Enrolling during a special enrollment period

What is special enrollment?

In general, you can only change or apply for health care coverage during the standard annual open enrollment period. However, if you have what’s called a “triggering event,” you can also enroll or change your coverage during a special enrollment period.

Examples of triggering events include getting married, having a baby, and losing coverage because you lost your job. Even if you have a triggering event during open enrollment, you’ll still have a special enrollment period and your coverage may start on a different date than the standard open enrollment effective dates. See the chart on page 3 for the effective dates for coverage.

From the date of your triggering event, the special enrollment period generally lasts 60 days. That means you have 60 days to change or apply for coverage for you or your dependents.

If you have advance notice

If your triggering event is a loss of coverage that you know about in advance, you may be able to apply for new coverage ahead of time. In this case, you have 60 days before and 60 days after you lose coverage to apply. For example, if you know you’ll be laid off from your job, you can apply up to 60 days before you lose coverage.

If COBRA is available from your former employer, you can continue your employer coverage through COBRA or enroll in an individual or family plan.

In some cases, if there’s a problem with your enrollment or an issue with a plan contract, Connect for Health Colorado determines the length of the special enrollment period.

See pages 4–7 for detailed information on triggering events.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.
What is minimum essential coverage?

This is insurance that meets the requirement under health care reform that everyone must have a certain level of health care coverage. As long as you have minimum essential coverage, you won’t have to pay a tax penalty for being uninsured.

While almost all Kaiser Permanente plans meet this requirement, there are also other options. Examples include:

- Connect for Health Colorado plans
- Health plans offered through an employer or an employee organization such as a union
- Most individual plans bought outside Connect for Health Colorado
- Most Health First Colorado plans (Colorado’s Medicaid program)
- Child Health Insurance Plan (CHIP)
- TRICARE
- COBRA
- Certain other kinds of coverage

Visit [healthcare.gov](http://healthcare.gov) for more information.

Do I qualify for federal financial assistance?

You may qualify for financial assistance from the federal government to help pay your premiums or out-of-pocket expenses. To qualify, you must enroll in your Kaiser Permanente plan or any non-Kaiser Permanente plan through Connect for Health Colorado.

To learn more about Connect for Health Colorado and the requirements for special enrollment periods and triggering events, visit [connectforhealthco.com](http://connectforhealthco.com) or call 1-855-PLANS-4-YOU (1-855-752-6749). You can also call us at **1-800-494-5314**. (For TTY, call **711**.) We can help you apply for a Kaiser Permanente plan on Connect for Health Colorado, too.
# What is my effective date?

The date your coverage starts will depend on the kind of triggering event you have. Use the chart below to see which effective date applies to you.

<table>
<thead>
<tr>
<th>Type of event</th>
<th>Date we receive your application or Account Change Form</th>
<th>Effective date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiencing any of these changes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Loss of health care coverage</td>
<td>On or before last date of coverage</td>
<td>First day of the month following the last date of coverage</td>
</tr>
<tr>
<td>- Change in eligibility for employer health coverage</td>
<td>After loss of coverage or change in employer coverage: between the 1st and the 15th of the month following the triggering event</td>
<td>First day of the following month</td>
</tr>
<tr>
<td>Details on pages 4–7.</td>
<td>After loss of coverage or change in employer coverage: between the 16th and the last day of the month</td>
<td>First day of the second following month</td>
</tr>
<tr>
<td>Gaining or becoming a dependent through marriage or civil union</td>
<td>On or before the event</td>
<td>Date of the event</td>
</tr>
<tr>
<td>Details on page 5.</td>
<td>Any day of the month after the event</td>
<td>First day of the month following receipt of application or Account Change Form</td>
</tr>
<tr>
<td>Gaining a dependent through birth, adoption, foster care, or placement for adoption or foster care</td>
<td>Any day of the month</td>
<td>Date of birth, adoption, foster care, or placement for adoption or foster care, or first day of the month following your triggering event, whichever option you choose</td>
</tr>
<tr>
<td>Details on page 5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child support order or other court order to cover a dependent</td>
<td>Any day of the month</td>
<td>Date the court order is effective</td>
</tr>
<tr>
<td>Details on page 5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experiencing any of these:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Permanent relocation</td>
<td>Between the 1st and the 15th of the month following receipt of application or Account Change Form</td>
<td>First day of the following month</td>
</tr>
<tr>
<td>- Contract violation</td>
<td>Between the 16th and the last day of the month following receipt of application or Account Change Form</td>
<td>First day of the second following month</td>
</tr>
<tr>
<td>Details on pages 5 and 7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having a change in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Eligibility for federal financial assistance</td>
<td>Between the 1st and the 15th of the month</td>
<td>First day of the following month</td>
</tr>
<tr>
<td>- Immigration status</td>
<td>Between the 16th and the last day of the month</td>
<td>First day of the second following month</td>
</tr>
<tr>
<td>- Release from incarceration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Status as an American Indian/Native Alaskan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Details on page 6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determination by Connect for Health Colorado</td>
<td>Any day of the month as determined by Connect for Health Colorado, including a retroactive date</td>
<td>Any day of the month as determined by Connect for Health Colorado, including a retroactive date</td>
</tr>
</tbody>
</table>
What are the triggering events?

