescriptions, among other services. Quality health insurance gives you and your family a safeguard against serious illness or unexpected medical costs as well as access to care for day-to-day needs.</p>	<p>Who is eligible? Californians (who are legal and permanent residents) will be eligible to buy health coverage, possibly with federal financial help, through the Covered California™ marketplace.</p> <p>What type of insurance will be offered? Quality health insurance. Our goal is to help your health by providing access to affordable insurance that can’t be canceled or denied if you have a pre-existing medical condition or get sick. The federal government will help you pay for it. Plans will cover essential health benefits such as doctor visits, hospital care, emergency care, maternity care, pediatric care and prescription drugs.</p> <p>What is “the marketplace”? Private health insurance companies will compete for your business in a marketplace operated by Covered California under the federal Patient Protection and Affordable Care Act. It will be easy to shop online, in person or by phone to find health insurance that is a good fit for you and your family. “The marketplace” refers to all of these shopping options.</p> <p>When will the marketplace open? Covered California will be open for enrollment this fall. Coverage will begin in January 2014.</p>

Writing Guidelines Unique to Covered California

This section is for those who write documents for Covered California™. For public-facing documents, please work with the Communications and Public Affairs Office when writing for Covered California. Style considerations specific to Covered California are covered here in alphabetical order.

This guide is based in part on *The Associated Press Stylebook and Briefing on Media Law* (the AP stylebook). Covered California writers and editors should consult that for guidance on any topics not covered here. If a topic is not covered within this guide or within the AP stylebook, then refer to Webster's New World College Dictionary, Fourth Edition, which is the official dictionary of the Associated Press.

Abbreviations/Acronyms

- When switching to an abbreviated form of a phrase, introduce the abbreviation within parentheses immediately after the first full (spelled out) instance of the phrase. Then, use the abbreviation (without parentheses) on subsequent references. For example, a first instance would look like this: “the Internal Revenue Service (IRS) provides details on its website.” On subsequent references within the same text, the acronym “IRS” could be used. Also note that in long texts, editors may elect to restate the full phrase for the benefit of readers if they may have forgotten its meaning because multiple pages occur between an abbreviation and its full definition. Within brochures and longer documents with subsections, it is often a good idea to spell out phrases anew within each major section of text.
- Do not abbreviate the California Health Benefit Exchange to anything other than “the Exchange.” In general, refer to the organization as Covered California. (Do not abbreviate to “CC” in body copy or headlines.) The California Health Benefit Exchange is our legal name. To be consumer-friendly, we operate as Covered California.
- The federal Patient Protection and Affordable Care Act is the formal name for federal health care reform. Use this complete name upon the first reference per section and refer to it as “the Affordable Care Act” thereafter. Do not abbreviate either reference to PPACA or ACA.
- Covered California’s state authorization to implement the provisions of the Affordable Care Act is derived from Chapter 655, Statutes of 2010 (Perez), and Chapter 659, Statutes of 2010 (Alquist). These acts also call for strengthening the health care delivery system; guaranteeing the availability of coverage to qualified individuals and small employers; and

requiring that health care service plans and insurers compete based on price, quality and service rather than risk selection.

- Write out the word “information” (avoid “info”) and avoid other shorthand, such as ASAP (use “as soon as possible”).
- The phrase “federal poverty level” is generally written out on first mention and is not capitalized. If writing it a second time, use the acronym FPL (capitalized).
- Use the full name of Covered California’s Small Business Health Options Program (SHOP) on first mention. Include “Covered California” in all references (as in “Covered California’s SHOP”).

Benefit Plans

Use the phrase “health insurance plans” instead.

Bulleted Lists

For bulleted lists, use the following capitalization and punctuation approaches.

- Sentences leading into a bulleted list may end with either a period or a colon, depending on whether the sentence in question is complete or is a fragment.
- For the bullet items themselves, use sentence casing (initial capital letter) for full sentences and use ending punctuation (a period, a question mark, etc.) at the end of each bullet item. If all the bullet items are sentence fragments instead of full sentences, use lowercase to begin them and omit the ending punctuation.
- Ensure bulleted lists are set up to have parallel construction, rather than a mixture of sentence structures.
- The Word templates designed for media advisories, press releases, and other types of Covered California content may contain Word styles for bulleted lists (settings for indents, bullet shapes, line spacing, etc.), and you should apply those styles whenever possible. When documents are in Word but do not have an associated template, you may use Word’s built-in bullet styles or use em dashes (long dashes, as in Associated Press style) and should just strive to be consistent in indents, spacing, and so on within each document. When text is laid out in InDesign or on the Web, the look of bulleted lists will be at the discretion of the graphic designer or Web designer.

