

Guide to Special Enrollment Periods (SEP)

A Reference Chart for Special Enrollment Period Triggers and Timing

The marketplace open enrollment period is the time each year when people can newly enroll in a plan or change to a different plan through the marketplace (also known as an exchange). But certain events that occur during the year can trigger a special enrollment period (SEP), when a person may be able to newly enroll in a marketplace plan or change to a different plan.

This chart lists the various events that can trigger a SEP in the marketplace, the timing for when people can access these SEPs, and when coverage through a particular SEP becomes effective. Users of the chart should know:

- The qualifying events that trigger the SEPs in the chart apply in all states, regardless of whether the marketplace is operated by the federal government or the state. States or State-Based Marketplaces (SBMs) may create additional special enrollment opportunities.
- The chart shows certain situations where states have the ability to implement “exchange options.” For states using the Federally Facilitated Marketplace (FFM) technology, Healthcare.gov, the “exchange options” are not being used at this time, except where noted. Consumers in SBMs need to check with the marketplace in their state on the implementation of exchange options.
- Although the chart focuses on marketplace coverage, most of the SEP qualifying events listed in the chart also apply to the individual health insurance market outside of the marketplace. The exceptions are those related to citizenship status, incarceration, American Indian and Alaska Native status, plan display errors, resolution of data-matching issues, and exceptional circumstances.
- Many SEPs are triggered when either an individual or a member of the individual’s family experiences a qualifying event. Once a SEP is triggered, that SEP is available to all family members, regardless of who experienced the qualifying event.
- An individual who is eligible to enroll in or change plans through a SEP generally has 60 days from the qualifying event to select a plan. For some qualifying events such as losing other coverage, an individual also has 60 days prior to the qualifying event to select a plan. This can help people set up health coverage in advance when they know a change is going to occur so they don’t experience a coverage gap.
- Some SEPs are only triggered if an individual is already enrolled in a qualified health plan (QHP) or if the individual had other minimum essential coverage in the months prior to experiencing a qualifying event. This reference chart indicates when this is the case.
- All consumers who want to enroll during a SEP will need to attest that the information they provide in their application about their eligibility for a SEP is true. For some of the most common qualifying events that trigger a SEP, consumers living in states using the FFM technology will be asked to provide documentation of the qualifying event. The marketplace may follow up with some consumers, who will need to provide further verification of the qualifying event to prove eligibility for a SEP. Beginning June 2017, a new pilot program is scheduled to begin that will require FFM consumers to provide documentation of an event that triggers a SEP **before** their coverage becomes effective.





Definitions for SEP Purposes





QUALIFIED INDIVIDUAL: Someone who meets the criteria to enroll through the marketplace—specifically someone who is not incarcerated, is lawfully present in the United States, and resides in the state where the marketplace operates—including individuals who are already enrolled in a qualified health plan (QHP) through the marketplace. (A qualified individual does not have to be the application filer. It can be anyone eligible to enroll through the marketplace.)






DEPENDENT FOR SEP PURPOSES: Anyone eligible to enroll in a health plan with a qualified individual under the terms of the health plan. This can include a spouse, child, or other family member, and does not necessarily have to be a tax dependent.






ENROLLEE: Someone enrolled in a QHP.






REGULAR COVERAGE EFFECTIVE DATES: Coverage is effective the first day of the following month if a plan is selected between the 1st and 15th, or the first day of the second following month if a plan is selected between the 16th and the last day of the month.





CHART KEY	
	Qualified individual
	Dependent(s) for SEP purposes
	Enrollee
	Dependent(s) for SEP purposes enrolled in same QHP as enrollee

