

Helping Consumers Report a Life Event or Change in Circumstance after Open Enrollment



*Center for Consumer Information
and Insurance Oversight*

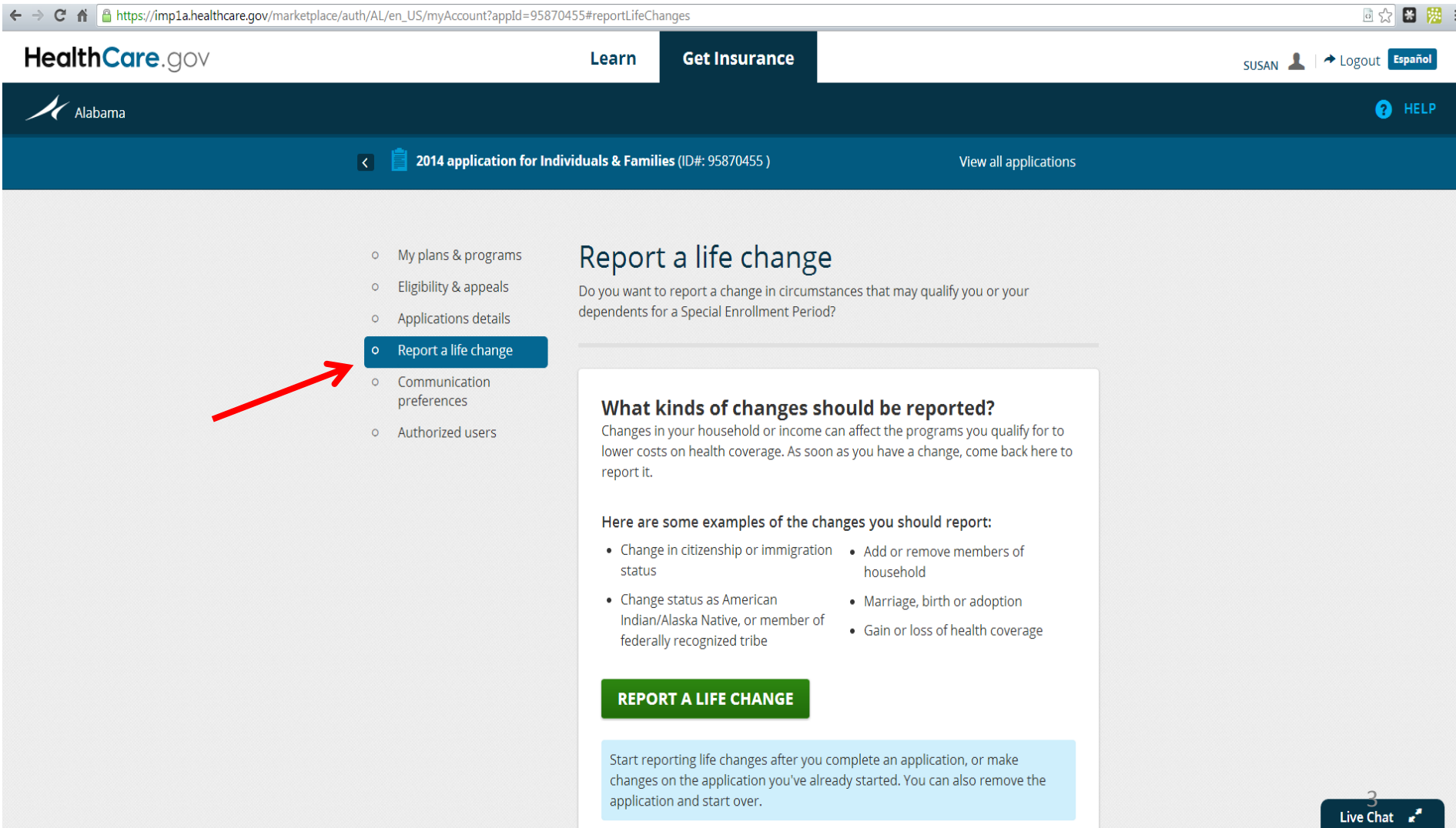
February 7, 2014

(updated April 18, 2014)