Capitalization

- In general in titles/headlines (and subtitles/subheads), use title casing rather than sentence casing (including capitalizing prepositions of five or more characters). However, some Word templates for Covered California content (such as press releases) may call for all caps for main titles/headlines; some materials to be laid out by Covered California graphic designers may use other capitalization approaches (such as small caps) at the designer's discretion; and some headings phrased as questions may be best presented in sentence casing. Consistency within each material or type of material is the goal (for instance, all press releases should use the same capitalization approach, and all brochures in a series of brochures should be designed similarly).
- Use title casing in run-in heads (sentence fragments serving as lower level headings at the beginning of a paragraph or bullet item and shown in bold).
- Capitalize words or phrases when they refer to titled provisions or sections of the Patient Protection and Affordable Care Act, and state law/regulations, but lowercase those words when they are being used generally and not as proper nouns. For example: "Title 1, Part 1, Section 1302, 'Essential Health Benefits Requirements' outlines the types of services that health insurance plans will be required to cover. Those essential health benefits include ..."
- Do not capitalize the phrase "federal establishment grant."
- When writing generally about state exchanges, do not capitalize "exchange."
- Lowercase spring, summer, fall and winter.
- Capitalize formal occupation titles when they precede a person's name. Lowercase them when they follow a person's name (this is AP style). Examples: "Executive Director Peter V. Lee," "Peter V. Lee is executive director," and "Peter V. Lee, executive director of Covered California." The exception is for the Covered California Certified Enrollment Counselors, Certified Enrollment Entities, Certified Insurance Agents and Certified Educators.
- Capitalize the names of the metal tiers used for Covered California's health insurance plans: the Bronze, Silver, Gold and Platinum plans.

Commas

- Omit series commas unless clarity would be an issue without them.
- Omit commas before conjunctions (such as "and," "but" and "or") in very short compound sentences. In average-length or longer sentences where

a subject-verb-object construction appears on both sides of a conjunction, use a comma before the conjunction. (For example: “We visited Washington, and our legislators greeted us personally.”)

- Commas are acceptable after introductory phrases, but in general use an active voice and avoid introductory phrases.

Compounds

The following compound words are frequently used:

- checkup
- copayment
- copays
- coinsurance
- homepage
- marketplace
- noncoverage
- nonprofit
- online
- policyholder
- website

Contractions

Avoid overuse of contractions in text and use only those that are commonly listed in dictionaries.

Copyright Symbol

When printing materials that would benefit from a copyright symbol (on the inside cover of a booklet, for instance), use the copyright symbol as follows:

© Covered California. All rights reserved.

Covered California

Use “Covered California” as the official name of the organization. Use the trademark symbol on the first reference in body copy (Covered California™) within each section of text (but not in headlines, titles, tables of contents, footers, headers, etc.). In general, do not use “California Health Benefit Exchange” except when referring to the organization as a legal entity. You may describe Covered California as the state’s marketplace for the federal Patient Protection and Affordable Care Act.

Covered California Certified Educators

Use this phrase (“Certified Educators” is acceptable on second reference) rather than referring to “grantees.”

Covered California Certified Enrollment Counselors

Use this phrase (“Certified Enrollment Counselor” is acceptable on second reference) rather than referring to “assisters.”

Covered California Certified Enrollment Entities

Use this phrase (“Certified Enrollment Entities” is acceptable on second reference) rather than referring to “assister entities.”

Covered California Certified Insurance Agents

Use this phrase (“Certified Insurance Agent” is acceptable on second reference) rather than referring to just “agents.”

Exchange

Acceptable as a reference when referring to other state exchanges or for generic use. Use “Covered California” when referring to California’s health exchange.

Facebook

When directing consumers to our Facebook page, write and capitalize the Web address this way: www.facebook.com/CoveredCalifornia.

Formatting

Please follow these guidelines for draft documents prepared in Microsoft Word or use a template provided by the Communications and Public Affairs Office (templates exist for many types of communications, such as media advisories and press releases, and contain styles that cover fonts, point sizes, indents, line spacing and many other types of formatting):

- Use Arial, 12 point.
- When sending press releases and other materials to executives for review, insert Covered CA-name of subject-date.doc in the subject line of e-mails and in file names (as in Covered CA-CommunicatorsGuide-4-17-13.doc).
- Put “Draft” in the title and in footers and use a “DRAFT” watermark in Word documents until documents are final and approved. (Go to Word’s “Page Layout” tab, click on the watermark icon and then click on the diagonal “Draft” watermark. To remove the watermark, return to this icon, click on it, and then select the option “Remove watermark.”)
- Use 1-inch margins on Word documents.

- Use one space between sentences and after a colon.
- When using tables and figures, place the table/figure title within the top row of the table/figure and number sequentially (e.g., Table 1 — Potential California Target Marketplace Consumers).
- Make sure fonts, point sizes, spacing and bullets are consistent throughout the document.
- For materials requiring citations and references (such as tables or technical documents), use footnotes to insert the reference material.
- In headlines and in body copy, avoid “widows” and “orphans” (words at the end of a headline or paragraph, or at the top of a page, that stand alone, leaving half the line or more with white space). A rewrite of the headline or text could solve this. Microsoft Word also has a feature within the “Paragraph” menu on the “Home” tab that can prevent widows and orphans from occurring within text.
- Insert page breaks as appropriate rather than inserting paragraph returns that create blank lines.

