



SPECIAL ENROLLMENT PERIOD (SEP) For Individual/Family Plans (IFP)

A SEP is a time period ‘initiated’ or ‘triggered’ by a defined event that is unique to an individual. During this limited, defined period, an individual may enroll for health insurance in the Individual/Family Plan (IFP) market on or off “The Health Insurance Marketplace”.

- A ‘Triggering Event’ is a defined event or circumstance that results in an individual being given the opportunity to purchase health insurance on or off “The Health Insurance Marketplace”. This is oftentimes referred to as a “qualifying life event” or QLE.

Rules of the SEP

A QLE will trigger a Special Enrollment Period for the applicant:

- QLE events have been defined by the federal government.
- Members must submit verifiable documentation a triggering event occurred; to include the date of event.
 - Applications without a verified documentation defining the triggering event will be withdrawn.
 - Federal rules define the ‘window’ when an application may be submitted.
 - Federal rules determine the effective date.

Open Enrollment for Individual/Family Plans (IFP) ended on March 31, 2015.

Effective April 1, 2015, individuals must experience a “trigger” known as a Qualifying Life Event (QLE) to be eligible to enroll for coverage during a Special Enrollment Period (SEP).

Individuals who experience a QLE and are currently enrolled through the Marketplace, or wish to enroll as a new applicant on the Marketplace, must go directly to the Marketplace. To determine the impact on any financial assistance with Advance Premium Tax Credits and/or cost sharing reductions all changes that impact eligibility and circumstances must be made directly with the Marketplace.

The enrollment process for Off Marketplace plans during SEP will be similar to enrollment during Open Enrollment except a QLE and QLE Date will be required when requesting a quote.



Special Enrollment Period (SEP): In most situations, the SEP window is 60 days from the date of the event; however, pre-ACA IFP plan renewals outside the Open Enrollment period have 60 days prior and 60 days after the plan renewal date for a SEP. To be eligible for coverage, the individual must enroll during the SEP window. Individuals, who don't have a QLE and qualify for an SEP, will not be able to purchase coverage until the next Open Enrollment period begins on November 1, 2015.

Some of the QLEs are as follows:

as of 6/30/2015

| Life Event | SEP Window | Types of Acceptable QLE Documentation | Effective Date (subject to review): | Additional Information |
|------------|--------------------|---|--|--|
| Birth | 60 days from event | <ul style="list-style-type: none"> Birth certificate Legal document showing birth | Date of Birth | <ul style="list-style-type: none"> All family members are eligible for the SEP Pregnancy is not a QLE and will not be eligible until after the birth of the child. However, pregnancy may make an individual eligible for Medicaid, and Medicaid eligibility may be pursued. If the "child" is applying as a child only applicant, the effective date is the DOB. |
| Adoption | 60 days from event | <ul style="list-style-type: none"> Legal document showing adoption | Date of Adoption | All family members are eligible for the SEP |
| Marriage | 60 days from event | <ul style="list-style-type: none"> Marriage certificate | 1 st of the following month from application submission | All family members are eligible for the SEP |



| Life Event | SEP Window | Types of Acceptable QLE Documentation | Effective Date (subject to review): | Additional Information |
|---|---|--|--|---|
| <p>Loss of employer-sponsored health insurance, as a result of</p> <ul style="list-style-type: none"> Termination of employment Employer reduces work hours to the point where no longer covered by the health plan Employer's plan decides it will no longer offer coverage to a certain group of individuals for example, those who work part time) Termination of employer contributions | 60 days from event (last day of coverage) | <ul style="list-style-type: none"> Letter from employer on company letterhead Certificate of Credible Coverage from former insurance | 1 st of the following month from application submission | <p>A SEP is not available in the following circumstances:</p> <ul style="list-style-type: none"> Voluntarily quitting other health coverage or being terminated for not paying premiums Losing coverage that is not considered minimum essential coverage (example: Limited Benefit Plan). See separate event for termination of STM coverage. <p>If offered COBRA coverage, individual is not required to take the coverage.</p> <ul style="list-style-type: none"> If applying after 7/1/15 - if enrolled in COBRA, they must exhaust COBRA (or enter Open Enrollment period) before eligible for a QLE. Voluntarily dropping COBRA after enrollment is not a QLE. |
| Loss of coverage for a dependent child who has reached the dependent limiting age | 60 days from event (last day of coverage) | <ul style="list-style-type: none"> Letter documenting loss of coverage due to dependent status | 1 st of the following month from application submission | |



