

Beyond the Basics



Special Enrollment Periods

May 12, 2022

Note: Changes were made to this deck after the webinar was recorded to more accurately reflect the current approach to effective dates on HealthCare.gov.

Webinar Logistics



- All attendees are muted and in listen-only mode
- To ask a question:
 - Click on the Q&A icon in the control panel at the bottom of your screen
 - Type your question into the box
- We will monitor questions and pause to answer a few during the presentation and once more at the end
- You can also email questions to beyondthebasics@cbpp.org
- All webinars are recorded and will be available for viewing at www.healthreformbeyondthebasics.org

Agenda

- Overview of Special Enrollment Periods
- Common Events That Trigger a Special Enrollment Period
- Less Common Events That Trigger a Special Enrollment Period
- Process for Accessing SEPs
- SEP Verification
- Restrictions on Plan Choice for Current Enrollees

Overview of Special Enrollment Periods



What is a special enrollment period (SEP)?

A period outside of open enrollment when a person who experiences a qualifying event can enroll in or switch marketplace coverage

Open enrollment

- For states using HealthCare.gov in 2022: November 1 through January 15
- State-based marketplaces can have a longer open enrollment period

NOVEMBER 2022						
S	M	T	W	T	F	S
			1	2	3	4
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DECEMBER 2022						
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18	19	20	21	22	23	24
25	26	27	28	29	30	31

JANUARY 2023						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
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Categories of Events That Trigger an SEP



Loss of other qualifying coverage

- Loss of employer coverage
- Loss of Medicaid



Changes in household size

- Marriage
- Birth or adoption of a child



Changes in primary place of living

- Moving to a different city or state
- Moving to the U.S. from another country



Changes in eligibility for financial help

- Moving out of the Medicaid coverage gap
- Changes in eligibility for PTC or CSR
- Newly gained eligible immigration status



Enrollment or plan error

- Error or misconduct by broker, marketplace representative, or insurer
- Plan or benefit display error



Other circumstances

- Survivors of domestic violence
- Impacted by FEMA-declared disaster

Timing of SEPs

SEPs are generally available for 60 days after a qualifying event, though some SEPs are also available for 60 days before the qualifying event (known as “advance availability”)

Coverage effective dates

- For several SEPs, coverage now starts more promptly than in the past. (*New; effective March 18, 2022 in HealthCare.gov states*)
 - First of the month after plan selection in many cases
 - If coverage will end in the future, coverage is effective the first of the month after their existing coverage ends and they pick a new plan
 - Applies to SEPs triggered by: loss of other qualifying coverage, moving out of the Medicaid “coverage gap,” among others

Requirement of Prior Coverage

- To qualify for certain SEPs, the person experiencing a qualifying event must have had minimum essential coverage at least 1 day during the 60 days prior to the event
- Exceptions include:
 - If the person was living in a foreign country or U.S. territory in the past 60 days
 - If the person is a member of federally recognized Native American tribe or is an Alaska Native (referred to as AIAN)

New in 2022: SEP for People with Income ≤150% FPL

- Access to coverage and financial help for some people with low incomes
 - Household income is expected to be no greater than 150% of the federal poverty level
 - About \$19,320 for an individual
 - Must be eligible for premium tax credits
 - No prior coverage required
 - May enroll in a QHP or change from one QHP to another one time per month
 - SEP is only available in years when increased PTC allows people with income ≤150% FPL to buy a benchmark plan (second lowest cost silver plan) with a zero-dollar premium.
 - Under the American Rescue Plan, enhancements to the premium tax credit ensure that everyone under 150 percent has access to a \$0 plan
 - Tax credit enhancements will not be in effect after 2022, unless Congress acts to extend them

Common Events That Trigger a Special Enrollment Period



Loss of Other Qualifying Coverage

For more information on what counts as MEC, see the *Beyond the Basics MEC Reference Chart*

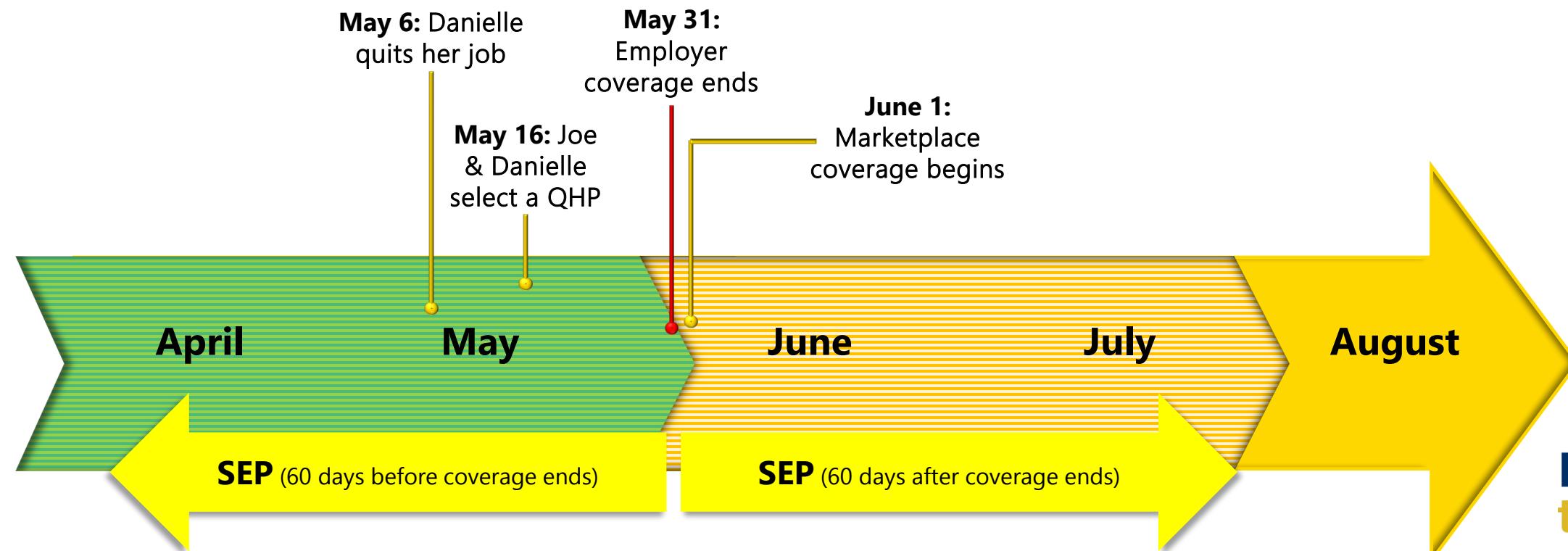
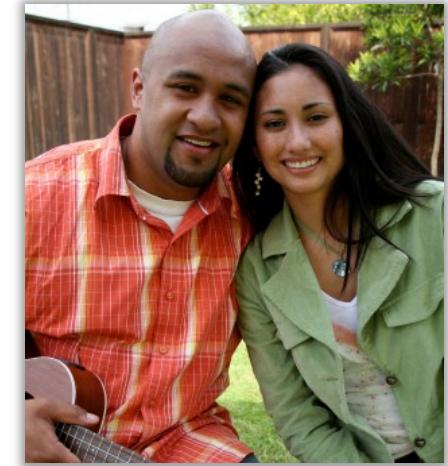
- Loss of minimum essential coverage (MEC), including:
 - Loss of eligibility for an employer plan (e.g., loses job, quits a job, work hours reduced)
 - Loss of eligibility for Medicaid or CHIP
 - Cancellation of a plan (by the insurer or plan sponsor)
 - Loss of eligibility for student health plan
- Loss of pregnancy-related Medicaid coverage
- Loss of medically needy Medicaid coverage (sometimes referred to as share of cost Medicaid or Medicaid with a spenddown)
- Expiration of a non-calendar year plan (even if there is an option to renew the plan)

