



# Consumer Options for Terminating Plans and Reporting Changes



*October 2023*

*This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator personnel in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFMs where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This material was produced and disseminated at U.S. taxpayer expense.*

# Objectives

- Helping consumers cancel or terminate coverage
- Helping consumers report changes to the Marketplace



# Ending Coverage

- Consumers may voluntarily end their enrollment upon request for any reason.
- Common reasons include:
  - Obtaining other minimum essential coverage (MEC) such as Medicare, Medicaid, or job-based coverage; or
  - Simply wanting to end coverage.

Source: [45 CFR § 155.430](#)



# Ending Coverage: Terminating Coverage vs. Canceling Coverage

- When **terminating** coverage:
  - The consumer has enrolled and paid at least one month's premium (i.e., coverage has been effectuated).
  - If the consumer is ending coverage for some, but not all, members on the application, their coverage will end immediately in most cases.
- When **canceling** coverage:
  - The consumer generally has not yet effectuated coverage with their first premium payment.

# Knowledge Check #1

Fill in the blank:

If a consumer wishes to prospectively end coverage that has been effectuated, the consumer is generally \_\_\_\_\_ their coverage.

- A. Terminating
- B. Canceling



# Knowledge Check #1 Answer

Fill in the blank:

If a consumer wishes to prospectively end coverage that has been effectuated, the consumer is generally \_\_\_\_\_ their coverage.

- A. Terminating**
- B. Canceling

The answer is A. Terminating



# Example #1: Ending Coverage for All Enrolled Individuals: Select Existing Application

To end coverage for all enrolled individuals, consumers should:

- Log into their HealthCare.gov account;
- Go to “My Applications & Coverage;” then
- Select the desired application under “Your existing applications.”

MY APPLICATIONS & COVERAGE

MY PROFILE

MESSAGES

Susan, what would you like to do?

Get coverage for:

Select Year  Select State

**APPLY OR RENEW**

**Don't see your state?** Visit the website of your state-based Marketplace, or call the Marketplace Call Center at 1-800-318-2596 (TTY:1-855-889-4325). [Find your State's website.](#)

**Your existing applications:**

[2023 Delaware application for Individual & Family Coverage](#) Status: **Completed**  
ID#: 4387739204 **REMOVE**

# Ending Coverage for All Enrolled Individuals: “My plan & programs” Screen

- Once the consumer has selected the desired existing application, the screen will display the current coverage and premium tax credit panels, if applicable.
- To continue with termination, select “My plans & programs.”

The screenshot displays a user interface for a 2023 application. At the top, a dark blue header contains the text "2023 application for Individuals & Families (ID#: 19942938)" and a link "View all applications". Below the header is a navigation menu with a yellow arrow pointing to "My plans & programs". The main content area is divided into two columns: "MY COVERAGE" and "PREMIUM TAX CREDIT".

**MY COVERAGE**

- My plans & programs**  
GrayBar Insurance Inc. Preferred Silver 5250  
Susan and John  
Status: Initial Enrollment
- Molar Magic PPO Preventive**  
Susan and John  
Status: Initial Enrollment

**PREMIUM TAX CREDIT**

**Premium tax credit usage**  
Dan

<b>Using:</b> \$336.48 per month	<b>Eligible for:</b> \$354 per month
-------------------------------------	-----------------------------------------

A green progress bar is shown below the usage information.

**PAY YOUR FIRST PREMIUM**

# Ending Coverage for All Enrolled Individuals: Terminate Coverage

- On the “My plans & programs” screen, consumers can view their current status, plan benefits, and enrolled individuals.
- Select the **END (TERMINATE) ALL COVERAGE** button when the consumer(s) are not seeking new Marketplace coverage.

**Terminate coverage**

You can terminate (end) your Marketplace coverage.

To end your coverage in **all** plans and programs (including dental plans), select "END (TERMINATE) ALL COVERAGE."

To end your coverage in all or some **dental** plans, select "END (TERMINATE) DENTAL COVERAGE."

