



Consumer Options to Terminate Plans and Report Changes

*Center for Consumer
Information &
Insurance Oversight*

April 15, 2016



Consumer Options

- Terminating Enrollment
- Reporting Changes

Terminating Enrollment

- Consumers may voluntarily terminate their enrollment upon request for any reason. Common reasons include:
 - Obtaining other minimum essential coverage, such as Medicare, Medicaid, or job-based coverage; or
 - Qualifying for an exemption from coverage.

Terminating Enrollment

- Log into My Account
- Go to My Plans and Programs
- End/Terminate All Coverage
- Use End/Terminate All Coverage when no Marketplace coverage is sought

preferences select the "Pay" button from your confirmation page to pay online.

○ Exemptions
○ Tax forms

Status: Initial Enrollment

Bronze 6000/20%/HSA/Dental

VIEW PLAN BENEFITS

Base premium **\$781.52/mo.**
Premium tax credit **-\$471.00/mo.**
You pay: **\$310.52/mo.**

30th Plan
Mid-Atlantic
2101 East Jefferson Street
Rockville, VA 20852
1-800-807-1140

<http://buyhp.org/health-plan-coverage-and-costs/maryland-wisconsin-washington-dc/health-plan-coverage-and-costs.aspx>

Members:	Start date:	End date:	Action:
Antonette Weiss	04/01/2016	12/31/2016	REMOVE
ANTON WEISS	04/01/2016	12/31/2016	REMOVE

CHANGE PLANS

You can only change plans during Open Enrollment for 2016 or if you're eligible for a Special Enrollment Period.

Terminate coverage
You can withdraw from coverage associated with this application. Doing so would end your coverage from all of the plans and programs listed above.

Enrolled in 1 plan(s)

END (TERMINATE) ALL COVERAGE

Status: Cancelled (coverage ended on 04/01/2016)

Terminating Enrollment: End/Terminate All Coverage

2016 application for Individuals & Families (ID#: 132715560) [View all applications](#)

Terminate coverage

You can withdraw from coverage associated with this application. Doing so would end your coverage from all of the plans and programs listed above.

Enrolled in 1 plan(s)

END (TERMINATE) ALL COVERAGE

Status: Cancelled (coverage ended on 04/01/2016)

Health Leap
Silver Basic

You pay: **\$943.88**/mo.

Terminating Enrollment: Attestation to End/Terminate Coverage

a Special Enrollment Period.

Terminate coverage

You've chosen to end this coverage:

Advantage Silver \$1,750/\$30 - Partner Network
Andre Hill and Bridget Hill

Dental PPO Basic Plan for Families
Bridget Hill

You have until the 15th of the month to select a new plan for coverage that starts as soon as the 1st of the next month. If you enroll after the 15th, your coverage can start as soon as the month after that. For example, if you enroll by February 16, your coverage could begin April 1.


[Learn more about terminating your coverage](#)

I fully understand that I'm choosing to end (terminate) coverage for the plan above for all members of my household that are currently enrolled in this plan. I understand that we can't enroll in other Marketplace coverage until the next Open Enrollment Period. I also understand that there may be a tax penalty for ending coverage early.

Status: Cancelled (coverage ended on 01/01/2015)

Delta Dental PPO Basic Plan for Families
82110PA0010006

You pay: \$11.99/mo.



Terminating Enrollment: Confirmation Page to End/Terminate Coverage

2016 application for Individuals & Families (ID#: 132715560) View all applications

Terminate coverage

You can withdraw from coverage associated with this application. Doing so would end your coverage from all of the plans and programs listed above.

Enrolled in 1 plan(s) **END (TERMINATE) ALL COVERAGE**

Status: Cancelled (coverage ended on 04/01/2016)

VA Bronze 6000/20%/HSA/Dental/Pec Dental	You pay: \$781.52/mo.
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Foundation Hlth Plan Mid-Atlantic
2101 East Jefferson Street
Rockville, VA 20852
1-800-807-1140
<http://buykp.org/health-plan-coverage-and-costs/maryland-virginia-washington-dc-health-plan-coverage-and-costs.aspx>

Status: Cancelled (coverage ended on 04/01/2016)

Innovation Health Leap Silver Basic 12028VA0120015	You pay: \$943.88/mo.
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How do consumers terminate enrollment through the Marketplace for the entire enrollment group?

