

# Small Business Marketplace

## Special Enrollment Periods

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If you're eligible for small business coverage offered by your employer, your employer's annual open enrollment period is over, and you meet certain criteria, you may be eligible for a special enrollment period. If you are, this means you can get health insurance or make changes to your plan outside of open enrollment. To qualify for a special enrollment period, you or one of your eligible dependents (if your employer offers coverage to your spouse, child, and/or domestic partner) must have what's called a qualifying event, and you must report it within 30 days.

We may approve a special enrollment period if you or your eligible dependent reports one of these life events within 30 days:

- **If you or your eligible dependent need coverage due to the COVID-19 pandemic, you can request a special enrollment period anytime on or before January 31, 2022.**
- **Lost or will soon lose comprehensive health coverage.** For example, the employee or an eligible dependent:
  - Lost or quit their job.
  - Turned 26 and can't stay on a parent's plan. This only applies to the employee and the employee's eligible spouse or domestic partner.
  - Had COBRA or state continuation coverage that has been exhausted. If coverage ends because the person asked for it to end, stopped paying, or did not pay on time, it doesn't count.
  - Has an employer who failed to pay premiums.
  - Lost coverage for any other involuntary reason. If coverage ends because the person asked for it to end, stopped paying, or did not pay on time, it doesn't count.
- **Had a baby, adopted a child, or is newly fostering a child.**
- **Became pregnant.**
- **Got married.**
- **Entered into a legal domestic partnership.**
- **Divorced, legally separated, or ended a legal domestic partnership.**
- **Permanently moving to or from the DC Metro area and gaining access to new plans.** For example, an employee enrolled in a plan with a DC Metro area network who moves out of the DC area can enroll in a plan with a nationwide network.
- **Was not enrolled or enrolled in the wrong plan because of an error by:**
  - A health insurance company;
  - DC Health Link;
  - A Broker or trained Assister; or
  - A small business that doesn't have a Broker of record.
- **Is a Native American, Alaskan Native, or their dependent,** under section 4 of the Indian Health Care Improvement Act.
- **Found a health plan error** related to plan benefits, service areas, or premiums that influenced the person's decision to enroll in a qualified health plan (QHP).
- **Found a health plan contract violation.**
- **Received a court order to enroll in or provide coverage for someone else.**
- **Could not enroll during open enrollment or a special enrollment period because of a:**

- Natural disaster;
- Medical emergency; or
- Enrollment system outage.
- **Is a survivor of domestic abuse or spousal abandonment**, or a dependent of the survivor.
- **Lost COBRA or employer-sponsored coverage** because the employer did not pay premiums.
- **Was conditionally approved for Medicaid during open enrollment or a special enrollment period, but ultimately denied** (for reasons other than not providing requested documents verifying eligibility), and received the denial notice after the open enrollment or special enrollment period expired.

We may approve a special enrollment period if a qualified employee or eligible dependent reports one of these life events within 60 days:

- Lost eligibility for Medicaid or CHIP coverage; or
- Newly becomes eligible for assistance paying for coverage through the Small Business marketplace under Medicaid or CHIP.

If your request was denied, you can still request a special enrollment period at any time during the year if you meet any of the requirements listed above. For more information, login to your account at [dchealthlink.com](https://dchealthlink.com) or call us at (855) 532-5465.