Reportable changes

Type of Life Change/Change in Circumstance	Where to Report
New person on the application (e.g., birth, marriage)	Marketplace
Relocation to a new zip code or county	Marketplace
Loss of access to other coverage (e.g., employer coverage)	Marketplace
Release from incarceration	Marketplace
Change in citizenship or immigration status	Marketplace
Removal of a person from the application (e.g., death, divorce)	Marketplace
Become incarcerated	Marketplace
New access to other coverage (e.g., employer coverage)	Marketplace
Pregnancy	Marketplace
Change in tax filing status/tax household composition	Marketplace
Change in status as an American Indian/Alaska Native or tribal status	Marketplace
Change in disability status	Marketplace
Correction to name, date of birth (DOB), or Social Security number (SSN)	Marketplace
Increase or decrease in income	Marketplace
Communication preferences: <ul style="list-style-type: none"> • Email address • Phone number • Language preferences • Add or remove phone text alert • Mailing of paper notices 	Marketplace and Issuer

Consumers report changes from within their accounts



The screenshot shows the HealthCare.gov website interface. The top navigation bar includes the HealthCare.gov logo, 'Learn', 'Get Insurance', and user information for 'SUSAN' with a 'Logout' button and a 'Español' language option. Below this is a dark blue banner with the Alabama state logo and a 'HELP' button. A secondary banner indicates the user is viewing a '2014 application for Individuals & Families (ID#: 95870455)' with a 'View all applications' link.

The main content area is divided into a left sidebar and a main panel. The sidebar contains a list of links: 'My plans & programs', 'Eligibility & appeals', 'Applications details', 'Report a life change' (highlighted with a red arrow), 'Communication preferences', and 'Authorized users'. The main panel is titled 'Report a life change' and includes a question: 'Do you want to report a change in circumstances that may qualify you or your dependents for a Special Enrollment Period?'. Below this is a section titled 'What kinds of changes should be reported?' with explanatory text and a list of examples. A green 'REPORT A LIFE CHANGE' button is prominently displayed. At the bottom, a light blue box provides instructions on when to report changes. A 'Live Chat' button is visible in the bottom right corner.

Report a life change

Do you want to report a change in circumstances that may qualify you or your dependents for a Special Enrollment Period?

What kinds of changes should be reported?

Changes in your household or income can affect the programs you qualify for to lower costs on health coverage. As soon as you have a change, come back here to report it.

Here are some examples of the changes you should report:

- Change in citizenship or immigration status
- Add or remove members of household
- Change status as American Indian/Alaska Native, or member of federally recognized tribe
- Marriage, birth or adoption
- Gain or loss of health coverage

REPORT A LIFE CHANGE

Start reporting life changes after you complete an application, or make changes on the application you've already started. You can also remove the application and start over.

Live Chat


Consumers see the changes they can report

Report a life change

What kind of change do you want to make?

- ☐ Report an enrolled person moving out-of-state
- ☐ Add or remove member of household
- ☐ Change application information (You'll see a detailed list of changes in addition to the ones below)
 - Get help paying for health coverage
 - Change a name, member of household, or other personal information
 - Report marriage, birth or adoption
 - Report a new job and/or change in income
 - Change a member of your household on tax return
 - Report a gain or loss of health coverage
 - Report moving within the same state to a different Zip code or county
- ☐ Change Marketplace contact information only
 - Email
 - Phone number
 - Add or remove phone text alert
 - Start or stop mailing of paper notices
- ☐ Change other contact information only
 - Home address within the same zip code and county
 - Mailing address
 - Update authorized representative
- ☐ I'm not sure if I need to report changes. I want to see the detailed list of changes


Changes to communication preferences are not sent to the issuer

 Florida

?

HELP

<

 2014 application for Individuals & Families (ID#: 96506511)

View all applications

- My plans & programs
- Eligibility & appeals
- Applications details
- Report a life change
- **Communication preferences**
- Authorized users

Communication preferences

All fields are required unless they're marked optional.

You can make changes to the way you get Marketplace information. The information on this screen was taken from your application.

Email address	ittelumemm-3951@yopmail.com	EDIT
Phone number	202-554-7416	EDIT
Second phone number		ADD
Notifications	<ul style="list-style-type: none">✖ Email✖ Text messages to 202-554-7416	EDIT
Notices	<ul style="list-style-type: none">✔ HealthCare.gov Message Center✖ Paper notices sent by mail to: a a, FL 33206	EDIT
Preferred spoken language	English	EDIT


5

Live Chat

Consumers reporting changes that affect eligibility enter a pre-populated version of their application

Individual Application - G x

← → ↻ 🏠 https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/individualApplication?appId=95870455#getStartedSummary 📄 ☆ ✖ 📱 ☰

 Alabama

Apply

Get Results

Get Coverage

🔍 HELP

Application ID: 95870455

↓ GET STARTED

✓ Privacy policy

✓ Contact information

✓ Help applying for coverage

✓ Help paying for coverage

5 Who needs coverage

○ FAMILY & HOUSEHOLD

○ ADDITIONAL INFORMATION

○ REVIEW & SIGN

Select "ADD A PERSON" below to add each member of your household who's applying for health coverage.

