

## Ready to enroll in benefits?

### **Enroll by December 15, 2018, if you want benefits on January 1, 2019.**

Open Enrollment for 2019 benefits starts on November 1, 2018, and ends on December 15, 2018. During this time, you can shop for a health plan and check out any other benefit options available to you. Or, if you're already an Anthem member, you can see if there are any plan options that may be a better fit for you or your family.

If you miss Open Enrollment, you can still enroll for 2019 benefits from December 16, 2018, to January 15, 2019. But, your benefits won't start until February 1, 2019. This means you may experience a gap in coverage.

Keep in mind, your effective date depends on when you enroll and make your first payment:

- Your coverage effective date will be **January 1, 2019**, if you complete your application and make your first payment by December 15, 2018.
- Your coverage effective date will be **February 1, 2019**, if you complete your application and make your first payment between December 16, 2018, and January 15, 2019.

Regardless of your effective date, your 2019 plan will end on December 31, 2019.

### **If you don't enroll by January 15, 2019, you'll have to wait until the next annual Open Enrollment period to apply again, unless you have a qualifying event.**

If you have a qualifying event after January 15, 2019, you'll be eligible to apply for benefits through what's called a Special Enrollment Period. Just make sure to complete your application within the 60 calendar days prior to the effective date of the qualifying event.

Upon approval of your Special Enrollment Period application, your effective date will be defined, and will depend on the type of qualifying event submitted.

You can find a full list of qualifying events for a Special Enrollment Period, and how to determine your effective date in the case of a qualifying event, on the next pages of this document.

## Get Started!

- You can shop for a plan directly from us at [shop.anthem.com](http://shop.anthem.com); or
- You can apply through Connect for Health Colorado at [ConnectForHealthCO.com](http://ConnectForHealthCO.com).

## Qualifying Events

If you experience one of the following events, you may be eligible for a Special Enrollment Period:

- Involuntary loss of Minimum Essential Coverage for any reason other than fraud, intentional misrepresentation of a material fact or failure to pay a monthly payment;
- Required by a court order to provide eligible child(ren) coverage, including a child support order, appointment of guardianship of a child or a child in foster care being placed with you;
- Gaining or becoming a dependent through birth or adoption/placement for adoption;
- Gaining a dependent through marriage, domestic partnership or civil union;
- Moving to the United States from a foreign country or United States territory;
- Release from incarceration;
- Death of a family member enrolled under your current coverage;
- Immigration status change;
- Being currently enrolled in a plan that does not renew on a calendar year basis (renews on a date other than January 1);
- Being a victim of domestic abuse or spousal abandonment, as defined by 26 CFR § 1.36B-2T, including a dependent or unmarried victim within a household, who is enrolled in creditable coverage and seeks to enroll in coverage separate from the perpetrator of the abuse or abandonment (a dependent of a victim of domestic abuse or spousal abandonment, on the same application as the victim, may enroll in coverage at the same time as the victim);
- Losing or being a dependent of someone who loses pregnancy-related Medicaid coverage (the date of the loss of coverage is the last day you'll have pregnancy-related Medicaid);
- A parent or legal guardian dis-enrolling a dependent, or a dependent becoming eligible for the Child Health Plan Plus (CHP+);
- Becoming ineligible under the Colorado Medical Assistance Act (C.R.S. § 25.5-4-101 et seq.);
- Being an individual, or the dependent of an individual, who applies for coverage during the annual Open Enrollment period or due to triggering event, and is assessed as potentially eligible for Medicaid or the Child Health Plan Plus (CHP+), and is determined ineligible for Medicaid or CHP+ either after Open Enrollment has ended or more than sixty (60) days after the triggering or qualifying event, or applies for coverage through the State Medicaid or CHP+ agency during the annual Open Enrollment period, and is determined ineligible for Medicaid or CHP+ after Open Enrollment has ended;
- Experiencing a material error in plan benefits, service area or monthly payment that influenced your decision to purchase your current plan;
- Being an Exchange enrollee who loses a dependent or is no longer considered a dependent through divorce or legal separation as defined by state law in the state in which the divorce or legal separation occurs.
- Becoming newly eligible, or being an Exchange enrollee who is newly eligible or ineligible, for the federal advance payment tax credit or has a change in eligibility for cost-sharing reductions available through the Exchange;
- Having a dependent enrolled in the same qualified health plan who is determined to be newly eligible or ineligible for the federal advance payment tax credit or has a change in eligibility for cost-sharing reductions available through the Exchange;
- Being enrolled, or having a dependent enrolled, in an eligible employer-sponsored plan and being determined to be newly eligible for the federal advance payment tax credit based in part on a finding that you are ineligible for coverage in an eligible employer-sponsored plan that provides minimum creditable coverage, including as a result of your employer discontinuing or changing coverage within the next sixty (60) days, provided your able to terminate your existing coverage. You may apply for enrollment in a new health benefit plan during the sixty (60) calendar days before and after the effective date of the loss of coverage;

- You or your dependent's enrollment or non-enrollment in a health benefit plan that is unintentional, inadvertent or erroneous and is the result of an error, misrepresentation, or inaction of the carrier, producer, or the Exchange;
- You or your dependent demonstrating to the Commissioner that the health benefit plan in which the individual is enrolled has substantially violated a material provision of its contract in relation to the individual or his or her dependent;
- Experiencing any other event or circumstance as set forth and established by applicable state and/or federal law in defining a qualifying event.

## Coverage effective dates for eligible Special Enrollment Period applications

- In the case of birth or adoption/placement for adoption, you'll select an effective date that is either the same as the date of the qualifying event, the first day of the month after we receive your complete application, the first day of the month after the date of the qualifying event or based on the date we receive your complete application.\*
- In the case of a court order or guardianship, the coverage effective date is the date of the qualifying event or based on the date we receive your complete application.\*
- In the case of marriage/domestic partnership/civil union or loss of Minimum Essential Coverage, coverage is effective the first day of the month following the date we receive your complete application.
- In the case of a death, coverage is effective based on the first day of the month after we receive your complete application or based on the date we receive your complete application.\*
- For all other qualifying events, coverage is effective based on the date we receive your complete application.\*
- In the case of no qualifying event, your coverage will be effective the first day of the month following a 90-day waiting period.

\* If your coverage effective date is based on the date we receive your complete application:

- If we receive your complete application between the 1<sup>st</sup> and 15<sup>th</sup> day of the month, your coverage effective date will be the first day of the month following the date we receive your application.
- If we receive your complete application between the 16<sup>th</sup> and last day of the month, your effective date will be the first day of the second month following the date we receive your application.

### It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279 or by email to [compliance.coordinator@anthem.com](mailto:compliance.coordinator@anthem.com). Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.