SEP Event	Timing	Coverage Effective Date
Loss of other coverage	Up to 60 days before loss of coverage	First day of the month following loss of coverage
	Up to 60 days after loss of coverage	First day of the month following plan selection

Example: Loss of Employer Coverage

Joe and Danielle

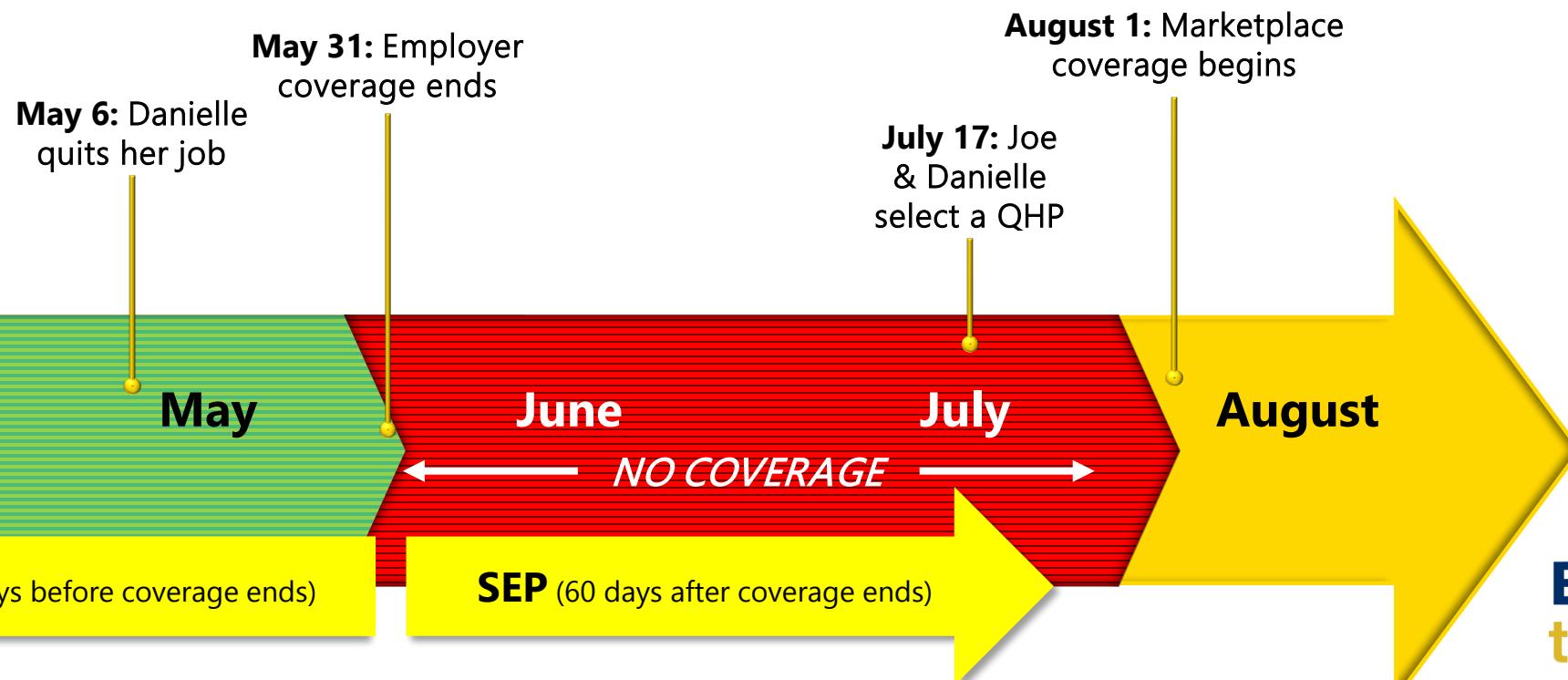
- Joe and Danielle are enrolled in health insurance that Danielle gets through her job
- Danielle quits her job in May, and her insurance is scheduled to end on May 31
 - She is offered COBRA, but it would cost a lot
- Joe and Danielle are eligible for an SEP
- They have 60 days before and 60 days after Danielle's employer coverage ends to pick a plan in the marketplace



Example: Loss of Employer Coverage

But what if they select a QHP after losing coverage?