Here’s a list of all the different triggering events you might have.

1 Loss of health care coverage:

   • You lose your employer-provided coverage for any of these reasons:
     – You lose your job.
     – Your work hours are reduced, so you no longer qualify for coverage.
     – The person who covers you on his or her employer health plan dies.
     – You’re a dependent on the plan and your marital status changes due to a legal separation or divorce, so your eligibility as a dependent ends.
     – You no longer live or work in the service area, and no other group health coverage is available to you.
     – You’re part of a group of employees that are no longer offered coverage from your employer.
     – A dependent child has a birthday and no longer qualifies as a dependent.
     – Your employer stops contributing premium payments for your group health coverage.
     – Your COBRA coverage ends.
     – Your retiree coverage is discontinued when your employer declares federal Chapter 11 bankruptcy.
     – The person who covers you on his/her employer health plan becomes entitled to Medicare.
     – Your group plan is renewing or ending on a date other than January 1.

   • You lose Health First Colorado (Colorado’s Medicaid program). Common examples may include:
     – You have a change in income.
     – 60 days pass after delivering a child, or your pregnancy fails.
     – You lose what’s known as “Medically Needy” coverage, which is special Health First Colorado coverage for people with too much income or assets to qualify for regular Health First Colorado, but who have high medical expenses. This type of special enrollment period may occur only once per calendar year.

   • You lose your Child Health Plan Plus coverage (CHP+).

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What are the triggering events? (continued)

- You lose your Part A, Parts A and B, or Part C Medicare coverage.
- You lose individual plan coverage because:
  - Your individual plan is renewing or ending on a date other than January 1.
  - You become ineligible for individual coverage. (For example, this can happen when someone reaches the age limit for being covered as a dependent child.)
  - You lose certain types of veteran’s coverage.
  - You lose TRICARE coverage.
  - You lose certain self-funded student health coverage.
  - You become ineligible under the Colorado Medical Assistance Act.

Keep in mind, these events do NOT qualify as triggering events:
- You’re losing coverage because you didn’t pay your premiums.
- Your plan was rescinded.
- You had Medicare Part B coverage and do not have any other coverage.

Gaining, becoming, or losing a dependent:
- You have a baby, adopt a child, get married or register in a civil union – or foster a child if your plan includes coverage for foster children.
- You lose a dependent because the dependent reaches an age where he or she no longer qualifies to be covered under your health plan.

Child support order or other court order to cover a dependent
A state or federal court orders that a dependent child be covered as a dependent.

Permanent relocation:
You move somewhere and have a different choice of health plans. **You must have minimum essential coverage for at least 1 full day in the past 60 days in order to qualify for this triggering event unless you moved from a foreign country or a United States territory.** Connect for Health Colorado may elect to allow advanced availability. For more information, visit connectforhealthco.com or call 1-855-PLANS-4-YOU (1-855-752-6749). You can also call Kaiser Permanente for help at 1-800-494-5314.

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Release from incarceration:
You were recently released from jail, prison, or another form of incarceration. In this case, you may only enroll in a plan offered through Connect for Health Colorado. Connect for Health Colorado may elect to allow advanced availability. For more information, visit connectforhealthco.com or call 1-855-PLANS-4-YOU (1-855-752-6749). You can also call Kaiser Permanente for help at 1-800-494-5314.