TYPE	Qualifying Event: Details / Examples	Who Can Trigger SEP	Timing of SEP	Coverage Effective Dates	General Access Point (in FFM)
LOSS OF OTHER QUALIFYING COVERAGE	<p>Loss of Minimum Essential Coverage (MEC) due to:</p> <ul style="list-style-type: none"> • Loss of eligibility for employer coverage (e.g., through the loss of a job, voluntarily quitting a job, or a reduction in work hours that causes loss of availability of employer-sponsored plan) • Loss of Medicaid or CHIP eligibility • Expiration of COBRA • Cancellation of non-group plan • Loss of eligibility for student health plan • Divorce or legal separation • Cessation of dependent status • Loss of eligibility for coverage under a parent’s plan • Death of another person in the family • Decertification of current Marketplace coverage • No longer living, working, or residing in the area of the plan • Termination of employer contributions to employee’s health coverage • Discontinuation of an employer-sponsored plan <p><i>Note: “Loss” does not include voluntary termination of coverage or termination by the insurer due to nonpayment of premiums</i></p>		<p>Up to 60 days before or 60 days after date of loss of coverage</p>	<p>IF PLAN SELECTED <i>BEFORE</i> OR ON DATE OF LOSS OF COVERAGE: 1st day of month following loss of previous coverage</p> <p>IF PLAN SELECTED <i>AFTER</i> LOSS OF COVERAGE: 1st day of month following plan selection --<i>EXCHANGE OPTION:</i> REGULAR COVERAGE EFFECTIVE DATES</p>	<p>Application</p>
	<p>Loss of Pregnancy-Related Medicaid Coverage:</p> <ul style="list-style-type: none"> • Expiration of coverage for pregnancy-related services through Medicaid <p><i>Note: SEP applies regardless of if the pregnancy-related Medicaid coverage qualifies as MEC.</i></p>		<p>Up to 60 days before or 60 days after date of loss of coverage</p>	<p>IF PLAN SELECTED <i>BEFORE</i> OR ON DATE OF LOSS OF COVERAGE: 1st day of month following loss of previous coverage</p> <p>IF PLAN SELECTED <i>AFTER</i> LOSS OF COVERAGE: 1st day of month following plan selection --<i>EXCHANGE OPTION:</i> REGULAR COVERAGE EFFECTIVE DATES</p>	<p>Application</p>
	<p>Loss of Medicaid for the Medically Needy:</p> <ul style="list-style-type: none"> • Loses Medicaid coverage for the medically needy (may be referred to as Medicaid with a “spenddown” or “share of cost” Medicaid) <p><i>Note: SEP applies regardless of if the medically needy coverage qualifies as MEC.</i></p>		<p>Up to 60 days before or 60 days after date of loss of coverage</p> <p><i>Note: Can only use SEP once per year</i></p>	<p>IF PLAN SELECTED <i>BEFORE</i> OR ON DATE OF LOSS OF COVERAGE: 1st day of month following loss of previous coverage</p> <p>IF PLAN SELECTED <i>AFTER</i> LOSS OF COVERAGE: 1st day of month following plan selection --<i>EXCHANGE OPTION:</i> REGULAR COVERAGE EFFECTIVE DATES</p>	<p>Application</p>
	<p>Expiration of Non-Calendar Year Plan:</p> <ul style="list-style-type: none"> • The plan year ends for a non-calendar year plan in the individual (non-group) or group market (i.e., the plan year ends in a month other than December) <p><i>Note: SEP applies even if there is an option to renew the non-calendar year plan</i></p>		<p>Up to 60 days before or 60 days after date of loss of coverage</p>	<p>IF PLAN SELECTED <i>BEFORE</i> OR ON DATE OF LOSS OF COVERAGE: 1st day of month following loss of previous coverage</p> <p>IF PLAN SELECTED <i>AFTER</i> LOSS OF COVERAGE: 1st day of month following plan selection --<i>EXCHANGE OPTION:</i> REGULAR COVERAGE EFFECTIVE DATES</p>	<p>Application</p>