- Joe and Danielle don't pick a plan until the end of July
- Because they waited until they lost coverage, they will have a gap in coverage in June and July



Changes in Household Size

- Marriage
 - SEP only triggered if at least one spouse:
 - Had at least one day of MEC in the 60 days prior to the marriage (*prior coverage requirement*), or
 - Was living in a foreign country or U.S. territory in past 60 days, or
 - Is AIAN
- Birth, adoption, foster care placement, or court order
 - Gaining a dependent through birth, adoption, or placement for foster care
 - Gaining a dependent through a child support order or other court order

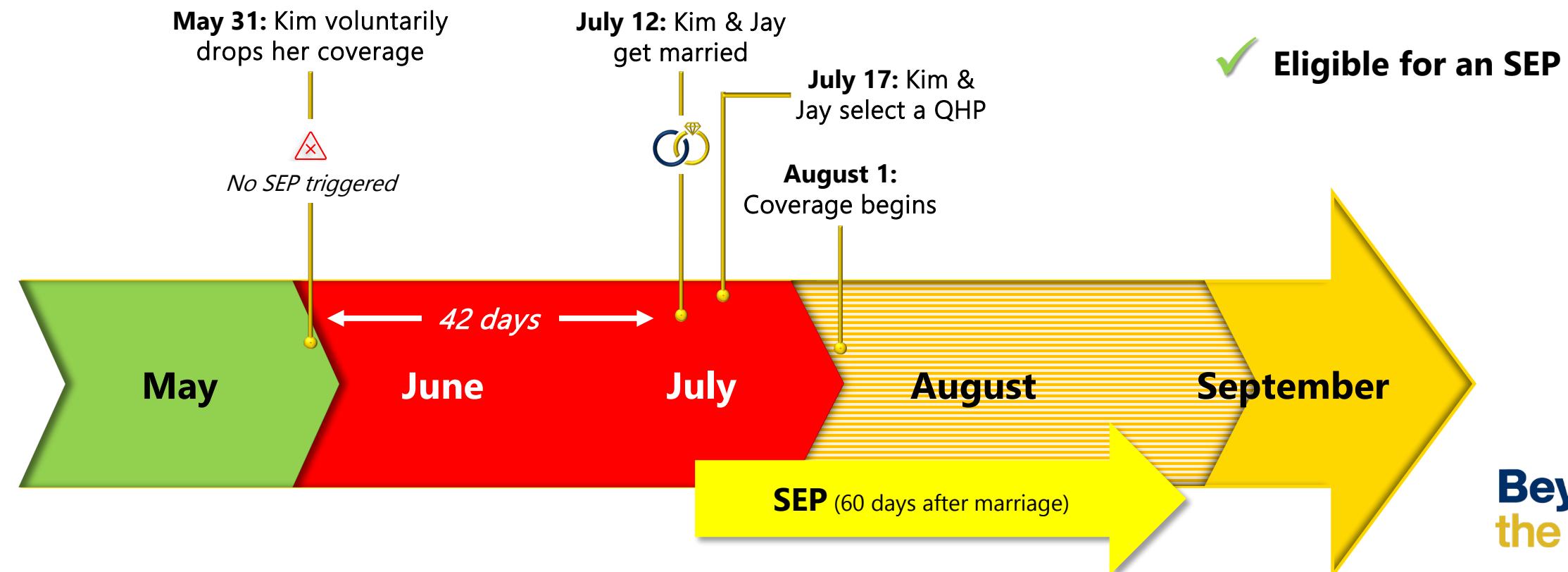
SEP Event	Timing	Coverage Effective Date
Marriage	Up to 60 days after marriage	First day of month following plan selection
Birth, adoption, foster care placement, or court order	Up to 60 days after SEP event	Retroactively to the date of the SEP event OR first day of the month after plan selection (must call marketplace to request)

Example: Marriage (Prior Coverage Requirement)



Jay and Kim

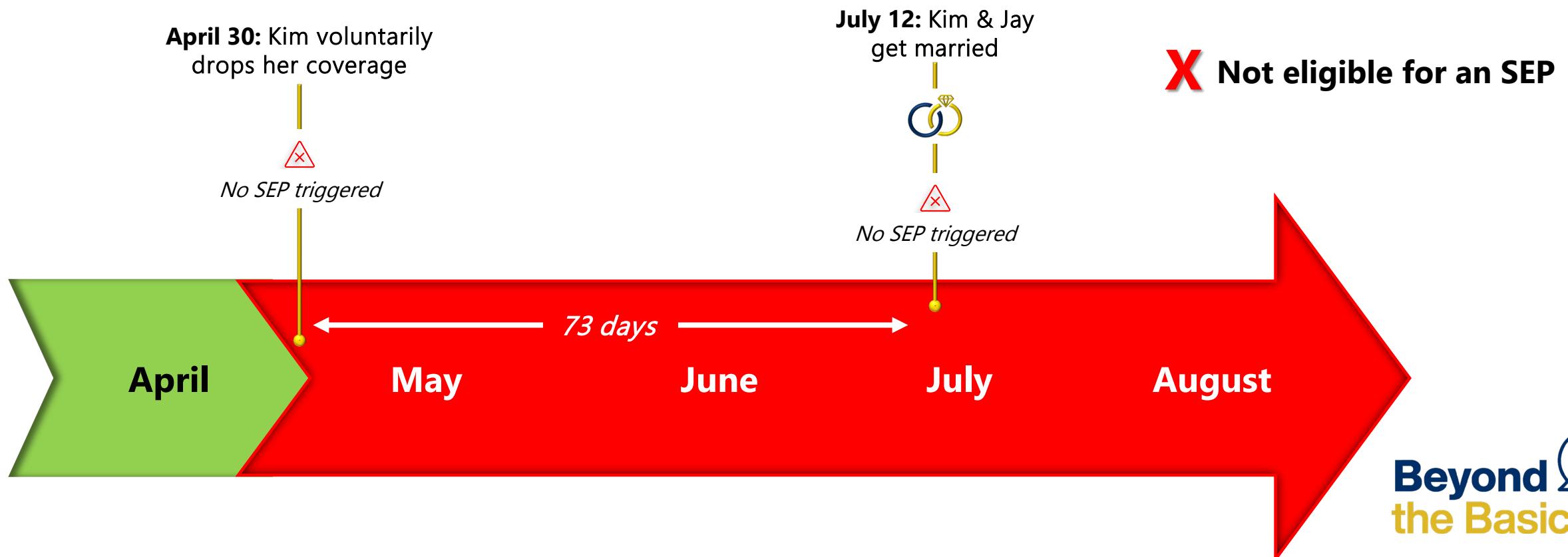
- Jay and Kim get married on July 12
- Kim was insured through her job and Jay was uninsured
- Kim drops her coverage on May 31, prior to the marriage



