



# 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, Covered California 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.

When adding a newborn or newly adopted child or foster child, you have 2 options for listing the date of your triggering event. Choose the date of birth, adoption, or placement, or the first day of the following month. Whichever option you choose will be your effective date.

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	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 domestic partnership registration	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 or first day of the month following the event
Losing a dependent through divorce, dissolution of domestic partnership, or legal separation	Between the 1st and the 15th of the month	First day of the month following receipt of application
	Between the 16th and the last day of the month	First day of the second month following receipt of application
Death of a subscriber or dependent	Any day of the month	First day of the month following receipt of application
Court order	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, misinformation about your current coverage, or provider network changes	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 Covered California	Any day of the month	Any day of the month as determined by Covered California, including a retroactive date
Grandfathered plan renews outside of open enrollment	On or before last date of coverage	First day of the month following the last date of coverage
	After last date of coverage: between the 1st and the 15th of the month	First day of the following month
	After last date of coverage: between the 16th and the last day of the month	First day of the second following month

**Have questions?** Call us at **1-800-494-5314**. • Go to [buykp.org/apply](http://buykp.org/apply). • 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 coverage for a reason that isn't your fault.
- 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 Medicare coverage.

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*What are the triggering events? (continued)*

- **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.
- **Your military coverage ends because you return from active duty.**

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, get married, or register in a domestic 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 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:**

A state or federal court orders that you, or your dependent, 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 Covered California:**

- 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.

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*What are the triggering events? (continued)*

- The Federally Facilitated Marketplace (FFM) stops distributing financial assistance.

For more information about eligibility for federal financial assistance, visit [coveredca.com](http://coveredca.com) or call 1-800-300-1506. 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. **In this case, you may only enroll in a plan offered through Covered California.** For more information, visit [coveredca.com](http://coveredca.com) or call 1-800-300-1506. You can also call Kaiser Permanente for help at **1-800-494-5314**.

## **9 Coverage as an American Indian/Native Alaskan:**

Covered California determines that you are eligible for a monthly special enrollment period to enroll in or change health plan coverage. **In this case, you may only enroll in a plan through Covered California.** For more information, visit [coveredca.com](http://coveredca.com) or call 1-800-300-1506. You can also call Kaiser Permanente for help at **1-800-494-5314**.

## **10 Determination by Covered California:**

Covered California 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 Covered California, or for any other reason.

## **11 Misinformation about your current coverage:**

Covered California determines that you qualify for a special enrollment period because you were wrongly informed that you had coverage already, and didn't apply for coverage during open enrollment for that reason.

## **12 Provider network changes:**

You were under active care for certain conditions with a provider that no longer participates in your health plan. Examples of conditions include an acute condition, a serious chronic condition, pregnancy, terminal illness, care of a newborn, or authorized nonelective surgeries.

## **13 Grandfathered plan renews outside of open enrollment:**

You reach the end of the contract term for a non-calendar year grandfathered individual plan or group coverage.

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## 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 Covered California.

To learn more about Covered California and its requirements for special enrollment periods and triggering events, visit [coveredca.com](http://coveredca.com) or call 1-800-300-1506. You can also call us at **1-800-494-5314**. We can help you apply for a Kaiser Permanente plan on Covered California, too.



## How do I sign up?

Please complete these steps to apply directly with Kaiser Permanente during a special enrollment period.

### New members, apply online or by mail or fax:

If you apply online:

- Fill out and submit the online application at [buykp.org/apply](http://buykp.org/apply) within 60 days of your triggering event or by the last day of your special enrollment period, whichever comes first.
- You'll need to provide the exact triggering event and the date of the event under Step 1 on the application.
- Be sure to download the Documentation of Triggering Event Form. Check the appropriate boxes on the form for your triggering event and the documentation you're submitting to support your triggering event. Then, send the form with your documentation **within 10 calendar days** of submitting your online application.
- If we don't receive your Documentation of Triggering Event Form and supporting documentation **within 10 calendar days**, your application will be considered incomplete and it may be canceled. You may reapply and submit the Documentation of Triggering Event Form and supporting documentation, but you must do so within the special enrollment period.
- If you apply near the end of your special enrollment period, be sure we receive your Documentation of Triggering Event Form and supporting documentation before your special enrollment period ends. If documentation isn't received within 60 days of your triggering event, your application may be canceled.

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**Have questions?** Call us at **1-800-494-5314**. • Go to [buykp.org/apply](http://buykp.org/apply). • Or contact your agent or broker.



**Fax**  
1-866-816-5139



**Mail**  
Kaiser Permanente  
California Service  
Center – KPIF  
P.O. Box 23219  
San Diego, CA 92193-9921

*How do I sign up? (continued)*

- On the first page of your supporting documentation, be sure to write the information for the primary applicant:
  - 1) First and last name as listed on the application
  - 2) Kaiser Permanente medical record number (if known)
  - 3) Home address
  - 4) Date of birth
- Include your first month's premium with your application. You can pay with a credit card, debit card, checking account number, or savings account number.

