

# Special Enrollment Period Reference Chart

## *A GUIDE TO 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 the 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 outside of the open enrollment period.

This chart lists the various events that can trigger an SEP in the Marketplace, the timing for when people can access these SEPs, and when coverage through a particular SEP becomes effective. In using this chart, it's important to note the following:

- The chart lays out all the SEPs available under the Affordable Care Act (ACA), but focuses on how SEPs are implemented in states that have a Federally-Facilitated Marketplace (FFM) or rely on the HealthCare.gov platform. State-Based Marketplaces (SBMs) may have additional special enrollment opportunities not listed in the chart, and in general, states can establish their own rules as long as they are more protective of consumers.
- Although the chart focuses on Marketplace coverage, most of the events listed in the chart also trigger an SEP in the individual health insurance market outside of the Marketplace. The exceptions include those related to changes in advance premium tax credit or cost-sharing reduction eligibility, immigration status, incarceration, American Indian and Alaska Natives (AI/AN), 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. The chart outlines which SEPs can be triggered by a member of an individual's family, which will generally trigger an SEP for all members of the household who qualify as dependents for SEP purposes, and which SEPs can only be triggered by a qualified individual and/or someone currently enrolled in Marketplace coverage.
- Consumers attest that information they provide in their applications about their eligibility for a SEP is true. A **pre-enrollment verification process** requires many people newly enrolling in Marketplace coverage in states using HealthCare.gov to submit proof of the event that triggers certain SEPs before their coverage becomes effective. People can pick a plan prior to submitting proof, but their enrollment is "pending" until SEP eligibility is verified. Once eligibility is verified, the person must pay the first month's premium and coverage will generally be effective based on when the person selected his or her plan. Note that a person cannot pay the first month's premium until eligibility for the SEP is verified. The process applies to SEPs related to loss of other coverage, a permanent move, marriage, adoption and placement in foster care, and denial of Medicaid or the Children's Health Insurance Program (CHIP). At this time, federal rules require pre-enrollment verification only in states using the HealthCare.gov platform. People in SBMs should check with the Marketplace in their state for information about its SEP verification procedures. For more information, see HealthCare.gov [Confirming a Special Enrollment Period](#).
- Beginning February 2019, plan selection limitations on the use of SEPs for people currently enrolled in a Marketplace plan took effect in states using HealthCare.gov. These restrictions will not apply to all SEPs and will not apply in the individual market outside of the Marketplace. States with State-Based Marketplaces may take longer to implement these restrictions.

## Key Terms for SEP Reference Chart

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**QUALIFIED INDIVIDUAL:** A person who meets the criteria to enroll through the Marketplace because they are not incarcerated, have a lawfully present immigration status, and reside in a state where the Marketplace operates. This term includes enrollees and Marketplace dependents (see definitions below), as well as people who are eligible for premium tax credits. (A qualified individual does not have to be the application filer.)

**DEPENDENT (for SEP purposes):** A person 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 qualified health plan.

**QUALIFIED HEALTH PLAN (QHP):** A plan offered in the individual market that is certified by the Marketplace and meets certain benefit and cost-sharing standards established under the ACA. All plans sold in the Marketplace are QHPs.

**MINIMUM ESSENTIAL COVERAGE (MEC):** Any health coverage that meets certain benefit and cost-sharing standards and satisfies the requirement that people maintain health coverage or pay a penalty. Most insurance, such as coverage provided by employers, Medicare, and most Medicaid, is MEC and all QHPs are MEC. For more information, see the Beyond the Basics' [MEC Reference Chart](#).

**REQUIREMENT OF PRIOR COVERAGE:** Eligibility for certain SEPs require that the person experiencing a qualifying event be enrolled in MEC prior to the qualifying event in order to trigger the SEP. Some SEPs require that the person be enrolled in MEC for at least one day in the 60 days prior to the qualifying event in order to be eligible for the SEP. Other SEPs are only triggered by people currently enrolled in a QHP. Not every SEP has a requirement of prior coverage, and the chart outlines the specific prior coverage requirements, if any, for each SEP.

**ADVANCE AVAILABILITY:** For certain qualifying events, an individual who is eligible to enroll in or change plans through an SEP is allowed 60 days prior to a qualifying event to select a plan (in addition to having the usual 60 days after 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 gap in coverage.

**REGULAR COVERAGE EFFECTIVE DATES:** For SEPs with "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.

**EXCHANGE OPTION:** The chart lays out all the SEP available under the ACA, but focuses on how HealthCare.gov is implementing these rules, and notes where there is an exchange option that allows state Marketplaces to vary how they implement the rules. States using HealthCare.gov cannot implement these variations. People in SBMs should check with the Marketplace in their state on whether they have implemented exchange options.