Example: Marriage (Prior Coverage Requirement)

But what if Kim drops her coverage earlier?

- Jay and Kim get married on July 12
- Kim was insured through her job and Jay was uninsured
- Kim drops her coverage on April 30, prior to the marriage



Example: Income \leq 150% FPL



Jane

- Jane is uninsured and lives in Nebraska
- She earns \$19,000 per year (148% FPL)
- Jane recently heard that she could get a plan for \$0 per month so she went to HealthCare.gov to complete an application

Jane's income

If Jane has more than one source of income, you'll be able to enter more later.

Select a type of income Jane currently gets this month.

[Learn more about types of income to report.](#)

Job (like salary, wages, commissions, or tips) 

[Learn more about reporting job income.](#)

Enter the employer name.

ABC Co.

Enter the amount Jane gets paid.

[Learn how to calculate income.](#)

\$ 19,000

How often is Jane paid this amount?

- Hourly
- Daily
- Weekly
- Every 2 weeks
- Twice a month
- Monthly
- Yearly
- One time only

Example: Income \leq 150% FPL



Jane

- Jane is eligible for the new low-income SEP because she earns less than 150% FPL
 - 150% FPL = \$19,320 for a household of 1
- She has 60 days to enroll in a plan

Health Insurance Marketplace

May 10, 2022

Application ID # 4430114251

Application date: May 10, 2022

Primary contact

Jane Doe

Eligibility overview

Jane Doe

Eligible

To buy a Marketplace plan

For a premium tax credit of up to \$520 each month for your tax household

For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans

Required action: View your eligibility notice

Your eligibility notice explains your options for coverage, costs, deadlines and next steps. If you're eligible for coverage through a Marketplace plan, you can enroll after you view your notice.

You're eligible for a Special Enrollment Period. You must pick a plan by July 9. If you don't, you may not be able to enroll until the next yearly Open Enrollment Period.

[VIEW ELIGIBILITY NOTICE \(PDF\)](#)

Choose a Silver plan to get cost-sharing reductions. Choosing Silver instead of Bronze may save you thousands of dollars if you use a lot of services.

Learn more about how you could qualify for Medicaid. See [Eligibility Guide](#), page 7.

Marketplace coverage start date generally depends on when you select a plan. See [Eligibility Guide](#), page 4.

You can appeal your eligibility results now. See [Eligibility Guide](#), page 8.

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Changes in Primary Place of Living

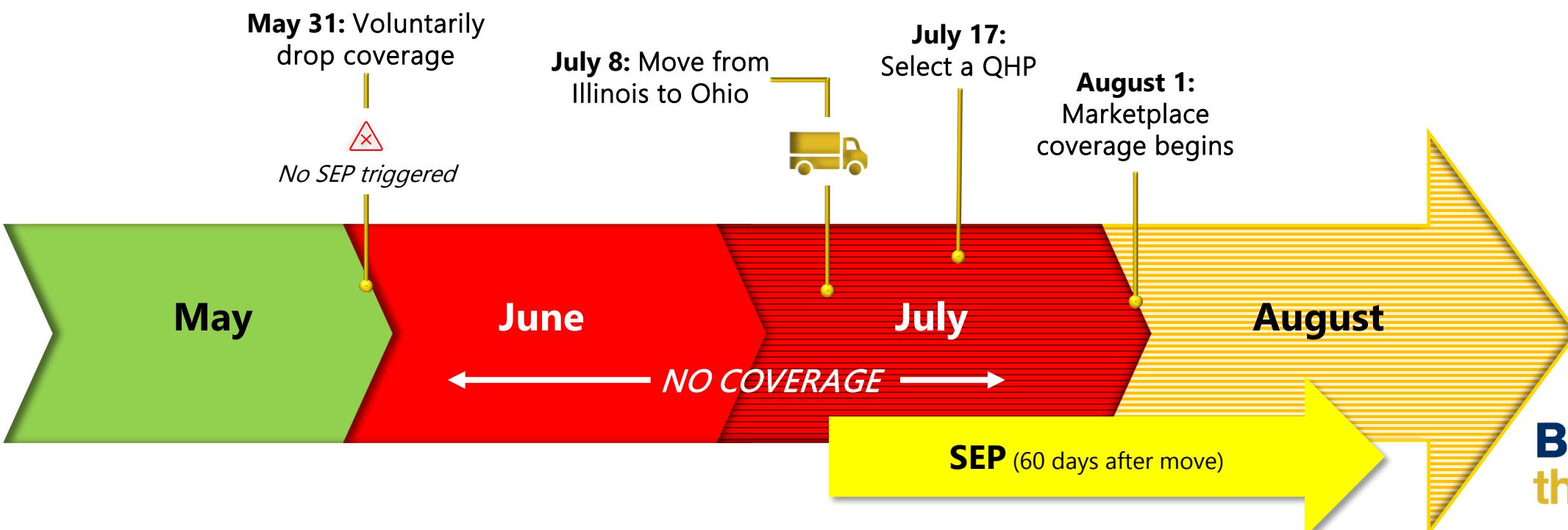
- Permanent move (gaining access to new marketplace plans as a result of a permanent move)
 - Moving within the same city, county, or state, as long as there are different plans available
 - Moving to another state
 - A child or other dependent moving back to parent's home
 - A student moving to or from where they attend 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
- Move to the U.S. after living outside the country or in a U.S. territory
- **SEP only triggered if the person:**
 - Had at least one day of MEC in the 60 days prior to the move (*prior coverage requirement*), or
 - Was living in a foreign country or U.S. territory in past 60 days, or
 - Is AIAN