- The consumer should:
 - Log into “My Account” on HealthCare.gov and navigate to the “My Plans and Programs” tab;
 - Click the “End/Terminate All Coverage” button;
 - Select an effective date of termination that is at least 14 days from the present date; and
 - Click on the red button labeled “End/Terminate Coverage.”
- Red Terminated Status should then appear above the plan that was terminated.
- Following these steps will end every health and dental policy for the entire enrollment group.

Terminating Plans: Log into “My Account” and “My Plans and Programs”

The screenshot displays a user interface for managing health plans. At the top, there are navigation tabs for 'Individuals & Families' and 'Small Businesses'. The user is logged in as 'ANTON' with a 'Logout' link and a 'Español' language option. A blue banner indicates a '2016 application for Individuals & Families (ID#: 132715560)' with a 'View all applications' link. A left sidebar lists navigation options: 'My plans & programs', 'Eligibility & appeals', 'Applications details', 'Report a life change', 'Communication preferences', 'Exemptions', and 'Tax forms'. The main content area is divided into two columns: 'MY COVERAGE' and 'PREMIUM TAX CREDIT'. Under 'MY COVERAGE', there are two plan cards. The first card, 'Foundation Hlth Plan Mid-Atlantic KP VA Bronze 6000/20%/HSA/Dental/Ped Dental', is for 'Antoinette and ANTON' with a status of 'Initial Enrollment'. The second card, 'Health Leap Silver Basic', is for 'ANTON and Antoinette' with a status of 'Cancelled (coverage ended on 04/01/2016)'. Below these cards is a blue button labeled 'PAY YOUR FIRST PREMIUM'. The 'PREMIUM TAX CREDIT' section shows 'Premium tax credit usage' for 'Antoinette and ANTON', with 'Using: \$471 per month' and 'Eligible for: \$471 per month', accompanied by a green progress bar. At the bottom, a section titled 'Need to remove your application?' provides instructions and a link to 'Learn more before removing this application.'

Individuals & Families Small Businesses

ANTON Logout Español

2016 application for Individuals & Families (ID#: 132715560) View all applications

- My plans & programs
- Eligibility & appeals
- Applications details
- Report a life change
- Communication preferences
- Exemptions
- Tax forms

MY COVERAGE

My plans & programs

Foundation Hlth Plan Mid-Atlantic KP VA Bronze 6000/20%/HSA/Dental/Ped Dental
Antoinette and ANTON
Status: Initial Enrollment

Health Leap Silver Basic
ANTON and Antoinette
Status: Cancelled (coverage ended on 04/01/2016)

PAY YOUR FIRST PREMIUM

PREMIUM TAX CREDIT

Premium tax credit usage
Antoinette and ANTON

Using: \$471 per month Eligible for: \$471 per month

Need to remove your application?

You may need to remove this application if there were errors or issues that stopped you from editing, completing, or submitting it. Then you can start over with a new, blank application. [Learn more before removing this application.](#)

Terminating Plans: End (Terminate) All Coverage

Members:	Start date:	End date:	Action:
ritika garg	01/01/2014	12/31/2014	REMOVE

[CHANGE TO A DIFFERENT PLAN](#)

During Open Enrollment, you can change the health insurance plan for this group.

Terminate coverage

You can withdraw from coverage associated with this application. Doing so would end your coverage from all of the plans and programs listed above.

Enrolled in 2 plan(s)



[END \(TERMINATE\) ALL COVERAGE](#)

Terminating Plans: Terminate Coverage

Alabama

2014 application for Individuals & Families (ID#: 96033346) View all applications

You've chosen to end this coverage:

Saver Bronze
ritika garg

Insurance Company Humana Dental Smart Choice
ritika garg

Choose the date you want your coverage to end:

I've fully read and understand that I'm choosing to end (terminate) coverage for the plan above for all members of my household that are currently enrolled in this plan. I also understand that there may be a tax penalty for ending coverage early.

