

## A Guide to Special Enrollment Period Triggers and Timing

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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 people.
- 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.
- People attest that information they provide in their applications about their eligibility for a SEP is true. In states that use the HealthCare.gov platform, people are not required to submit supporting documents to confirm SEP eligibility for qualifying events other than loss of coverage. People eligible for the temporary Unwinding SEP will not be required to submit documentation. People newly enrolling in a marketplace plan using the loss of coverage SEP are subject to a pre-enrollment verification process before their coverage becomes effective. HealthCare.gov will use electronic data sources to automatically verify the loss of coverage in some cases; in others, applicants may be asked to submit additional documentation to verify the SEP. 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 their plan. Note that a person cannot pay the first month's premium until eligibility for the SEP is verified. Federal rules require pre-enrollment verification only in states using the HealthCare.gov platform. People in states with SBMs should check for information about its SEP verification procedures. For more information, see HealthCare.gov [Confirming a Special Enrollment Period](#).
- Beginning in 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 SBMs may take longer to implement these restrictions.
- SEP deadlines may be extended for people affected by COVID-19 or other [exceptional circumstances](#). Even if you think you or a person you are helping to enroll in coverage missed the deadline to enroll in coverage under an SEP, you may still be able to get covered. Contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to determine if an SEP extension is possible.

## Key Terms for SEP Reference Chart

**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. Most insurance, such as coverage provided by employers, Medicare, and most Medicaid, is MEC and all QHPs are MEC. For more information, see the [MEC Reference Chart](#).

**Requirement of prior coverage:** Eligibility for certain SEPs requires 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.

**Exchange option:** The chart lays out all the SEPs available under the ACA, but focuses on how HealthCare.gov is implementing these rules, and notes where there is an 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 to confirm which options they have selected.

**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, someone currently enrolled in a marketplace plan 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.

Qualifying Event	Requirement of Prior Coverage	Timing	Coverage Effective Dates	Plan Selection Limitations (for current enrollees)	SEP Generally Granted By
<b>LOSS OF OTHER QUALIFYING COVERAGE</b>					
<p><b>Unwinding/Loss of Medicaid or CHIP</b> <i>Qualified individual, enrollee, or a dependent:</i></p> <ul style="list-style-type: none"> <li>Loses Medicaid or CHIP any time between 3/31/23 and 7/31/24</li> <li>Gives time for people who lose coverage during the “unwinding” of the Medicaid continuous coverage requirement to enroll in a marketplace plan</li> </ul> <p><i>Notes: Available in HealthCare.gov states and optional in SBM states</i></p>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Must attest to losing Medicaid or CHIP within the applicable time period</li> </ul>	<p><b>Can apply up to 60 days BEFORE last day of Medicaid/CHIP; or Any time between 3/31/23 and 7/31/24</b></p> <p><i>Notes: Must select plan within 60 days of submitting new application or updating an existing one</i></p>	<p>1st day of month following plan selection</p>	<p><b>NO</b></p>	<p>Marketplace Application</p>
<p><b>Loss of Minimum Essential Coverage (MEC)</b> <i>Qualified individual, enrollee, or a dependent:</i></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> <li>→ Discontinuation of employer plan</li> </ul> </li> <li>Loses eligibility for Medicaid or the Children’s Health Insurance Program (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><i>Notes: “Loss of MEC” does not include voluntarily dropping coverage or termination by insurer due to the enrollee’s nonpayment of premiums</i></p>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Losing coverage in next 60 days</li> <li>Lost coverage in past 60 days</li> </ul>	<p><b>Up to 60 days BEFORE &amp; AFTER loss of coverage</b></p>	<p>1st day of month following loss of previous coverage; <b>or</b></p> <p>1st day of month following plan selection</p>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Same metal level as current plan<sup>1</sup></li> </ul> <p><b>If dependent uses SEP:</b></p> <ul style="list-style-type: none"> <li>Add to current plan<sup>2</sup></li> <li>Enroll in separate plan at any metal level</li> </ul>	<p>Marketplace Application</p>