SUSAN GRIFFITH

EDIT REMOVE

Date of birth
01/01/1943

betty sue

EDIT REMOVE

Date of birth
01/01/1999

Relationship to SUSAN GRIFFITH
Son/daughter

+

ADD A PERSON

SAVE & CONTINUE

Live Chat 6

Consumers answer questions that determine their eligibility for an SEP

HC Individual Application - UI x

https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/individualApplication?appId=95870455#sepLostInsurance

Alabama Apply Get Results Get Coverage ? HELP

Application ID: 95870455


^ EDIT

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- + ADDITIONAL INFORMATION
- 1 Other questions
- REVIEW & SIGN

Did any of these people recently lose health coverage? *optional*

☒ SUSAN GRIFFITH

When did SUSAN GRIFFITH lose health coverage?



MM/DD/YYYY

☐ None of these people

SAVE & CONTINUE

Live Chat 7

Consumers answer questions that determine their eligibility for an SEP

Apply

Get Results

Get Coverage

Application ID: 96765971

✓ GET STARTED

✓ FAMILY & HOUSEHOLD

+ ADDITIONAL INFORMATION

1 Other questions

○ REVIEW & SIGN

Did any of these people recently lose health coverage? *optional*

☐ Jared Weaver
☐ Kiddo A
☐ None of these people

^ EDIT

Are any of these people losing health coverage in the next 60 days? *optional*

[Learn more about losing health coverage](#)

☒ Jared Weaver

When will Jared Weaver's health coverage end?

MM/DD/YYYY

☐ Kiddo A
☐ None of these people

SAVE & CONTINUE

Consumers review eligibility results and continue, if QHP eligible



Texas

✓ Apply

Get Results

Get Coverage

Eligibility results

[Learn more about your eligibility results](#)

Results based on your application (ID 96765971) submitted on 2014-04-16

Your application was received and has been processed.

Your detailed eligibility results are ready

Important: You don't qualify for a Special Enrollment Period. **You need to complete these 2 steps** before we can send your application changes to your plan:

1. **Review your eligibility results.** To do this, select "View Eligibility Results."
2. **Confirm your enrollment in your current plan, and adjust your tax credit amount,** if you qualify. To do this, select "Continue to Enrollment."

VIEW ELIGIBILITY RESULTS

CONTINUE TO ENROLLMENT

What should I do if I think my eligibility results are wrong?

If you don't agree with what you qualify for, you may be able to file an appeal.

Enrolled consumers confirm their current coverage, if not SEP eligible

You're not enrolled yet.

You must complete each step in order to enroll. Work at your own pace. You can come back to complete these tasks later.

You're not eligible for a Special Enrollment Period (SEP), so you'll stay enrolled in your current plan. You need to complete the tasks below, so we can send updates to your plan.

Complete each unlocked task below. You may need to update your tax credit usage. Once you've finished, select "Review & Confirm."

If you received a notice for a hardship exemption that may qualify you for Catastrophic coverage, please report this exemption(s) before you continue. This allows you to shop for Catastrophic health plans for the people who qualify. [Report an exemption](#)

Choosing a Health Plan

Answer questions about your household.

[? Explain this task](#)

LOCKED

Select a health insurance plan 1

[? Explain this task](#)

LOCKED

Set up your dental plan preferences (optional)

[? Explain this task](#)

LOCKED

Select a dental insurance plan 1 (optional)

[? Explain this task](#)

LOCKED

Review and confirm your coverage

[? Explain this task](#)

SET

Enrolled consumers confirm their current coverage, if not SEP eligible

Results

Enroll

<

Review & Confirm

✓

→

Confirm your plan choices

You must confirm your plan choices below in order to enroll.

Plan ID: 33602TX0460006

Health plan for
Kiddo A

Health plan monthly
premium

\$145.04

Estimated effective date

05/01/2014

Total \$145.04

Monthly premium total

CONFIRM

If consumers are eligible for a SEP, their eligibility notice will contain SEP eligibility language

Thank you for reporting a change in circumstance to the Marketplace.