**If you apply by mail or fax:**

- Submit your signed paper application via mail or fax. We must receive your paper application within 60 days of your triggering event. If you apply close to the end of your special enrollment period, be sure we receive your application before your special enrollment period ends.
- You'll need to provide the exact triggering event and the date of the event under Step 1 on the application.
- Follow the instructions under "If you apply online" for the Documentation of Triggering Event Form. Be sure to mail or fax the Documentation of Triggering Event Form and supporting documentation with your paper application. Your paper application, Documentation of Triggering Event Form, and supporting documentation must be received within 60 days of your triggering event, or by the end of your special enrollment period, whichever comes first.
- Include your first month's premium with your application. Checks or money orders must be mailed with the application and cannot be faxed.

## **Current Kaiser Permanente Individuals and Families plan members:**

**Mail or fax an Account Change Form:**

- Please call **1-800-494-5314** to request an Account Change Form.
- Fill out and submit the form via mail or fax within 60 days of your triggering event. If you make an account change due to a triggering event, be sure we receive your Account Change Form before your special enrollment period ends. You can also call **1-800-494-5314** to make your account change over the phone or fax it to **1-866-296-9018**.
- You'll need to provide the exact triggering event and date of the event under Section B of the Account Change Form.

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**Have questions?** Call us at **1-800-494-5314**. • Go to [buykp.org/apply](http://buykp.org/apply). • Or contact your agent or broker.

*How do I sign up? (continued)*

- Follow the instructions under “If you apply online” for the Documentation of Triggering Event Form. Be sure to mail or fax the Documentation of Triggering Event Form and supporting documentation with your Account Change Form. Your Account Change Form, Documentation of Triggering Event Form, and supporting documentation must be received within 60 days of your triggering event, or by the end of your special enrollment period, whichever comes first.

### **New applicants and current members, keep in mind:**

- We must receive ALL your required materials within 60 days of your triggering event or by the last day of your special enrollment period, whichever comes first.
- In some instances, you may submit your completed application up to 60 days in advance of your triggering event to avoid a gap in coverage.
- If you apply close to the end of your 60-day special enrollment period, you may want to fax us or use express mail to avoid missing the deadline. You can also call **1-800-494-5314** to enroll or make an account change over the phone.
- **By submitting a signed application or Account Change Form, you are confirming that a triggering event occurred. If we decide that the triggering event did not occur, we may take legal action, including, but not limited to, terminating your coverage. You may also be liable for any services that you may have received.**





## Triggering-event documentation required

Please review the list below and see which document you need to submit to support your triggering event. Only 1 document is required, unless otherwise noted.

Check 1 box for your triggering event and 1 box for the documentation you're submitting for it.

Triggering events	Documentation required (copies only)
<input type="checkbox"/> Loss of health care coverage	<input type="checkbox"/> Letter stating why you lost your coverage
<input type="checkbox"/> Change in eligibility for employer health coverage	<input type="checkbox"/> Letter from employer stating change in health coverage
<input type="checkbox"/> Gaining or becoming a dependent	<input type="checkbox"/> Birth certificate or <input type="checkbox"/> Letter from the medical center showing proof of birth
	<input type="checkbox"/> Adoption papers or <input type="checkbox"/> Proof of placement for adoption
	<input type="checkbox"/> Evidence of proof from a court, Department of Social Services, or other agency that you have the legal right to make medical decisions for a child in foster care
	<input type="checkbox"/> Marriage license or <input type="checkbox"/> Proof of domestic partnership
<input type="checkbox"/> Losing a dependent through divorce, dissolution of domestic partnership, or legal separation	<input type="checkbox"/> Divorce decree, dissolution agreement, or separation agreement
<input type="checkbox"/> Death of a subscriber or dependent	<input type="checkbox"/> Death certificate
<input type="checkbox"/> Court order	<input type="checkbox"/> A copy of the court order
<input type="checkbox"/> Permanent relocation	<input type="checkbox"/> Utility bill or <input type="checkbox"/> Copy of rent agreement
<input type="checkbox"/> Change in eligibility for federal financial assistance through Covered California	<input type="checkbox"/> Copy of most recent eligibility determination from Covered California
<input type="checkbox"/> Change in immigration status	<input type="checkbox"/> Determination by Covered California to purchase health plan coverage
<input type="checkbox"/> Status as an American Indian/Native Alaskan	<input type="checkbox"/> Notice from Covered California stating you're eligible for a monthly special enrollment period
<input type="checkbox"/> Release from incarceration	<input type="checkbox"/> Release order
<input type="checkbox"/> Determination by Covered California	<input type="checkbox"/> Notice from Covered California stating you're eligible for a special enrollment period
<input type="checkbox"/> Misinformation about coverage	<input type="checkbox"/> Notice from Covered California stating you're eligible for a special enrollment period
<input type="checkbox"/> Provider network changes	<input type="checkbox"/> Notice from provider stating you're eligible for a special enrollment period
<input type="checkbox"/> Grandfathered plan renews outside open enrollment	<input type="checkbox"/> Renewal or termination notice

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