Government

Acceptable as a way to describe the source of financial assistance when more specific language (Affordable Care Act) would be confusing. The first reference should be “federal government” and then “government” thereafter.

Google+

When directing consumers to our Google+ page, write and capitalize the Web address this way: www.gplus.to/CoveredCalifornia.

Health Insurance Companies vs. Health Insurance Plans

Use the word “companies” when referring to the organization; use the word “plans” when referring to the benefits (keep in mind that regulators do refer to health care organizations as plans, but consumers know these entities as companies).

Hyphens and Dashes

In general, use hyphens sparingly within noun phrases as modifiers, primarily using them only when clarity would be an issue. Never use a hyphen to connect an “ly” adverb to a verb (for example, “a widely understood concept”).

Hyphens may be used for ranges (as in “\$30-\$40”).

Do not use a hyphen to denote an abrupt change of thought in a sentence, to set off a series within a phrase, to set off attribution at the end of a quote or for datelines. Use an em dash (a long dash: —) instead (inserted in Word through the symbols menu or by pressing Ctrl, Alt and the minus key on the number pad). Use a space on both sides of the em dash.

The Associated Press also uses em dashes rather than bullets in bulleted lists, so that convention may be part of Covered California styles within specific templates.

Also, please note when hyphens are used and not used in the following phrases:

- actuarial value
- Bronze-, Silver-, Gold- or Platinum-level plan
- cost-estimate calculator
- cost-sharing
- customer service centers
- email
- full-time employees, full-time-equivalent employees
- health care (two words, no hyphen)
- health coverage option
- large-business health insurance pools, health insurance pools for large businesses (hyphenate as a modifying phrase but use two words as a noun)
- low-income individuals
- Medi-Cal
- minimum coverage plan
- multifaceted
- multilingual
- open enrollment
- open-enrollment period
- out-of-pocket costs, costs that are paid out of pocket
- percent
- pre-existing conditions
- sliding-scale tax credit
- small-business owners, owners of small businesses (hyphenate as a modifying phrase but use two words as a noun phrase)
- small-group markets

- substance use disorder services
- tax-exempt
- trade-off (n.)

Individual Mandate

Don't use this phrase when referring to the tax penalty.

Minimum Coverage Plan

Use the phrase “minimum coverage plan” rather than “catastrophic plan.”

Name

See the entry for “Covered California.”

Numbers

Follow these rules:

- In general, write out the numbers one through nine; use numerals for 10 and above. (See AP style for exceptions, which include using numerals for dimensions, ages, page numbers, ratios and percentages.)
- Use commas in four-digit (and higher) numbers (1,000).
- Use figures with millions or billions (4.4 million).
- Write out percent (use % only in charts).
- Generally, do not include cents with dollars or go beyond round numbers for percentages in consumer-facing documents. (For example, “\$3.21” would be “more than \$3”; “60.2 percent” would be “more than 60 percent.”)

Patient Protection and Affordable Care Act

Use the full name of this act on first reference. The acceptable shortened form for second reference is Affordable Care Act. Avoid the abbreviations PPACA and ACA.

Peter V. Lee

Use Peter V. Lee's full name and middle initial on first reference: Covered California Executive Director Peter V. Lee.

Qualified Health Plans

Although this phrase is part of the Affordable Care Act, we no longer use this term or the term “benefit plans” to refer to Covered California's plans. When referring to Covered California's plans, use “Covered California health insurance plans” instead of referring to qualified health plans (or QHPs) or benefit plans. Do not use an acronym.

Rating Region

Do not use this phrase. Refer to “pricing regions” instead.

Tax Penalty

When using this phrase, describe the penalty fully (see glossary).

Trademark Symbol

Use the trademark symbol on the first reference to Covered California (Covered California™) in body copy per section. The trademark symbol can be generated by accessing the “Insert” menu in Word, selecting “Symbol,” and choosing the “™” symbol.

Twitter

When directing consumers to our English Twitter page, write and capitalize the Web address this way: www.twitter.com/CoveredCA. Our Spanish Twitter page is at: www.twitter.com/CoveredCA_es. Also note the following capitalization: @CoveredCA, #CoveredCA, @CoveredCA_es, #CoveredCA_es.

Website

One word, lowercase “w.” The address of the Covered California website should be written this way: www.CoveredCA.com. (Please note the inclusion of “www” and the capitalization.)

Web

Although website is one word and is lowercased, capitalize “Web” as a short for the World Wide Web in constructions such as “on the Web” and “Web page.” (See AP style.)

“We’re first in the nation”

Do not use this phrase in marketing or sales materials. Instead, describe Covered California as the state agency operating the marketplace under the federal Patient Protection and Affordable Care Act in California.

YouTube

When directing consumers to our YouTube page, write and capitalize the Web address this way: www.YouTube.com/CoveredCA.

