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Report Household Changes

Why Is Reporting Changes Important?

You can only purchase new, or change existing, health insurance plans during **Open Enrollment** unless you have changes, referred to as **Qualified Life Change Events (QLCE)**, that qualify to open a **Special Enrollment Period (SEP)**.

November 1 — January 15 is Colorado's annual Open Enrollment period which is longer than the federal open enrollment in many states.

A **SEP** is a 60-day period to enroll in new, or make changes to existing, Connect for Health Colorado plans at anytime throughout the year (not just during Open Enrollment). Some changes **may affect the coverage or tax credit for which you are eligible**.

- ◇ If your income goes up or you lose a household member you may qualify for less tax credit than you're receiving. If you don't report the change, you could have to pay money back when you file your federal tax return.
- ◇ If your income goes down or you gain a household member you could qualify for more tax credit than you're receiving. This could lower what you pay in monthly premiums or you could qualify for free or low-cost coverage through Medicaid or the Children's Health Plan Plus (CHP+).

What Changes Do I Need to Report?

Corrections to **name, date of birth, or Social Security number**.

Changes to your **expected income** for the year.

Changes in **health coverage** such as someone in your household receiving an offer of job-based insurance (even if they don't enroll in it), coverage from a public program like Medicaid or Medicare, or losing job-based coverage or Medicaid.

Changes to your **household** or its members:

- ◇ Birth or adoption
- ◇ Pregnancy, marriage, divorce or death
- ◇ A child on your plan turning 26
- ◇ Changes in status such as disability, tax-filing, citizenship, immigration or incarceration

When Do I Need to Report Changes?

For Marketplace insurance, changes are required to be reported within **30 days**, but **Qualifying Life Change Events (QLCE)** may be reported up to 30 days in advance of event, and plans purchased for up to **60 days after the event date**.

Maintain Seamless Coverage

What Happens If Eligibility Changes?

If there is a change in APTC or CSR amounts, options include:

- ◇ Remain in current plan with revised APTC/CSR
- ◇ Purchase a new plan or make changes to current plan **within a 60-day SEP**

If Marketplace-eligible but no longer eligible for APTC/CSR, options include:

- ◇ Continue with or make changes to current plan without financial assistance, purchase a new plan without financial assistance, or cancel existing plan — **within a 60-day SEP**

If public health insurance-eligible, options include:

- ◇ Automatic enrollment in Health First Colorado (Medicaid) or CHP+ (which may require an enrollment fee)
- ◇ Continue with existing Marketplace plan without financial assistance, and Medicaid as a second payer

Marketplace plans have to be actively cancelled, by contacting Connect for Health Colorado, including when automatically enrolled in public health insurance. Premium payments are required until a plan is cancelled. Reasons to cancel plans include items such as:

- ◇ Gaining employer-sponsored coverage through a new job or marriage
- ◇ A life change resulting in Medicaid/CHP+ eligibility
- ◇ A child aging out of tax household
- ◇ Gaining Medicare coverage

How Are Changes Reported?

Report changes to **Connect for Health Colorado**:

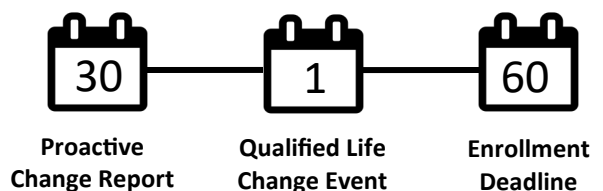
- ◇ Online: www.connectforhealthco.com
- ◇ By Phone: 1-855-752-6749
- ◇ In-Person: Health Coverage Guide, and/or Certified Application Counselor, Certified Broker

When Does New Coverage Start?

If you are enrolling in a new plan because you lost **Minimum Essential Coverage (MEC)**, such as losing employer-sponsored coverage or reporting a change that disqualifies you from Medicaid, to avoid a gap in coverage you must enroll in a new plan **before the loss of MEC**.

If you enroll **after the loss of MEC**, coverage begins on the 1st day of the month **after plan selection**.

A loss of **Minimum Essential Coverage (MEC)** can be reported up to 60 days in advance.



To avoid a gap in coverage, enroll in a health plan prior to loss of coverage.
For a complete list of QLCEs go to ConnectforHealthCO.com