Qualifying Event	Requirement of Prior Coverage	Timing	Coverage Effective Dates	Plan Selection Limitations (for current enrollees)	SEP Generally Granted By
<p><b>Loss of pregnancy-related coverage</b> <i>Qualified individual or a dependent:</i></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 CHIP “unborn child” option</li> </ul> <p><i>Notes: SEP applies regardless of whether the pregnancy-related coverage qualifies as MEC</i></p>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Losing coverage in next 60 days</li> <li>Lost coverage in past 60 days</li> </ul>	<p><b>Up to 60 days BEFORE &amp; AFTER loss of coverage</b></p>	<p>1st day of month following loss of previous coverage; <b>or</b></p> <p>1st day of month following plan selection</p>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Same metal level as current plan<sup>1</sup></li> </ul> <p><b>If dependent uses SEP:</b></p> <ul style="list-style-type: none"> <li>Add to current plan<sup>2</sup></li> <li>Enroll in separate plan at any metal level</li> </ul>	Marketplace Application
<p><b>Loss of Medicaid for the medically needy</b> <i>Qualified individual or a dependent:</i></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><i>Notes: SEP applies regardless of whether the medically needy coverage qualifies as MEC.</i></p>	<p><b>YES</b></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><b>Up to 60 days BEFORE &amp; AFTER loss of coverage</b></p>	<p>1st day of month following loss of previous coverage; <b>or</b></p> <p>1st day of month following plan selection</p>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Same metal level as current plan<sup>1</sup></li> </ul> <p><b>If dependent uses SEP:</b></p> <ul style="list-style-type: none"> <li>Add to current plan<sup>2</sup></li> <li>Enroll in separate plan at any metal level</li> </ul>	Marketplace Application
<p><b>End of non-calendar year plan</b> <i>Enrollee, or a dependent:</i></p> <ul style="list-style-type: none"> <li>Enrolled in a plan in the individual (nongroup) or group market that comes to the end of the plan year in a month other than December</li> </ul> <p><i>Notes: SEP applies even if there is an option to renew the non-calendar year plan.</i></p>	<p><b>YES</b></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><b>Up to 60 days BEFORE &amp; AFTER last day of the plan year</b></p>	<p>1st day of month following loss of previous coverage; <b>or</b></p> <p>1st day of month following last day of plan's non-calendar year plan year</p>	<p><b>If dependent uses SEP:</b></p> <ul style="list-style-type: none"> <li>Add to current plan<sup>2</sup></li> <li>Enroll in separate plan at any metal level</li> </ul>	Marketplace Application
<b>CHANGE IN HOUSEHOLD SIZE</b>					
<p><b>Marriage</b> <i>Qualified individual or enrollee:</i></p> <ul style="list-style-type: none"> <li>Gets married</li> </ul>	<p><b>YES, at least one spouse:</b></p> <ul style="list-style-type: none"> <li>Enrolled in MEC at least 1 day in 60 days before marriage</li> <li>Lived abroad at least 1 day in 60 days before marriage</li> <li>Is an American Indian or Alaska Native (AI/AN)</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>	<p><b>Up to 60 days AFTER marriage</b></p>	<p>1st day of month following plan selection</p>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Add spouse to current plan<sup>2</sup></li> <li>Enroll spouse in separate plan at any metal level</li> </ul>	Marketplace Application

Qualifying Event	Requirement of Prior Coverage	Timing	Coverage Effective Dates	Plan Selection Limitations (for current enrollees)	SEP Generally Granted By
<p><b>Birth, adoption, placement for adoption or foster care, or court order</b></p> <p><i>Qualified individual or enrollee:</i></p> <ul style="list-style-type: none"> <li>Has a baby (including parents not physically giving birth)</li> <li>Adopts a child, or are 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; <b>or</b></p> <p>1st day of month following plan selection</p> <p><i>Notes: Retroactive date is default: Call Marketplace Call Center to request a different option</i></p>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Add new dependent to current plan<sup>2</sup></li> <li>Enroll new dependent in separate plan at any metal level</li> </ul>	Marketplace Application
EXCHANGE OPTION					
<p><b>Death</b></p> <ul style="list-style-type: none"> <li>Enrollee or a dependent dies</li> </ul> <p><i>Notes: If the enrollee dies, an SEP is triggered for the enrollee's dependents</i></p> <p>NOT available in FFM at this time</p>	<p><b>YES</b></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					
<p><b>Divorce or legal separation</b></p> <p><i>Enrollee:</i></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>NOT available in FFM at this time</p>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Currently enrolled in marketplace coverage</li> </ul>	Up to 60 days AFTER divorce or legal separation	Check with SBM	n/a	n/a