Sample Program Descriptions

Below are some ways to describe Covered California™. Staff, partners and contractors will find the boilerplate that follows useful in preparing press releases, in online content, and in reports and other documents. (Boilerplate is a standard formulation of words that can be pasted into a document.)

- **General Description.** Covered California™ is the state's marketplace for the federal Patient Protection and Affordable Care Act. Covered California was charged with creating a new health insurance marketplace in which individuals and small businesses can get access to affordable health insurance plans. With coverage starting in 2014, Covered California will help individuals compare health insurance plans and choose the plan that works best for their health needs and budget. A sliding scale of financial subsidies in the form of premium assistance will be available to help reduce costs for people who qualify. Small businesses will be able to purchase competitively priced health insurance plans and offer their employees the ability to choose from an array of plans and may qualify for federal tax credits.
- Covered California is an independent part of state government whose job is to make the new market work for California's consumers. It is overseen by a five-member board appointed by the Governor and the Legislature. For more information on Covered California, please visit www.CoveredCA.com.

Sometimes you will be asked for information on Covered California funding. This boilerplate can be used when appropriate:

- **Funding Description.** The federal Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) allows states to set up their own marketplaces offering one-stop shopping for health insurance. Covered California™ is the marketplace for the state of California. Covered California does not receive direct financial support from the state of California and, by law, cannot rely in any way on state general funds for its operations. It receives all of its startup funding from the federal government as part of the support to states implementing the federal Affordable Care Act. Those startup funds support Covered California through 2014. From 2015, Covered California must be self-sufficient with funding derived from participation fees on health insurance plans in the Covered California marketplace.

Other times, you will want to explain the requirements of the law for individuals and small businesses and explain various Covered California component programs. Here is a way to describe these:

- **Health Insurance Requirements for Individuals.** Starting in 2014, most people will be required to have health insurance or pay a penalty. Coverage may include insurance provided by an employer, purchased individually, or obtained through Medicare or Medi-Cal. Several groups are exempt from the requirement to obtain coverage or pay a penalty, including:
 - people who would have to pay more than 8 percent of their income for health insurance
 - people with incomes below the threshold required for filing taxes
 - people who qualify for religious exemptions
 - undocumented immigrants
 - people who are incarcerated
 - members of federally recognized Native American tribes

The tax penalty starts at \$95 per individual, \$285 per family, or 1 percent of income, whichever is greater. In 2016, it is \$695 per individual, \$2,085 per family, or 2.5 percent of income.

- **Health Insurance Requirements for Businesses.** The new federal health care law will require all large employers — those with more than 50 full-time-equivalent employees — to provide affordable health insurance or pay a penalty. The law will not impose any penalties for employers with fewer than 50 employees that do not provide health insurance for their employees. Larger employers with more than 50 full-time-equivalent employees that do not offer affordable insurance or offer coverage meeting minimum standards will be subject to penalties beginning in 2014. While employers with fewer than 50 full-time-equivalent employees will not face penalties, there are many good reasons employers choose to provide employees with health insurance. Providing health insurance to employees helps businesses recruit and retain the best talent. Giving employees access to health coverage can keep small health problems from becoming costly big ones. Preventing illness can reduce absenteeism and increase productivity.
- **Eligibility.** Eligible Californians may purchase health insurance plans from Covered California. They may be eligible for federal help to make health care cost less. This will be applied on a sliding scale based on income and family size.

- **Health Insurance Through Covered California.** Covered California will offer health insurance plans that meet all the state and federal requirements for plans and additional standards established by Covered California. These plans are guaranteed to provide basic levels of coverage and provide consumer protections set forth in the Affordable Care Act. Starting in 2014, all newly sold health insurance plans — whether sold through Covered California or outside the marketplace — are required to provide essential health benefits such as doctor’s visits, prescriptions, hospitalization, emergency care, maternity care and pediatric care, among other services.
- **Consumer Support Services.** Covered California is creating a marketplace that will allow individuals to shop and compare health insurance plans. This marketplace will be available at www.CoveredCA.com. The enrollment section of the website will be active later in 2013. Today, the website provides helpful tools and tips to assist individuals with making decisions about insurance for themselves, their families or their small business. In addition, Covered California will have trained Certified Enrollment Counselors in communities around the state.

Covered California also offers help over the phone, as well as written and online assistance to individuals and small employers. Friendly and responsive experts working at customer service centers answer specific questions from consumers, small employers or Covered California Certified Enrollment Counselors; refer consumers to resources, such as local, in-person Certified Enrollment Counselors; or offer Web-based “chat” advice to consumers online. Covered California Service Center staff members speak English, Spanish and many other languages. The Service Center phone number is 1-888-975-1142.

Covered California is working with a wide range of community organizations to make sure everyone understands the new options available. A statewide assistance program is under development that will train and certify individuals in every part of California to help consumers. Called the Enrollment Assistance Program, this effort will provide help in ways that reflect the cultural and linguistic diversity of the state.

