

WWW.COVEREDCA.COM

Covered California x
https://www.coveredca.com

COVERED CALIFORNIA

Your destination for affordable health care

ABOUT US COVERAGE RESOURCES NEWS CENTER LANGUAGES: ENGLISH

Welcome to Covered California

Your destination for affordable, quality health care, including Medi-Cal

Start Here

Individuals & Families Small Businesses I Need Help Before 2014 Help Me Enroll

People Like Me Tell us what having coverage will mean to

Shop and Compare Tool Use our online

Education and Enrollment Events in Your Area



PREVIEW PLANS

Answer a few questions and we'll show you health plans that may be right for you and your family.

[Preview Plans](#)

WELCOME TO COVERED CALIFORNIA

The place to find the best health care coverage for you and your family.

Covered California is a marketplace for people and small businesses to find out if they are eligible for financial help and buy health insurance. We help you choose a plan that works best for your health care needs and your budget. You may even be able to get help paying for your health care!

Announcements

The doctor and hospital search feature of CoveredCA.com will be available starting October 7th. Local Enrollment Counselors and Agents are being added daily. Please check back frequently.

10/1/2013

See how well the health plans are doing!

[View all Announcements](#)

Covered California can help!



INDIVIDUAL OR FAMILY

Learn more about health care plans for yourself or your family.

[Go](#)



EMPLOYER

Learn more about health care plans for your employees.

[Go](#)



EMPLOYEE

Learn more about Covered California's Small Employer Health Option Program (SHOP). This program is open to Employees whose Employer has registered and selected plan options.

[Go](#)



LEARN

PREVIEW PLANS

APPLY

Maintain



START YOUR APPLICATION

Applying for high-quality health insurance has never been easier

Apply Now

COVERAGE FOR INDIVIDUALS AND FAMILIES

Covered California makes it much easier to figure out different health insurance plans and what they cover. You can compare a number of plans at the same time or find out if you qualify for Medi-Cal. You can make apples-to-apples comparisons between the different plans. The choice is yours. You can choose a health insurance plan that meets your health and budget needs. There are health insurance plans for everyone. Health insurance companies cannot refuse to cover you because of a past illness. Everyone your age pays the same monthly cost.



COVERAGE BASICS

To make sure all your questions are answered, Covered California is providing information and assistance so you can wisely choose your new health insurance.



Learn More

APPLY FOR COVERAGE

Applying for high-quality health insurance has never been easier. We will guide you through the steps.



Apply Now

Or download the [Application Form](#)
[Get Adobe PDF Reader](#)

LOG IN

Log In

LOGIN OR CREATE AN ACCOUNT

Log In
There was some technical error processing your request.
Please try again.

Enter Username

Enter Password

[Forgot your password?](#)

New to Covered California?
Sign up for a Covered California Account.

- In order to begin an application you must create an account.
- Click the Create Account button below to get started.



SET UP AN ACCOUNT

What kind of account would you like to set up?



INDIVIDUAL OR FAMILY

I am an individual interested in getting health insurance for myself or my family.

Continue



EMPLOYER

I represent a small business and we are interested in setting up insurance plans for our employees.

Continue



CERTIFIED ENROLLMENT COUNSELOR

I help others select insurance as a Covered California Certified Enrollment Counselor.

Continue

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Covered California

https://v.calheers.ca.gov/apspahbx/ahbxanonym.portal?_nfpb=true&_st=&_windowLabel=SignUp_1&urlType=action&wlp: Google

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LEARN **PREVIEW PLANS** **APPLY** **Maintain**

SET UP AN ACCOUNT

- 1. Terms and Conditions**
- 2. User Information
- 3. Contact Information
- 4. Username/Password
- 5. Account Summary

ACCOUNT TERMS AND CONDITIONS OF USE i

Welcome to the Covered California portal. If you use this this website, you agree to the terms and conditions of use and our privacy policy. If you disagree with any part of these terms and conditions, please do not use our website.

[View the Terms and Conditions](#)

Check this box to show you agree to Terms and Conditions

Continue

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Log In | Create Account | A A A | Español | 

LEARN PREVIEW PLANS APPLY Maintain

SET UP AN ACCOUNT

- ✓ Terms and Conditio...
- 2. User Information**
- 3. Contact Information
- 4. Username/Password
- 5. Account Summary

SET UP AN ACCOUNT - YOUR INFORMATION

* Indicates a required field.

Complete all the fields below.

