

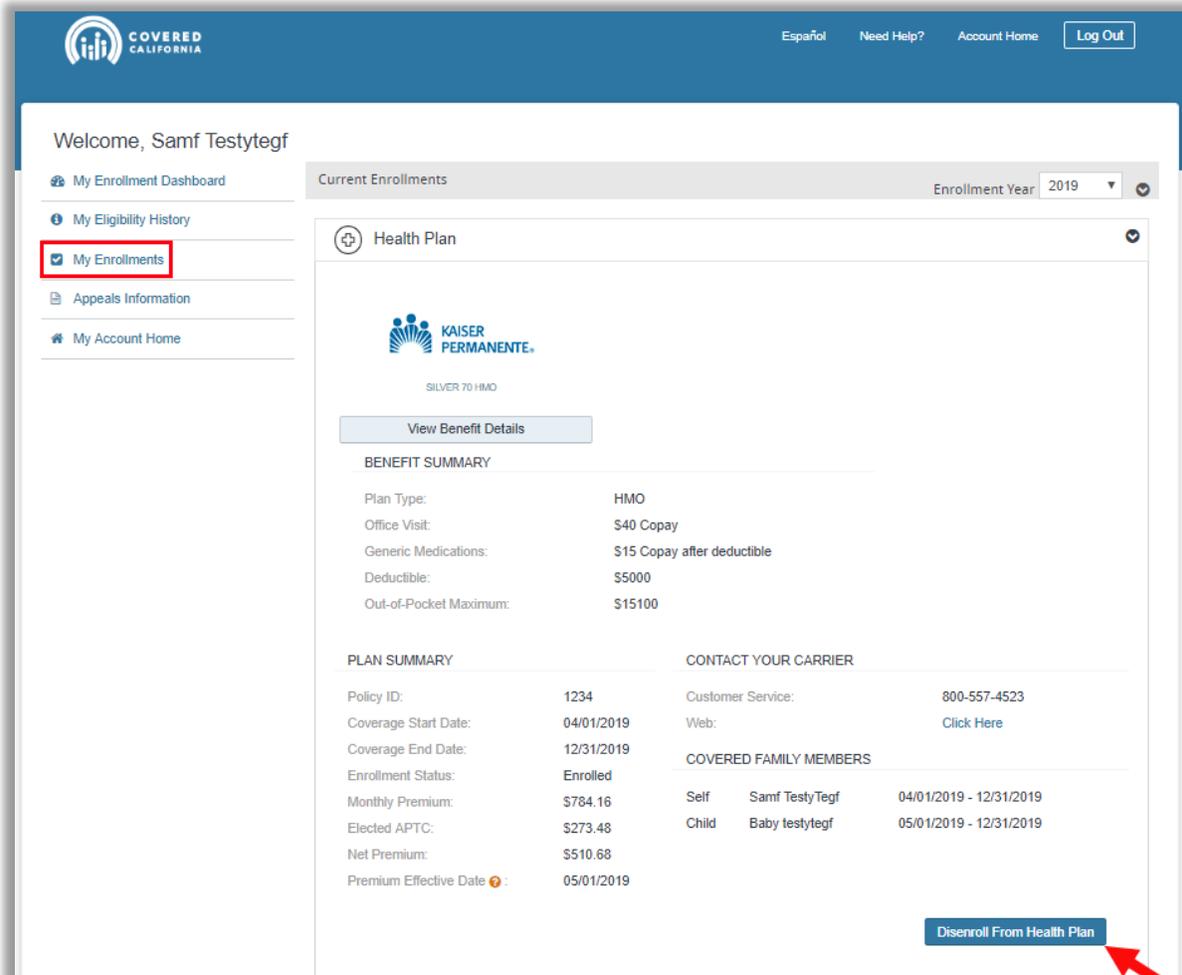
## Overview

This Job Aid is intended for Certified Enrollers assisting consumers who want to disenroll or cancel their current health and/or dental plan. Canceling coverage can only take place if the health or dental plan has not started yet. Disenrolling from coverage can only take place once the health or dental plan has already started.