Covered California’s multifaceted marketing, communications and community mobilization program is designed to drive interest and enrollment. It is focused on reaching the mix and diversity of those eligible for coverage. It includes multilingual paid media advertising, public relations efforts and extensive use of social media. Covered California is making up to \$43 million in grant funding available to qualified organizations to conduct outreach and education to uninsured eligible

Californians. Covered California Certified Educators will target California's diverse population and may include community-based organizations; trade, industry or professional associations; health care providers; and educational institutions. Grant awards will range from \$250,000 to \$1 million.

- **Federal Help and Premium Assistance for Individuals and Families.**

To ensure that health care is affordable, the federal health care law provides financial help that includes premium assistance to reduce the cost of health insurance. This help is for individuals and families who meet certain income requirements and do not have access to affordable health insurance through their employer or another government program. Eligibility is based on your household size and income.

The size of financial help will be greater for those who make less money. Those who make incomes that are close to what is called the "federal poverty level" may qualify for free health insurance through the federal/state Medi-Cal program. An individual making up to \$45,960 in 2014 or a family of four earning up to \$94,200 may be eligible for health insurance premium assistance. One advantage of buying insurance through Covered California is that individuals can determine whether they qualify for premium assistance, which can be immediately applied toward the monthly premium payments. Premium assistance is only available for health insurance purchased through Covered California.

- **Cost-Sharing Subsidies.** In addition to getting help to reduce their monthly premium, lower-income individuals and families might also be eligible for cost-sharing subsidies that reduce what they need to pay when they get medical care. These expenses, often called copayments or coinsurance, can be greatly reduced for Californians who make less. Cost-sharing subsidies reduce the amount of covered health insurance expenses that are paid for by the individual or family. For a Silver-level plan, a person without a subsidy will pay about 30 percent of health care expenses a year, but someone receiving a subsidy could pay as little as 6 percent of their health insurance plan expenses in a year. The amount of these expenses will vary based on how many services a person uses.
- **Tax Credits for Small Businesses.** There are two phases of tax credits that help employers with fewer than 50 full-time-equivalent employees cover premium costs. The first phase covers tax years 2010-2013. During this initial period, there is a sliding-scale 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 through Covered California's Small Business Health Options Program (SHOP). The tax credit is available for a total of two consecutive years.

Businesses that provide health care coverage are eligible for tax credits if, for that tax year, they have fewer than 25 full-time-equivalent employees who are paid an average annual salary of less than \$50,000. To qualify for tax credits, an employer must also pay at least 50 percent of the premium cost under a qualified arrangement with a state-licensed company for traditional health insurance. Employers with 10 or fewer full-time-equivalent employees paying 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 to receive a tax credit, and their credits will be less.

Language and Word Use

When writing for or speaking with consumers, consider using the following list of do’s and don’ts from the U.S. Department of Health and Human Services. They are based on research performed on language and word usage. Their list – with Covered California™ adaptations based on our California-specific research – appears below.

Table 3 – Talking or Writing About Health Coverage: What to Do	
Do	Here’s Why
Target messages to a specific population as closely as possible or use the generic “you.”	Consumers react most powerfully to statements where they can identify themselves specifically.
Use the phrase “the health care law.”	Citing the health care law creates a context for new rules, benefits and programs and helps consumers see change as worthy of attention.
Use specific realistic/credible dollar figures whenever possible: “\$0 premium” and “You could pay \$142 each month.”	Consumers want to see hard numbers, because the concept “affordable” is relative.
Say, “Covered California gives you control over your health insurance options.”	Consumers like the idea of being able to have control over a process that is frequently out of their control.
Say, “Information about prices and benefits is written in simple terms you can understand.”	Information presented in an accessible way decreases the amount of unknowns (and accompanying anxiety) involved in the process of buying insurance.
Say, “By law, insurance plans won’t be able to deny coverage to people because of pre-existing or chronic conditions like cancer or diabetes.”	People like the idea that plans are quality and treat people fairly.

Table 3 – Talking or Writing About Health Coverage: What to Do

Do	Here's Why
<p>Say, “Plans must offer a comprehensive set of essential health benefits (such as coverage for doctor visits, preventive care, hospitalization and prescriptions).”</p>	<p>Consumers want assurance that plans are quality. This gives concrete examples of what will be covered.</p>
<p>Say, “You could reduce your monthly premiums right away.”</p>	<p>The reference to paying less right now immediately resonates. This message alone was strong enough to make most participants want to find out more.</p>
<p>Say, “There’s help for working families.”</p>	<p>Most people consider themselves to be included in “working families,” so they can feel this benefit may be for them.</p>
<p>Say, “You could get a break on costs.”</p>	<p>“Break” makes people feel they uncovered a good deal through their own efforts.</p>
<p>Use the words “health insurance plan,” when referring to the product that will be purchased and when referring to the benefits. Use the words “health insurance company” to refer to the organizations selling the products.</p>	<p>“Insurance” does a better job communicating something you’d compare and choose or purchase. Keep in mind that regulators do refer to health care organizations as plans, but consumers think of these organizations as companies and think of the products they sell as plans.</p>