**PLAN SELECTION LIMITATIONS FOR CURRENT MARKETPLACE ENROLLEES:** A person currently enrolled in a Marketplace plan who is eligible for certain SEPs and wants to use that SEP to enroll in a different plan will have restrictions placed on their plan selection options based on the metal level of their current plan and the type of SEP they are eligible for. Restriction details are outlined in the chart, but generally, current enrollees will only be able to use an SEP to change plans within the same metal level as their current plan. If an enrollee's dependent experiences a qualifying event that triggers an SEP, the dependent can use their SEP to join the enrollee's current plan, even if an SEP isn't triggered for the enrollee themselves (or the dependent can enroll in a separate plan at any metal level). These restrictions will only apply to certain SEPs as noted in the chart, and they will not apply in the individual market outside of the Marketplace.

**SEP GENERALLY GRANTED BY:** Most SEPs are granted by answering certain questions directly on the Marketplace application, but certain SEPs can only be granted by a representative from the Marketplace Call Center or by a caseworker from the Centers for Medicare and Medicaid Services (CMS). Assistance from caseworkers can be requested through the Call Center. The chart notes if an SEP is available through the Marketplace application in HealthCare.gov, or if the SEP needs to be granted by the Call Center or a caseworker. People in SBM states should check with their SBM about how to access a given SEP.

TYPE	QUALIFYING EVENT	REQUIREMENT OF PRIOR COVERAGE	TIMING	COVERAGE EFFECTIVE DATES	PLAN SELECTION LIMITATIONS	SEP GENERALLY GRANTED BY
LOSS OF OTHER QUALIFYING COVERAGE	<p><u>LOSS OF MINIMUM ESSENTIAL COVERAGE (MEC)</u></p> <p><b>QUALIFIED INDIVIDUAL, ENROLLEE, OR A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Loses employer coverage due to, for example:                             <ul style="list-style-type: none"> <li>→ Loss of a job</li> <li>→ Voluntarily quitting a job</li> <li>→ Reduction in work hours that causes loss of eligibility for employer plan.</li> </ul> </li> <li>Discontinuation of employer plan</li> <li>Loses eligibility for Medicaid or CHIP</li> <li>COBRA coverage expires</li> <li>Non-group plan is canceled</li> <li>Loses eligibility for student health plan that is MEC</li> <li>Loses coverage due to a divorce or legal separation</li> <li>Loses coverage because no longer a dependent</li> <li>Loses eligibility for coverage under a parent’s plan</li> <li>Loses coverage due to a death of another person in the family</li> <li>Current QHP is decertified</li> <li>No longer living, working, or residing in the area of the plan</li> <li>Must pay full cost of COBRA coverage due to termination of employer contributions to COBRA coverage</li> </ul> <p><b>NOTES:</b> “Loss of MEC” does not include voluntarily dropping coverage or termination by insurer due to the enrollee’s nonpayment of premiums.</p>	<p>YES: Only applies if:</p> <ul style="list-style-type: none"> <li>Losing other coverage in next 60 days</li> <li>Lost other coverage in past 60 days</li> </ul>	<p><i>ADVANCE AVAILABILITY</i></p> <hr/> <p>Up to 60 days BEFORE loss of coverage</p> <hr/> <p>Up to 60 days AFTER loss</p>	<p>IF PLAN SELECTED BEFORE LOSS: 1st day of month following loss of previous coverage</p> <hr/> <p>IF PLAN SELECTED AFTER LOSS: 1st day of month following plan selection</p>	<p>YES: Current enrollees can:</p> <ul style="list-style-type: none"> <li>Change plans within same metal level as current plan<sup>1</sup></li> </ul> <p>If dependent triggers SEP, enrollee can only:</p> <ul style="list-style-type: none"> <li>Add dependent to current plan<sup>2</sup></li> <li>Enroll dependent in a separate plan at any metal level</li> </ul>	<p>Marketplace Application</p>
	<p><u>LOSS OF PREGNANCY-RELATED COVERAGE</u></p> <p><b>QUALIFIED INDIVIDUAL OR A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Loses coverage for pregnancy-related services provided through Medicaid</li> <li>Loses coverage for pregnancy-related services provided through Children’s Health Insurance Program (CHIP) “unborn child” option</li> </ul> <p><b>NOTES:</b> SEP applies regardless of whether the pregnancy-related coverage qualifies as MEC.</p>	<p>YES: Only applies if:</p> <ul style="list-style-type: none"> <li>Losing pregnancy-related coverage in next 60 days</li> <li>Lost coverage in past 60 days</li> </ul>	<p><i>ADVANCE AVAILABILITY</i></p> <hr/> <p>Up to 60 days BEFORE loss of coverage</p> <hr/> <p>Up to 60 days AFTER loss</p>	<p>IF PLAN SELECTED BEFORE LOSS: 1st day of month following loss of previous coverage</p> <hr/> <p>IF PLAN SELECTED AFTER LOSS: 1st day of month following plan selection</p>	<p>YES: Current enrollees can:</p> <ul style="list-style-type: none"> <li>Change plans within same metal level as current plan<sup>1</sup></li> </ul> <p>If dependent triggers SEP, enrollee can only:</p> <ul style="list-style-type: none"> <li>Add dependent to current plan<sup>2</sup></li> <li>Enroll dependent in a separate plan at any metal level</li> </ul>	<p>Marketplace Application</p>