Change in eligibility for federal financial assistance through Connect for Health Colorado:
- Your household income level changes and, as a result, you or your dependents become eligible – or ineligible – for financial help. Dependents must be enrolled in the same plan as the subscriber.
- You live in a state that did not expand Health First Colorado (Colorado’s Medicaid program) and are not enrolled in a Health First Colorado plan, and you become eligible for an advanced premium tax credit (APTC) because your household income increases above 100% of the federal poverty level (FPL).

For more information about eligibility for federal financial assistance, visit connectforhealthco.com or call 1-855-PLANS-4-YOU (1-855-752-6749). You can also call Kaiser Permanente for help at 1-800-494-5314.

Change in eligibility for employer health coverage:
You or your dependent becomes eligible for APTC as a result of becoming ineligible for health coverage through an employer – for example, if the employer discontinues or changes that coverage.

Change in immigration status:
You’re newly entitled to have health care coverage because of an immigration status change. In this case, you may only enroll in a plan offered through Connect for Health Colorado. For more information, visit connectforhealthco.com or call 1-855-PLANS-4-YOU (1-855-752-6749). You can also call Kaiser Permanente for help at 1-800-494-5314.

Coverage as an American Indian/Native Alaskan:
Connect for Health Colorado determines you qualify for a monthly special enrollment period to enroll in or change health care coverage. In this case, you may only enroll in a plan through Connect for Health Colorado. For more information, visit connectforhealthco.com or call 1-855-PLANS-4-YOU (1-855-752-6749). You can also call Kaiser Permanente for help at 1-800-494-5314.

(continues on next page)
What are the triggering events? (continued)

10 **Determination by Connect for Health Colorado:**
Connect for Health Colorado determines you qualify for a special enrollment period because of extraordinary circumstances, such as an error or lack of action on the part of Connect for Health Colorado, or for any other reason.

11 **Contract violation:**
You demonstrate to the Commissioner of the Division of Insurance that the health benefit plan in which you are enrolled has substantially violated a material provision of your contract with the health benefit plan.
How do I sign up?

Please complete these steps to apply directly with Kaiser Permanente during a special enrollment period.

New members, apply online or by mail or fax:

If you apply online:

• Fill out and submit the online application at buykp.org/apply within 60 days of your triggering event or by the last day of your special enrollment period, whichever comes first.

• Be sure to download the Documentation of Triggering Event Form. Check the appropriate boxes on the form for your triggering event and the documentation you’re submitting to support it. Then send the form with your documentation within 10 calendar days of submitting your online application.

• If we don’t get your Documentation of Triggering Event Form and supporting documentation within 10 calendar days, your application will be considered incomplete and may be canceled. You can reapply, but you’ll need to do that within the same special enrollment period and your effective date may be different.

• If you apply near the end of your special enrollment period, make sure we get your Documentation of Triggering Event Form and supporting documentation before your special enrollment period ends. If we don’t get your documentation within 60 days of your triggering event, your application may be canceled.

• On the first page of your supporting documentation, be sure to write this information for the primary applicant:
  – First and last name as listed on the application
  – Kaiser Permanente health record number (if you have one)
  – Home address
  – Date of birth

• Include your first month’s premium with your application. You can pay with a credit card, debit card, checking account number, or savings account number. If you’ve recently had a child and you want your plan to start on your child’s date of birth, see page 5 for information about what you need to pay.

(continues on next page)
How do I sign up? (continued)

If you apply by mail or fax:

- Submit your signed paper application by mail or fax. We must receive your paper application within 60 days of your triggering event. If you apply close to the end of your special enrollment period, make sure we get your application before your special enrollment period ends.
- You’ll need to provide the exact triggering event and the date of the event under Step 1 on the application.
- You’ll also need to submit a Documentation of Triggering Event Form. You can get this form online at buykp.org/apply or by calling 1-800-494-5314. See “If you apply online” on the previous page for instructions on filling it out. Be sure to mail or fax the Documentation of Triggering Event Form and supporting documentation with your paper application. Your paper application, Documentation of Triggering Event Form, and supporting documentation must be received within 60 days of your triggering event or by the end of your special enrollment period, whichever comes first.
- Include your first month’s premium with your application. Checks or money orders must be mailed with the application and cannot be faxed. If you’ve recently had a child and you want your plan to start on your child’s date of birth, see page 5 for information about what you need to pay.