Table 4 — Talking or Writing About Health Coverage: Be Careful

Be Careful With	Here's Why
"Exchange"	People think an "exchange" is a place to trade or swap merchandise and don't immediately associate it with health care. Use "marketplace" instead.
"Simplified"	Consumers like the term, but many didn't find it believable. It is best when specifics are given, such as "apples-to-apples comparisons." (However, the phrase "apples to apples" does not translate well in Spanish, so Spanish-language materials should just refer to making equal comparisons.)
Any language that sounds like a sales pitch: too casual, over-promising, or hyperbolic (e.g., "no hassle," "every," or "all")	Consumers take buying insurance seriously and are uncomfortable with phrases that sound "sales-y." They make messages less credible.
"Affordable"	"Affordable" is attention-getting but relative. Consumers want to see hard numbers or context that makes it more meaningful.
Messages that only mention "your family"	Single and childless people have trouble identifying with messages exclusively about "family."
"Financial assistance available"	This was well-liked by low-income people already enrolled in Medicaid, but not by others. The concept will need more exploration. Terms like "help" or "helping hand" often connote a handout and can create barriers to acceptance. Many consumers think "assistance" is for someone else, not for them, even when they are clearly eligible for a benefit. One term that has tested well elsewhere is "break." It is common colloquially and seems to give people the feeling that they have uncovered a good deal through their own efforts.
"Even if you've been turned down before"	"Turned down" was associated with negative past experiences.

Table 4 — Talking or Writing About Health Coverage: Be Careful

Be Careful With	Here's Why
"You may be surprised at the help you can get"	Consumers don't want surprises; they want predictability.
"Low-cost plans"	Participants with higher incomes or experience with insurance see references to "low cost" plans as likely to be of lower quality.
"Driving down costs"	This can be a popular attention getter, but it has issues, much like "low-cost plans" above. People wonder how quality is being compromised.
"Plans must meet basic federal cost and coverage standards"	People like the idea that plans are of high quality and treat people fairly, but the word "basic" can be interpreted as minimal.
"Plans that fit every situation"	This was over-promising to some and a generalization to others.
"The same brand-name plans you know"	Many consumers have had bad experiences with the brand names before, and others felt this left out new players.
"APTC" or just "tax credits"	People don't know what the APTC is; they don't understand that it's different from other tax credits, and many become confused about the relationship between health insurance and their taxes. This language also doesn't convey the idea that savings can be realized immediately, which consumers find compelling. In employer-facing text, the phrase tax credit may be used. In consumer-facing text, refer to premium assistance instead.
"Families earning up to \$92,000 can get help"	The \$92K figure is too high for low-income consumers to relate to as a motivational message. However, context is important: Once people have decided to learn more or apply, including specific figures can help people see where they fit in.

Sample Messages

Providing effective messaging is an important part of communicating with our intended audience. Covered California™ has conducted focus group and key word research on the type of messages that have the greatest chance of motivating Californians to consider Covered California's health insurance plans. The messages below may prove useful to consider when writing for or speaking with potential enrollees.

Covered California's Overarching Message to Potential Enrollees

Consider some of these general themes that could be used in communicating why potential enrollees should consider Covered California:

- Taking care of your health has always been important, but it hasn't always been affordable or easy. Covered California is changing all that by providing a simple and easy destination to access quality health insurance plans.
- Covered California is the only place where you can get financial help from the federal government to reduce the cost of your health insurance.
- Whether you are looking for general checkups, care for an existing condition or protection from an unforeseen event, there is a worthwhile plan for you and your family. It's not just about the law; it's about your peace of mind.

Some Additional Themes

Consider these themes as well:

- You may be eligible for a \$0 premium plan or premium assistance. *[Note that for employers, you may refer to the premium assistance as a tax credit.]*
- You can see what your premium, deductibles and out-of-pocket costs will be before you decide to enroll.
- You can make apples-to-apples comparisons of costs and coverage between health insurance plans. *[Note, however, that the phrase "apples to apples" does not translate well in Spanish.]*

Messages to Emphasize Affordability

These speak to the consumer cost of health insurance plans:

- Your life and family are unique. Find health insurance that fits the way you live at Covered California and learn whether you can get a break on costs.
- Pay less for health insurance under Covered California. You may be able to get premium assistance you can use right away to reduce what you pay for your monthly health insurance plan premiums. *[Note that for employers, you may refer to the premium assistance as a tax credit.]*
- Working families can get help through the new Covered California. Find out how you will be able to get a health insurance plan that's right for you at a price that is comfortable.

Sample Messages That Emphasize Consumer Ease and Personal Control in Shopping for Covered California Health Insurance Plans

- When you shop at Covered California, everything you need will be laid out for you. Information about prices and benefits will be written in simple terms, so you don't have to guess about your costs. You will get a clear picture of what you're paying and what you're getting before you make a choice.

Glossary of Terms

The following terms are provided for educational purposes.