| Life Event | SEP Window | Types of Acceptable QLE Documentation | Effective Date (subject to review): | Additional Information |
|--|---|--|--|---|
| Exhaustion of COBRA | 60 days PRIOR to or 60 days AFTER event (last day of coverage) | <ul style="list-style-type: none"> • COBRA letter documenting date ended and all who had the coverage | 1 st of the following month from application submission | <ul style="list-style-type: none"> • If <u>offered</u> COBRA coverage, individual is not required to take the coverage. • If <u>enrolled</u> in COBRA, they must exhaust COBRA (or enter Open Enrollment period) before eligible for a QLE. (Voluntarily dropping COBRA after enrollment in NOT a QLE.) A qualified individual or his/her dependent may report a loss of coverage in order to receive a special enrollment period to enroll in coverage through the Marketplace up to 60-days in advance of the event or within 60-days after the date of event.” <p>A consumer whose COBRA is expiring 5/31 could have reported it on 4/1 and received a 6/1 effective date, reported it on 6/18 and received a 7/1 effective date, or reported it on 7/30</p> |
| Loss of eligibility for Medicaid or CHIP | 60 days from event (last day of coverage) | <ul style="list-style-type: none"> • Termination letter documenting date of loss of coverage | 1 st of the following month from application submission | |
| Divorce/Legal Separation | 60 days from event (last day of coverage) | <ul style="list-style-type: none"> • Divorce decree • Custody decree • Legal document | 1 st of the following month from application submission | A court order to provide health insurance for a child is not , by itself, a QLE. There must be an underlying event like loss of coverage to make the child eligible for an SEP. |



| Life Event | SEP Window | Types of Acceptable QLE Documentation | Effective Date (subject to review): | Additional Information |
|--|---|--|--|------------------------|
| Loss of retiree coverage due to former employer filing for bankruptcy protection | 60 days from event (last day of coverage) | <ul style="list-style-type: none"> Legal document | 1 st of the following month from application submission | |
| Death of the policyholder | 60 days from event | <ul style="list-style-type: none"> Copy of death certificate Obituary | 1 st of the following month from application submission | |
| Incur a claim that meets or exceeds a lifetime limit on all benefits under existing coverage | 60 days from event | <ul style="list-style-type: none"> Copy of letter from former carrier | 1 st of the following month from application submission | |
| Gaining status as a citizen, national or lawfully present individual | 60 days from event | <ul style="list-style-type: none"> Document showing official stamp of citizenship | Follows Open Enrollment logic. <ul style="list-style-type: none"> App submitted: 1st - 15th of the month; Effective date = 1st of the following month App submitted: 16th - last day of the month; Effective date = 1st of the subsequent month | |

| Life Event | SEP Window | Types of Acceptable QLE Documentation | Effective Date (subject to review): | Additional Information |
|-------------------------------------|--------------------|--|--|------------------------|
| No longer incarcerated | 60 days from event | <ul style="list-style-type: none"> Certified letter documenting release date | Follows Open Enrollment logic. <ul style="list-style-type: none"> App submitted: 1st - 15th of the month; Effective date = 1st of the following month App submitted: 16th - last day of the month; Effective date = 1st of the subsequent month | |
| Discharge from active military duty | 60 days from event | <ul style="list-style-type: none"> Forwarded letter documenting departure date from active duty | Follows Open Enrollment logic. <ul style="list-style-type: none"> App submitted: 1st - 15th of the month; Effective date = 1st of the following month App submitted: 16th - last day of the month; Effective date = 1st of the subsequent month | |