TYPE	QUALIFYING EVENT	REQUIREMENT OF PRIOR COVERAGE	TIMING	COVERAGE EFFECTIVE DATES	PLAN SELECTION LIMITATIONS	SEP GENERALLY GRANTED BY	
LOSS OF OTHER QUALIFYING COVERAGE (CONT.)	<p><u>LOSS OF MEDICAID FOR THE MEDICALLY NEEDY</u></p> <p><b>QUALIFIED INDIVIDUAL OR A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Loses Medicaid coverage for the medically needy (may be referred to as Medicaid with a “spenddown” or “share of cost” Medicaid)</li> <li>Loses coverage until a new spenddown amount is met, if enrolled in medically needy coverage with a spenddown</li> </ul> <p><b>NOTES:</b> SEP applies regardless of whether the medically needy coverage qualifies as MEC.</p>	<p>YES: Only applies if:</p> <ul style="list-style-type: none"> <li>Losing medically-needy coverage in next 60 days</li> <li>Lost coverage in past 60 days</li> </ul>	<p><i>ADVANCE AVAILABILITY</i></p> <hr/> <p>Up to 60 days BEFORE loss of coverage</p> <hr/> <p>Up to 60 days AFTER loss</p>		<p>IF PLAN SELECTED BEFORE LOSS: 1st day of month following loss of previous coverage</p> <hr/> <p>IF PLAN SELECTED AFTER LOSS: 1st day of month following plan selection</p>	<p>YES: Current enrollees can:</p> <ul style="list-style-type: none"> <li>Change plans within same metal level as current plan<sup>1</sup></li> </ul> <p>If dependent triggers SEP, enrollee can only:</p> <ul style="list-style-type: none"> <li>Add dependent to current plan<sup>2</sup></li> <li>Enroll dependent in a separate plan at any metal level</li> </ul>	Marketplace Application
	<p><u>END OF NON-CALENDAR YEAR PLAN</u></p> <p><b>QUALIFIED INDIVIDUAL OR A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Is enrolled in a plan in the individual (non-group) or group market that comes to the end of the plan year in a month other than December</li> </ul> <p><b>NOTES:</b> SEP applies even if there is an option to renew the non-calendar year plan.</p>	<p>YES: Only applies if:</p> <ul style="list-style-type: none"> <li>Enrolled in non-calendar year plan that is ending its plan year, even if they have the option to renew</li> </ul>	<p><i>ADVANCE AVAILABILITY</i></p> <hr/> <p>Up to 60 days BEFORE last day of plan year</p> <hr/> <p>Up to 60 days AFTER last day of plan year</p>		<p>IF PLAN SELECTED BEFORE LAST DAY: 1st day of month following loss of coverage</p> <hr/> <p>IF PLAN SELECTED AFTER LAST DAY: 1st day of month following the last day of the plan’s non-calendar year plan year</p>	<p>If dependent triggers SEP, enrollee can only:</p> <ul style="list-style-type: none"> <li>Add dependent to current plan<sup>2</sup></li> <li>Enroll dependent in a separate plan at any metal level</li> </ul>	Marketplace Application
CHANGE IN HOUSEHOLD SIZE	<p><u>MARRIAGE</u></p> <p><b>QUALIFIED INDIVIDUAL OR ENROLLEE:</b></p> <ul style="list-style-type: none"> <li>Gets married</li> </ul>	<p>YES: Only applies if at least one spouse:</p> <ul style="list-style-type: none"> <li>Enrolled in MEC at least 1 day in 60 days before marriage; or</li> <li>Lived abroad at least 1 day in 60 days before marriage; or</li> <li>Is an American Indian or Alaska Native (AI/AN); or</li> <li>Lived in a service area with no QHPs sold in Marketplace during most recent available enrollment period or during prior 60 days</li> </ul>	Up to 60 days AFTER marriage	1st day of month following plan selection	<p>YES: Current enrollees can:</p> <ul style="list-style-type: none"> <li>Add new spouse to current plan<sup>2</sup></li> <li>Enroll the spouse in a separate plan at any metal level</li> </ul>	Marketplace Application	