SEP Event	Timing	Coverage Effective Date
Permanent move	Up to 60 days after move	First day of the month after plan selection

Example: Permanent Move (Prior Coverage Requirement)

George, Marie, and Amina

- George, Marie, and Amina live in Illinois
- They were all enrolled in coverage through George's job, but that coverage was too expensive so they voluntarily dropped it at the end of May
- Marie gets a new job offer in Ohio and the family decides to move in early July
- They are eligible for the SEP triggered by a permanent move because they had coverage in the last 60 days



Changes in Eligibility for Financial Help

- Moving out of the Medicaid coverage gap
 - Previously ineligible for Medicaid due to state decision not to expand Medicaid, and income increases to a level above 100% of the poverty line creating eligibility for PTC
 - Person does not need to have had prior contact with the marketplace to be eligible
 - Applies in all states (i.e., applies if a person moves to a state that expanded Medicaid and has a change in income making them eligible for PTC)
- Current employer plan no longer considered qualifying employer coverage
 - Becoming newly eligible for PTC due to a change in the plan resulting in it no longer being considered either adequate coverage or affordable
 - Must drop employer coverage to enroll in marketplace coverage with PTC

SEP Event	Timing	Coverage Effective Date
Moving out of Medicaid coverage gap	Up to 60 days after change in income or move to new state	First day of the month after plan selection
Current employer plan no longer considered qualifying employer coverage	Up to 60 days before change	First day of the month following change

Changes in Eligibility for Financial Help

- Newly gaining eligible immigration status
 - Becoming newly eligible for marketplace coverage as a result of gaining a lawfully present status
- Release from incarceration
 - Becoming eligible for marketplace coverage after being released from incarceration (jail, prison, detention)
- American Indian and Alaska Native (AIAN)
 - Individual is or becomes a member of a federally-recognized Native American tribe or an Alaska Native Claims Settlement Act Corporation Shareholder
 - Individual is or becomes a dependent of someone who is an AIAN and is enrolled or enrolling in same QHP

SEP Event	Timing	Coverage Effective Date
Gaining an eligible immigration status	Up to 60 days after gaining status	First day of the month after plan selection
Release from incarceration	Up to 60 days after release date	First day of the month after plan selection
AIAN	Can enroll or change QHPs one time per month	First day of the month after plan selection

Changes in Eligibility for Financial Help

- Newly eligible or ineligible for premium tax credits (PTC)
 - Experiences a change in income or household size that makes an enrollee or enrollee's dependent newly eligible or ineligible for premium tax credits
 - SEP only triggered if currently enrolled in a QHP (*coverage requirement*)
- Change in cost-sharing reduction (CSR) eligibility
 - Experiences a change in income or household size that changes eligibility for CSR
 - Change in eligibility includes moving between CSR levels and losing or gaining eligibility for CSRs
 - SEP only triggered if currently enrolled in a QHP (*coverage requirement*)
- Newly eligible for PTC after decreased income
 - Experiences a decrease in household income and is determined newly eligible for PTC
 - SEP only triggered if the person had at least one day of MEC in past 60 days (*prior coverage requirement*)

Note: Can be enrolled in a QHP inside or outside the marketplace, as long as the plan meets the definition of a QHP. To receive PTC or CSR, must enroll in the marketplace.

Less Common Events That Trigger a Special Enrollment Period



Enrollment or Plan Error

- Error/misconduct/inaction by the Marketplace, HHS, or non-Marketplace entity aiding in enrollment
 - Was not enrolled in a plan, enrolled in the wrong plan, or did not receive PTC or CSR for which they were eligible due to the error, misrepresentation, misconduct or inaction
 - Experienced a technical error when applying for coverage that either prevented enrollment or prevented insurer from receiving enrollment information
- Plan or benefit display error
 - 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 plan
- Health plan violation
 - Plan substantially violated a material provision of its contract
 - SEP only triggered if currently enrolled in a QHP (*coverage requirement*)

SEP Event	Timing	Coverage Effective Date
All enrollment & plan error SEPSs	Up to 60 days after determination	Effective date appropriate to circumstances