Terminating Plans: Status: Terminated

The screenshot shows a web interface for managing health plans. At the top, a dark blue header contains a back arrow, a folder icon, and the text "2014 application for Individuals & Families (ID#: 96033346)". To the right of the header is a link "View all applications" and a "HELP" button. Below the header, two plan cards are displayed. Each card has an orange bar at the top with the text "Status: Terminated".

Plan 1:

- Status:** Terminated
- Plan Name:** [Redacted] Bronze
- Member:** [Redacted] of [Redacted]
- Location:** Alabama, 450 Riverchase Pkwy East, Birmingham, AL 35244-2858
- Contact:** 1-888-267-2955, <https://www.lbcbsal.com/sales/index.html>
- Action:** VIEW PLAN BENEFITS
- Cost:** You pay: \$188.04/mo.

Plan 2:

- Status:** Terminated
- Plan Name:** [Redacted] Dental Smart Choice
- Member:** [Redacted]
- Action:** VIEW PLAN BENEFITS
- Cost:** You pay: \$18.20/mo.

A "Live Chat" button is visible in the bottom right corner of the interface.

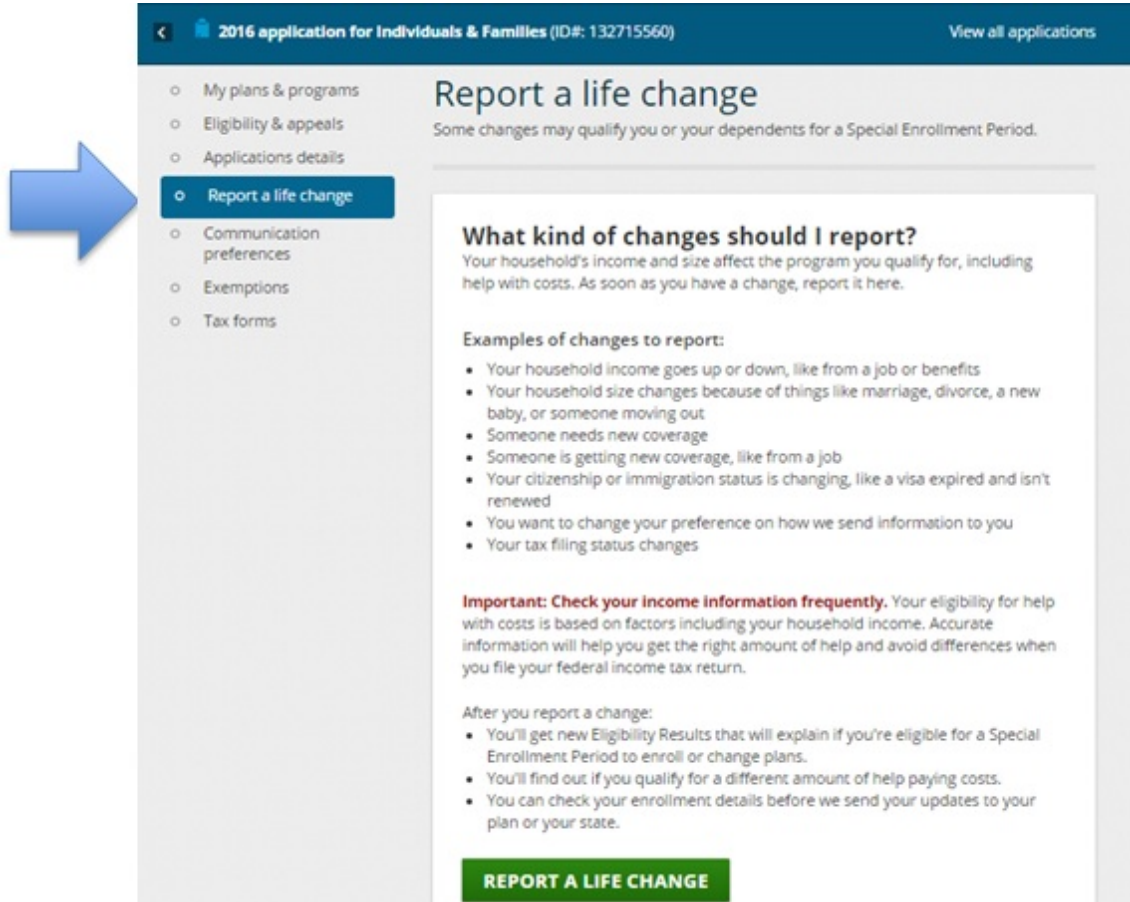
How do consumers terminate enrollment through the Marketplace for one or more members of the enrollment group?