*First Name

*Last Name

*Date of Birth 

Social Security Number

*Preferred method of communication

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- ✓ User Information
- 3. Contact Information**
- 4. Username/Password
- 5. Account Summary

Street Address 1

Street Address 2

City

State

Zip Code

* Email

Phone Number

Back

Complete all the fields to the Left

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LEARN

SET UP AN ACCOUNT

- ✓ Terms and Conditions
- ✓ User Information
- 3. Contact Information**
- 4. Username/Password
- 5. Account Summary

Confirm Your Mailing Address

The address you've entered is different from those on file. Please confirm which is correct.

The address you entered

- Your Address**
Your City,
CA,
Zip Code

Possible Address 1

- Your Address**
Your City,
CA,
Zip Code

Ok

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Google

- ✓ User Information
- ✓ Contact Information
- 4. Username/Password**
- 5. Account Summary

Your Username must have 8 or more characters.

*Username ?

Complete all the fields to Left

Password must be at least 8 characters long and use only letters and numbers. It must use at least one number and one letter. Passwords are case sensitive. 6 or more characters, 1 letter or more, 1 number or more.

*Password ?

*Re-enter Password ?

Your Electronic Signature PIN must have 4 numbers.

*Electronic PIN ?

*Re-enter PIN ?

Back



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SET UP AN ACCOUNT

✓ Terms and Condi...

✓ User Information

✓ Contact Information

✓ Username/Password

5 Account Summary

ACCOUNT SUMMARY

▼ User Information

Name **Test Account**

Birthdate **01/01/1970**

Social Security #

Preferred Method of Communication **Email**

▼ Contact Information

Street Address

City

State

Zip Code

Email

Phone

▼ Username & Password

Username :

Password :

Pin :

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SET UP AN ACCOUNT

- ✓ Terms and Conditions
- ✓ User Information
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- ✓ Username/Password
- 5.Account Summary**

ACCOUNT SUMMARY

User Information

Name	TestAccount	Edit
Birthdate	01/01/1970	
Social Security #		
Preferred Method of Communication	Email	

Contact Information

Street Address		Edit
City		
State		
Zip Code		
Email		
Phone		

CREATE ACCOUNT CONFIRMATION

Congratulations. You have successfully created a Covered California account.
You can now securely log in to your Account. Click the "Log In" button below.

Log In

Username: tetrothman

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Covered California

https://v.calheers.ca.gov/apspahbx/login.portal#

Google

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LOGIN OR CREATE AN ACCOUNT

Log In

Enter Username

Enter Password

[Forgot your password?](#)

[Log In](#)

New to Covered California?

Sign up for a Covered California Account.

- In order to begin an application you must create an account.
- Click the Create Account button below to get started.

[Set up an account](#)



SECURITY QUESTIONS

We will use your security questions and answers to confirm your identity at times when extra safety is needed.

Security Question 1

Answer 1

Security Question 2

Answer 2

Security Question 3

Answer the Security Questions

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AHBX Portal

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Google

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Test Account

START

Overview

Start Here

Consent For Verificati...

START HOUSEHOLD PERSONAL DATA INCOME ELIGIBILITY ENROLLMENT

OVERVIEW

Welcome to Covered California. We will guide you through these steps for getting health insurance.

Enter Your Information:

Tell us who wants health insurance. If you want to apply for help paying for health insurance, we will also ask about your household and your total income.

See Your Results:

We will show your health insurance options and explain the next steps. If you apply for help paying for health insurance, we will also show whether you qualify.

Find Health Insurance Plans:

Depending on your results, you can see what health insurance plans are available, compare them and enroll in the health insurance plan you choose.

Back Save & Exit Continue

CLICK "FIND HELP NEAR YOU" TO PICK AN AGENT



Locate Assistance

LEARN

Security Question 1

Answer 1

Security Question 2

Answer 2

Security Question 3

Answer 3

Security Question 4

Answer 4

Security Question 5

You Can Get Help In-person From Certified Enrollment Counselors, Certified Agents And County Human Services Agencies.



Find Certified Enrollment Counselor

Certified Enrollment Counselors help individuals and families apply and select insurance.

Find Certified Enrollment Counselor



AGENTS

Agents help individuals and small business employers and employees select insurance plans.

Find Agents



COUNTY HUMAN SERVICES AGENCIES

County Human Services Agencies can tell you about your health coverage options, help you apply and determine your eligibility for assistance in covering all or a portion of the cost. They can also determine your eligibility for nutrition benefits and cash assistance.