Enrolled in 2 plan(s)



The screenshot displays a user interface for terminating coverage. At the top, the heading "Terminate coverage" is followed by instructions: "You can terminate (end) your Marketplace coverage." Below this, two options are provided: "To end your coverage in **all** plans and programs (including dental plans), select 'END (TERMINATE) ALL COVERAGE.'" and "To end your coverage in all or some **dental** plans, select 'END (TERMINATE) DENTAL COVERAGE.'" The user's status is shown as "Enrolled in 2 plan(s)". Two red buttons are visible: "END (TERMINATE) ALL COVERAGE" and "END (TERMINATE) DENTAL COVERAGE". A yellow arrow points to the "END (TERMINATE) ALL COVERAGE" button.

# Ending Coverage for All Enrolled Individuals: Confirm End (Terminate) Coverage

Once the consumer has selected the **END (TERMINATE) ALL COVERAGE** button, they will be asked to confirm the date they want to end their current plan(s). Consumers should then acknowledge the statement and select the **END COVERAGE** button.

**My plans & programs**

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

## You've chosen to end coverage

**GrayBar Insurance Inc. Preferred Silver 5250**  
Susan Griffith and John Smith

**Molar Magic PPO Preventive**  
Susan Griffith and John Smith

**Choose the date you want your coverage to end**  
Be sure to select a date, or your coverage will end on the date currently shown below.

09/30/2023

MM/DD/YYYY

**Important:** You're about to end (terminate) this coverage. If any of the people above get health care services or supplies after 09/30/2023, they'll have to pay the full cost.

You've chosen to end (terminate) this coverage on the date selected above:

**GrayBar Insurance Inc. Preferred Silver 5250**  
Susan Griffith and John Smith

**Molar Magic PPO Preventive**  
Susan Griffith and John Smith

These people can only enroll in 2023 coverage if they've had certain life events that make them eligible for a Special Enrollment Period, or they can enroll in 2024 coverage before Open Enrollment ends on 01/15/2024.

[Learn more about ending your coverage](#)

I fully understand that I'm choosing to end coverage for the plan above for all members of my household that are currently enrolled in this plan. I understand that we may not be able to enroll in other Marketplace coverage until the next Open Enrollment, unless we qualify for a Special Enrollment Period.

**KEEP COVERAGE** **END COVERAGE**

# Ending Coverage for All Enrolled Individuals: “Confirmation” Screen

- The confirmation screen will display the status of the coverage selected for termination and the dates of coverage.

**Status:** Terminated (coverage ended on 09/30/2023) 

**GrayBar Insurance Inc.**  
**Preferred Silver 5250**  
**11574000020005**

You pay: **\$1.00/mo.**

Coverage record

Coverage dates	Premium	<a href="#">Premium tax credit</a>	You pay	Members
01/01/2023 - 09/30/2023	\$337.48	\$336.48	\$1.00	Susan, John

**Status:** Terminated (coverage ended on 09/30/2023) 

**Molar Magic PPO Preventive**  
**43241000010001**

You pay: **\$10.36/mo.**

Coverage record

Coverage dates	Premium	<a href="#">Premium tax credit</a>	You pay	Members
01/01/2023 - 09/30/2023	\$10.36	\$0.00	\$10.36	Susan, John

# Ending Coverage for the Entire Enrollment Group

- To end coverage for the entire enrollment group, consumers should:
  - Log into their HealthCare.gov account and select “My Applications & Coverage;”
  - Navigate to “My plans & programs;”
  - Select the **END (TERMINATE) ALL COVERAGE** button; then
  - Select the **TERMINATE COVERAGE** button.
- A red “Status: terminated” bar should then appear above the plan that was terminated.

