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About

Shop and Compare

Apply

Get Help

Home › Individuals and Families › Getting Covered › Special Enrollment › Qualifying Life Events

## Qualifying Life Events for Special Enrollment

To enroll in coverage outside of Covered California's open-enrollment period, consumers must experience a "qualifying life event." Many different types of qualifying life events are described in the chart below. If consumers experience a qualifying life event, they can enroll in a Covered California health insurance plan outside of the normal open enrollment period. Most special enrollment periods last 60 days from the date of the qualifying life event.















**In most cases, consumers must report changes and select a plan within 60 days of the qualifying life event** to purchase a Covered California health insurance plan, or change an existing plan, outside of open enrollment. Medi-Cal is available all year, and no qualifying life event or special enrollment period is required to enroll in Medi-Cal.

### Applying Online

When consumers apply for coverage, they will need to select a qualifying life event from a drop-down menu and will be asked the date of the event. The chart below will help you answer those questions. If you have additional questions about whether you qualify for a special enrollment period, call the Covered California Service Center at (800) 300-1506 and speak to a Service Center Representative.

### Qualifying Life Events

Qualifying Life Event in the Online Application Drop-Down Menu	How to Enter the Date of the Event
<p><b>Lost or will soon lose my health insurance</b> Examples:</p> <ul style="list-style-type: none"> <li>You lose Medi-Cal coverage.</li> <li>You lose your employer-sponsored coverage.</li> <li>Your COBRA coverage is exhausted. Note: Not paying your COBRA premium is not considered loss of coverage.</li> <li>You are no longer eligible for student health coverage.</li> <li>You turn 26 years old and are no longer eligible for a parent's plan.</li> <li>You turn 19 years old and are no longer eligible for a child-only plan.</li> </ul>	Enter the date of the loss of coverage
<p><b>Permanently moved to/within California</b> Examples:</p> <ul style="list-style-type: none"> <li>You move to California from out of state.</li> </ul>	Enter the date of the permanent move

- Quick Links
- Coverage Basics 
- Covered California Health Plans 
- Prescription Drugs 
- Special Enrollment 
- Covered California Acceptable Documents for Verification 
- Eligibility and Immigration 
- The Application Process 
- Health Care Costs and Getting Help Paying for Coverage 
- The Tax Penalty for Remaining Uninsured 
- Dental Coverage 
- Vision Coverage 
- Health Coverage Options for Pregnant Women 
- Medi-Cal for Low-Income Individuals and Families 
- Special Circumstances 

<ul style="list-style-type: none"> <li>You move within California and gain access to at least one new Covered California health insurance plan.</li> </ul>	
<p><b>Had a baby or adopted a child</b>                  (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.)                  Examples:</p> <ul style="list-style-type: none"> <li>A child is born, adopted or received into foster care. The entire family can use the special enrollment period to enroll in coverage.</li> <li>If you place your child for adoption or foster care, you can use a special enrollment period to enroll in coverage.</li> </ul>	Enter the date of birth, adoption or foster placement
<p><b>Got married or entered into domestic partnership</b>                  Example:</p> <ul style="list-style-type: none"> <li>One or both members of the new couple can use the special enrollment period to enroll in coverage.</li> </ul>	Enter the date on the marriage or domestic partnership license
<p><b>Returned from active duty military service</b>                  Example:</p> <ul style="list-style-type: none"> <li>You have lost coverage after leaving active duty, reserve duty, or the California National Guard.</li> </ul>	Enter the date you returned from active duty
<p><b>Released from jail or prison</b></p>	Enter the date of release
<p><b>Gained citizenship/lawful presence</b>                  Example:</p> <ul style="list-style-type: none"> <li>You become a citizen, national, or permanent legal resident.</li> </ul>	Enter the date on the immigration document
<p><b>Federally Recognized American Indian/Alaska Native</b>                  Example:</p> <ul style="list-style-type: none"> <li>If you are a member of a federally recognized American Indian tribe, you can enroll at any time and change plans once per month.</li> </ul>	Enter the date you apply for Covered California
<p><b>Other qualifying life event</b>                  Examples:</p> <ul style="list-style-type: none"> <li>You are already enrolled in a Covered California plan and become newly eligible or ineligible for tax credits or cost-sharing reductions.</li> <li>You are already enrolled in a Covered California plan and you lose a dependent or lose your status as a dependent due to divorce, legal separation, dissolution of domestic partnership, or death.</li> <li>Misconduct or misinformation occurred during your enrollment, including:</li> <li>An agent, certified enroller, 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</li> </ul>	Enter the date you apply for Covered California

failed to calculate premium assistance for which you were eligible.

- 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 verification 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 and your dependents, if any, are victims of domestic abuse or spousal abandonment (please select "Other qualifying life event" in the drop-down menu and "Single" or "Head of Household" in the "Personal Data-Tax Information" section of the application).
- 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 dependent.
- You lose "share of cost" Medi-Cal coverage by reaching your share of cost.
- You are a member of AmeriCorps/VISTA/National Civilian Community Corps:
  - 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 non-calendar year health plan (including "grandfathered" and "non-grandfathered" health insurance plan) outside of Covered California that has expired or will soon expire, 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:
  - Pregnancy
  - Terminal illness

<ul style="list-style-type: none"> <li>• An acute condition</li> <li>• A serious chronic condition</li> <li>• The care of a newborn child between birth and age 36 months</li> <li>• A surgery or other procedure that will occur within 180 days of the termination or start date.</li> </ul>	
<p><b>None of the above (Continue to review my application for Medi-Cal/Medi-Cal Access Program)</b></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 (MCAP) 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 and MCAP.</p>	<p>Enter the date you apply for Covered California</p>

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