Find County Office

Maintain

Close

AHBM Portal

https://v.calheers.ca.gov/apspahbx/ahbx.portal?_nfpb=true&_st=&_nfls=false&_pageLabel=individualHomePage#

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Hello Test | [Log Out](#) | [Secure Mailbox\(0\)](#) | [AAA](#) | [Español](#) | [Help](#)

Locate Assistance

Search for an Agent in the State Health Benefit Exchange

Search by location

Zip Code

Distance (miles)

Languages

Search

- OR -

Search by Name

First Name

Business Name

Last Name

Search

Enter First Name:
Karim

Enter Last Name:
Hemani

Close

Browser window showing the AHBX Portal. The address bar contains: https://v.calheers.ca.gov/apspahbx/ahbx.portal?_nfpb=true&_st=&_nfls=false&_pageLabel=individualHomePage#

Page header includes: **COVERED CALIFORNIA** logo, Customer Service 1-800-300-1506 (TTY: 1-888-889-4500), [Online Chat](#), [Find Help Near You](#), [Help](#), Hello Test, [Log Out](#), [Secure Mailbox\(0\)](#), A A A, Español, and a printer icon.

Locate Assistance

1 Agent Found Karim Hemani [Search Again](#)

Name	Contact Info	Product Expertise	Languages
Karim Hemani	10330 Riverside Drive #E Toluca Lake CA 91602 213-627-7773 khemani14@gmail.com	Health,Dental,Vision,Life,Medicare	English, Spanish

[Close](#)

AHBY Portal

https://v.calheers.ca.gov/apspahbx/ahbx.portal?_nfpb=true&_st=&_nfls=false&_pageLabel=individualHomePage#

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Locate Assistance

Agent Selection

Selecting an agent as your representative allows them to: Access your account, see your information, and make changes on your behalf.

Continue

[Back](#) [Search Again](#)



Karim Hemani

10330 Riverside Drive, #E, Toluca Lake, CA, 91602
213-627-7773
khemani14@gmail.com

Product expertise **Health, Dental, Vision, Life, Medicare**

Languages spoken **English, Spanish**

State License Number **0F44232**

Clients served **Individuals / Families, Employers**



Map Sat Ter Earth

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[\[-\] What should I know before I designate an Agent?](#)

[Close](#)

RESOURCES

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AHBX Portal

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Calculate Percent Incre... Gmail Google Agent Services GoDaddy Coupons HBEX Norvax Support GoDaddy Codes State Decisions For Cr...

Locate Assistance

Agent Designation: Attestations

Test Account

STAF

Overview

Start Here

Consent For

Agent to be Designated: KARIM HEMANI

I grant this Agent permission to access, enter, and update information in my online application. I further grant permission to the Agent to submit my completed application, including activating an eSignature on my behalf.

I understand that I may end my partnership with this Agent at any time through my account dashboard or by calling 1-800-300-1506.

I grant permission to the Agent to enter payment information in my online account. I understand that the insurance premium that I am quoted will be charged to my account.

Signature

Applicant Name Test Account

Applicant E-Signature

Type your full name here as your electronic signature.

Today's Date 10 14 2013

Confirm

Check the boxes to the right and then type your name below.

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AHBX Portal

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Calculate Percent Incre... Gmail Google Agent Services GoDaddy Coupons HBEX Norvax Support GoDaddy Codes State Decisions For Cr...

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Agent Designation: Attestations

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- I grant permission to the Agent to enter payment information in my online account. I understand that the insurance premium that I am quoted will be charged to my account.

Signature

Applicant Name Test Account

Applicant E-Signature
Type your full name here as your electronic signature.

Today's Date 10 14 2013

Confirm

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AHBX Portal

https://v.calheers.ca.gov/apspahbx/ahbx.portal?_nfpb=true&_st=&_nfls=false&_pageLabel=applyforBenefits#

Locate Assistance

Congratulations!

Agent Designation successfully completed.

Back to Search page

CLICK THE "X" IN THE TOP RIGHT CORNER TO GO BACK TO APPLICATION PROCESS

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AHBX Portal

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Test Account

START

Overview

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See Your Results:
 We will show your health insurance options and explain the next steps. If you apply for help paying for health insurance, we will also show whether you qualify.

Find Health Insurance Plans:
 Depending on your results, you can see what health insurance plans are available, compare them and enroll in the health insurance plan you choose.

Back Save & Exit Continue

Call (818) 350-2675 and we will walk you through the application process OR click CONTINUE to start the process on your own.