



COVERED CALIFORNIA

2015 SPECIAL ENROLLMENT QUALIFYING LIFE EVENTS

Note: From February 23 – April 30, there will be a new option “Informed of Risk Penalty” in the Drop-Down Menu. Enter the date of the event as the date applying for Covered California.

What Qualifying Life Event to Select from the Drop-Down Menu	Examples	How to Enter the Date of the Event
<p>Lost my health insurance including Medi-Cal</p>	<ul style="list-style-type: none"> You lose Medi-Cal coverage. You lose your employer-sponsored coverage. Your COBRA coverage is exhausted. Note: Not paying your COBRA premium is not considered loss of coverage. You are no longer eligible for student health coverage. You turn 26 years old and are no longer eligible for a family plan. You turn 19 years old and are no longer eligible for a child-only plan. 	<p>Enter the date of the loss of coverage</p>
<p>Permanently moved to/within California</p>	<ul style="list-style-type: none"> You move to California from out of state. You move within California and gain access to at least one new Covered California health insurance plan. 	<p>Enter the date of the permanent move</p>
<p>Had a baby or adopted a child (If you receive a child in foster care, you will also qualify for a special enrollment period but will need to indicate "adopted a child" in the drop-down menu.)</p>	<ul style="list-style-type: none"> A child is born, adopted or received into foster care. The entire family can use the special enrollment period to enroll in coverage. If you place your child for adoption or foster care, you can use a special enrollment period to enroll in coverage. 	<p>Enter the date of birth, adoption or foster placement</p>
<p>Got married or entered into domestic partnership</p>	<ul style="list-style-type: none"> One or both members of the new couple can use the special enrollment period to 	<p>Enter the date on the marriage or</p>

	enroll in coverage.	domestic partnership license
Returned from active duty military service	<ul style="list-style-type: none"> You have lost coverage after leaving active duty, reserve duty, or the California National Guard. 	Enter the date you returned from active duty
Released from incarceration	<ul style="list-style-type: none"> You are released from jail or prison. 	Enter the date you apply for Covered California
Gained citizenship/lawful presence	<ul style="list-style-type: none"> You become a citizen, national, or permanent legal resident. 	Enter the date on the immigration document
American Indian/Alaskan Native	<ul style="list-style-type: none"> If you are a member of a federally recognized American Indian tribe, you can enroll at any time and change plans once per month. 	Enter the date you apply for Covered California
Other qualifying life event	<ul style="list-style-type: none"> You are already enrolled in a Covered California plan and become newly eligible or ineligible for tax credits or cost-sharing reductions. Misconduct or misinformation occurred during your enrollment, including: An agent, enrollment counselor, Service Center representative or other authorized representative enrolled you in a plan that you did not want to enroll in, failed to enroll you in any plan or failed to calculate premium assistance for which you were eligible. Eligibility for COBRA coverage: If you become eligible for COBRA coverage due to the loss of employer-sponsored insurance, you can choose coverage under 	Enter the date you apply for Covered California

COBRA, **or** you can use a special enrollment period to enroll in a Covered California plan.

- Misrepresentation or erroneous enrollment, including:
 - Incorrect eligibility determination. This includes if you applied during open enrollment and were initially told you were eligible for Medi-Cal and then later determined **not** to be eligible for Medi-Cal.
 - The health plan did not receive your information due to technical issues.
 - An error in processing your immigration documents resulted in an incorrect eligibility result.
 - Incorrect plan data were displayed when you selected a plan: Data errors on premiums, benefits or copay/deductibles were displayed; incorrect plans were displayed; or a family could not enroll together in a single plan.
- Your health plan violated its contract.
- Exceptional circumstances occurred on or around plan selection deadlines, including natural disasters and medical emergencies.
- You received a certificate of exemption for hardship from Health and Human Services for a month or months during the coverage year but lost eligibility for the hardship exemption outside of an open enrollment period.
- You are required by court order to provide health insurance for a child who was been determined ineligible for Medi-Cal and CHIP, even if you are not the party who expects to claim the child as a tax

	<p>dependent.</p> <ul style="list-style-type: none"> • You are a member of AmeriCorps/VISTA/ National Civilian Community Corps: <ul style="list-style-type: none"> - If you entered AmeriCorps or one of the other organizations listed above outside of open enrollment. - If you ended your service with one of the organizations listed above. • You have a “grandfathered” health insurance plan outside of Covered California, and you would like to switch to a Covered California health insurance plan instead of renewing your current plan. • Your provider left the health plan network while you were receiving care for one of the following conditions: <ul style="list-style-type: none"> - Pregnancy. - Terminal illness. - An acute condition. - A serious chronic condition. - The care of a newborn child between birth and age 36 months. - A surgery or other procedure that will occur within 180 days of the termination or start date. 	
<p>None of the above</p>	<p>If none of these qualifying life events apply, you should still apply using "None of the above," because you may be eligible for Medi-Cal or the Medi-Cal Access Program (formerly AIM), a program for pregnant women based on your income. Regardless of which life event you select, your application will still be reviewed for coverage through Medi-Cal.</p>	<p>Enter the date you apply for Covered California</p>