**Note:** Following these steps will end every health and dental policy for the entire enrollment group.

# Process for Ending Coverage

In some cases, consumers will need to end Marketplace coverage by calling the Marketplace Call Center. In other cases, consumers can end their coverage online using HealthCare.gov (as in the example in the previous slides). This depends on:

- If everyone on the application is ending their coverage or just some people



# Process for Ending Coverage (Cont.)

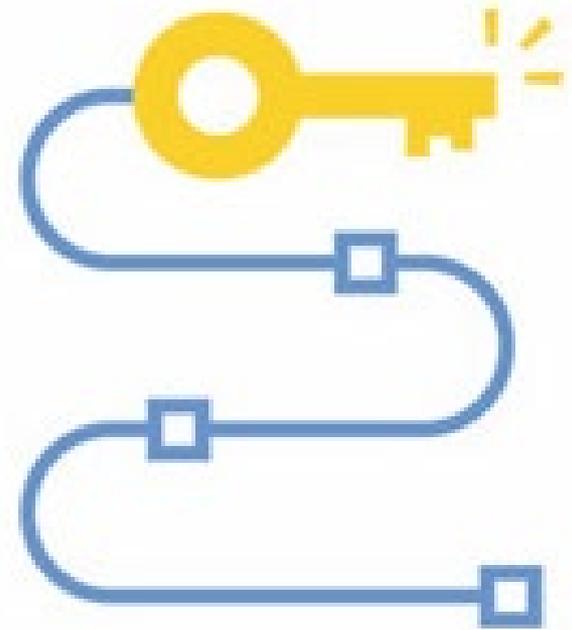
If the person who is ending their Marketplace coverage is the household contact (subscriber) on the application, then the household contact should call the Marketplace Call Center to:

- End the household contact's Marketplace coverage.
- Designate a new household contact.
- Ensure that those remaining on their Marketplace plan don't lose their coverage.

**Note:** When the subscriber is being removed from the policy, a new policy for the remaining household members will be created. This will require the payment of a binder to effectuate coverage.

# Process for Ending Coverage (Cont.)

**Key Takeaway:** Consumers should not try to change or remove the household contact online unless they're ending coverage for everyone on the plan. Instructions on ending Marketplace coverage are available at [Healthcare.gov/reporting-changes/cancel-plan](https://www.healthcare.gov/reporting-changes/cancel-plan).



# Example #2 Ending Coverage for One or More Members of the Enrollment Group

- If a consumer wishes to remove someone from the enrollment group to terminate that person's coverage but does not wish to remove everyone from the enrollment group, the consumer should call the Marketplace Call Center.
  - In order to avoid unintentionally ending coverage for all consumers, any requests to end coverage for just some enrollees on the application must be done through the Marketplace Call Center.

**Note:** Once an individual is removed from the policy, if the person removed is the policyholder or if the removal results in another change to the policy (e.g., it changes from a family plan to a self-only plan or a standard plan to a child-only plan), the remaining enrollees on the application may need to enroll in a new policy.

# Example #3: Removing a Member From an Application Due to Death, Divorce, or a Different Reason

- To remove a household member completely from an application due to death, divorce, or a different reason, consumers should:
  - Log into their HealthCare.gov account;
  - Go to “My Applications & Coverage;”
  - Select the desired application under “Your existing applications;”
  - Select the “Report a life change” option in the menu;
  - Select the type of life change they are reporting; and
  - Select the **Continue** button.
- Once they proceed through the application to the “Who needs health coverage?” screen, they should select **Remove** next to the name of the member they want to remove.

# Removing a Member From an Application Due to Death, Divorce, or a Different Reason: Select Reason for Removal

- Once the consumer selects **Remove**, they will confirm on the next screen whether they want to remove the member from the application and the reason they are removing the member (e.g., death, divorce, or a different reason) or keep them on the application as a non-applicant.
- In this next example, Patty needs to remove Jack from the application, as he recently passed away, but keep herself and her daughter Emma on the application. She selects “Remove Jack from the application.”
- The screen then expands and asks why Patty is removing Jack. Patty will select “Jack is deceased.”

HealthCare.gov Patty Menu

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## Remove Jack?

**Remove Jack, or change their coverage needs?**  
[Learn more about removing or changing coverage needs.](#)

Remove Jack from the application.

