

Overview

This Job Aid illustrates how to change a Health or Dental insurance plan and is intended for Certified Enrollment Counselors (CECs), Certified Insurance Agents (Agents), and Plan Based Enrollers (PBEs).

Change Plan

Consumers have the choice to change their Health and Dental insurance plan selected during Special Enrollment (SE), Renewal, or Open Enrollment (OE) for the following conditions:

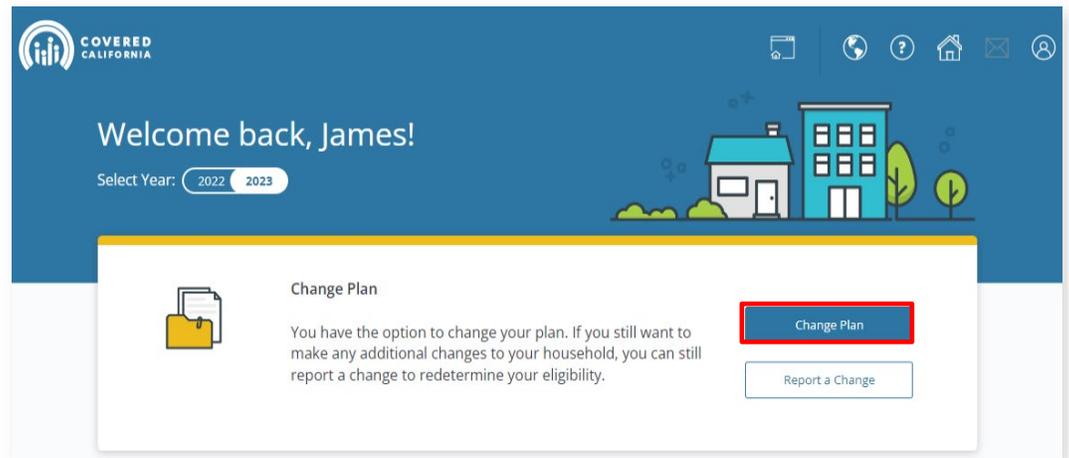
- The plan may be changed through the end of OE when a household is auto enrolled into the same plan from the previous year
- During the 60-day enrollment period following a Qualifying Life Event (QLE)
- The Consumer has the option to change their Health Plan when an eligibility determination results in the HH qualifying for the APTC-Detected Low FPL QLE

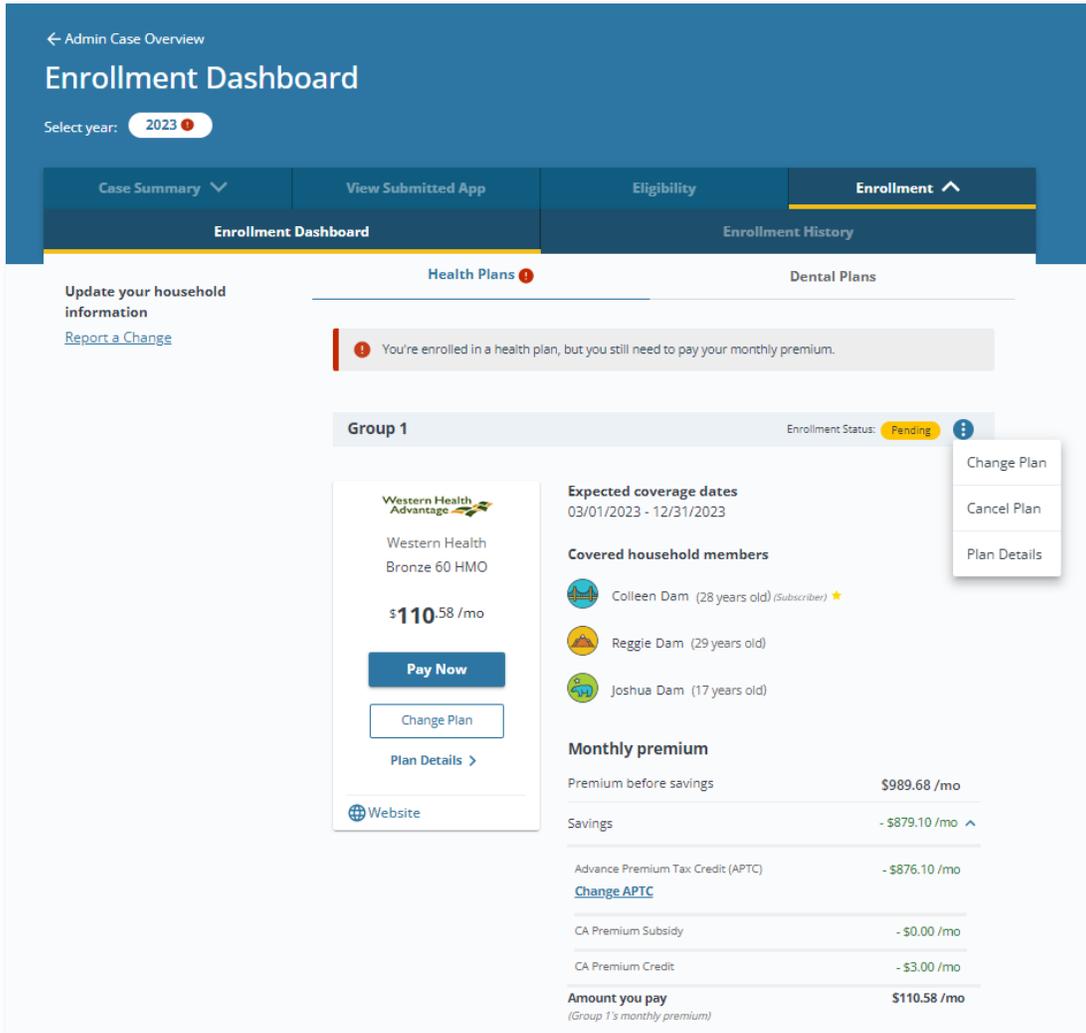
Note: This QLE remains in effect until a different QLE reason occurs through the end of the benefit year