- If the consumer wishes to remove someone from their application, but does not wish to remove everyone from their application, the consumer should **use the “Reporting a Life Change”** process.
- The status of the family member whose coverage through the Marketplace is being terminated needs to be changed to “non-applicant” on the application.

Reportable Changes

Type of Life Change/Change in Circumstance	Where to Report
New person on the application (e.g., birth, marriage)	Marketplace
Relocation to a new address	Marketplace
Loss of access to other coverage (e.g., employer coverage)	Marketplace
Release from incarceration	Marketplace
Change in citizenship or immigration status	Marketplace
Removal of a person from the application (e.g., death, divorce)	Marketplace
Become incarcerated	Marketplace
New access to other coverage (e.g., employer coverage)	Marketplace
Pregnancy	Marketplace
Change in tax filing status/tax household composition	Marketplace
Change in status as an American Indian/Alaska Native or tribal status	Marketplace
Change in disability status	Marketplace
Correction to name, date of birth (DOB), or Social Security number (SSN)	Marketplace
Increase or decrease in income for anyone on the application	Marketplace
Communication preferences: <ul style="list-style-type: none"> • Email address • Phone number • Language preferences • Add or remove phone text alert • Mailing of paper notices 	Marketplace

Reporting Changes: Consumers Report Changes from within their Accounts



2016 application for Individuals & Families (ID#: 132715560) [View all applications](#)

- My plans & programs
- Eligibility & appeals
- Applications details
- Report a life change**
- Communication preferences
- Exemptions
- Tax forms

Report a life change

Some changes may qualify you or your dependents for a Special Enrollment Period.

What kind of changes should I report?

Your household's income and size affect the program you qualify for, including help with costs. As soon as you have a change, report it here.

Examples of changes to report:

- Your household income goes up or down, like from a job or benefits
- Your household size changes because of things like marriage, divorce, a new baby, or someone moving out
- Someone needs new coverage
- Someone is getting new coverage, like from a job
- Your citizenship or immigration status is changing, like a visa expired and isn't renewed
- You want to change your preference on how we send information to you
- Your tax filing status changes

Important: Check your income information frequently. Your eligibility for help with costs is based on factors including your household income. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.

After you report a change:

- You'll get new Eligibility Results that will explain if you're eligible for a Special Enrollment Period to enroll or change plans.
- You'll find out if you qualify for a different amount of help paying costs.
- You can check your enrollment details before we send your updates to your plan or your state.

REPORT A LIFE CHANGE

Reporting Changes: Consumers See the Changes they can Report

2016 application for Individuals & Families (ID#: 132715560) [View all applications](#)

- Your household income goes up or down, like from a job or benefits
- Your household size changes because of things like marriage, divorce, a new baby, or someone moving out
- Someone needs new coverage
- Someone is getting new coverage, like from a job

Have you had any changes like these?

- You moved to a different state
- You lost your job, got a new job, or your income changed
- You or one of your dependents turned 26
- You had family changes, like a new baby or a divorce

Important: Check your income information frequently. Your eligibility for help with costs is based on factors including your household income. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.

