

Individual & Family Special Enrollment Periods

Once open enrollment ends each year, you must meet certain criteria to be able to enroll, change plans, have your plan reinstated, or add someone to your plan. If you meet these criteria, you'll receive a special enrollment period – a limited time where you can enroll or make changes to your plan outside of open enrollment. You must promptly report circumstances that make you eligible to enroll in health plans through a special enrollment period.

We may approve a special enrollment period if someone in your household who is eligible for private insurance reports one of these life events either 60 days before or within 60 days after it happened:

- **Lost or will soon lose comprehensive health coverage.** For example, a household member:
 - Lost or quit their job.
 - Lost Medicaid or other government-sponsored coverage.
 - Is turning 26 and can't stay on a parent's plan.
 - Has/had COBRA or state continuation coverage that expired. (NOTE: If it 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. (NOTE: If it ends because the person asked for it to end, stopped paying, or did not pay on time, it doesn't count.)
- **Moved or is moving to the District of Columbia.** This counts as long as at least one of the following applies to this person:
 - Had previous comprehensive health coverage for at least one day of the 60 days prior to moving to DC
 - Is moving from a foreign country or a US territory
 - Could not get coverage before because the state they were living in did not expand Medicaid.

We may also approve a special enrollment period if someone in your household who is eligible for private insurance reports one of these life events within 60 days after it happened:

- **Had a baby, adopted a child, or is newly fostering a child.**
- **Got married.** This counts as long as at least one of the following applies to one of the spouses:
 - Had comprehensive health coverage for at least one day of the 60 days prior to getting married
 - Lived in a foreign country or a US territory for at least one day of the 60 days prior to the marriage
- **Entered into a legal domestic partnership.**
- **Divorced, legally separated, or ended a legal domestic partnership.**
- **Gained or lost eligibility for tax credits or cost-sharing reductions,** or changed the amount of cost-sharing reductions (if already enrolled in a DC Health Link plan).

- **Gained eligibility for tax credits based on a decrease in income.** This counts as long as at least one of the following applies:
 - Had comprehensive health coverage for at least one day of the 60 days prior to the decrease in household income
 - Lived in a foreign country or a US territory for at least one day of the 60 days prior to the decrease in household income
- **Was not enrolled or enrolled in the wrong plan because of an error by:**
 - a health insurance company,
 - DC Health Link,
 - the US Department of Human Services; or
 - a Broker or trained Assister.
- **Became a US citizen or gained a legal immigration status.** (NOTE: Renewing a visa does not count.)
- **Is a Native American, Alaskan Native, or their dependent,** under section 4 of the Indian Health Care Improvement Act.
- **Gained eligibility after providing required documents** following termination.
- **Was released from incarceration after serving a prison term.**
- **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
 - Enrollment system outage
- **Lost eligibility for an exemption from the individual mandate penalty.**
- **Was automatically renewed into a different insurance plan** than the one the person had last year through DC Health Link's Individual & Family marketplace.
- **Began or ended service with AmeriCorps State and National, VISTA, or NCCC.**
- **Is a survivor of domestic abuse or spousal abandonment,** or a dependent of the survivor.
- **A household member enrolled in a DC Health Link plan died.**
- **A dependent lost access to health coverage provided by an employer** due to the employee enrolling in Medicare.
- **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.
- **Doesn't have coverage because a person's employer applied to enroll them through DC Health Link's Small Business marketplace, but was ultimately denied** because too few employees selected coverage.

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 or call us at (855) 532-5465.