



Cancelling or Terminating Consumer Marketplace Coverage

This tip sheet reviews how agents and brokers can assist consumers in cancelling or terminating Marketplace coverage.

When Consumers Should End Their Enrollment in the Marketplace

Consumers may want or need to end their Marketplace plan if they get other health coverage, or for other reasons. When and how consumers end their Marketplace plan depends on:

- » The reason they are ending coverage:
 - Obtained job-based health insurance
 - Are told they are “eligible” or “may be eligible” for Medicaid or the Children’s Health Insurance Program (CHIP)
 - Become eligible for Medicare
 - Obtained health coverage through another source
 - For another reason, such as voluntary termination
 - Someone on their application died
 - For somebody who has died and who was NOT on their Marketplace application
 - Are informed their “grandfathered” health plan is being changed or canceled
- » Which consumers on the plan are cancelling coverage (i.e., for everyone on the Marketplace application or just for some household members)

Consumers should not end their Marketplace plan until they know when their new coverage starts. Once consumers end their Marketplace coverage, they cannot re-enroll in a Marketplace plan until the next annual Open Enrollment period (unless they qualify for a special enrollment period [SEP]).

Agents and brokers can help consumers end their enrollment through the Marketplace with financial assistance if these consumers are determined eligible for Medicare/Medicaid or CHIP.

 **Note:** Marketplace coverage does not end automatically if a consumer is found eligible for Medicare/Medicaid or CHIP. Agents and brokers should explain that if these consumers do not cancel their enrollment with financial assistance through the Marketplace, they may have to pay back the advance payments of the premium tax credit that they received through the Marketplace for the months they were eligible for Medicare/Medicaid or CHIP coverage.

Ending Marketplace Coverage for the Household Contact Only

The household contact is usually the person who created the Marketplace account, and may have filled out the application to buy the Marketplace plan for his or her spouse or dependents.

To cancel Marketplace coverage for the household contact or change the household contact, consumers must contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Consumers should not try to change or remove the household contact online unless they are ending coverage for everyone on the plan. It is important to change or remove the household contact by phone to confirm dependents remain on the plan.



Ending Marketplace Coverage for Everyone on the Plan

If applicable, consumers can end coverage for everyone on their Marketplace plan (i.e., everyone gets health coverage from another source.)

If consumers are ending coverage for everyone on the application after their coverage has started, they may request same day termination (i.e., the termination takes effect on the date of their request). Consumers can also set their Marketplace coverage end date to a day in the future (e.g., if the consumer knows his or her new coverage will start on the first day of the following month).

Consumers who need to end Marketplace coverage for all household members on a plan or, or if the consumers cancelling coverage are the only ones covered on their plan, they should:

1. Log into their Marketplace account.
2. Select their name in the top right of the screen, and select “My applications & coverage.”
3. Select their application under “Your existing applications.”
4. On the left, select “My plans & programs.”
5. Select the red button “End (Terminate) All Coverage” at the bottom.
6. Select the date for desired coverage end date (if updating information outside the Open Enrollment period).
7. Check the attestation box.
8. Select the red “Terminate Coverage” button; a red “Terminated” or “Canceled” status should appear above the plan the consumer ended.

Consumers may also end Marketplace coverage for all household members by contacting the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Ending Marketplace Coverage for Some Household Members on the Plan

Consumers can end coverage for only some household members on their Marketplace plan (i.e., a spouse or dependents). If consumers are ending coverage for just some household members on the application, in most cases, coverage for these individuals will end immediately. The best way to ensure consumers receive their desired coverage end date is by requesting the change by contacting the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889- 4325).

To help consumers end Marketplace coverage online for some household members on the plan (excluding the household contact, but including terminating coverage for a deceased household member), the consumer should follow these steps:

1. Log into their Marketplace account.
2. Select consumer name in the top right of the screen, and select “My applications & coverage.”
3. Select application under “Your existing applications.”
4. Select “Report a life change” on the menu to the left.
5. Select “Report a life change” near the bottom.
6. Select “Report a change in my household’s income, size, or other information.”
7. Select “Save & Continue.”
8. Continue through the application, updating information as necessary.
9. For the “Who needs health coverage” question, indicate the household members who they want to



keep Marketplace coverage.

10. Select "Remove" for individuals for Marketplace plan removal.

11. Select to remove that applicant from the application.

12. Select reason for removal.

13. Confirm the removal.

14. Review who needs coverage and who is removed from the application and select the "Save & Continue" button.



Note: Consumers must **complete steps 11, 12, and 13 for each household member** whom they want to remove from their Marketplace plan. After removing these people from the list of individuals who need Marketplace coverage, if these people whose coverage has been cancelled are still members of the tax household, consumers need to add them back in as individuals in the household who do not need Marketplace coverage. This is because consumers' premium tax credits and cost-sharing reductions are based on income for everyone in the household — including household members who do not need Marketplace coverage.