What are the results of my application?

Review the table below with your eligibility results.

Family Member(s)	Results	Next Steps
Kiddo A	<ul style="list-style-type: none">Eligible for a special enrollment period	
Kiddo A	<ul style="list-style-type: none">Eligible to purchase health coverage through the Marketplace, but more information is needed	<ul style="list-style-type: none">Send the Marketplace more information

Example

- If the table above says you are eligible for a special enrollment period, June 14, 2014 is the last day to choose a health plan. To make a selection, visit HealthCare.gov/marketplace to compare health plans side by side, or call 1-800-318-2596 (TTY: 1-855-889-4325).

If consumers are eligible for a SEP, they can select from all QHPs available in their service area

The screenshot displays the ACA Marketplace Plan Selection interface. The top navigation bar includes tabs for 'Application', 'Eligibility Results', and 'Enroll'. Below this, a breadcrumb trail shows 'Select a health plan for Group 0', 'Eligible Plans', 'Saved Plans 0', and 'Compare plans 0'. A warning message states: 'If you confirm your plan today, your coverage start date will be 03/01/2014.' The main content area shows '6 health plans' with a 'Sort by ...' dropdown. The first plan listed is 'Blue Cross and Blue Shield of Alabama Blue Saver Bronze'. It includes a table of cost-sharing details and links for 'Details' and 'Enroll'. The second plan, 'Blue Cross and Blue Shield of Alabama Blue Value', is partially visible at the bottom. On the left, there are filters for plan types (Bronze, Silver, Gold, Platinum) and links for 'What do these mean?', '3 things to know about Marketplace health plans', and 'Learn more about the terms on this page'. At the bottom left, there are sections for 'Narrow your results:' and 'COSTS' with a link to 'Cost-sharing reduction plans'.

Plan Select - Select a Health Plan

https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/planCompare?a=95870455&g=6bba5cb9-1e33-4222-bb72-c6e94c90bd8a#planResults

Application Eligibility Results Enroll

SELECT A HEALTH PLAN FOR GROUP 0

Eligible Plans Saved Plans 0 Compare plans 0

HELP

If you confirm your plan today, your coverage start date will be 03/01/2014.

6 health plans Sort by ...

Blue Cross and Blue Shield of Alabama Blue Saver Bronze

Plan ID: 46944AL0460001
PPO | Bronze
National provider network

Monthly premium	Deductible	Out-of-pocket maximum	Copayments / Coinsurance
\$487.91/mo.	\$6,350 group total	\$6,350	No Charge After Deductible Primary doctor No Charge After Deductible Specialist doctor \$20 Generic prescription

☐ Compare ☐ Save

DETAILS
ENROLL

[Plan Brochure](#)
[Summary of Benefits](#)
[Provider directory](#)

Blue Cross and Blue Shield of Alabama Blue Value

☐ Compare ☐ Save

DETAILS
ENROLL

[Show more +](#)

What do these mean?

[3 things to know about Marketplace health plans](#)

[Learn more about the terms on this page](#)

Narrow your results:

COSTS

Cost-sharing reduction plans [CHANGE](#)

13 Live Chat

The consumer can adjust the amount of APTC, regardless of SEP eligibility

Plan Select - Set premium

Federal Poverty Guideline

https://imp1a.healthcare.gov/marketplace/auth/AR/en_US/planCompare?a=95563911#aptcAllocation

Application

Eligibility Results

Enroll

HELP

Set Premium Tax Credit

✓

✓

+

Set premium tax credit amount for SUSAN

SUSAN is currently eligible for **\$393 each month** (\$4,716 for the year).

Getting a new job, having a baby, or [other life changes](#) can affect the amount of your premium tax credit. Keep this in mind as you decide how much of your tax credit to use to lower your monthly premium.

Do you want to use all of your \$393 premium tax credit each month?