TYPE	QUALIFYING EVENT	REQUIREMENT OF PRIOR COVERAGE	TIMING	COVERAGE EFFECTIVE DATES	PLAN SELECTION LIMITATIONS	SEP GENERALLY GRANTED BY	
CHANGE IN HOUSEHOLD SIZE (CONT.)	<p>BIRTH, ADOPTION, PLACEMENT FOR ADOPTION OR FOSTER CARE, OR COURT ORDER</p> <p><b>QUALIFIED INDIVIDUAL OR ENROLLEE:</b></p> <ul style="list-style-type: none"> <li>Has a baby (including parents not physically giving birth)</li> <li>Adopts a child, or is adopted</li> <li>Gains or becomes a dependent through placement for foster care</li> <li>Gains or becomes a dependent through a child support order or other court order</li> </ul>	NO	Up to 60 days AFTER birth, adoption, placement, or court order	<p>Date of birth, adoption or placement, or effective date of court order; OR 1st day of month following plan selection; or Regular coverage effective dates.</p> <p><b>NOTES:</b> The retroactive date is the default. Call the Marketplace Call Center to request a different option</p>	<p>YES: Current enrollees can:</p> <ul style="list-style-type: none"> <li>Add new dependent to current plan<sup>2</sup></li> <li>Enroll dependent in a separate plan at any metal level</li> </ul>	Marketplace Application	
	EXCHANGE OPTION (NOT AVAILABLE IN FFM)						
	» DEATH	<p><b>ENROLLEE OR A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Dies</li> </ul> <p><b>NOTES:</b> If the enrollee dies, an SEP is triggered for the enrollee's dependents. NOT available in FFM at this time.</p>	<p>YES: Only applies if:</p> <ul style="list-style-type: none"> <li>Currently enrolled in Marketplace coverage</li> </ul>	Up to 60 days AFTER death	1st day of month following plan selection	n/a	n/a
EXCHANGE OPTION (NOT AVAILABLE IN FFM)							
» DIVORCE OR LEGAL SEPARATION	<p><b>ENROLLEE:</b></p> <ul style="list-style-type: none"> <li>Gets divorced or legally separated</li> <li>Loses a dependent due to divorce or legal separation</li> <li>Loses a dependent through a child support order or other court order</li> </ul> <p><b>NOTES:</b> NOT available in FFM at this time.</p>	<p>YES: Only applies if:</p> <ul style="list-style-type: none"> <li>Currently enrolled in Marketplace coverage</li> </ul>	Up to 60 days AFTER divorce or legal separation	Regular coverage effective dates	n/a	n/a	

TYPE	QUALIFYING EVENT	REQUIREMENT OF PRIOR COVERAGE	TIMING	COVERAGE EFFECTIVE DATES	PLAN SELECTION LIMITATIONS	SEP GENERALLY GRANTED BY
CHANGE IN PRIMARY PLACE OF LIVING	<p><u>PERMANENT MOVE</u></p> <p><b>QUALIFIED INDIVIDUAL, ENROLLEE, OR A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Gains access to new QHPs as a result of a permanent move due to, for example:                             <ul style="list-style-type: none"> <li>→ Moving within the same city, county, or state, as long as there is a different set of QHPs available</li> <li>→ Moving to another state</li> <li>→ A child or other dependent moving back to parent’s home</li> <li>→ A student moving to or from where he or she attends school</li> <li>→ Moving for seasonal employment, but maintaining another home elsewhere (such as a seasonal farmworker)</li> <li>→ Moving to or from a shelter or other transitional housing</li> </ul> </li> <li>Moves permanently to the U.S. after living outside the country or in a U.S. territory</li> </ul> <p><b>NOTES:</b> A short-term or temporary move for medical treatment or vacation is not considered a permanent move (see <a href="#">FAQs on the permanent move</a>).</p>	<p>YES: Only applies if:</p> <ul style="list-style-type: none"> <li>Enrolled in MEC at least 1 day in 60 days before move; or</li> <li>Moving from abroad; or</li> <li>Is an AI/AN; or</li> <li>Lived in a service area with no QHPs sold in Marketplace during most recent available enrollment period or during prior 60 days</li> </ul>	Up to 60 days AFTER move	Regular coverage effective dates	<p>YES: Current enrollees can:</p> <ul style="list-style-type: none"> <li>Change plans within same metal level as current plan<sup>1</sup></li> </ul> <p>If dependent triggers SEP, enrollee can only:</p> <ul style="list-style-type: none"> <li>Add dependent to current plan<sup>2</sup></li> <li>Enroll dependent in a separate plan at any metal level</li> </ul>	Marketplace Application
			EXCHANGE OPTION: ADVANCE AVAILABILITY (NOT AVAILABLE IN FFM)	Up to 60 days BEFORE move		
CHANGE IN ELIGIBILITY FOR FINANCIAL HELP	<p><u>NEWLY ELIGIBLE OR INELIGIBLE FOR ADVANCE PREMIUM TAX CREDIT (APTC)</u></p> <p><b>ENROLLEE OR A DEPENDENT ENROLLED IN SAME QHP:</b></p> <ul style="list-style-type: none"> <li>Experiences a change in income or household size that makes household newly eligible or ineligible for PTC</li> </ul>	<p>YES: Only applies if:</p> <ul style="list-style-type: none"> <li>Currently enrolled in Marketplace coverage</li> </ul>	Up to 60 days AFTER eligibility determination	Regular coverage effective dates	<p>YES: Current enrollees can:</p> <ul style="list-style-type: none"> <li>Change plans within same metal level as current plan<sup>1</sup></li> </ul>	Marketplace Application
	<p><u>NEWLY ELIGIBLE FOR ADVANCE PREMIUM TAX CREDITS (APTC)</u></p> <p><b>QUALIFIED INDIVIDUAL OR A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Experiences a decrease in income and is newly determined eligible for PTC</li> </ul>	<p>YES: Only applies if:</p> <ul style="list-style-type: none"> <li>Enrolled in MEC at least 1 day in 60 days before date of financial change</li> </ul>	Up to 60 days AFTER date of financial change	Regular coverage effective dates	<p>YES: Current enrollees can:</p> <ul style="list-style-type: none"> <li>Change plans within same metal level as current plan<sup>1</sup></li> </ul> <p>If dependent triggers SEP, enrollee can only:</p> <ul style="list-style-type: none"> <li>Add dependent to current plan<sup>2</sup></li> <li>Enroll dependent in a separate plan at any metal level</li> </ul>	Marketplace Application