Choose an option below to continue

Important: Select at least 1 item(s)

- Report a move to a new state
- Change how we send information to you
- Report a change in my household's income, size, or other information

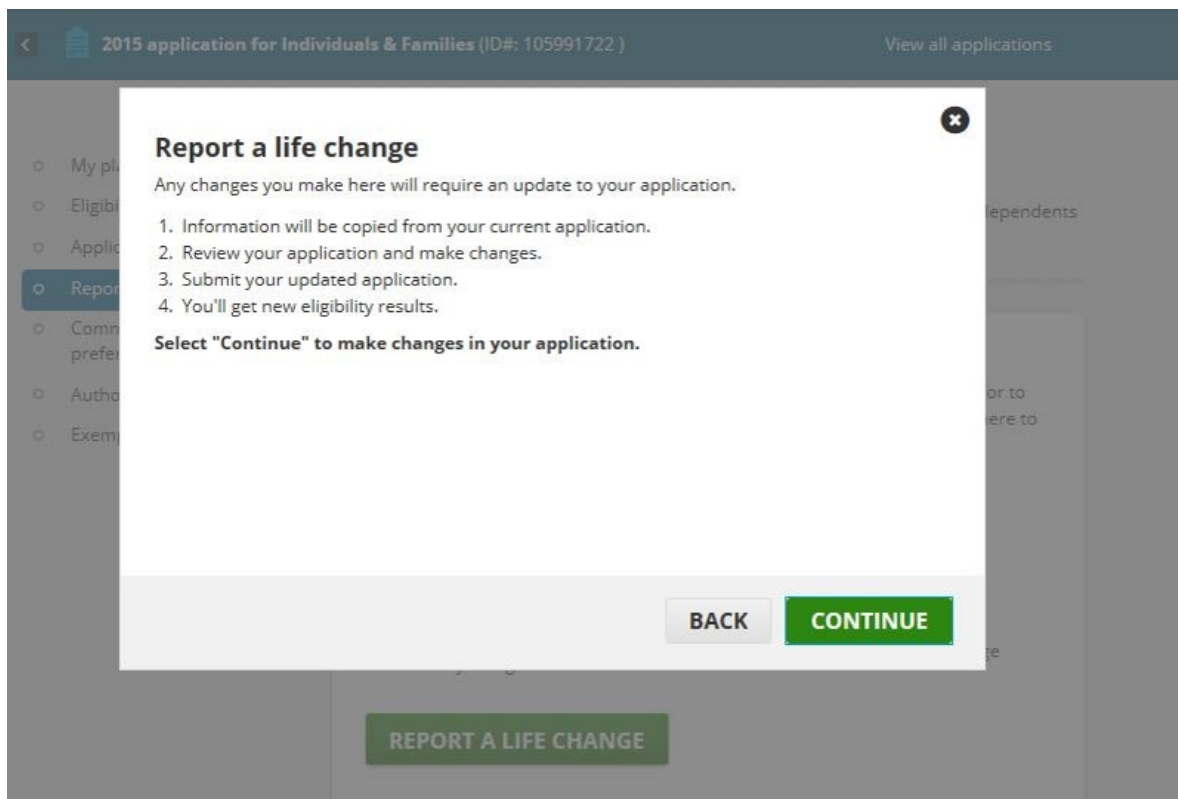
Reporting Changes: List

Report a life change

Do you want to make any of the life changes below?

- Job changes
- Increase or decrease in income
- Changes to employer coverage (premiums changed or employer is no longer offering coverage)
- Add or remove member of household
- Change household member's name or household contact
- Update marital status or other family relationships
- Report moving within the same state to a different ZIP code or county
- Report a pregnancy or update student status of household member
- Gained or lost health coverage in the last 60 days
- Will gain health coverage in the next 60 days
- Will lose health coverage in the next 60 days
- Update tax filing information [Learn more about tax filing statuses](#)
- Add, remove or change tax dependents

Reporting Changes: Back to Application



Reporting Changes: Back to Application

Application ID: 132715560

GET STARTED

- ✓ Privacy policy
- ✓ Contact information
- ✓ Help applying for coverage
- ✓ Help paying for coverage

Who needs coverage

FAMILY & HOUSEHOLD

INCOME

ADDITIONAL INFORMATION

REVIEW & SIGN

Who needs coverage

Who are you applying for health coverage for?