Other Circumstances

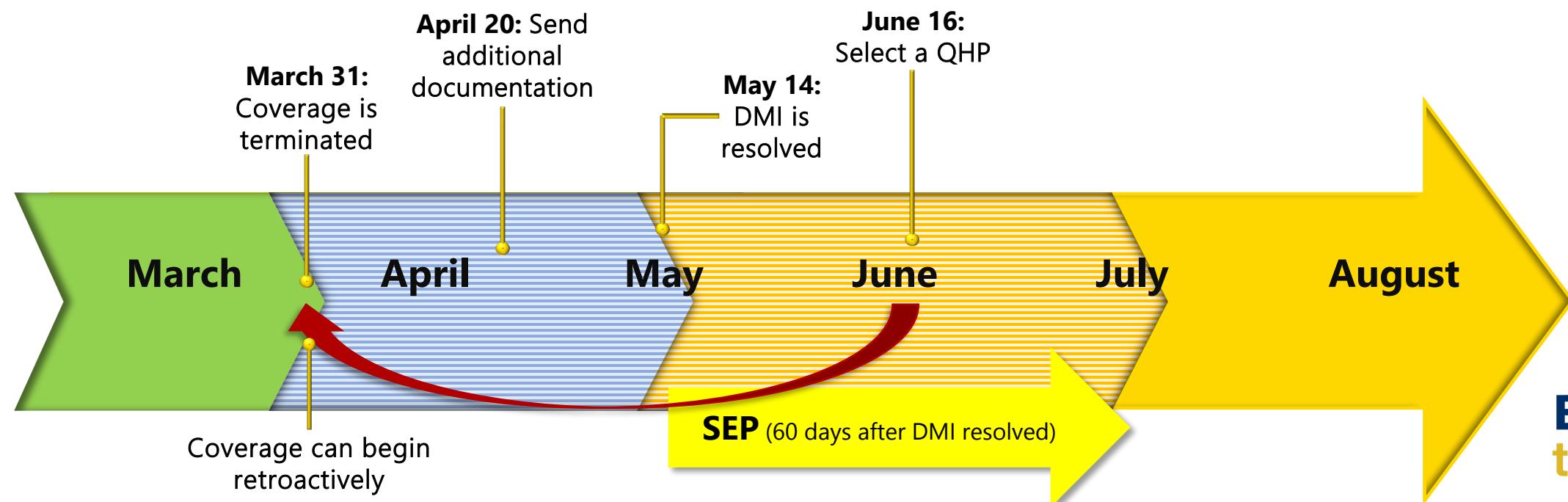
- Being determined ineligible for Medicaid or CHIP
 - Applied for Medicaid or CHIP during open enrollment (or during an SEP) and the state Medicaid agency determined the individual or their dependent ineligible for Medicaid or CHIP after the enrollment period ended
 - Available regardless of whether the person applied through the marketplace or directly through the state Medicaid agency
- Resolving a data-matching issue (DMI)
 - DMI is resolved after person's coverage is terminated due to end of initial inconsistency period
 - Income under 100% FPL and did not enroll in coverage while waiting for the marketplace to verify eligibility for PTC based on immigration status

SEP Event	Timing	Coverage Effective Date
Being determined ineligible for Medicaid or CHIP	Up to 60 days after being determined ineligible	Effective date appropriate to circumstances
Resolving a DMI	Up to 60 days after DMI is resolved	Effective date appropriate to circumstances (retroactive coverage available)

Example: Resolving a Data-Matching Issue

Roberto, Monica, Alex, and Elena

- Roberto and Monica are married and have two children, Alex and Elena
- When applying for coverage, Monica gets a data matching issue (DMI) and is asked to send in documentation to prove her citizenship
- The documentation she sends is insufficient so her coverage is terminated at the end of March
- In April, she sends in more documentation and her DMI is resolved on May 14, triggering a SEP



Other Circumstances

- Survivors of domestic violence or spousal abandonment
 - Experiences domestic violence or spousal abandonment and wants to enroll in a health plan separate from abuser or spouse
 - Applies to dependents who can enroll in the same plan
 - SEP only triggered if currently enrolled in MEC (*coverage requirement*)
- Exceptional circumstances
 - Exceptional circumstances prevented enrollment in coverage during open enrollment (e.g., unexpected hospitalization, temporary cognitive disability, or a natural disaster)
 - Wins a Marketplace appeal

SEP Event	Timing	Coverage Effective Date
Survivors of domestic violence or spousal abandonment	Up to 60 days after requesting SEP	First day of the month after plan selection
Exceptional circumstances	Up to 60 days after determination	Effective date appropriate to circumstances

What does not trigger a SEP in HealthCare.gov?

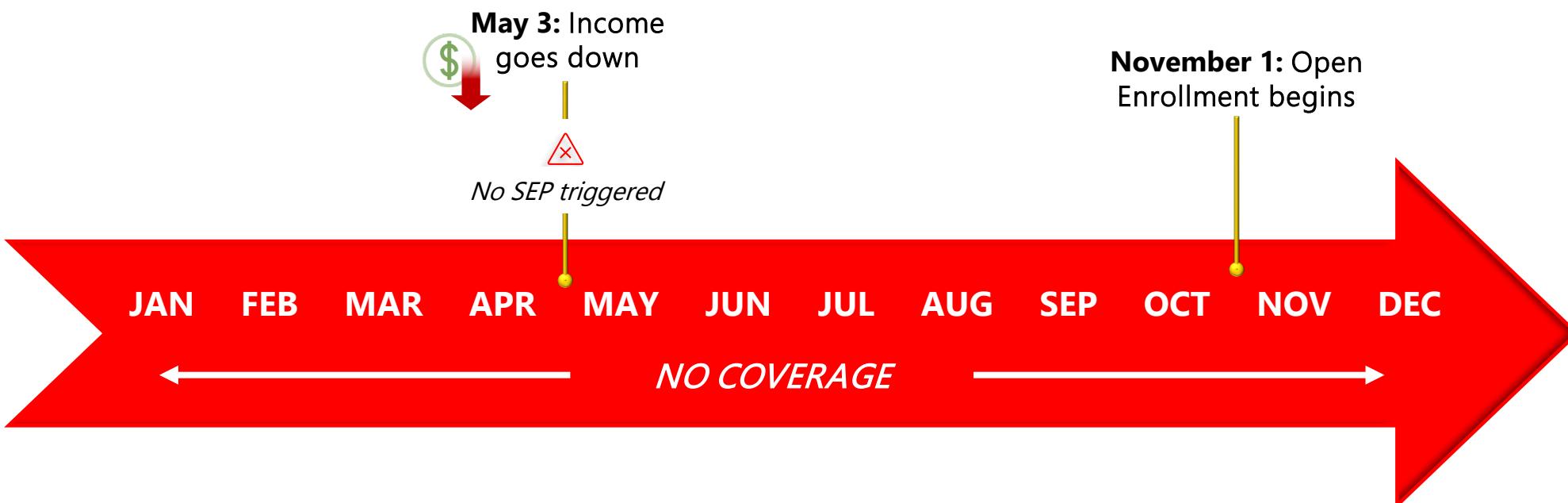
- Voluntarily dropping other coverage
- Loss of eligibility for coverage when the person was not enrolled in it (i.e., loses job, but was not in the employer's health plan)
- Being determined newly eligible for PTC when the person was previously uninsured (unless the person has income of no more than 150% FPL)
- Being terminated from other coverage for not paying premiums or for fraud
- Divorce or death of a family member if person does not also lose coverage as a result
 - There is an exchange option for SBMs to implement a SEP for divorce or death of a family member if the person is already enrolled in a QHP
- Becoming pregnant*

***Note:** Several states including New York and Connecticut consider pregnancy a trigger for a SEP. SBMs not using HealthCare.gov are allowed to implement additional/more expansive SEPs.