Consumers may change their plan an unlimited number of times during the enrollment period. Any changes to a plan are effective the first day of the following month.

Note: The **Change Plan** button displays when an enrollment exists for both Health and Dental plans otherwise, the **Choose a Plan** button displays.

Clicking the **Change Plan** button on the Consumer Home page begins the change plan selection process. The *Enrollment Dashboard* displays. Alternatively, users may navigate to the *Enrollment Dashboard* by clicking the **Enrollment Dashboard** link located under the *Manage Your [YYYY] Application* section on the Consumer Home page.





← Admin Case Overview

Enrollment Dashboard

Select year: **2023**

Case Summary ▾ | View Submitted App | Eligibility | **Enrollment** ⌵

Enrollment Dashboard | Enrollment History

Health Plans **1** | Dental Plans

Update your household information
[Report a Change](#)

1 You're enrolled in a health plan, but you still need to pay your monthly premium.

Group 1 | Enrollment Status: **Pending** ⓘ

Western Health Advantage

Western Health Bronze 60 HMO

\$110.58 /mo

Pay Now

Change Plan

Plan Details >

Website

Expected coverage dates
03/01/2023 - 12/31/2023

Covered household members

- Colleen Dam (28 years old) (Subscriber) ★
- Reggie Dam (29 years old)
- Joshua Dam (17 years old)

Monthly premium

Premium before savings	\$989.68 /mo
Savings	- \$879.10 /mo
Advance Premium Tax Credit (APTC)	- \$876.10 /mo
CA Premium Subsidy	- \$0.00 /mo
CA Premium Credit	- \$3.00 /mo
Amount you pay <i>(Group 1's monthly premium)</i>	\$110.58 /mo

