



Enrolling during a special enrollment period

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What is special enrollment?

You may change or apply for health care coverage during an annual open enrollment period. Outside of the open enrollment period, you have a special enrollment period to enroll or change your coverage if you experience what's known as a triggering event. Examples of triggering events include getting married, having a baby, and losing coverage because you lost your job. Even if your triggering event occurs during open enrollment, you will still have a special enrollment period and your coverage effective date may differ from open enrollment effective dates. Please refer to the chart on page 2 for effective dates.

From the date of your triggering event, the special enrollment period generally lasts 60 days. That means you have 60 days to change or apply for coverage for you and/or your dependents.

If you have advance notice

If your triggering event is a loss of coverage and you know about it in advance, you may be able to apply for new coverage ahead of time. In this case, you have 60 days before **and** 60 days after you lose coverage to apply for new coverage. For example, you know that you will be laid off from your job.

In some cases, if there is a problem with your enrollment or an issue with a plan contract, DC Health Link determines the length of the special enrollment period.

Refer to pages 3-5 for detailed information on triggering events.



What is my effective date?

Your coverage start date will depend on the type of triggering event you experience. Under “Loss of health care coverage,” the date of the triggering event is the last day of coverage under your prior plan.

Please review this chart to see your effective date.

Type of event	Date we receive application or Account Change Form	Effective date
Loss of health care coverage or change in eligibility for employer health coverage	On or before last date of coverage	First day of the month following the last date of coverage
	After loss of coverage or change in employer coverage: between the 1st and the 15th of the month following the triggering event	First day of the following month
	After loss of coverage or change in employer coverage: between the 16th and the last day of the month	First day of the second following month
Gaining or becoming a dependent through marriage or entering into a domestic or legal partnership	Any day of the month	First day of the month following receipt of application
Gaining a dependent through birth, adoption, or placement for adoption or foster care	Any day of the month	Date of birth, adoption, or placement for adoption or foster care
Court order to cover a child	Any day of the month	Date the court order is effective
Permanent relocation, change in eligibility for federal financial assistance, change in immigration status or status as an American Indian/Native Alaskan	Between the 1st and 15th of the month	First day of the following month
	Between the 16th and the last day of the month	First day of the second following month
Release from incarceration	Between the 1st and the 15th of the month	First day of the following month
	Between the 16th and the last day of the month	First day of the second following month
Determination by DC Health Link	Any day of the month	Any day of the month as determined by DC Health Link, including a retroactive date

Have questions? Call us at **1-800-494-5314**. • Or contact your agent or broker.



What are the triggering events?

The following is a list of all the different triggering events you might experience.

1 Loss of health care coverage:

- You lose your employer-provided coverage for the following reasons:
 - You lose your job.
 - Your work hours are reduced, so you no longer qualify for coverage.
 - The person who covers you on his/her employer health plan dies.
 - You're a dependent on the plan and your marital status changes due to a legal separation or divorce, so your eligibility as a dependent ends.
 - You no longer live or work in the service area, and no other group health coverage is available to you.
 - You're part of a group of employees that are no longer offered coverage from your employer.
 - A dependent child has a birthday and no longer qualifies as a dependent.
 - Your employer stops contributing premium payments for your group health coverage.
 - Your COBRA coverage ends.
 - Your retiree coverage is discontinued when your employer declares federal Chapter 11 bankruptcy.
 - The person who covers you on his/her employer health plan becomes entitled to Medicare.
 - Your group plan is renewing or ending on a date other than January 1.
- You lose Medicaid. Common examples may include:
 - You have a change in income.
 - 60 days pass after delivering a child, or your pregnancy fails.
 - You lose what's known as "Medically Needy" coverage, which is special Medicaid coverage for people with too much income or assets to qualify for regular Medicaid, but who have high medical expenses. This type of special enrollment period may occur only once per calendar year.
- You lose your **Healthy Families coverage (CHIP)**.
- You lose Medicare coverage.
- You lose individual plan coverage because:
 - Your individual plan is renewing or ending on a date other than January 1.
 - You become ineligible for individual coverage. For example, you are a dependent child reaching an age limit.

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What are the triggering events? (continued)

Keep in mind, these events do NOT qualify as triggering events:

- You're losing coverage because you didn't pay your premiums.
- Your plan was rescinded.

2 Gaining, becoming, or losing a dependent:

- You have a baby, adopt a child, or get married or enter into a domestic or legal partnership—or foster a child if your plan includes coverage for foster children.
- You lose a dependent because the dependent reaches an age where they no longer qualify to be covered under your health plan, or the subscriber or a dependent dies.
- You lose a dependent because of a divorce, dissolution of domestic or legal partnership, or legal separation.

Note: You do not need to be a current member to purchase a health plan for yourself or your family if you experience this triggering event by gaining, becoming, or losing a dependent. In the event of death of the subscriber or dependent, you qualify for a special enrollment period only if you are enrolled under the same plan as the deceased.

3 Court order to cover a child:

A state or federal court orders that a dependent child be covered as a dependent.

4 Permanent relocation:

You move to a new location and have a different choice of health plans.

5 Release from incarceration:

You were recently released from incarceration.

6 Change in eligibility for federal financial assistance through DC Health Link:

- Your or your dependent's income level changes and, as a result, you and/or your dependents become eligible—or ineligible—for financial assistance.
- Your eligibility to enroll in a health plan with reduced costs (cost-share reduction) changes.
- The Federally Facilitated Marketplace (FFM) stops distributing financial assistance.

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What are the triggering events? (continued)

For more information about eligibility for federal financial assistance, visit dhealthlink.com or call 1-855-532-5465. You can also call Kaiser Permanente for help at **1-800-494-5314**.

7 Change in eligibility for employer health coverage:

Your employer discontinues or changes your current coverage options so that you become eligible for federal financial assistance.

8 Change in immigration status:

You're newly entitled to have health care coverage because of an immigration status change. For more information, visit dhealthlink.com or call 1-855-532-5465. You can also call Kaiser Permanente for help at **1-800-494-5314**.

9 Coverage as an American Indian/Native Alaskan:

DC Health Link determines that you are eligible for a monthly special enrollment period to enroll in or change health plan coverage. For more information, visit dhealthlink.com or call 1-855-532-5465. You can also call Kaiser Permanente for help at **1-800-494-5314**.

10 Determination by DC Health Link:

DC Health Link determines that you are entitled to a special enrollment period due to extraordinary circumstances, such as an error or lack of action on the part of DC Health Link or for any other reason.

Do I qualify for federal financial assistance?

You may qualify for financial assistance from the federal government to help pay your premiums and/or out-of-pocket expenses. To qualify for federal financial assistance, you must enroll in your Kaiser Permanente plan or any other issuer's plan(s) through DC Health Link.

To learn more about DC Health Link and its requirements for special enrollment periods and triggering events, visit DC Health Link or call 1-855-532-5465. You can also call us at **1-800-494-5314**. We can help you apply for a Kaiser Permanente plan on DC Health Link, too.



How do I sign up?

Please complete an online application on DC Health Link during a special enrollment period. If you have any questions, please contact us, your agent, or your broker. Or visit dchealthlink.com for more information.