YES

NO

Change the tax credit amount you want to use each month by sliding the arrow on the bar OR typing an amount in the monthly tax credit box. You can use up to \$393 toward monthly premium (for the year) credit on your federal income tax return

Monthly usage:

\$393

\$0/month

\$393/month

$\$393/\text{month} \times 12 \text{ months} = \$4716 \text{ towards monthly premiums}$

$+ \$0 \text{ tax credit on your Federal tax return}$

\$4716 total premium tax credit

14

Live Chat

Once consumers select or confirm a plan, the Marketplace will automatically notify the insurance company of the confirmed plan

The screenshot shows a web browser window with the URL https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/planCompare?a=95870455#enrollmentComplete. The page has a dark blue header with a navigation bar containing three steps: 'Application' (completed), 'Eligibility Results' (completed), and 'Enroll' (current step). A 'HELP' link is in the top right. The main heading is 'Enroll to-do list'. Below it is a green success message: 'Congratulations! You've successfully completed all steps of your application. See below for next steps or return to [My Account](#).' The section 'Your Plans For SUSAN' displays a plan card for 'Blue Cross and Blue Shield of Alabama Blue Saver Bronze Health Insurance plan for SUSAN'. The card includes an orange warning box stating that the first month's premium must be paid by the due date to activate coverage. Below this, it lists the submission details: 'Submit Payment to Blue Cross and Blue Shield of Alabama' with an amount due of \$487.91, the customer service number 18882672955, and an estimated effective date of 03/01/2014. A green button labeled 'PAY FOR HEALTH PLAN' is at the bottom of the card. The footer shows the page number 15 and a 'Live Chat' button.

Plan Select - Enrollment T x

← → ↻ 🏠 https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/planCompare?a=95870455#enrollmentComplete 📄 ⭐ ⚙️ ☰

Application Eligibility Results Enroll ? HELP

Enroll to-do list

Congratulations!
You've successfully completed all steps of your application. See below for next steps or return to [My Account](#).

Your Plans

For **SUSAN**

Blue Cross and Blue Shield of Alabama Blue Saver Bronze Health Insurance plan for SUSAN

To activate your new coverage, you must pay your first month's premium by your plan's due date. Your plan will contact you in the next few days with details on how to pay, or visit your health plan online to make your payment now if your plan accepts online payment. Your payment must be received and processed by the effective date to be fully enrolled. Contact the plan's customer service if you have any payment questions or issues. Don't send payment to the Health Insurance Marketplace.

Submit Payment to Blue Cross and Blue Shield of Alabama
Amount Due: **\$487.91**
Your plan will confirm your final premium amount with you.
Estimated Effective Date: **03/01/2014**

CUSTOMER SERVICE:
18882672955

PAY FOR HEALTH PLAN

15
Live Chat

Consumers can see their existing and past enrollments under My plans & programs

The screenshot displays the HealthCare.gov 'My Account' interface. At the top, the browser address bar shows the URL: https://imp1a.healthcare.gov/marketplace/auth/AL/en_US/myAccount?appId=95870455&type=INDV. The HealthCare.gov logo is on the left, and navigation links for 'Learn' and 'Get Insurance' are in the center. The user's name 'SUSAN' and a 'Logout' link are on the right, along with a 'Español' language option.

Below the navigation bar, a dark blue banner displays the state logo for Alabama and the text '2014 application for Individuals & Families (ID#: 95870455)', with a 'View all applications' link on the right.

The main content area features a sidebar on the left with the following links:

- My plans & programs
- Eligibility & appeals
- Applications details
- Report a life change
- Communication preferences
- Authorized users

The central 'MY COVERAGE' section contains two enrollment entries:

Plan Name	Status
Blue Cross and Blue Shield of Alabama Blue Saver Bronze	Initial enrollment
Blue Cross and Blue Shield of Alabama Blue Saver Bronze	Terminated

Below the coverage section is a prominent blue button labeled 'PAY YOUR FIRST PREMIUM'.

A section titled 'Need to remove your application?' provides instructions: 'You may need to remove this application if there were errors or issues that stopped you from editing, completing, or submitting it. Then you can start over with a new, blank application. [Learn more before removing this application.](#)'

In the bottom right corner, there is a 'Live Chat' button and the page number '16'.

Coverage effective dates

SEP Event	QHP Effective Date
Loss of coverage	If loss of coverage is in the past, 1 st of the month following QHP selection. If loss is in the future, 1 st of the month following the loss of coverage
Marriage	1 st of the next month following plan selection
Denial of Medicaid or CHIP	
Birth, Adoption, Foster Care	Date of birth, adoption, placement for adoption or placement in foster care
Gaining lawfully present status	Within 1 st 15 days of the month: 1 st of the month On or after 16 th of the month: 1 st of the month after next
Newly eligible or ineligible for APTC, change in cost share reductions	
Moving & Incarceration Release	
Native American status	