## Disenrollment on Behalf of the Consumer

A Certified Enroller or consumer may disenroll from coverage if it is after the coverage start date. To assist a consumer in disenrolling from their current health and/or dental plan:

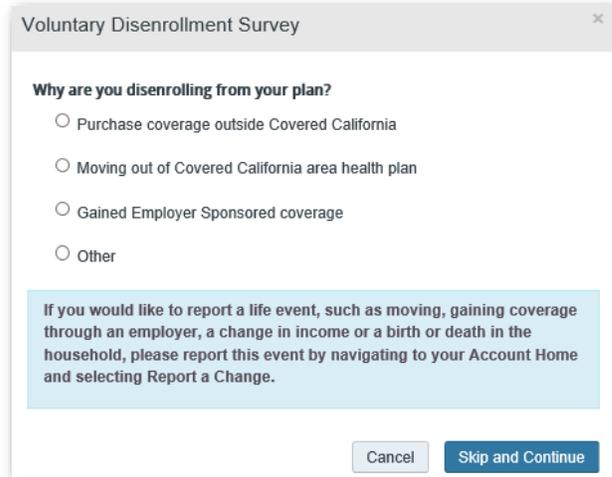
1. Navigate to the consumers *Home* page.
2. Select the **View Enrollment Dashboard** link located under *Manage My Application* section.
3. The Certified Enroller is navigated to the *Enrollment Dashboard* page.
4. Select the **My Enrollments** link from the left navigation panel.
5. The Certified Enroller is navigated to the consumers *Current Enrollment* page.



The screenshot shows the user interface for a Certified Enroller. The top navigation bar includes the Covered California logo, language options (Español), a 'Need Help?' link, 'Account Home', and a 'Log Out' button. The main content area is titled 'Welcome, Samf Testyteg' and features a left-hand navigation menu with links for 'My Enrollment Dashboard', 'My Eligibility History', 'My Enrollments' (highlighted with a red box), 'Appeals Information', and 'My Account Home'. The 'Current Enrollments' section shows an enrollment year of 2019. A 'Health Plan' card for Kaiser Permanente Silver 70 HMO is displayed, with a 'View Benefit Details' button. Below this, there are sections for 'BENEFIT SUMMARY', 'PLAN SUMMARY', and 'CONTACT YOUR CARRIER'. The 'BENEFIT SUMMARY' table lists: Plan Type: HMO; Office Visit: \$40 Copay; Generic Medications: \$15 Copay after deductible; Deductible: \$5000; Out-of-Pocket Maximum: \$15100. The 'PLAN SUMMARY' table lists: Policy ID: 1234; Coverage Start Date: 04/01/2019; Coverage End Date: 12/31/2019; Enrollment Status: Enrolled; Monthly Premium: \$784.16; Elected APTC: \$273.48; Net Premium: \$510.68; Premium Effective Date: 05/01/2019. The 'CONTACT YOUR CARRIER' section lists Customer Service: 800-557-4523 and a 'Click Here' link. The 'COVERED FAMILY MEMBERS' table lists: Self: Samf TestyTegf (04/01/2019 - 12/31/2019) and Child: Baby testytegf (05/01/2019 - 12/31/2019). A blue button labeled 'Disenroll From Health Plan' is located at the bottom right of the plan card, with a red arrow pointing to it.

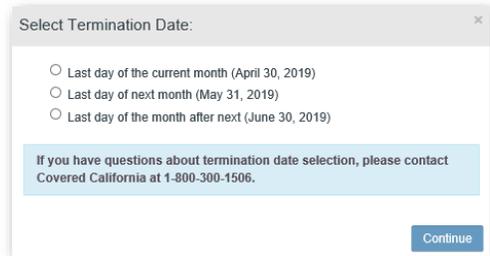
6. Select the **Disenroll From Health (Dental) Plan** button.
7. The *Voluntary Disenrollment Survey* popup displays:
  - Why are you disenrolling from your plan?
    - Purchase coverage outside Covered California
    - Moving out of Covered California area dental plan
    - Gained Employer Sponsored coverage
    - Other
    - A message displays informing the user that if the intent is to report a change rather than disenrolling from coverage, they may do so via the **Report a Change** link on the *Account Home* page