Qualifying Event	Requirement of Prior Coverage	Timing	Coverage Effective Dates	Plan Selection Limitations (for current enrollees)	SEP Generally Granted By
<b>CHANGE IN PRIMARY PLACE OF LIVING</b>					
<p><b>Permanent move</b> <i>Qualified individual, enrollee, or a dependent:</i></p> <ul style="list-style-type: none"> <li>Gain access to new QHPs as a result of a permanent move <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 to parent's home</li> <li>→ A student moving to or from where they attend 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>Move permanently to the U.S. after living outside the country or in a U.S. territory</li> </ul> <p><i>Notes: 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>).</i></p>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Enrolled in MEC at least 1 day in 60 days before move</li> <li>Moving from abroad</li> <li>An AI/AN</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>	<p><b>Up to 60 days AFTER move</b></p> <hr/> <p><b>EXCHANGE OPTION</b></p> <p>Up to 60 days BEFORE move NOT available in FFM at this time</p>	<p>1st day of month following plan selection</p> <hr/> <p>1st day of month following move</p>	<p><b>Yes</b></p> <ul style="list-style-type: none"> <li>Same metal level as current plan<sup>1</sup></li> </ul> <p><b>If dependent uses SEP:</b></p> <ul style="list-style-type: none"> <li>Add to current plan<sup>2</sup></li> <li>Enroll in separate plan at any metal level</li> </ul>	Marketplace Application
<b>LOW-INCOME</b>					
<p><b>Income at or below 150% FPL and eligible for PTC:</b> <i>Qualified individual or enrollee:</i></p> <ul style="list-style-type: none"> <li>Eligible for PTC based on the normal eligibility rules</li> <li>Annual income up to 150% FPL</li> </ul> <p><i>Notes: Allows uninsured people to enroll. Current enrollees can use SEP to switch plans during the year. SEP only available in through the 2025 plan year, unless Congress takes action to extend. See <a href="#">low-income SEP FAQ</a> for more information.</i></p>	<b>NO</b>	<b>Available in any month during the year</b>	1st day of month following plan selection	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Change to silver plan if not already enrolled in one</li> <li>Switch to a different silver plan</li> </ul> <p><b>If dependent uses SEP:</b></p> <ul style="list-style-type: none"> <li>Add to current plan<sup>2</sup></li> <li>Enroll in new silver plan with enrollee</li> <li>Enroll in separate plan at any metal level</li> </ul>	Marketplace Application or Marketplace Call Center
<b>CHANGE IN ELIGIBILITY FOR FINANCIAL HELP</b>					
<p><b>Newly eligible or ineligible for Advance Premium Tax Credit (APTC)</b> <i>Enrollee or a dependent enrolled in same plan:</i></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><b>YES</b></p> <ul style="list-style-type: none"> <li>Currently enrolled in marketplace coverage</li> </ul>	<b>Up to 60 days AFTER eligibility determination</b>	1st day of month following plan selection	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Same metal level as current plan<sup>1</sup></li> </ul>	Marketplace Application