| Life Event | SEP Window | Types of Acceptable QLE Documentation | Effective Date (subject to review): | Additional Information |
|---|--|--|--|---|
| Loss of coverage due to a permanent move outside of the plan's service area | 60 days from event | <ul style="list-style-type: none"> Copy of forwarded letter, utility bill or rental/lease agreement | Follows Open Enrollment logic. <ul style="list-style-type: none"> App submitted: 1st - 15th of the month; Effective date = 1st of the following month App submitted: 16th - last day of the month; Effective date = 1st of the subsequent month | Individual must have lost coverage due to the move. If no coverage in place, a move is not a QLE. |
| Renewal of a pre-ACA individual plan during 2014 | 60 days prior to renewal date and 60 days after the renewal date of the policy | <ul style="list-style-type: none"> Carrier letter documenting date of which current coverage will end | 1 st of the following month from application submission | <ul style="list-style-type: none"> Includes grandfathered and non-grandfathered plans. |
| Termination of Short Term Medical (STM) plan | 60 days from event (last day of coverage) | <ul style="list-style-type: none"> Copy of forwarded letter documenting termination | 1 st of the following month from application submission | <ul style="list-style-type: none"> SoloCare will accept this as a QLE for Off Marketplace enrollments. For On Marketplace enrollments, the consumer should attempt enrollment, but the Marketplace may not accept this as a QLE as STM plans do not meet the definition of Minimum Essential Coverage. If plan is month to month (vs. a set term date), Eligibility will verify ability to cancel and will allow enrollment |



| Life Event | SEP Window | Types of Acceptable QLE Documentation | Effective Date (subject to review): | Additional Information |
|--|---|--|--|---|
| Beginning or Concluding Service in the AmeriCorps State and National, VISTA or NCCC programs | 60 days from event (last day of coverage) | <ul style="list-style-type: none"> Legal document showing dates ending or beginning service | Follows Open Enrollment logic. <ul style="list-style-type: none"> App submitted: 1st - 15th of the month; Effective date = 1st of the following month App submitted: 16th - last day of the month; Effective date = 1st of the subsequent month | |
| Ineligible for Basic Plan | N/A | <ul style="list-style-type: none"> Document or letter showing ineligibility | Follows Open Enrollment logic. <ul style="list-style-type: none"> App submitted: 1st - 15th of the month; Effective date = 1st of the following month App submitted: 16th - last day of the month; Effective date = 1st of the subsequent month | <ul style="list-style-type: none"> Individuals who enrolled in a SoloCare plan Off Marketplace during Open Enrollment and who then determine they are not eligible for the plan (under 30 or no financial hardship) may apply for a new plan outside of Open Enrollment. Eligibility will terminate existing plan when new plan is effective. |



| Life Event | SEP Window | Types of Acceptable QLE Documentation | Effective Date (subject to review): | Additional Information |
|---|----------------------------------|--|-------------------------------------|--|
| <p>Change in income that affects eligibility for tax credits (APTC) or cost-sharing reductions (CSR)</p> | <p>60 days from event</p> | <ul style="list-style-type: none"> Copy of W2 or paystubs | <p>Determined by Marketplace</p> | <p>Applies only to individuals who are already enrolled in coverage. If individual elected not to enroll in coverage during OEP, a change in income will not result in an SEP.</p> <p>Includes individuals whose existing employer-sponsored coverage will no longer be affordable or provide minimum value.</p> |
| <p>Exceptional circumstances as defined by the Marketplace, includes:</p> <ul style="list-style-type: none"> Enrollment or non-enrollment in a plan is unintentional or erroneous and is the result of an error/misrepresentation or inaction of an agent of the Marketplace Individual demonstrates to the marketplace that the plan in which they are in rolled substantially violated a material provision | <p>Determined by Marketplace</p> | <p>Determined by Marketplace</p> | <p>Determined by Marketplace</p> | <p>Only the Marketplace can grant this QLE.</p> |



| Life Event | SEP Window | Types of Acceptable QLE Documentation | Effective Date (subject to review): | Additional Information |
|---|---------------------------|--|--|------------------------|
| Indians (as defined in the Indian Health Care Improvement Act) may enroll in a plan or change from one plan to another one time per month | N/A | <ul style="list-style-type: none"> Legal document | Determined by Marketplace | |
| Custody Change | Determined by Marketplace | <ul style="list-style-type: none"> Copy of child support order Other legal documentation | 1 st of the following month from application submission | |

For a complete list and more information about QLEs and SEPs for On Marketplace enrollments, please visit www.healthcare.gov.