TYPE	Qualifying Event: Details / Examples	Who Can Trigger SEP	Timing of SEP	Coverage Effective Dates	General Access Point (in FFM)
CHANGE IN HOUSEHOLD SIZE	Marriage: <ul style="list-style-type: none"> Gaining or becoming a dependent through marriage 		Up to 60 days after date of marriage	1st day of month following plan selection	Application
	Birth, Adoption, Placement for Adoption or Foster Care, or Court Order: <ul style="list-style-type: none"> Gaining or becoming a dependent through birth, adoption, or placement for foster care Gaining or becoming a dependent through a child support order or other court order 		Up to 60 days after birth, adoption or placement	Date of birth, adoption or placement, or effective date of court order <i>--EXCHANGE MAY ALLOW CONSUMERS TO CHOOSE EFFECTIVE DATE OF 1ST DAY OF MONTH AFTER BIRTH/ADOPTION/PLACEMENT</i>	Application
	MARKETPLACE OPTION: Death: <ul style="list-style-type: none"> Losing a dependent or no longer being considered a dependent because enrollee or enrollee's dependent dies <i>Note: Triggered only by current QHP enrollees or dependents.</i>		Up to 60 days after death	1st day of month following plan selection	N/A
	MARKETPLACE OPTION: Divorce or Legal Separation: <ul style="list-style-type: none"> Losing a dependent or no longer being considered a dependent due to divorce or legal separation Losing a dependent through a child support order or other court order <i>Note: Triggered only by current QHP enrollees.</i>		Up to 60 days after divorce or legal separation	Regular coverage effective dates	N/A
CHANGES IN PRIMARY PLACE OF LIVING	Permanent Move: <ul style="list-style-type: none"> Gaining access to new QHPs as a result of a permanent move. Must be enrolled in MEC at least one day in previous 60 days before move to be eligible for this SEP. Examples of a permanent move include: <ul style="list-style-type: none"> → Moving within the same city, county, or state as long as there is a different set of qualified health plans available → Moving to another state → A child or other dependent moving back to parent's home → A student moving to or from where her or she attends school → Moving for seasonal employment, but maintaining another home elsewhere (such as a seasonal farmworker) → Moving to or from a shelter or other transitional housing Moving permanently to the U.S. after living outside the country or in a U.S. territory <i>Note: A short-term or temporary move for medical treatment or vacation is not considered a permanent move. For more information, see FAQs on the permanent move. Triggered only if enrolled in MEC at least 1 day in past 60 days (or if moving from abroad).</i>		Up to 60 days after move	Regular coverage effective dates	Application
			EXCHANGE OPTION: 60 days before move	IF PLAN SELECTED <i>BEFORE</i> MOVE: 1st day of month following move IF PLAN SELECTED <i>AFTER</i> MOVE: Regular coverage effective dates <i>--EXCHANGE OPTION: 1ST DAY OF MONTH FOLLOWING PLAN SELECTION</i>	

