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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>Lost or will soon lose my health insurance <i>Examples:</i></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 parent's 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>

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<p>Permanently moved to/within California <i>Examples:</i></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>/getting-covered/vision)</p> <p>Health Coverage Options for Pregnant Women (/individuals-and-families/getting-covered/pregnant-women)</p> <p>Health Plan Quality Ratings (/individuals-and-families/quality-ratings/)</p>
<p>Had a baby or adopted a child If you receive a child in foster care, you will need to indicate "adopted a child" in the drop-down menu when you apply. <i>Examples:</i></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. 	<p>Enter the date of birth, adoption or foster placement</p>	
<p>Got married or entered into domestic partnership <i>Example:</i></p> <ul style="list-style-type: none"> One or both members of the new couple can use the special enrollment period to enroll in coverage. 	<p>Enter the date on the marriage or domestic partnership license</p>	
<p>Returned from active duty military service <i>Example:</i></p> <ul style="list-style-type: none"> You have lost coverage after leaving active duty, reserve duty, or the California National Guard. 	<p>Enter the date you returned from active duty</p>	
<p>Released from jail or prison</p>	<p>Enter the date of release</p>	
<p>Gained citizenship/lawful presence <i>Example:</i></p> <ul style="list-style-type: none"> You become a citizen, national, or permanent legal resident. 	<p>Enter the date on the immigration document</p>	
<p>Federally Recognized American Indian/Alaska Native <i>Example:</i></p> <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. 	<p>Enter the date you apply for Covered California</p>	



Other qualifying life event*Examples:*

- You are already enrolled in a Covered California plan and become newly eligible or ineligible for tax credits or cost-sharing reductions.
- 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.
- Misconduct or misinformation occurred during your enrollment, including:
- 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 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

Enter the date

you apply for

Covered

California



"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
 - 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.

None of the above (Continue to review my application for Medi-Cal/Medi-Cal Access Program)

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.

Enter the date you apply for Covered California



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