ANTON WEISS only

ANTON WEISS & other family members

Other family members, not ANTON WEISS

You're applying for health coverage for these people

Select "ADD A PERSON" below to add each member of your household who's applying for health coverage.

ANTON WEISS [EDIT](#) [REMOVE](#)

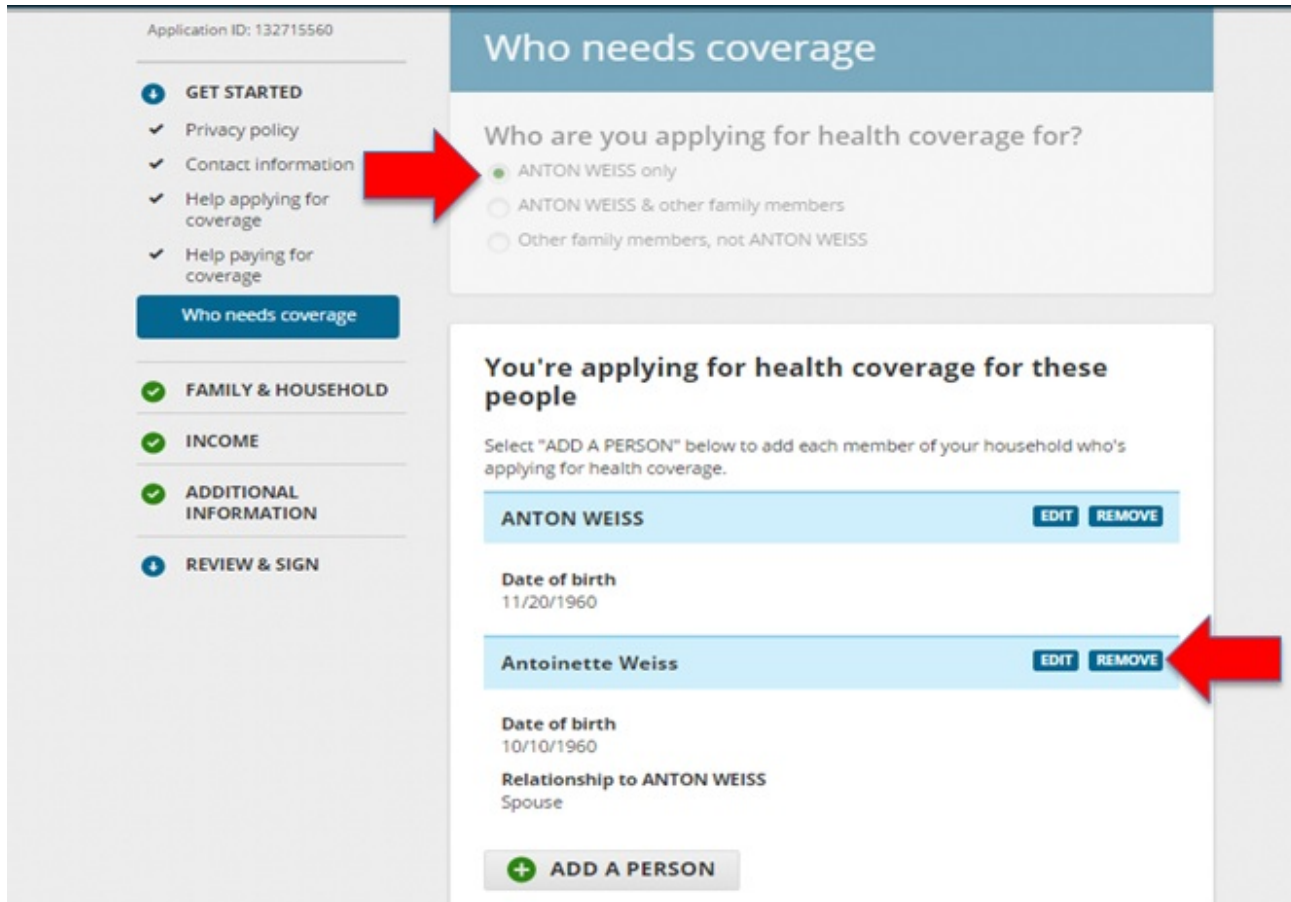
Date of birth
11/20/1960

Antoinette Weiss [EDIT](#) [REMOVE](#)