TYPE	Qualifying Event: Details / Examples	Who Can Trigger SEP	Timing of SEP	Coverage Effective Dates	General Access Point (in FFM)
CHANGE IN ELIGIBILITY FOR FINANCIAL HELP	<p>Moving Out of the Medicaid Coverage Gap:</p> <ul style="list-style-type: none"> Individual had income below 100% of the poverty line, was previously ineligible for Medicaid due to a state’s decision not to expand Medicaid, and either: <ul style="list-style-type: none"> → Experiences an increase in income or a change in household size that brings household income to a level above 100% of the poverty line, making him or her newly eligible for PTC, OR → Moves to a new state (including a state that has expanded Medicaid) and becomes newly eligible for PTC <p><i>Note: SEP applies even if the individual did not previously apply for Marketplace coverage or Medicaid.</i></p>		Up to 60 days after change in income or move to new state	Regular coverage effective dates	CMS Caseworker
			EXCHANGE OPTION:		
			If moving to a new state, 60 days before date of move	IF PLAN SELECTED <i>BEFORE</i> MOVE: 1st day of month following move IF PLAN SELECTED <i>AFTER</i> MOVE: Regular coverage effective dates --EXCHANGE OPTION: 1ST DAY OF MONTH FOLLOWING PLAN SELECTION	
	<p>Newly Eligible or Ineligible for PTCs:</p> <ul style="list-style-type: none"> Experiencing a change in income or household size that makes an enrollee or enrollee’s dependent newly eligible or ineligible for premium tax credits <p><i>Note: Triggered only by current QHP enrollees.</i></p>		Up to 60 days after determination	Regular coverage effective dates	Application
	<p>Change in Cost-Sharing Reduction (CSR) Eligibility:</p> <ul style="list-style-type: none"> Experiencing a change in income or household size that changes eligibility for cost-sharing reductions <p><i>Note: Change in eligibility includes moving between CSR levels and losing or gaining eligibility for CSRs. Triggered only by current QHP enrollees.</i></p>		Up to 60 days after determination	Regular coverage effective dates	Application
<p>Newly Becoming Lawfully Present:</p> <ul style="list-style-type: none"> Becoming newly eligible for marketplace coverage as a result of gaining a lawfully present status <p><i>Note: SEP does not apply if the individual already had an eligible immigration status. For more information, see Healthcare.gov’s list of “lawfully present” immigration statuses eligible for Marketplace coverage.</i></p>		Up to 60 days after gaining status	Regular coverage effective dates	Application	
			EXCHANGE OPTION:		
		60 days before gaining status	IF PLAN SELECTED <i>BEFORE</i> STATUS CHANGE: 1st day of month following status change IF PLAN SELECTED <i>AFTER</i> STATUS CHANGE: Regular coverage effective dates --EXCHANGE OPTION: 1ST DAY OF MONTH FOLLOWING PLAN SELECTION		
<p>Status as American Indian or Alaska Native (AI/AN):</p> <ul style="list-style-type: none"> Individual is or becomes a member of a federally recognized Native American or Native Alaskan tribe Is or becomes a dependent of a member of a AI/AN <p><i>Note: Dependents must be enrolled in or enrolling in the same QHP as qualified individual who is a AI/AN.</i></p>		May enroll in or change QHPs one time per month	Regular coverage effective dates	Application	

TYPE	Qualifying Event: Details / Examples	Who Can Trigger SEP	Timing of SEP	Coverage Effective Dates	General Access Point (in FFM)
CHANGE IN ELIGIBILITY FOR FINANCIAL HELP <i>(cont.)</i>	<p>Released from Incarceration:</p> <ul style="list-style-type: none"> Becoming newly eligible for marketplace coverage after being released from incarceration (detention, jail, or prison) <p><i>Note: For more information on the definition of incarceration, see this FAQ on incarceration and marketplace eligibility.</i></p>		Up to 60 days after release	Regular coverage effective dates	Application
			<p>EXCHANGE OPTION:</p> <p>60 days before release</p>	<p>IF PLAN SELECTED <i>BEFORE</i> RELEASE: 1st day of month following release</p> <p>IF PLAN SELECTED <i>AFTER</i> RELEASE: Regular coverage effective dates --EXCHANGE OPTION: 1ST DAY OF MONTH FOLLOWING PLAN SELECTION</p>	
	<p>Current Employer Plan No Longer Considered Qualifying Employer Coverage:</p> <ul style="list-style-type: none"> Becoming newly eligible for PTCs due to a change in employer-sponsored plan resulting in the plan no longer being considered qualifying coverage (i.e. the plan changes benefits so it longer qualify as adequate coverage, or the cost of employee coverage is no longer considered affordable) <p><i>Note: Must terminate employer plan prior to effective date of new marketplace coverage.</i></p>		Up to 60 days before or 60 days after date of change to coverage	<p>IF PLAN SELECTED <i>BEFORE</i> OR ON DATE OF CHANGE: 1st day of month following change to coverage</p> <p>IF PLAN SELECTED <i>AFTER</i> CHANGE: 1st day of month following plan selection --EXCHANGE OPTION: REGULAR COVERAGE EFFECTIVE DATES</p>	Application
ENROLLMENT OR PLAN ERROR <i>(For more information, see SEPs for complex issues)</i>	<p>Error/Misrepresentation/Inaction/Misconduct:</p> <ul style="list-style-type: none"> Individual demonstrates that he or she was not enrolled in a plan, enrolled in the wrong plan, or did not receive PTCs or cost-sharing reductions for which he or she was eligible due to the error, misrepresentation, misconduct or inaction by the marketplace or HHS, its instrumentalities, or other entity providing enrollment assistance (e.g., assisters, navigators, insurers, brokers) Individual demonstrates to the marketplace that a technical error occurred when applying for coverage that either: <ul style="list-style-type: none"> → Prevented enrollment in a plan, OR → Prevented insurer from receiving enrollment information 		Up to 60 days after marketplace determination	Effective date appropriate to circumstances	Marketplace Call Center
	<p>Plan or Benefit Display Error:</p> <ul style="list-style-type: none"> Individual demonstrates that an error related to plan benefits, service area, or premium displayed on marketplace website at the time the individual selected his or her plan influenced the individual's decision to select a QHP 		Up to 60 days after marketplace determination	Effective date appropriate to circumstances	Marketplace Call Center
	<p>Health Plan Violation:</p> <ul style="list-style-type: none"> Individual demonstrates to the marketplace that his or her QHP substantially violated a material provision of its contract 		Up to 60 days after marketplace determination	Effective date appropriate to circumstances	CMS Caseworker

