



## Special Enrollment for Pregnancy

Beginning January 1, 2025, persons who have a medically confirmed pregnancy will be eligible to enroll in a Qualified Health Plan outside of Open Enrollment through a Special Enrollment Period.

- Individuals must attest that they are pregnant, and that this pregnancy has been confirmed by a medical provider.
- The effective date for coverage can begin the first day of the first calendar month in which a medical professional determines that the pregnancy began or a later date if directed by the enrollee.
- If the coverage begins in previous months, the enrollee will be responsible for all premiums.
- This Special Enrollment applies to the pregnant person, and any individual who is eligible for coverage because of their relationship to the pregnant person (spouse and/or dependents)
- They may also be eligible for Financial Assistance through the Advance Premium Tax Credit to reduce premiums or Cost Share Reductions to reduce out of pocket expenses, as determined by the household size and income

### **Enrolling January 2025 through February 2025:**

A Banner on SSP Will Direct Persons on How To Enroll Through Exceptional Circumstance

‘If anyone in your household is pregnant, you are eligible to enroll in a qualified health plan using the Special Enrollment reason for exceptional circumstance.’

Enrollees will then use the Special Enrollment Reason:

- "A qualified individual or enrollee demonstrated to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide "

- “This SEP reason can only be used if you or someone in your household is pregnant and that pregnancy has been confirmed by a medical professional.”

Enrollees will then be asked the date they wish coverage to begin.

Enrollees will also be asked to provide a reason. By providing a reason they are attesting that they have a pregnancy confirmed by a medical provider.

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**1** If anyone in your household is pregnant, you are eligible to enroll in a qualified health plan using the Special Enrollment reason for exceptional circumstance. Please visit <https://kha.ky.gov/enrollment/Pages/PregnancySpecialEnrollmentReason.aspx> for more information and how to use the Special Enrollment Periods.

## Special Enrollment

If there has been a major change in your life, you may be eligible for special enrollment. Please select the reason that applies to you or a member of your household.

Please select a qualifying event that applies to you or someone in your household:

A qualified individual or enrollee demonstrated to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide

When did this change happen?

Enter the coverage date for the plan to start

Please provide details




This reason can only be used if you or someone in your household is pregnant and that pregnancy has been confirmed by a medical professional.

I am eligible for a Special Enrollment Period based on the reason and the event date that I have checked above. I confirm that the information that I have given is correct. I understand that misrepresentation could cause coverage to be terminated or rescinded.

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The expanded kynect is working to keep every Kentuckian safe, healthy and happy.

Go to [kynect.ky.gov](http://kynect.ky.gov) to see all your options.

<b>Help &amp; FAQs</b>	<b>Contact Us</b>	<b>Technical Assistance</b>	<b>Connect</b>    CABINET FOR HEALTH AND FAMILY SERVICES
<a href="#">Find Department for Community Based Services (DCBS) Office</a>	kynect benefits (DCBS) <a href="tel:1-855-306-8959">1-855-306-8959</a>	<a href="tel:1-844-407-8398">1-844-407-8398</a>	
<a href="#">Cabinet for Health &amp; Family Services (CHFS)</a>	kynect health coverage (885-4kynect) <a href="tel:1-855-459-6328">1-855-459-6328</a>	<b>Report Fraud</b>	
<a href="#">Kentucky Health Benefit Exchange (KHBE)</a>	<a href="tel:1-855-326-4654">1-855-326-4654</a> <b>TTY</b>		

Printable Forms

If further assistance is needed, please call the kynect Contact Center at 855-459.6328 or send email to [kynectESE@ky.gov](mailto:kynectESE@ky.gov)

Please write “Pregnancy” in the subject line of the email.