*Note: This survey is voluntary*

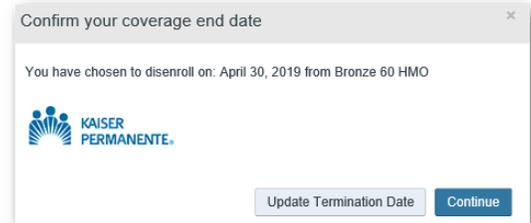


8. Select the **Cancel** button to cancel this action or;
9. If the consumer would like to answer the voluntary survey, select the appropriate response and select the **Continue** button to proceed or;
10. If the consumer does not want to answer the voluntary survey, select the **Skip and Continue** button to proceed.
11. The *Select Termination Date* popup displays with a required end date selection as follows:

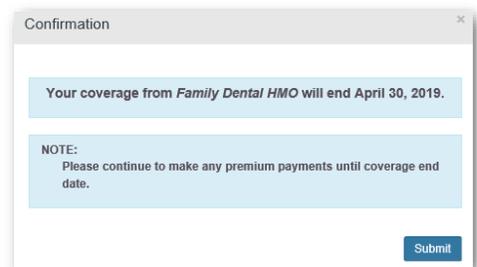
- Last day of the current month
- Last day of the next month
- Last day of the month after next



12. Select the option based on the consumers preference and select the **Continue** button.
13. The *Confirm your coverage end date* popup displays allowing the Certified Enroller to confirm the end date to proceed with the disenrollment.
  - To update the end date, select the **Update Termination Date** button. The Certified Enroller is returned to the *Select Termination Date* popup.



14. Select the **Continue** button on the *Confirm your coverage end date* popup to proceed with the disenrollment. A final *Confirmation* popup displays a message *Your coverage from [plan] will end [Month, Date, Year]*. A note also displays informing the consumer to continue making premium payments if an end date was selected for a future month.



15. Select the **Submit** button to complete the disenrollment process. A *Voluntary Disenrollment Request Submitted* popup displays.

16. Select the **Go To Dashboard** button to return to the *Enrollment Dashboard*.

*Note: The Plan Summary for the disenrolled plan is updated to a status of Terminated*

**Voluntary Disenrollment Request Submitted** ✕

We have received your request for voluntary disenrollment. We will notify the insurance company of this request.

If you have any questions, please call 1-800-300-1506.

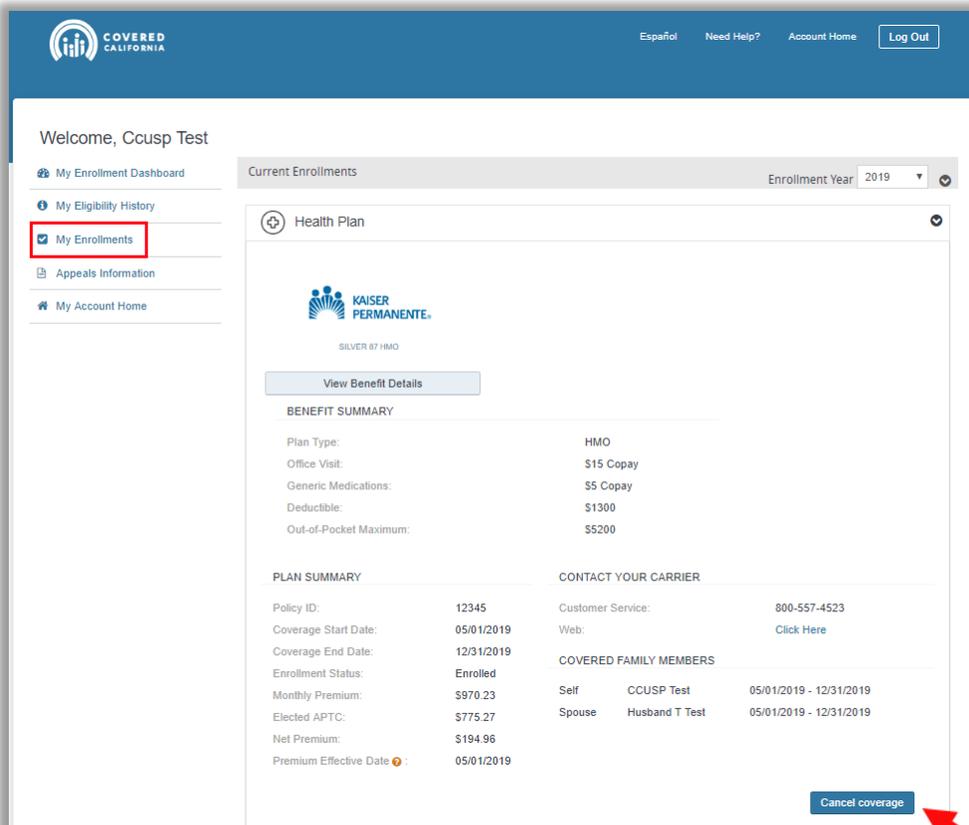
[Go To Dashboard](#)