TYPE	QUALIFYING EVENT	REQUIREMENT OF PRIOR COVERAGE	TIMING	COVERAGE EFFECTIVE DATES	PLAN SELECTION LIMITATIONS	SEP GENERALLY GRANTED BY
CHANGE IN ELIGIBILITY FOR FINANCIAL HELP (CONT.)	<p><u>CHANGE IN COST-SHARING REDUCTION (CSR) ELIGIBILITY</u></p> <p><b>ENROLLEE OR A DEPENDENT ENROLLED IN SAME QHP:</b></p> <ul style="list-style-type: none"> <li>Experiences a change in income or household size that changes eligibility for cost-sharing reductions</li> </ul> <p><b>NOTES:</b> Change in eligibility includes moving between CSR levels and losing or gaining eligibility for CSRs.</p>	<p>YES: Only applies if:</p> <ul style="list-style-type: none"> <li>Currently enrolled in Marketplace coverage</li> </ul>	Up to 60 days AFTER eligibility determination	Regular coverage effective dates	<p>YES: Current enrollees can:</p> <ul style="list-style-type: none"> <li>Change to a silver plan if not already enrolled in one</li> <li>Change plans within same metal level as current plan<sup>1</sup></li> </ul>	Marketplace Application
	<p><u>CURRENT EMPLOYER PLAN NO LONGER CONSIDERED QUALIFYING EMPLOYER COVERAGE</u></p> <p><b>QUALIFIED INDIVIDUAL OR A DEPENDENT ENROLLED IN EMPLOYER PLAN:</b></p> <ul style="list-style-type: none"> <li>Becomes newly eligible for APTC 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 qualifies as minimum value, or the cost of employee coverage is no longer considered affordable). Examples include:                             <ul style="list-style-type: none"> <li>→ Employer plan benefits or cost-sharing protections are scaled back, causing the plan to no longer meet the “minimum value” standard</li> <li>→ Termination of employer contributions to employee’s health coverage</li> </ul> </li> </ul> <p><b>NOTES:</b> Need to terminate employer coverage prior to effective date of the new plan.</p>	<p>YES: Only applies if:</p> <ul style="list-style-type: none"> <li>Enrolled in affected employer plan and may terminate the employer plan once it’s no longer affordable or no longer meets the minimum value standard</li> </ul>	<p><u>ADVANCE AVAILABILITY</u></p> <p>Up to 60 days BEFORE change to coverage</p> <hr/> <p>Up to 60 days AFTER change</p>	<p>IF PLAN SELECTED BEFORE CHANGE TO COVERAGE: 1st day of month following change</p> <hr/> <p>IF PLAN SELECTED AFTER CHANGE: 1st day of month following plan selection</p>	n/a	<p>Marketplace Application</p> <p><b>NOTES:</b> This is determined by the answer to the question about whether you’ve lost coverage</p>
	<p><u>MOVING OUT OF THE MEDICAID COVERAGE GAP</u></p> <p><b>QUALIFIED INDIVIDUAL:</b></p> <ul style="list-style-type: none"> <li>Was previously ineligible for Medicaid in a state that did not expand Medicaid and was ineligible for APTC solely because household income was below 100% of the poverty line. And either:                             <ul style="list-style-type: none"> <li>→ 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</li> <li>→ Moves to a new state (including a state that has expanded Medicaid) and becomes newly eligible for PTC</li> </ul> </li> </ul> <p><b>NOTES:</b> SEP applies even if the individual did not previously apply for Marketplace coverage or Medicaid. No specific documentation is required</p>	NO	<p>Up to 60 days AFTER change in income or move to new state</p> <hr/> <p>EXCHANGE OPTION: ADVANCE AVAILABILITY (NOT AVAILABLE IN FFM)</p> <p>If <b>moving</b> to a new state, 60 days BEFORE date of move</p>	<p>Regular coverage effective dates</p> <hr/> <p>IF PLAN SELECTED BEFORE MOVE: 1st day of month following move</p>	<p>YES: Current enrollees can:</p> <ul style="list-style-type: none"> <li>Change plans within same metal level as current plan<sup>1</sup></li> </ul>	CMS Caseworker