An SEP is not available in the following circumstances:

- Voluntarily quitting other health coverage or being terminated for not paying premiums,
- Losing coverage that is not considered minimum essential coverage.

In addition to the above items, Life Events specific to individuals already enrolled in Marketplace coverage:

- A change in income or household status that affects eligibility for tax credits or cost-sharing reductions
- Exceptional circumstances as defined by the Marketplace

Language Assistance

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Alliant Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (800) 811-4793.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Alliant Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi (800) 811-4793.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Alliant Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는(800) 811-4793 로 전화하십시오.

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱Alliant Health Plans]方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 (800) 811-4793]。

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કોલ કરો (800) 811-4793.

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Alliant Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (800) 811-4793.

አርሰዎ፣ ወይም አርሰዎ የሚገለገሉት ስለ Alliant Health Plans ጥያቄዎች ላይ ያለ ምንም ክፍያ በቋንቋዎ አርዳኛ ማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለማግኘት፣ (800) 811-4793 ይደውሉ።

यदि आपके, या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Alliant Health Plans के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी भाषण से बात करने के लिए, (800) 811-4793 पर कॉ करें।

Si oumenm oswa yon moun w a pe de gen kesyon konsènan Alliant Health Plans, se dwa w pou resewwa asistans a kenfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan (800) 811-4793.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Alliant Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (800) 811-4793.

هي ان و دن م لفت غلب هير ووض ات ام و ل ع مل او د ع مل مل اى ل ع ل و ح ل ايف ق ح ل الف ي دلف ، Alliant Health Plans م ص و ح ب ل ع ن ا ه د ع ل م ل ع ن ش ي دل و ا ل ف ي د ل ن ك ن ا م ج ر ت م ع م ث د ح ل ل . ق ل ك ت (800) 811-4793 ب ل ط ر ت ا م ج ر ت م ع م ث د ح ل ل .

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Alliant Health Plans, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (800) 811-4793.

ار دوخ ن لبز هبت اع الط ا و ك هك نير اد ار ني اقح نيش لب نقش اد ، Alliant Health Plans دروم رد ل اوس ، نيركي ك ك و ا ه ب اش هكويرك لي ، اش رگ ا نوي امن ل ه ا ح س ا ه ب (800) 811-4793 نوي امن ل ه ا ح س ا ه ب

Falls Sie oder jemand, dem Sie helfen, Fragen zum Alliant Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (800) 811-4793 an.

ご本人様、またはお客様の身の回りの方でも Alliant Health Plans についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、(800) 811-4793までお電話ください。

TTY/TDD

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-(800) 811-4793 (TTY/TDD: 1-(800) 811-4793).

Non Discrimination

Alliant Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alliant Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Alliant Health Plans cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Alliant Health Plans tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Alliant Health Plans 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Alliant Health Plans 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障 或性別而歧視 任何人。

Alliant Health Plans बागु पडता समवायी नागरिक अधिकार कायदा साथे सुसंगत छे अने जाति, रंग, राष्ट्रीय मूल, उमर, अशक्तता अथवा विंगना आधारे भेदभाव राखवामा आवतो नथी.

Alliant Health Plans respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

Alliant Health Plans የፌዴራል ሲቪል መብቶችን መብት የሚያከብር ሲሆን ሰዎችን በዘር፣ በቆዳ ቀለም፣ በዘር ሃረግ፣ በእድሜ፣ በአካል ጉዳት ወይም በጾታ ማንኛውንም ሰው አያገልግም።

Alliant Health Plans लागू होने योग्य संघीय नागरिक अधिकार कानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

Alliant Health Plans konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

Alliant Health Plans соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

الجنس أو الإعاقة أو السن أو الوطني الأصل يلتزم Alliant Health Plans أو اللون أو العرق أساس على يميز وال بها المعمول الفدرالية المدنية الحقوق بقوانين

Alliant Health Plans cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base naraça, cor, nacionalidade, idade, deficiência ou sexo.

جنسیت یا ناتوانی سن، ملیتی، اصلیت پوست، رنگ نژاد، اساس بر تبعیضی هیچگونه Alliant Health Plans و کند می تبعیت مربوطه فدرال مدنی حقوق قوانین از شود نمی قابل افراد

Alliant Health Plans erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab.

Alliant Health Plansは適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。