15. Continue through the application, updating information as necessary.

16. When consumers get to the screen that asks about household information, they should answer questions appropriately and list the members of their tax household. This may include listing people the consumer just removed as applicants, if they are still a member of the tax household.

17. Select the "Save & Continue" button.

18. Continue through the application, adding or updating information as needed.

19. When consumers get to the Eligibility results screen, select "View Eligibility Notice (PDF)." After consumers have read the results, select "Continue to Enrollment."



Note: Consumers must complete all items on the "To-Do List," including selecting and confirming a Marketplace plan.

- » The plan selection will show only household members who applied and were found eligible to enroll in a Marketplace plan. Household members who are or may be eligible for Medicaid or CHIP OR who are no longer applying for Marketplace coverage will not appear in the plan selection.
- » Consumers who are continuing Marketplace coverage must select and confirm their enrollment in a Marketplace plan for the coverage changes to take effect. Consumers eligible for an SEP can select a new plan if they want to.
- » Once enrollment in a Marketplace plan is confirmed, coverage will end for the household members who have been removed from the Marketplace application.

In some cases, coverage will not end immediately, including when the household members staying on the Marketplace plan qualify for an SEP. For example, if the consumer updates his or her household income after ending coverage for one or more people and the amount of premium tax credits or other cost savings changes, the remaining enrollees may qualify for an SEP

- » If a consumer is removed, their last day of coverage will be the last day of the current month. Regardless of the day of the month the consumer removes their coverage, their new coverage effective date will be the first date of the following month.

If consumers need their Marketplace coverage to end immediately, they can contact the Marketplace Call Center at 1- 800-318-2596 (TTY: 1-855-889-4325) to have the coverage end-date adjusted.



Ending Stand-Alone Dental Plan Coverage for Everyone on the Plan While Keeping Marketplace Health Coverage

If consumers bought a stand-alone dental plan when they enrolled in a Marketplace health plan and now want to end only their dental coverage, they can do so at any time. Consumers are not required to have dental coverage.

Consumers may request same day termination of their dental coverage or may specify a future date when they want it to end. A consumer cannot request a retroactive date. To select which household members are ending dental coverage, consumers should follow these steps:

1. Log into their Marketplace account.
2. Select the name in the top right of the screen, and select “My applications & coverage.”
3. Select the application under “Your existing applications.”
4. On the left, select “My plans & programs.”
5. Select the red button “End (Terminate) Dental Coverage” at the bottom.
6. Select the plan or plans they want to end (if updating information outside of the Open Enrollment period).
7. Select the date they want to end their coverage
8. Check the attestation box.
9. Select the red “Terminate Coverage” button; a red “Terminated” or “Canceled” status should appear above the plan the consumer ended.



Note: If consumers voluntarily end their dental coverage or are terminated for not making premium payments, they may not be eligible to enroll in dental coverage until the next Open Enrollment period.

Consumers can also end the dental coverage for all household members by phone by contacting the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

To end a stand-alone dental plan for some household members on a plan while keeping their Marketplace health coverage plan, consumers should navigate to Plan Compare where they can update their enrollment preferences to remove some members from their current dental enrollment.

Ending Coverage for an Enrollee Who Has Died but Is Not on a Consumer’s Same Marketplace Application

It is important to report the death of an enrollee as soon as possible so the deceased’s coverage can be terminated and the premium tax credit and other savings can be adjusted for remaining plan members.

If consumers need to end coverage for someone who has died and they are not the household contact or a member of the household on the deceased’s Marketplace application, a consumer can report the death of the deceased enrollee if the consumer is at least 18 years old by following these steps:

- » Submit copies of documents verifying the death, like a death certificate, obituary, court document providing proof of death, or proof that somebody has been named executor of the estate. The documents should include this information about the deceased:
 - Full name
 - Date of birth



- Application ID (if known)
- Social Security Number (if known)
- Contact information for the person submitting the documentation, including name, address, and phone number
- » If the documents do not contain the above information, include an attached note.
- » Mail **copies** of all documents to:
 - Health Insurance Marketplace
 - ATTN: Coverage Removal
 - Dept. of Health and Human Services 465 Industrial Blvd.
 - London, KY 40750-0001

The Marketplace Call Center will try to contact the consumer about ending coverage for the deceased, and re-enrolling anyone else who is still on the plan and needs coverage. The remaining household members may need to update their tax filing, financial, or other information on the Marketplace application. The death of a household member may qualify other household members for an SEP so they can change plans outside the annual Open Enrollment period. Consumers should contact the issuer of their Marketplace plan to see if any premium refunds or adjustments apply.