Actuarial Value

A health insurance plan's actuarial value is the percentage of total average costs for benefits that a plan covers. Starting in 2014, all Covered California™ health insurance plans will have an actuarial value assigned to them: Bronze, Silver, Gold or Platinum. As the metal category increases in value, so does the percentage of medical expenses that a health insurance plan will cover. This means the Platinum-level plans will cover the highest percentage of health care expenses. These expenses are usually incurred at the time you use health care services — when you visit the doctor or the emergency room, for example. The health insurance plans that cover the greatest percentage of health care expenses also have higher premium payments.

Affordable Care Act

In March 2010, the federal Patient Protection and Affordable Care Act provided the framework, policies, regulations and guidelines for the implementation of comprehensive health care reform by the states. The Affordable Care Act will expand access to quality affordable health care.

Allowed Amount

The amount a health insurance plan and health care provider have agreed on as reimbursement for a service by contract. For example, the provider agrees to accept a set dollar amount as full payment for an office visit.

Ambulatory Patient Services

Medical care provided without the need of admission to a health care facility. This includes a range of medical procedures and treatments, such as blood tests, X-rays, some surgeries, vaccinations and even monthly well-baby checkups by pediatricians.

Annual Household Income

The total amount of income for a family in a calendar year. The modified adjusted gross income of the household used for tax purposes.

Benefit

Products and services covered under health insurance plans. Covered benefits and excluded services are defined in the insurance products' explanations of coverage.

Carrier

A company that provides health insurance plans.

Certified Enrollment Counselor Entities

Certified Enrollment Counselor Entities are certified organizations eligible to be trained and registered to provide in-person assistance to consumers and help them apply for Covered California™ programs. These groups include Certified Enrollment Counselors who are employed, trained and certified to provide in person-assistance to consumers, especially in culturally and linguistically appropriate manners.

Coinsurance

Consumers' share of the costs of a covered health care service. It is calculated as a percentage (for example, 20 percent) of the allowed amount for the service. The consumer pays coinsurance plus any owed deductible. For example, if the health insurance plan's allowed amount for an office visit is \$100, and the consumer has met the deductible for the year, the coinsurance payment of 20 percent would be \$20.

For example, if a patient has a magnetic resonance imaging (MRI) scan, and a 20-percent coinsurance applies as well as the \$2,000 deductible, and if the patient has paid the entire deductible, the patient would pay 20 percent of the allowed amount for the MRI. If the plan's allowed amount for the MRI is \$1,000, the patient would pay \$200.

Copayment

A fixed amount (for example, \$15 per visit) you pay for a covered health care service, usually when you receive the service. The amount will vary by the type of covered health care service. For example, if you go to the emergency room and have a \$250 copayment and you have satisfied your \$2,000 annual deductible, you will only pay the \$250 copayment. If you have not satisfied any of your annual \$2,000 deductible, and the allowed amount for emergency room services is \$5,000, you will pay the first \$2,000 to satisfy your annual deductible plus the \$250 copayment.

Cost-Sharing

The share of costs covered by your insurance that you pay out of your own pocket in addition to the premium. This term generally includes deductibles, coinsurance and copayments or similar charges, but it doesn't include premiums, balance bill amounts for non-network doctors and hospitals, or the cost of non-covered services. For example, if you visit a primary care

doctor, you will pay a \$45 copayment, but no deductible will apply. If the annual \$2,000 deductible does apply to that service category, you will pay up to \$2,000 to meet the deductible, plus the applicable coinsurance.

Covered California

Covered California operates the state's health care marketplace for the federal Patient Protection and Affordable Care Act, in which individuals and small businesses can get access to affordable health insurance. With coverage starting in 2014, Covered California will help individuals compare health insurance plans and choose the plan that works best for their health needs and budget. A sliding scale of financial subsidies in the form of premium assistance will be available to help reduce costs for people who qualify. Small businesses will be able to purchase competitively priced health insurance plans and offer their employees the ability to choose from an array of plans and may qualify for federal tax credits.

Deductible

The amount you owe for health care services your health insurance plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you have met your deductible for covered health care services. The deductible may not apply to all services. For example, in Covered California plans, the deductible never applies to commonly used services such as doctor visits, laboratory tests, X-rays and diagnostic tests.

Eligibility

Covered California offers quality affordable health insurance that can't be canceled or denied if you have a pre-existing medical condition or get sick. You, your dependent or someone you claim on your taxes may qualify for health insurance through Covered California. If you buy insurance through Covered California, you may be able to receive help to reduce the cost you pay toward your health care. The level of financial assistance is based on household income and family size. For example, you may qualify to receive premium assistance, which you can use in advance and immediately apply toward your monthly premium. You may be able to reduce your out-of-pocket expenses by selecting a higher-cost plan that reduces the amount you pay toward copays and deductibles.