TYPE	Qualifying Event: Details / Examples	Who Can Trigger SEP	Timing of SEP	Coverage Effective Dates	General Access Point (in FFM)
OTHER QUALIFYING CHANGES (For more information, see SEPs for complex issues)	<p>Being Determined Ineligible for Medicaid or CHIP:</p> <ul style="list-style-type: none"> Individual applied for coverage Medicaid or CHIP during open enrollment — or during an SEP — and the state Medicaid agency determined the individual or his or her dependent ineligible for Medicaid or CHIP after the enrollment period ended <p><i>Note: SEP applies regardless of whether applied directly through state Medicaid agency or applied through marketplace and information was transferred to state Medicaid agency</i></p>		Up to 60 days after being determined ineligible for Medicaid or CHIP	Effective date appropriate to circumstances	Application (For more info, see Healthcare.gov's state transfers help and update/resubmit app help)
	<p>EXCHANGE OPTION (available in FFM):</p> <p>Resolving a Data-Matching Issue:</p> <ul style="list-style-type: none"> A data-matching issue is resolved after initial inconsistency period ended and the marketplace terminated coverage Individual has income under 100% FPL and did not enroll in coverage while waiting for the marketplace to verify that the individual was eligible for PTC based on immigration status 		Up to 60 days after DMI is resolved	Effective date appropriate to circumstances	Marketplace Call Center
	<p>Exceptional Circumstances:</p> <ul style="list-style-type: none"> Individual demonstrates to the marketplace that he or she meets exceptional circumstances that prevented enrollment in coverage during open enrollment, such as: <ul style="list-style-type: none"> → A serious medical condition (e.g., unexpected hospitalization or temporary cognitive disability) → A natural disaster (e.g., an earthquake, hurricane, or massive flooding) Individual wins a marketplace appeal that he or she received an incorrect eligibility determination or incorrect coverage effective date Individual starts or ends AmeriCorps service 		Up to 60 days after marketplace determination	Effective date appropriate to circumstances	CMS Caseworker/ Marketplace Call Center
	<p>Survivors of Domestic Violence or Abuse or Spousal Abandonment:</p> <ul style="list-style-type: none"> Individual experiences domestic abuse or violence or spousal abandonment, is enrolled in MEC and wants to enroll in health plan separate from abuser or spouse Is a dependent on the same application as the individual who experiences domestic abuse or violence or spousal abandonment <p><i>Note: Triggered only if enrolled in MEC.</i></p>		Up to 60 days after requesting SEP	Regular coverage effective dates	CMS Caseworker/ Marketplace Call Center

Sources:

- 45 CFR 155.420: Special Enrollment Periods
- HHS Notice of Benefit and Payment Parameters for 2018; www.federalregister.gov/documents/2016/12/22/2016-30433/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2018
- 2016 CMS fact sheet: Special Enrollment Periods for the Health Insurance Marketplace; marketplace.cms.gov/outreach-and-education/special-enrollment-periods-for-marketplace.pdf
- 2016 CMS FFM and FF-SHOP Enrollment Manual, Section 5: Special Enrollment Periods; www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/ENR-FFM-SHOP-Manual-071916.pdf