Change Jack's status to "Doesn't need coverage" and keep them on the application.

**Why are you removing Jack?**

Jack is deceased.

A different reason.

# Removing a Member From an Application

## Due to Death: Enter Date of Death

- Once Patty answers these questions, the screen will expand further and ask for the date the member became deceased. Patty will enter the date of Jack's death.
- Note that a yellow box alert will display indicating the deceased member's information may still be needed for determining eligibility for cost savings. Other removal scenarios (e.g., divorce, a different reason) will have slightly different text alerting the consumer of the option to keep the member on the application in non-applicant status rather than removing them.
- Next, Patty will select the **Save & continue** button.

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### Remove Jack?

Remove Jack, or change their coverage needs?

[Learn more about removing or changing coverage needs.](#)

- Remove Jack from the application.
- Change Jack's status to "Doesn't need coverage" and keep them on the application.

Why are you removing Jack?

- Jack is deceased.
- A different reason.

Date Jack became deceased

For example: 09/28/2023

Month Day Year  
8 / 23 / 2023



**⚠** Although this person is deceased, if their income will be included on the 2024 tax return of anyone on the application, it may affect eligibility for tax credits and other cost savings

If this is the case, reduce the amount of tax credits you accept when you enroll in a plan, to avoid having to pay money back at tax time.

[Learn more about why a person's information may still be needed.](#)

Save & continue

Cancel

# Removing a Member From an Application Due to Death: Confirm Remove

- The application now shows that Jack will be removed from the application and that Patty and Emma are still listed as needing coverage.
- Patty will select the **Save & continue** button to proceed through the rest of the application.

HealthCare.gov Patty 

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## Who needs health coverage?

[Learn more about who not to include.](#)

### Needs coverage

[Learn more about editing or removing someone.](#)

✓ Patty	<a href="#">Edit</a>
✓ Emma	<a href="#">Edit</a>   <a href="#">Remove</a>

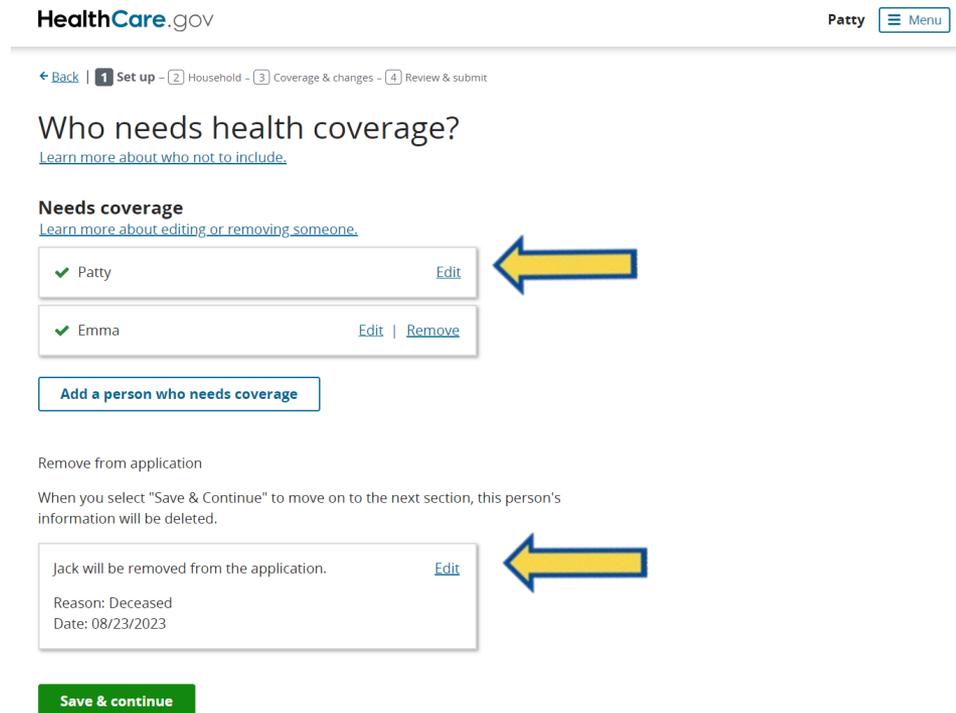
[Add a person who needs coverage](#)

Remove from application

When you select "Save & Continue" to move on to the next section, this person's information will be deleted.