Essential Health Benefits

Essential health benefits are health care service categories that must be covered by all health insurance plans sold or renewed in 2014. These service categories include ambulatory patient services, emergency services,

hospitalization, maternity and newborn care, mental health and substance use disorder services, behavioral health treatment, prescription drugs, rehabilitative and habilitation services and devices, laboratory services, preventive and wellness services, chronic disease management and pediatric services (including dental and vision care). Health insurance plans must cover these benefits in order to be certified and offered in the marketplace, and all Medicaid state plans must cover these services by 2014.

Federal Poverty Level

A measure of income level issued annually by the U.S. Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain programs and benefits. In 2012, the federal poverty level for an individual was \$11,170 per year and \$23,050 for a family of four. To see a chart with more information on federal poverty levels, please visit www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html.

Full-Time-Equivalent Employees

The definition of full-time-equivalent employees is the combination of employees, each of whom individually is not a full-time employee by themselves because they are not employed at least 30 hours a week but who in combination are counted as the equivalent of a full-time employee. For example, two employees who work 15 hours a week are added together to equal one full-time employee.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Legal Resident of California

A person who is lawfully present is determined to be a legal resident of California in accordance with federal law.

Medi-Cal

Medi-Cal is California's Medicaid health care program. This program pays for a variety of medical services for children and adults with limited income and resources. Medi-Cal is supported by federal and state taxes. Consumers can apply for Medi-Cal benefits regardless of sex, race, religion, color, national origin, sexual orientation, marital status, age, disability or veteran status. If the person is determined to be eligible, the person can get Medi-Cal as long as he or she continues to meet the eligibility requirements. Consumers

may automatically qualify for Medi-Cal if enrolled in Social Security's Supplemental Security Income/State Supplementary Payment (SSI/SSP) Program, California Work Opportunity and Responsibility to Kids (CalWorks), Refugee Medical Assistance, or the Foster Care or Adoption Assistance Program. For more information about Medi-Cal, visit www.dhcs.ca.gov or call or visit the local county social services office.

Navigators

Navigators, established by federal law, and Certified Enrollment Counselors have several similarities. Both provide fair and impartial information to consumers about enrollment into Covered California health insurance plans. They facilitate enrollment into the health plans, provide referrals to Covered California and offer information that is culturally and linguistically appropriate. Additionally, navigators provide consumer education information to raise awareness about Covered California programs. The Navigator Program begins in 2015 and will be funded through Covered California operating funds.

Open Enrollment

A designated time period each year — usually two to six months — during which insured individuals or employees can make changes in health insurance coverage. For the 2014 year, Covered California open enrollment will be Oct. 1, 2013, through March 31, 2014. In subsequent years, open enrollment for the calendar year will begin January 1 of that year and end March 31 of that year.

Out-of-Pocket Costs

An out-of-pocket expense is a nonreimbursable expense paid by a patient. This could include any medical benefits that a plan doesn't consider "covered services."

Out-of-Pocket Limit

The most one pays during a policy period (usually a calendar year) before your health insurance or plan begins to pay 100 percent of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance plan doesn't cover. Some health insurance plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments or other expenses toward this limit. In Medicaid, the limit includes premiums.

Policy

The agreement between the person buying health insurance and the company providing it, describing specific health care services that will be covered, any coverage limitations and any out-of-pocket costs (copays) that might be required.

Pre-Existing Medical Condition

Any illness or condition a patient has prior to obtaining insurance.

Premium

The monetary amount that must be paid for your health insurance or plan. You or your employer, or both, usually pay it monthly, quarterly or yearly.

Qualified Health Plan

An insurance product that is certified by an exchange marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments and out-of-pocket maximum amounts) and meets other requirements. A qualified health plan will be certified by Covered California and can be sold through Covered California or outside Covered California. When referring to Covered California's qualified health plans, use the term "Covered California health insurance plans."

Special Enrollment

The opportunity for people who experience a life-changing event (such as the loss of a job, a divorce, the death of a spouse, or the birth of a child) to sign up immediately in a health insurance plan, either through Covered California or through an unrelated insurance company, even if it is outside of the plan's specified open-enrollment period.

Subsidy

Starting in 2014, cost-sharing subsidies and tax credits will reduce the cost of premiums and other out-of-pocket expenses for health coverage that qualifying individuals or families purchase through Covered California. The preferred way of describing this in consumer-facing text is "premium assistance."

Tax Credit

One of the largest premium assistance programs for health insurance. Starting in 2014, it helps consumers pay health insurance premiums. Tax credits will also be available to small businesses with no more than 25 full-time-equivalent employees to help offset the cost of providing coverage. The preferred way of describing this in consumer-facing text is "premium assistance," but the phrase "tax credit" may be used in employer-facing text.

Tax Penalty

Starting in 2014, consumers who don't have health insurance will pay a tax penalty, starting at \$95 per individual, \$285 per family, or 1 percent of income, whichever is greater. In 2016, it is \$695 per individual, \$2,085 per family, or 2.5 percent of income. Exempt are those who make too little money to file a federal tax return and those ineligible for premium assistance who would have to spend more than 8 percent of their household income on the lowest-cost Bronze plan.

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