Date of birth
10/10/1960

Relationship to ANTON WEISS
Spouse

[+ ADD A PERSON](#)



Reporting Changes: Back to Application

Virginia

Apply

Get Results

Get Coverage

Application

GET S

✓ Privac

✓ Conta

✓ Help a
covera

✓ Help p
covera

Who n

✓ FAMIL

✓ INCO

✓ ADDI
INFO

REVIEW & SIGN

CONFIRM THAT YOU WANT TO REMOVE ANTOINETTE WEISS FROM YOUR APPLICATION

Yes. I want to remove this person from my application.

Is Antoinette Weiss deceased?

Important: Select at least 1 item(s)

Yes.

No.

Are you removing Antoinette Weiss because of a divorce?

Yes.

No.

CANCEL

SAVE

MOVE

INUE

Tips for Assisters

- CMS recommends that assisters provide the following information to consumers in the event they experience issues with their Marketplace application:
 - Call the Marketplace Call Center at 1-800-318-2596. If the issue is not resolved immediately, the Call Center representative will follow a process to track and resolve the problem or refer the enrollee to the issuer, if appropriate.

Scenario 1

Q: My daughter just got a new job and I need to drop her from my QHP. Do I have to wait for open enrollment to do this?

Scenario 1

Q: My daughter just got a new job and I need to drop her from my QHP. Do I have to wait for open enrollment to do this?

A: No. You should update your application to indicate your daughter's new job. Select "Report a Life Change" and review and revise your application answers as necessary.

Scenario 2

Q: A consumer wants to terminate coverage through the Marketplace for themselves and the rest of the family or enrollment group. What should they do?

Scenario 2

Q: A consumer wants to terminate coverage through the Marketplace for themselves and the rest of the family or enrollment group. What should they do?

A: If no one on their application needs to keep their coverage, the consumer should follow the “Terminate Coverage” process. Generally, to avoid a gap in coverage, the consumer shouldn’t terminate coverage for themselves or anyone on their plan until the new coverage is effective. For example, if new coverage will start on May 1st the date for the last day of coverage should be set as April 30th.

Scenario 3

Q: A husband and a wife are making changes to their Marketplace Coverage. The husband (who is the application filer) is eligible for Medicare, and the wife will be staying on her Marketplace plan. The husband wants to end his Marketplace coverage once his Medicare coverage starts since it will be duplicative, but the wife wants to keep her QHP. How do they remove the husband from the Marketplace plan?

Scenario 3

Q: A husband and a wife are making changes to their Marketplace Coverage. The husband (who is the application filer) is eligible for Medicare, and the wife will be staying on her Marketplace plan. The husband wants to end his Marketplace coverage once his Medicare coverage starts since it will be duplicative, but the wife wants to keep her QHP. How do they remove the husband from the Marketplace plan?

A: If you have a Marketplace plan, you can keep it, but will lose eligibility for any financial assistance you are receiving through the Marketplace when your Medicare coverage starts. So you'd have to pay full price for the Marketplace plan. You can end Marketplace coverage for a family member the day before that family member's Medicare coverage begins to avoid overlapping coverage. If you like, you can keep your Marketplace plan too.

In this case, the family wants to indicate that the husband wants to terminate his Marketplace coverage. The family can make this change through the Marketplace Call Center. Or, on HealthCare.gov, the family may Select "Report a Life Change," then select "Add or remove a member of the household," and then review and revise their application answers as necessary, including indicating that the husband wants to terminate his Marketplace coverage. When the couple completes their application, depending on the results, they will need to confirm their current plan, or may change to a different plan.

Resources

- <https://www.healthcare.gov/apply-and-enroll/change-after-enrolling/>
- <https://marketplace.cms.gov/technical-assistance-resources/report-life-event.pdf>