Qualifying Event	Requirement of Prior Coverage	Timing	Coverage Effective Dates	Plan Selection Limitations (for current enrollees)	SEP Generally Granted By
<p><b>Newly eligible for APTC</b>  <i>Qualified individual or a dependent:</i></p> <ul style="list-style-type: none"> <li>Experiences a decrease in income and are newly determined eligible for PTC</li> </ul>	<p><b>YES</b></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>	<p><b>Up to 60 days AFTER financial change</b></p>	<p>1st day of month following plan selection</p>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Same metal level as current plan<sup>1</sup></li> </ul> <p><b>If dependent uses SEP:</b></p> <ul style="list-style-type: none"> <li>Add to current plan<sup>2</sup></li> <li>Enroll in separate plan at any metal level</li> </ul>	<p>Marketplace Application</p>
<p><b>Change in Cost-Sharing Reduction (CSR) Eligibility</b>  <i>Enrollee or a dependent enrolled in same plan:</i></p> <ul style="list-style-type: none"> <li>Experiences a change in income or household size that changes eligibility for CSRs</li> </ul> <p><i>Notes: Change in eligibility includes moving between CSR levels and losing or gaining eligibility for CSRs.</i></p>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Currently enrolled in marketplace coverage</li> </ul>	<p><b>Up to 60 days AFTER eligibility determination</b></p>	<p>1st day of month following plan selection</p>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Change to silver plan if not already enrolled in one</li> <li>Same metal level as current plan<sup>1</sup></li> </ul>	<p>Marketplace Application</p>
<p><b>Current employer plan no longer considered qualifying employer coverage</b>  <i>Qualified individual or a dependent enrolled in employer plan:</i></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. 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 (MV)" standard</li> <li>→ Termination of employer contributions to health coverage</li> <li>→ Cost of employee coverage is no longer considered affordable</li> <li>→ <b>Employee's family members are newly eligible for PTC because of the change in the affordability test for family coverage ("family glitch fix")</b></li> </ul> </li> </ul> <p><i>Notes: Need to terminate employer coverage prior to effective date of the new plan.</i></p>	<p><b>YES</b></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 MV standard</li> </ul>	<p><b>Up to 60 days BEFORE &amp; AFTER change to coverage</b></p>	<p>1st day of month following loss of previous coverage; <b>or</b></p> <p>1st day of month following plan selection</p>	<p>n/a</p>	<p>Marketplace Application</p> <p><i>Notes: This is determined by the answer to the question about whether you've lost coverage</i></p>

Qualifying Event	Requirement of Prior Coverage	Timing	Coverage Effective Dates	Plan Selection Limitations (for current enrollees)	SEP Generally Granted By
<p><b>Moving out of the Medicaid coverage gap</b></p> <p><i>Qualified individual:</i></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% FPL, making them 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><i>Notes: SEP applies even if the individual did not previously apply for Marketplace coverage or Medicaid - No specific documentation is required</i></p>	NO	<p><b>Up to 60 days AFTER change in income or move to new state</b></p> <hr/> <p>EXCHANGE OPTION</p> <p><b>If moving to a new state, up to 60 days BEFORE move</b></p> <p>NOT available in FFM at this time</p>	<p>1st day of month following plan selection</p> <hr/> <p>1st day of month following move</p>	<p><b>YES</b></p> <ul style="list-style-type: none"> <li>Same metal level as current plan<sup>1</sup></li> </ul>	CMS Caseworker
<p><b>Newly gaining eligible immigration status</b></p> <p><i>Qualified individual or a dependent:</i></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><i>Notes: SEP does not apply if the individual already had an eligible immigration status. For more information, see <a href="https://www.healthcare.gov/guidance/immigration-statuses-eligible-for-marketplace-coverage/">HealthCare.gov's list of "lawfully present" immigration statuses eligible for Marketplace coverage.</a></i></p>	NO	<b>Up to 60 days AFTER gaining status</b>	1st day of month following plan selection	<p>If dependent uses SEP:</p> <ul style="list-style-type: none"> <li>Add to current plan<sup>2</sup></li> <li>Enroll in separate plan at any metal level</li> </ul>	Marketplace Application
<p><b>American Indian or Alaska native (AI/AN)</b></p> <p><i>Qualified individual or enrollee:</i></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><i>A dependent:</i></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	<b>May enroll in or change QHPs one time per month</b>	1st day of month following plan selection	NO	Marketplace Application
<p><b>Released from incarceration</b></p> <p><i>Qualified individual or a dependent:</i></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><i>Notes: For more information on the definition of incarceration, see this <a href="#">FAQ on incarceration and Marketplace eligibility</a></i></p>	NO	<p><b>Up to 60 days AFTER release</b></p> <hr/> <p>EXCHANGE OPTION</p> <p>Up to 60 days BEFORE release</p> <p>NOT available in FFM at this time</p>	<p>1st day of month following plan selection</p> <hr/> <p>1st day of month following release</p>	<p>If dependent uses SEP:</p> <ul style="list-style-type: none"> <li>Add to current plan<sup>2</sup></li> <li>Enroll in separate plan at any metal level</li> </ul>	Marketplace Application