Jack will be removed from the application. Reason: Deceased Date: 08/23/2023	<a href="#">Edit</a>
------------------------------------------------------------------------------------	----------------------

[Save & continue](#)



# Knowledge Check #2

Fill in the blank:

If a consumer wishes to remove someone from the application but does not wish to remove everyone from the application, the consumer should\_\_\_\_\_.



# Knowledge Check #2 Answer

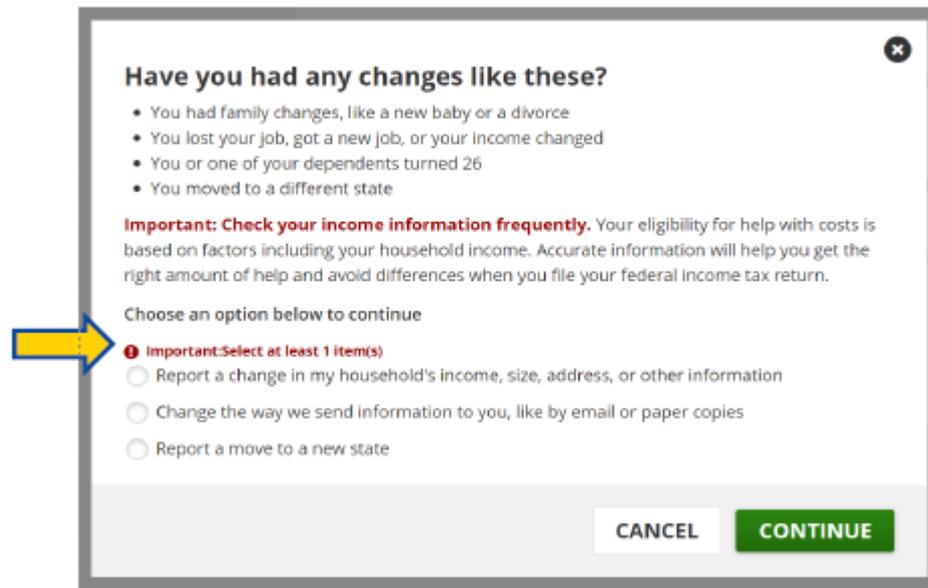
Fill in the blank:

If a consumer wishes to remove someone from the application but does not wish to remove everyone from the application, the consumer should call the Marketplace Call Center.



# Reporting a Life Change

**Note:** The process to remove some, but not all, members from Marketplace coverage is the same process that you will advise consumers to follow when helping them report other important life changes to the Marketplace.



**Have you had any changes like these?**

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

**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 change in my household's income, size, address, or other information
- Change the way we send information to you, like by email or paper copies
- Report a move to a new state

**CANCEL** **CONTINUE**

# Examples of Other Changes Consumers Should Report to the Marketplace

## Type of Life Change/Change in Circumstances

- New person on the application (e.g., birth, marriage)
- Removal of a person from the application (e.g., death, divorce, dependent turning 26)
- Relocation to a new address (e.g., new service area/county or state)
- Loss of access to other coverage (e.g., employer coverage)
- New access to other coverage (e.g., employer coverage)
- New access to coverage from a public program [e.g., Medicaid, the Children's Health Insurance Program (CHIP)]
- Release from incarceration
- Become incarcerated
- Change in citizenship or immigration status
- Pregnancy
- Change in tax filing status/tax household composition
- Change in status as an American Indian/Alaska Native or tribal status
- Change in disability status
- Correction to name, date of birth (DOB), or Social Security Number (SSN)
- Increase or decrease in income for anyone on the application
- Communication preferences:
  - Email address
  - Phone number
  - Language preferences
  - Add or remove phone text alert
  - Mailing of paper notices