PLAN SUMMARY	
Coverage Start Date:	02/01/2019
Coverage End Date:	04/30/2019
Enrollment Status:	Terminated
Monthly Premium:	\$8.45
Net Premium:	\$8.45
Premium Effective Date :	02/01/2019

### Cancel on Behalf of the Consumer

If a Health or Dental plan's coverage has not yet started, meaning the start date is in the future, the health and/or dental plan cannot be disenrolled. It can only be cancelled. The following steps illustrate how a Certified Enroller can cancel enrollment for a plan that has not yet started on behalf of the consumer.

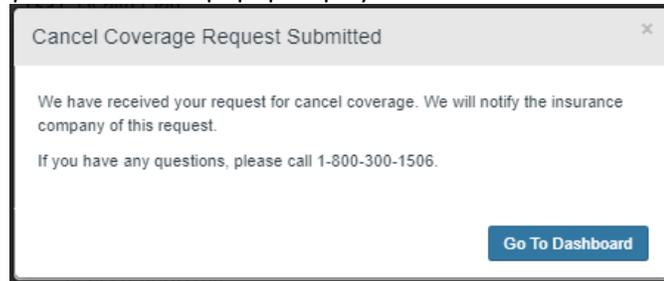
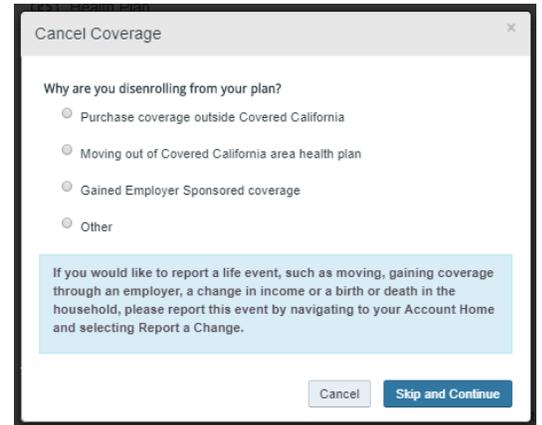
1. Navigate to the consumers *Home* page.
2. Select the **View Enrollment Dashboard** link located under *Manage My Application*.
3. The Certified Enroller is navigated to the *Enrollment Dashboard* page.
4. Select the **My Enrollments** link from the left navigation panel.
5. The Certified Enroller is navigated to the consumers *Current Enrollment* page.
6. Select the **Cancel Coverage** button.



The screenshot shows the 'Current Enrollments' page for a user named 'Ccusp Test'. The left navigation menu has 'My Enrollments' highlighted with a red box. The main content area displays details for a 'Health Plan' (Kaiser Permanente Silver 87 HMO). At the bottom right of the plan details, a blue button labeled 'Cancel coverage' is highlighted with a red arrow.

7. The *Voluntary Cancel Survey* popup displays:
  - Why are you disenrolling from your plan?
    - Purchase coverage outside Covered California
    - Moving out of Covered California area dental plan
    - Gained Employer Sponsored coverage
    - Other

*Note: This survey is voluntary*
8. Select the **Cancel** button to cancel this action or;
9. If the Consumer would like to answer the voluntary survey, select the appropriate response and select the **Continue** button to proceed or;
10. If the consumer does not want to answer the voluntary survey, select the **Skip and Continue** button to proceed.
11. The *Cancel Coverage Request Submitted* popup displays confirmation of the action has been completed.



12. Select the **Go To Dashboard** button to return to the *Enrollment Dashboard* page.  
*Note: In the Plan Summary section, the Enrollment Status displays the updated status as Cancelled.*