TYPE	QUALIFYING EVENT	REQUIREMENT OF PRIOR COVERAGE	TIMING	COVERAGE EFFECTIVE DATES	PLAN SELECTION LIMITATIONS	SEP GENERALLY GRANTED BY
CHANGE IN ELIGIBILITY FOR FINANCIAL HELP (CONT.)	<p><u>NEWLY GAINING ELIGIBLE IMMIGRATION STATUS</u></p> <p><b>QUALIFIED INDIVIDUAL OR A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Becomes newly eligible for Marketplace coverage as a result of gaining a lawfully present immigration status.</li> </ul> <p><b>NOTES:</b> SEP does not apply if the individual already had an eligible immigration status. For more information, see <a href="#">HealthCare.gov's list</a> of "lawfully present" immigration statuses eligible for Marketplace coverage.</p>	NO	Up to 60 days AFTER gaining status	Regular coverage effective dates	If dependent triggers SEP, enrollee can only: <ul style="list-style-type: none"> <li>Add dependent to current plan<sup>2</sup></li> <li>Enroll dependent in a separate plan at any metal level</li> </ul>	Marketplace Application
	<p><u>AMERICAN INDIAN OR ALASKA NATIVE (AI/AN)</u></p> <p><b>QUALIFIED INDIVIDUAL OR ENROLLEE:</b></p> <ul style="list-style-type: none"> <li>Is or becomes a member of a federally-recognized Native American tribe or an Alaska Native Claims Settlement Act Corporation Shareholder</li> </ul> <p><b>A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Is or becomes a dependent of someone who is an AI/AN and is enrolled or enrolling in same QHP as AI/AN</li> </ul>	NO	May enroll in or change QHPs one time per month	Regular coverage effective dates	NO	Marketplace Application
	<p><u>RELEASED FROM INCARCERATION</u></p> <p><b>QUALIFIED INDIVIDUAL OR A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Becomes newly eligible for Marketplace coverage as a result of being released from incarceration (detention, jail, or prison)</li> </ul> <p><b>NOTES:</b> For more information on the definition of incarceration, see this <a href="#">FAQ on incarceration and Marketplace eligibility</a>.</p>	NO	<p>Up to 60 days AFTER release</p> <hr/> <p>EXCHANGE OPTION: ADVANCE AVAILABILITY (NOT AVAILABLE IN FFM)</p> <p>Up to 60 days BEFORE release</p>	<p>Regular coverage effective dates</p> <hr/> <p>IF PLAN SELECTED BEFORE RELEASE: 1st day of month following release</p>	If dependent triggers SEP, enrollee can only: <ul style="list-style-type: none"> <li>Add dependent to current plan<sup>2</sup></li> <li>Enroll dependent in a separate plan at any metal level</li> </ul>	Marketplace Application
BEING DETERMINED INELIGIBLE FOR MEDICAID OR CHIP:	<p><u>BEING DETERMINED INELIGIBLE FOR MEDICAID OR CHIP:</u></p> <p><b>QUALIFIED INDIVIDUAL OR A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Applied for Medicaid or CHIP coverage 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</li> </ul> <p><b>NOTES:</b> SEP applies regardless of whether applied directly through state Medicaid agency or applied through Marketplace and information was transferred to state Medicaid agency. However, it does not apply to individuals who applied directly to their state's Medicaid agency outside of open enrollment.</p>	NO	Up to 60 days AFTER being determined ineligible for Medicaid or CHIP	Effective date appropriate to circumstances	If dependent triggers SEP, enrollee can only: <ul style="list-style-type: none"> <li>Add dependent to current plan<sup>2</sup></li> <li>Enroll dependent in a separate plan at any metal level</li> </ul>	Marketplace Application (For more info, see the following links: <a href="#">state transfers help</a> and <a href="#">updated application help</a> )