Example: No SEP for Income Change

Carla

- Carla's employer offers coverage, but she does not enroll
 - Carla finds out in May that her employer is reducing her hours she is no longer eligible for employer coverage
 - Her income will drop (though not to 150% FPL) and she no longer has an offer of coverage from her employer, so she would qualify for a premium tax credit
- ! But this does not trigger a SEP**
- Carla must wait until the next open enrollment period to enroll in coverage



Q & A



Process for Accessing SEPs



How Do You Access a SEP?

- *If already enrolled in a marketplace plan:*
 - Return to the marketplace application and “report a life change”
 - Go through the application and edit information that has changed
- *If not enrolled in a marketplace plan:*
 - Go to the marketplace and start a new application
- Once the application is completed/updated, the eligibility determination notice (EDN) will inform the individual of whether they are eligible for a SEP
 - If determined eligible for a SEP, they will then be able to switch plans or enroll in a new plan during the SEP

Note: Not all SEPs are available through the application, and some can only be granted by the marketplace call center (1-800-318-2596; TTY: 1-855-889-4325)

Reporting Changes

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

Report a life change

Some changes may qualify you or your dependents for a Special Enrollment Period.

What kind of changes should I report?

Your household's income and size affect the program you qualify for, including help with costs. As soon as you have a change, report it here.

Important: If you're enrolled in Ohio Medicaid or Ohio Medicaid coverage, be sure to report life changes to your state Medicaid or CHIP agency before you report these changes to the Marketplace.

[Learn more about reporting these changes, including what to do if someone on your application has Marketplace coverage](#)

Examples of changes to report:

- Someone's enrolled in Medicaid or CHIP at the same time they're enrolled in a Marketplace plan.
- Someone's enrolled in Medicare at the same time they're enrolled in a Marketplace plan.
- Your household income goes up or down, like from a job or benefits
- Your household size changes because of things like marriage, divorce, a new baby, or someone moving out
- Someone needs new coverage
- Someone is getting new coverage, like from a job
- Your citizenship or immigration status is changing, like a visa expired and isn't renewed
- You want to change your preference on how we send information to you
- Your tax filing status changes

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.

After you report a change:

- You'll get new Eligibility Results that will explain if you're eligible for a Special Enrollment Period to enroll or change plans.
- You'll find out if you qualify for a different amount of help paying costs.
- You can check your enrollment details before we send your updates to your plan or your state.

REPORT A LIFE CHANGE

- People enrolled in marketplace coverage must report changes to their original application
 - Not all changes will trigger a SEP
 - Some changes will adjust the amount of APTC a person is eligible to receive
- Changes to report include:
 - Changes to income
 - Changes to a person's household
 - Moving to a new permanent address
 - If moving out of state, will need to complete a new application in the new state)
 - Changes in status, such as tax filing status, citizenship, or immigration status

SEP Verification



New for 2022: Change to Verification Policy

- Some people who complete a new application on HealthCare.gov outside of open enrollment may be required to submit documentation to prove that they are eligible for a SEP *before* enrollment in a QHP is effective and they can use their coverage
 - This is called an SEP Verification Issue (SVI)
- Effective July 2022: Pre-enrollment verification applies only to the loss of coverage SEP
 - This is a change in policy that was finalized in the most recent marketplace rule (the “Notice of Benefit and Payment Parameters” for 2023)
- Prior policy required pre-enrollment verification for several additional triggering events (i.e., permanent move, marriage)
- Reason for the change: Having to provide documents presented a barrier to enrollment, especially for applicants who are Black and for those who are younger

SEP Verification for Loss of Other Coverage

- When a new applicant attests to losing other coverage:
 - HealthCare.gov has said it will use electronic data sources to automatically verify SEP eligibility when possible
 - Some applicants will have 30 days after selecting a plan to provide documentation of eligibility for the SEP
 - Once SEP eligibility is verified, the enrollment file will be sent to the insurer and the applicant will need to pay for their first month's premium for their coverage to begin
- State-based marketplaces that do not use HealthCare.gov are not required to conduct pre-enrollment verification of SEP eligibility

Coverage Effective Date Once SVI is Resolved

- Once eligibility for an SEP is verified, coverage will generally begin on the original coverage effective date
 - Applicant must pay first month's premium to effectuate enrollment once SVI is resolved
- If SVI is resolved after the original coverage effective date, coverage will begin retroactively
 - Insurer will be responsible for paying claims on any covered services in that retroactive period
 - If an SVI is resolved more than 2 months from the original coverage effective date, the person can choose to have coverage begin 1 month later than original effective date

SEP Verification vs. Data Matching Issue vs. ID Proofing

	Identity (ID) Proofing	Data Matching Issue (DMI)	SEP Verification Issue (SVI)
What needs to be proven	Identity (in order to have full access to an online account)	Eligibility factor, such as citizenship, immigration status or income	Eligibility for enrollment through an SEP (that the person lost other coverage)
Enrollment impact	Can enroll in coverage via Call Center or paper application (can send documents at same time)	Can enroll in and use coverage while resolving DMI	Can pick a plan, but enrollment will be pended until eligibility for SEP is proven
Deadline to submit documents	None	90 or 95 days after applying for coverage	30 days after selecting a plan
If unresolved	Coverage is not affected. Cannot use online account to submit application, pick a plan, or receive notices, among other things	Depending on eligibility factor, person will either lose subsidy eligibility, lose coverage, or have subsidy amount adjusted	Will not be allowed to enroll in coverage (plan selection will be cancelled)

