

## **Open enrollment dates:**

The open enrollment period for coverage beginning in 2015 begins on November 15, 2014 and extends through February 15, 2015. During the annual open enrollment period, you may apply for coverage, or members can change plans, as early as January 1.

Subsequent annual enrollment periods will begin on October 15 and extend through December 7 of the calendar year. Coverage is effective as of January 1 for health benefit plans purchased during annual open enrollment. The benefit year for individual health benefit plans purchased during the initial and annual enrollment periods is a calendar year. During open enrollment periods, applicants under the age of 21 will be eligible to apply for all individual health plans.

For coverage to begin on January 1, the application must be received on or before December 15. For applications received after December 15, the effective date depends on when we receive the application and premium payment. If we receive the application and the premium between the 1st and 15th of the month coverage will be effective on the first of the following month. If receipt of application and premium is after the 15th of the month, coverage will be effective the first day of the month following plus one additional month (example: application with premium receipt is January 20th, your effective date is March 1st).

## **Special enrollment qualifying and triggering events:**

Following an event which triggers Special Enrollment, you will be eligible to apply for coverage as long as application is made within 60 days of the triggering event. When the qualifying or triggering event will occur in the future, you may apply for enrollment in a new health benefit plan during the thirty (30) calendar days prior to the effective date of the triggering event, with coverage beginning no earlier than the day the triggering event occurs to avoid a gap in coverage.

Qualifying and triggering events are defined as:

- 1) Involuntarily losing existing creditable coverage for any reason other than fraud, misrepresentation, or failure to pay a premium;
- 2) Gaining a dependent or becoming a dependent through marriage, civil union, birth, adoption, or placement for adoption, placement in foster care or by entering into a designated beneficiary agreement if the carrier offers coverage to designated beneficiaries;
- 3) An individual'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;
- 4) 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;
- 5) An Exchange enrollee becoming newly eligible or ineligible for the federal advance payment tax credit or cost-sharing reductions available through the Exchange;
- 6) Gaining access to other creditable coverage as a result of a permanent change in residence;
- 7) A parent or legal guardian dis-enrolling a dependent, or a dependent becoming ineligible for the Children's Basic Health Plan;
- 8) An individual becoming ineligible under the Colorado Medical Assistance Act;
- 9) An individual, who was not previously a citizen, a national, or a lawfully present individual, gains such status; or
- 10) An Indian, as defined by section 4 of the Indian Health Care Improvement Act, may enroll in a qualified health plan or change from one qualified health plan to another one time per month.

If you are applying due to a qualifying event and your application is approved, your effective date is as follows:

- In the case of birth, adoption, placement for adoption, placement into foster care, or appointment of guardianship, coverage is effective on the date of the event.
- In the case of marriage, or loss of Minimum Essential Coverage, coverage is effective on the first day of the month following receipt of your application.

- In the case of all other qualifying or triggering events, coverage is effective on the first of the following month (where the application is received on or before the 15<sup>th</sup> of the month) or the first of the second following month (where the application is received after the 15<sup>th</sup> of the month).

## How to Enroll:

You can apply for a plan either through the Connect for Health Colorado Exchange or directly with us for yourself, your family or for a child only by closing this page and selecting the “**Get a Quote**” button from the Online Shopper portal.

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