TYPE	QUALIFYING EVENT	REQUIREMENT OF PRIOR COVERAGE	TIMING	COVERAGE EFFECTIVE DATES	PLAN SELECTION LIMITATIONS	SEP GENERALLY GRANTED BY
Resolving Data-Matching Issues	<p><u>RESOLVING A DATA-MATCHING ISSUE (DMI)</u></p> <p><b>QUALIFIED INDIVIDUAL:</b></p> <ul style="list-style-type: none"> <li>Resolves a data-matching issue after initial inconsistency period ended and the Marketplace terminated coverage</li> <li>Has income under 100% FPL and did not enroll in coverage while waiting for the Marketplace to verify the individual’s citizenship status and APTC eligibility.</li> </ul>	NO	Up to 60 days AFTER DMI is resolved	Effective date appropriate to circumstances	n/a	Marketplace Call Center
ENROLLMENT OR PLAN ERROR	<p><u>ERROR / MISREPRESENTATION / INACTION / MISCONDUCT</u></p> <p><b>QUALIFIED INDIVIDUAL, ENROLLEE, OR A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Was not enrolled in a plan, enrolled in the wrong plan, or did not receive PTC 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 entities providing enrollment assistance (e.g., assisters, navigators, insurers, brokers, Call Center reps)</li> <li>Experienced a technical error when applying for coverage that either:                             <ul style="list-style-type: none"> <li>→ Prevented enrollment in a plan, OR</li> <li>→ Prevented insurer from receiving enrollment information</li> </ul> </li> </ul>	NO	Up to 60 days AFTER Marketplace determination of eligibility for SEP	Effective date appropriate to circumstances	NO	Marketplace Call Center or CMS Caseworker
	<p><u>PLAN OR BENEFIT DISPLAY ERROR</u></p> <p><b>QUALIFIED INDIVIDUAL, ENROLLEE, OR A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Experienced an error related to plan benefits, service area, or premium displayed on a Marketplace website at the time of plan selection which influenced the decision to select (or not select) a QHP</li> </ul>	NO	Up to 60 days AFTER determination of eligibility for SEP	Effective date appropriate to circumstances	NO	Marketplace Call Center
	<p><u>HEALTH PLAN VIOLATION</u></p> <p><b>ENROLLEE OR A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Demonstrates to the Marketplace that QHP substantially violated a material provision of its contract</li> </ul>	<p>YES: Only applies if:</p> <ul style="list-style-type: none"> <li>Currently enrolled in Marketplace coverage</li> </ul>	Up to 60 days AFTER determination of eligibility for SEP	Effective date appropriate to circumstances	<p>YES: Current enrollees can:</p> <ul style="list-style-type: none"> <li>Change plans within same metal level as current plan<sup>1</sup></li> </ul> <p>If dependent triggers SEP, enrollee can only:</p> <ul style="list-style-type: none"> <li>Add dependent to current plan<sup>2</sup></li> <li>Enroll dependent in a separate plan at any metal level</li> </ul>	CMS Caseworker

TYPE	QUALIFYING EVENT	REQUIREMENT OF PRIOR COVERAGE	TIMING	COVERAGE EFFECTIVE DATES	PLAN SELECTION LIMITATIONS	SEP GENERALLY GRANTED BY
OTHER LESS COMMON CIRCUMSTANCES	<p><u>SURVIVORS OF DOMESTIC VIOLENCE, ABUSE OR SPOUSAL ABANDONMENT</u></p> <p><b>QUALIFIED INDIVIDUAL OR ENROLLEE:</b></p> <ul style="list-style-type: none"> <li>Experiences domestic abuse or violence and wants to enroll in health plan separate from abuser (who could be an intimate partner, a parent, or another relative)</li> <li>Experiences spousal abandonment and wants to enroll in a health plan separate from spouse abuse or violence or spousal abandonment</li> </ul>	<p>YES: Only applies if:</p> <ul style="list-style-type: none"> <li>Currently enrolled in MEC</li> </ul>	Up to 60 days AFTER requesting SEP	Regular coverage effective dates	NO	CMS Caseworker or Marketplace Call Center
	<p><u>GAINING ELIGIBILITY FOR A HEALTH REIMBURSEMENT ARRANGEMENT (HRA)</u></p> <p><b>QUALIFYING INDIVIDUAL, ENROLLEE, OR DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Newly gains access to an individual coverage HRA (ICHRA), or qualified small employer HRA (QSEHRA)</li> </ul>	NO	Up to 60 days BEFORE the date the HRA coverage can take effect if the individual was given notice 90 days before the HRA took effect. If notice was not sent 90 days before the HRA start date, up to 60 days BEFORE or AFTER the date the HRA coverage can take effect.	<p>IF PLAN IS SELECTED BEFORE THE DATE THE HRA CAN TAKE EFFECT: On the date the HRA can take effect or, if it takes effect other than the 1st day of the month, the 1st day of the month following the date the HRA can take effect</p> <hr/> <p>IF THE PLAN IS SELECTED ON OR AFTER THE DATE THE HRA CAN TAKE EFFECT: 1st day of the month following plan selection</p>	NO	CMS Caseworker
	<p><u>EXCEPTIONAL CIRCUMSTANCES</u></p> <p><b>QUALIFIED INDIVIDUAL, ENROLLEE, OR A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Demonstrates to the Marketplace exceptional circumstances prevented enrollment in coverage during open enrollment or through a SEP, such as:                             <ul style="list-style-type: none"> <li>→ A serious medical condition (e.g., unexpected hospitalization or temporary cognitive disability)</li> </ul> </li> <li>Wins a Marketplace appeal that an incorrect eligibility determination or incorrect coverage effective date was received at the time of application</li> <li>Starts or ends AmeriCorps service</li> </ul>	NO	Up to 60 days AFTER determination of eligibility for SEP	Effective date appropriate to circumstances	NO	CMS Caseworker or Marketplace Call Center