# Tips for Assisters

- For more information on reporting changes to the Marketplace, visit:
  - [HealthCare.gov/reporting-changes/how-to-report-changes](https://www.healthcare.gov/reporting-changes/how-to-report-changes)
  - [HealthCare.gov/reporting-changes/which-changes-to-report](https://www.healthcare.gov/reporting-changes/which-changes-to-report)
- 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 Marketplace Call Center representative will follow a process to track and resolve the problem or refer the enrollee to the issuer, if appropriate.

# Q&A: Scenario #1

**Q: I'm helping a consumer whose son just got a new job and she needs to remove him as a dependent on her QHP. Does she have to wait for Open Enrollment to do this?**

**A No. She should call the Marketplace Call Center to request that her son's coverage be ended.**



# Q&A: Scenario #2

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

**A:** If no enrollees on the application need to keep their coverage, the consumer should follow the “End Coverage” process. Generally, to avoid a gap in coverage, consumers should submit their termination request the day before their new coverage is effective, or they should immediately select a new plan after terminating their old plan to avoid a gap in coverage. For example, if new coverage will start on May 1, consumers should terminate their existing coverage on April 30. If they wish, consumers can also set a future Marketplace coverage end date, if they know when their new coverage will become effective.

# Recap Question #1

**Q: What is the difference between canceling and terminating a plan, and how do the steps for doing so differ?**

A: Canceling coverage generally refers to ending coverage effective before the coverage is effectuated. In most cases, the consumer may have chosen a plan on the Marketplace and will effectuate it at a future date, but the consumer has not yet paid their first premium payment.

Terminating coverage refers to when the consumer has chosen a plan and effectuated coverage by paying the first premium payment and ends the coverage effective after the date the coverage was effectuated.

In most cases, the process for both canceling and terminating coverage is the same.

# Recap Question #2

**Q: Can you review the steps for terminating coverage for all members of a family?**

**A: To terminate coverage, consumers should:**

- Log into their HealthCare.gov account and select “My Applications & Coverage;”
- Navigate to the “My plans & programs” tab;
- Select the **END (TERMINATE) ALL COVERAGE** button; then
- Select the **END COVERAGE** button.



# Recap Question #3

**Q: Can you review what a consumer needs to do if they want to remove some, but not all, members on the Marketplace?**

A: If a consumer wishes to remove someone from the application but does not wish to remove everyone, the consumer should call the Marketplace Call Center.



# Important Reminders

- Steps for terminating and canceling coverage are the same in most cases.
- When ending coverage for some, but not all, family members; removing someone from the consumer's application; or reporting qualifying life changes, the applicant will receive a new eligibility determination notice.
- Deleting an application DOES NOT cancel the policy.
- Remind consumers to return to their application to report changes throughout the year.
- **Note:** The Marketplace Appeals Center does not review appeals for termination disputes (i.e., a consumer who wants a retroactive termination—this is not appealable). Retroactive terminations due to Marketplace error or technical issue may be reviewed by caseworkers and evaluated, but if the retroactive termination is denied, there are no appeal rights.
- Visit [HealthCare.gov/how-to-cancel-a-marketplace-plan](https://www.healthcare.gov/how-to-cancel-a-marketplace-plan) for more information.
- Call the Marketplace Call Center for help: **1-800-318-2596**.

# Resources

- [HealthCare.gov/apply-and-enroll/change-after-enrolling/](https://www.healthcare.gov/apply-and-enroll/change-after-enrolling/)
- [CMS.gov/marketplace/technical-assistance-resources/report-life-event.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/report-life-event.pdf)
- Marketplace Assister Microlearning:  
[CMS.gov/marketplace/technical-assistance-resources/marketplace-assister-microlearning](https://www.cms.gov/marketplace/technical-assistance-resources/marketplace-assister-microlearning)