Current Kaiser Permanente Individuals and Families plan members:

Mail or fax an Account Change Form:

- Please call 1-866-410-7536 to request an Account Change Form. (For TTY, call 711.)
- Fill out and submit the form by mail or fax within 60 days of your triggering event. If you make an account change due to a triggering event, be sure we receive your Account Change Form before your special enrollment period ends. You can also call 1-866-410-7536 to make your account change over the phone, or fax it to 1-866-846-2650. (For TTY, call 711.)
- You’ll need to provide the exact triggering event and date of the event under Section B of the Account Change Form.
- You’ll also need to submit a Documentation of Triggering Event Form. You can get this form online at buykp.org/apply or by calling 1-800-494-5314. See “If you apply online” on the previous page for instructions on filling it out. Be sure to mail or fax the Documentation of Triggering Event Form and supporting documentation with your Account Change Form. Your Account Change Form, Documentation of Triggering Event Form, and supporting documentation must be received within 60 days of your triggering event or by the end of your special enrollment period, whichever comes first.
New and current members:

- We must receive ALL your required materials within 60 days of your triggering event or by the last day of your special enrollment period, whichever comes first.

- In some instances, you may submit your completed application up to 60 days in advance of your triggering event to avoid a gap in coverage.

- If you apply close to the end of your 60-day special enrollment period, you may want to fax us or use express mail to avoid missing the deadline. You can also call 1-800-494-5314 to enroll or make an account change over the phone. (For TTY, call 711.)

- By submitting a signed application or Account Change Form, you are confirming that a triggering event occurred. If we determine that the triggering event did not occur, we may take legal action, including, but not limited to, terminating your coverage retroactively back to the effective date of coverage. You may also be financially liable for any services that you may have received.
What documents do I need to submit?

Find your triggering event on the list below to see what supporting documentation is needed with your application. Only 1 document is required, unless otherwise noted. Please send copies only. Documentation requirements may be different if you apply through Connect for Health Colorado.

### Loss of health care coverage
- Letter stating why you lost your coverage

### Gaining or becoming a dependent through birth, adoption, foster care, or placement for adoption or foster care, or marriage or civil union
- Birth certificate or letter from the medical center or birth center showing proof of birth or documentation demonstrating birth at home
- Adoption papers or proof of placement for adoption
- Evidence of proof from a court, Department of Social Services, or other agency that you have been appointed as the foster parent
- Marriage license or civil union license

### Release from incarceration
- Release order

### Child support order or other court order to cover a dependent
- A copy of the court order

### Permanent relocation
- Proof of minimum essential coverage (MEC) in the last 60 days from prior carrier and one of the following:
  - Utility bill
  - Copy of rent agreement

### Change in eligibility for federal financial assistance through Connect for Health Colorado
- Copy of most recent eligibility determination from Connect for Health Colorado

### Change in eligibility for employer health coverage
- Letter from employer stating change in health coverage

### Change in immigration status
- Determination by Connect for Health Colorado to purchase health plan coverage

### Status as an American Indian/Native Alaska
- Notice from Connect for Health Colorado stating you’re eligible for a monthly special enrollment period

### Determination by Connect for Health Colorado
- Notice from Connect for Health Colorado stating you’re eligible for a special enrollment period

### Contract Violation
- Written confirmation from the Division of Insurance that the health plan in which you’re enrolled has substantially violated a material provision of your contract.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.
Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the number provided below.
Colorado 1-800-632-9700
TTY 711

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Kaiser Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014, telephone number: 1-800-632-9700. You can file a grievance by mail or phone. If you need help filing a grievance, the Kaiser Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
Help in your Language

**English:** You have the right to get help in your language at no cost. If you have questions about your application or coverage through Kaiser Permanente, or if this is a notice that requires you to take action by a specific date, call the number provided for your state or region to talk to an interpreter.

<table>
<thead>
<tr>
<th>Language</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amharic</td>
<td>711</td>
</tr>
<tr>
<td>Arabic</td>
<td>1-800-464-4000</td>
</tr>
<tr>
<td>Armenian</td>
<td>1-800-632-9700</td>
</tr>
<tr>
<td>Bassa</td>
<td>District of Columbia: 1-800-777-7902</td>
</tr>
<tr>
<td>Bengali</td>
<td>Georgia: 1-888-865-5813</td>
</tr>
<tr>
<td></td>
<td>Hawaii: 1-800-966-5955</td>
</tr>
<tr>
<td></td>
<td>Maryland: 1-800-777-7902</td>
</tr>
<tr>
<td></td>
<td>Oregon: 1-800-813-2000</td>
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<td></td>
<td>Virginia: 1-800-777-7902</td>
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<tr>
<td></td>
<td>Washington: 1-800-813-2000</td>
</tr>
<tr>
<td></td>
<td>TTY: 711</td>
</tr>
</tbody>
</table>

Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

60436922 National 2016
Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

Kaiser Permanente for Individuals and Families
60436922 National 2016
Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

Kaiser Permanente for Individuals and Families
60436922 National 2016
Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

Kaiser Permanente for Individuals and Families

Romanian (Romanian): Aveți dreptul de a solicita ajutor care să vă fie oferit în mod gratuit în limba dumneavoastră. Dacă aveți întrebări legate de solicitarea dumneavoastră sau de acoperirea oferită de Kaiser Permanente sau dacă acest aviz vă solicită să luați măsuri până la o anumită dată, sunați la numărul de telefon furnizat pentru statul sau regiunea dumneavoastră pentru a sta de vorbă cu un interpret.

Russian (Russian): У вас есть право получить бесплатную помощь на своем языке. Если у вас имеются вопросы относительно вашего заявления или медицинского страхования в Kaiser Permanente, либо если такое уведомление требуется от вас каких-либо действий к определенной дате, позвоните по номеру телефона для своего штата или региона, чтобы поговорить с переводчиком.

Lea Faka-Tonga (Tongan): ‘Oku ‘ia ho totonu ke ke ma’u ha fakatonulea ta’etotongi. Kapau ‘oku ‘i ai ha’o fehu’i ki ho tohi kole na’e fakafonu ki he malu'i inisua ‘a e Kaiser Permanente, pea kapau ko e tohini ‘oku fiema’u keke vai ma he ma’e ki ai pe ko ha ‘aho na’e tuku pau atu ke fai ia, taa ki he fika kuo ‘oatu ki ho siteiti pe ko e vahefonua ‘oku ke ‘i ai ke talanoa mo ha tokotaha tene fakatonulea ta’etotongi. Kapau ‘oku ‘i ai ha’o fakatonulea ta’etotongi.

Vietnamese (Vietnamese): Quy vī có quyền được nhận trợ giúp miễn phí bằng ngôn ngữ của mình. Nếu quý vī có các câu hỏi về mẫu đơn hay mực bán hiềm của mình thông qua Kaiser Permanente, hoặc ngày là thông báo yêu cầu quý vī thực hiện vào một ngày cụ thể, hãy gọi đến số điện thoại được cung cấp cho bạn hoặc khó vức của quý vī để trò chuyện với phiên dịch viên.

Thai (Thai): คุณมีสิทธิ์ที่จะได้รับความช่วยเหลือในภาษาของท่านโดยไม่เสียค่าใช้จ่าย หากคุณมีคำถามเกี่ยวกับการสมัครของท่าน หรือความคืบหน้าของ Kaiser Permanente หรือหากมีเหตุผลที่ต้องการให้คุณติดตั้งภาษาในวันที่กำหนดไว้ โปรดติดต่อหมายเลขที่ใหม่สำหรับรูปหรือเขตพื้นที่ของท่านเพื่อดูกลับมา

Arabic (Arabic): أبرز: أب كوكونو بيهي قيمت ادا كنة بيغير بيني زيان مين ممد حاصل كرني كا حق بي أاب كي نحن مين بي بيقواست يا كي نزه. كوريج كي متعلق كوني بيبي سوالات بير، يا أاب انسونك كي ووجه سي أاب كي كم مخصوص تاريخ كه عمل انجام ديبي كيماتة يوغي تو، كمي مترجم سي بات كي كرني كي ين بيك كيمي كي عامل كي كني فيم اب كي. كإلى كي كي فرامكت كي كنير بر كال كرين.

Urdu (Urdu): آپ کو کوئی بچی قہمت ادا کے کی بی چیلی انیز ربان مین ممد خاص قری کا کا حق پی آپ کی نذین مین ای یو کھولائی یا کی نزہم. کوریج کی متعلق کوئی بچی سوالات بی، یا آپ انسٹیٹی کی وجوہ پس آپ کو کم مخصوص تاریخ کے عمل انجام دینے کی کیمی مامتہ یو گو تو، کمی مترجم سی بات کری کے لئے آپ کو کوئی عامل کے کنی لئے فرمات کی کنیر بر کال کری.