TYPE	QUALIFYING EVENT	REQUIREMENT OF PRIOR COVERAGE	TIMING	COVERAGE EFFECTIVE DATES	PLAN SELECTION LIMITATIONS	SEP GENERALLY GRANTED BY
OTHER LESS COMMON CIRCUMSTANCES	<p>EMERGENCY AND MAJOR DISASTER DECLARATIONS BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA)</p> <p><b>QUALIFIED INDIVIDUAL, ENROLLEE, OR A DEPENDENT:</b></p> <ul style="list-style-type: none"> <li>Resides in a FEMA-declared disaster or emergency area;</li> <li>Qualified to enroll through an open or special enrollment period during the FEMA incident period; and</li> <li>Did not enroll due to impacts from the FEMA-declared disaster.</li> </ul>	<ul style="list-style-type: none"> <li>Depends on the requirements of the qualifying SEP</li> <li>No coverage requirement if this SEP is used in conjunction with open enrollment</li> </ul>	UP to 60 days AFTER the end of the FEMA-designated incident period	<p>Prospective with regular coverage effective dates.</p> <p>Or, at the option of the enrollee, an earlier effective date that would have been applied if the person had selected a plan during their initial enrollment opportunity.</p>	NO	<p>Marketplace Application if qualifying SEP is due to loss of MEC</p> <p>CMS Caseworker or Marketplace Call Center for any other qualifying SEP</p>

<sup>1</sup> If there are no other plans available within the same metal level, enrollees will be allowed to enroll in a plan that is one level higher or one level lower than their current plan.

<sup>2</sup> If an enrollee's current plan does not cover dependents, the enrollee and dependent can choose to enroll in a new plan together within the same metal level as the enrollee's current plan.

**SOURCES:**

- 45 CFR 155.420: Special Enrollment Periods
- HHS Notice of Benefit and Payment Parameters for 2020, April 18, 2019; [www.federalregister.gov/documents/2019/04/25/2019-08017/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2020](http://www.federalregister.gov/documents/2019/04/25/2019-08017/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2020)
- HHS Notice of Benefit and Payment Parameters for 2019, April 17, 2018; [www.federalregister.gov/documents/2018/04/17/2018-07355/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2019](http://www.federalregister.gov/documents/2018/04/17/2018-07355/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2019)
- HHS Market Stabilization Rule, April 18, 2017; [www.federalregister.gov/documents/2017/04/18/2017-07712/patient-protection-and-affordable-care-act-market-stabilization](http://www.federalregister.gov/documents/2017/04/18/2017-07712/patient-protection-and-affordable-care-act-market-stabilization)
- HHS Notice of Benefit and Payment Parameters for 2018, December 22, 2016; [www.federalregister.gov/documents/2016/12/22/2016-30433/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2018](http://www.federalregister.gov/documents/2016/12/22/2016-30433/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2018)
- CMS fact sheet: Special Enrollment Periods for the Health Insurance Marketplace; [marketplace.cms.gov/outreach-and-education/special-enrollment-periods-available-to-consumers.pdf](http://marketplace.cms.gov/outreach-and-education/special-enrollment-periods-available-to-consumers.pdf)
- CMS FFM and FF-SHOP Enrollment Manual, Section 5: Special Enrollment Periods, July 19, 2016; [www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/ENR\\_FFMSHOP\\_Manual\\_080916.pdf](http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/ENR_FFMSHOP_Manual_080916.pdf)