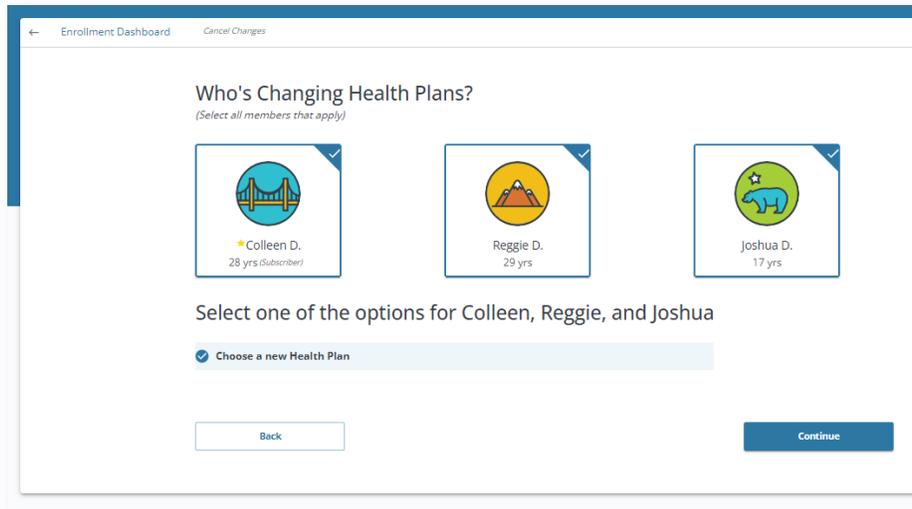
Change Plan
Cancel Plan
Plan Details

1. Click the **Change Plan** button on the health plan tile *or the Change Plan option* in the ellipses. *The Who's Changing Health Plans? page displays.*
2. Select the tile for the HHM who is changing plans.
3. In the *Select one of the options for [HHM(s)]* section, select the **Choose a new Health Plan** option.

Note: HHMs with more than one group may select a new plan or enroll in a plan with an existing group.

The **Continue** button enables.

4. Click the **Continue** button.



5. Complete the *Provide eSignature* and *Binding Arbitration Agreement* sections on the *Confirm Your Plan* page. The **Confirm** button enables.
 - Clicking the **Back to Choose a Health Plan** link navigates the user to the *Choose a Health Plan* page
6. Click the **Confirm** button. The *Plan Confirmation and Payment* page displays. The *Plan Confirmation and Payment* page displays the plan information, *Group Members* in the plan and the *Monthly premium*.



Change Plan Job Aid

Confirm Your Plan

[← Back to Choose a Health Plan](#) Expected coverage start date: 03/01/2023

PREFERENCES PLANS CONFIRMATION

Group 1: 2 Members 95758

Confirm Group 1's Health Plan



Kaiser
Platinum 90 HMO AI-AN
\$1027.64 /mo
[Plan Details >](#)

Group Members

- James B. (34) *
- Jessie B. (33) (Subscriber)

Monthly premium

Premium before savings	\$1172.30 /mo
Savings	-\$144.66 /mo
Amount you pay <small>(Group 1's monthly premium)</small>	\$1027.64 /mo

Provide eSignature

To confirm your plan, please read the statements below. Then agree to the terms and conditions. You'll have to enter your personal identification number (PIN) and eSignature to confirm.

- To file a federal income tax return on or before the due date for the return (including extensions of time for filing) to claim the Advance Premium Tax Credit (APTC) if applicable.
- To report changes to Covered California that affect my eligibility, including income, household size and address. These changes could affect the plan and APTC for which I am eligible.
- I cannot switch plans outside of the Open Enrollment Period unless I have a qualifying life event. Some of the qualifying life events are a permanent move that results in access to new plans, birth or adoption of a child, marriage or domestic partnership.

I agree to the terms and conditions above

Binding Arbitration Agreement

[Print](#)

I understand that every participating health plan has its own rules for resolving disputes or claims, including, but not limited to, any claim asserted by me, my enrolled dependents, heirs, or authorized representatives against a health plan, any contracted health care providers, administrators, or other associated parties, about the membership in the health plan, the coverage for, or the delivery of, services or items, medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), or premises liability. I understand that, if I select a health plan that requires

I confirm that I have read and agree to the Binding Arbitration Agreement above.

Review and sign

By entering my PIN and typing my full name I certify under penalty of perjury that I have read and understand the terms and conditions above.

Your personal identification number (PIN)

Your eSignature **Date**

11/9/2022

[Back to Shopping](#) Confirm

7. Click the **Exit to Enrollment Dashboard** link to navigate back to the *Enrollment Dashboard*.

Plan Confirmation and Payment

Expected coverage start date: 03/01/2023 [Print](#)

You have successfully confirmed the plan selection for Group 1

✓ PREFERENCES ———— ✓ PLANS ———— ✓ CONFIRMATION

Now that you have chosen a health plan, you need to make a payment. You must make your first payment by the due date for your coverage to start. You will get a bill from your insurance company with your due date. Or you can make a payment now by clicking on "Pay Now".



Kaiser
Platinum 90 HMO AI-AN

\$1027.64 /mo

[Pay Now](#)

Group Members

- James B. (34) ★
- Jessie B. (33) (Subscriber)

Monthly premium

Premium before savings	\$1172.30 /mo
Savings	- \$144.66 /mo ▾
Amount you pay <small>(Group 1's monthly premium)</small>	\$1027.64 /mo

Shop for Other Groups

Group 2

[Start Shopping](#)

Group Members

- Tessa B. (7) (Subscriber)

[Exit to Enrollment Dashboard >](#)