Restrictions on Plan Choice for Current Enrollees



Restrictions on Plan Selection

- For most SEPs, current marketplace enrollees can only change plans within the same metal level as their current plan
 - Exception:
 - If there are no other plans available within the same metal level, they can enroll in a plan one metal level higher or lower
- Enrollees can use the SEP triggered by a change in eligibility for CSRs to:
 - Change to a silver level plan if not already enrolled in one, **or**
 - Change plans within the same metal level as their current plan

Levels of Cost-Sharing Reductions (Silver Plans)

Actuarial Value	CSR: 73% AV	CSR: 87% AV	CSR: 94% AV
Income Range	201-250% FPL	151-200% FPL	Up to 150% FPL

Restrictions on Plan Selection

- New for 2022: Enrollees in silver plans who become ineligible for cost-sharing reductions can use their SEP to enroll in a bronze or gold plan.
- Current marketplace enrollees who qualify for the marriage or birth/adoption/foster care placement SEP, can only:
 - Add the new dependent or spouse to their current marketplace plan, **or**
 - Enroll the new dependent or spouse separately in any plan
 - Exceptions:
 - If an enrollee's current plan doesn't cover dependents, the enrollee and dependent can enroll in a new plan together within the same metal level as the enrollee's current plan

SEPs Exempt from Restrictions on Plan Selection

- SEP for American Indian or Alaska Natives (AIAN)
- Errors/misrepresentation from the Exchange or an exchange entity providing enrollment assistance or conducting enrollment activities
- Exceptional circumstances
- Survivors of domestic abuse or spousal abandonment

Resources



SEP Reference Chart



- Comprehensive guide to SEPs
 - The circumstances that trigger a SEP
 - Who can trigger a SEP
 - Effective date of coverage once a plan is selected

REFERENCE CHART: SPECIAL ENROLLMENT PERIODS						PAGE 1 OF 12
Type	Qualifying Event	Requirement of Prior Coverage	Timing	Coverage Effective Dates	Plan Selection Limitations	SEP Generally Granted By
<i>Loss of other qualifying coverage</i>	Loss of Minimum Essential Coverage (MEC) <i>Qualified individual, enrollee, or a dependent:</i>	YES: Only applies if: • Loses employer coverage due to, for example: – Loss of a job – Voluntarily quitting a job – Reduction in work hours that causes loss of eligibility for employer plan. • Discontinuation of employer plan • Loses eligibility for Medicaid or CHIP • COBRA coverage expires • Non-group plan is canceled • Loses eligibility for student health plan that is MEC • Loses coverage due to a divorce or legal separation • Loses coverage because no longer a dependent • Loses eligibility for coverage under a parent's plan • Loses coverage due to a death of another person in the family • Current QHP is decertified • No longer living, working, or residing in the area of the plan • Must pay full cost of COBRA coverage due to termination of employer contributions to COBRA coverage Notes: "Loss of MEC" does not include voluntarily dropping coverage or termination by insurer due to the enrollee's nonpayment of premiums.	ADVANCE AVAILABILITY Up to 60 days BEFORE loss of coverage Up to 60 days AFTER loss	If plan selected before loss: 1st day of month following loss of previous coverage If plan selected after loss: 1st day of month following plan selection	YES: Current enrollees can: • Change plans within same metal level as current plan! If dependent triggers SEP, enrollee can only: • Add dependent to current plan ² • Enroll dependent in a separate plan at any metal level	Marketplace Application
	Loss of pregnancy-related coverage <i>Qualified individual or a dependent:</i>	YES: Only applies if: • Loses coverage for pregnancy-related services provided through Medicaid • Loses coverage for pregnancy-related services provided through Children's Health Insurance Program (CHIP) "unborn child" option Notes: SEP applies regardless of whether the pregnancy-related coverage qualifies as MEC.	ADVANCE AVAILABILITY Up to 60 days BEFORE loss of coverage Up to 60 days AFTER loss	If plan selected before loss: 1st day of month following loss of previous coverage If plan selected after loss: 1st day of month following plan selection	YES: Current enrollees can: • Change plans within same metal level as current plan! If dependent triggers SEP, enrollee can only: • Add dependent to current plan ² • Enroll dependent in a separate plan at any metal level	Marketplace Application

Community Catalyst SEP Outreach Materials



- Our partners at Community Catalyst provide a variety of print and digital SEP [outreach resources](#)
 - Many of the resources are editable
 - They offer resources in a number of different languages

Is your family growing?

You have 60 days after a birth, adoption or welcoming a foster child for health insurance at HealthCare.gov

#GetCoveredNow

Moving to a new place?

Arrive in your new home with the peace of mind that health insurance provides.

Find out if your move means you can get a Special Enrollment Period at healthcare.gov

¿Lista para decir sí, acepto?

Puede que ambas personas cualifiquen para un seguro de salud económico.

Tiene hasta 60 días después de la boda para escoger un nuevo plan en CuidadoDeSalud.gov

#GetCoveredNow

For more information, please contact
OutreachHub@communitycatalyst.org

Additional Resources

- Regulations can be found at [45 CFR 155.420](#)
- [HealthCare.gov SEP information](#)
 - [List of SEPs for complex issues](#)
- [Information on the new low-income SEP](#)
- [Fact sheet](#) on the most recent final Notice of Benefit and Payment Parameters
- [Sample marketplace notices](#)
 - [Documenting loss of MEC](#)
- [Beyond the Basics Employer Coverage & Premium Tax Credit Eligibility Tool](#)



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For more information and resources, please visit
www.healthreformbeyondthebasics.org

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