Qualifying Event	Requirement of Prior Coverage	Timing	Coverage Effective Dates	Plan Selection Limitations (for current enrollees)	SEP Generally Granted By
<b>Being Determined Ineligible for Medicaid</b>					
<b>Being determined ineligible for Medicaid or CHIP</b> <i>Qualified individual or a dependent:</i> <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> <i>Notes: SEP applies regardless of whether the individual 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</i>	<b>NO</b>	<b>Up to 60 days AFTER being determined ineligible for Medicaid or CHIP</b>	Effective date appropriate to circumstances	If dependent uses SEP: <ul style="list-style-type: none"> <li>Add to current plan<sup>2</sup></li> <li>Enroll in 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> )
<b>Resolving Data-Matching Issues</b>					
<b>Resolving a data-matching issue (DMI)</b> <i>Qualified individual:</i> <ul style="list-style-type: none"> <li>Resolve a DMI after initial inconsistency period ended and the marketplace terminated coverage</li> <li>Have income under 100% FPL and did not enroll in coverage while waiting for the marketplace to verify citizenship status and APTC eligibility</li> </ul>	<b>NO</b>	<b>Up to 60 days AFTER DMI is resolved</b>	Effective date appropriate to circumstances	n/a	Marketplace Call Center
<b>Enrollment or Plan Error</b>					
<b>Error / Misrepresentation / Inaction / Misconduct</b> <i>Qualified individual, enrollee, or a dependent:</i> <ul style="list-style-type: none"> <li>Was not enrolled in a plan, enrolled in the wrong plan, or did not receive PTC or CSRs for which they were 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>	<b>NO</b>	<b>Up to 60 days AFTER determination of eligibility for SEP</b>	Effective date appropriate to circumstances	<b>NO</b>	Marketplace Call Center or CMS Caseworker

Qualifying Event	Requirement of Prior Coverage	Timing	Coverage Effective Dates	Plan Selection Limitations (for current enrollees)	SEP Generally Granted By
<b>Plan or benefit display error</b> <i>Qualified individual, enrollee, or a dependent:</i> <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>	<b>NO</b>	<b>Up to 60 days AFTER determination of eligibility for SEP</b>	Effective date appropriate to circumstances	<b>NO</b>	Marketplace Call Center
<b>Health plan violation</b> <i>Enrollee or a dependent:</i> <ul style="list-style-type: none"> <li>Demonstrates to the marketplace that QHP substantially violated a material provision of its contract</li> </ul>	<b>YES</b> <ul style="list-style-type: none"> <li>Currently enrolled in marketplace coverage</li> </ul>	<b>Up to 60 days AFTER determination of eligibility for SEP</b>	Effective date appropriate to circumstances	<b>YES</b> <ul style="list-style-type: none"> <li>Same metal level as current plan<sup>1</sup></li> </ul> <b>If dependent uses SEP:</b> <ul style="list-style-type: none"> <li>Add to current plan<sup>2</sup></li> <li>Enroll in separate plan at any metal level</li> </ul>	CMS Caseworker
<b>Other Less Common Circumstances</b>					
<b>Survivors of domestic violence, abuse or spousal abandonment</b> <i>Qualified individual or enrollee:</i> <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</li> </ul>	<b>YES</b> <ul style="list-style-type: none"> <li>Currently enrolled in MEC</li> </ul>	<b>Up to 60 days AFTER requesting SEP</b>	1st day of month following plan selection	<b>NO</b>	CMS Caseworker or Marketplace Call Center
<b>Gaining eligibility for a health reimbursement arrangement (HRA)</b> <i>Qualified individual, enrollee, or a dependent:</i> <ul style="list-style-type: none"> <li>Newly gains access to an individual coverage HRA (ICHRA), or qualified small employer HRA (QSEHRA)</li> </ul>	<b>NO</b>	If given notice 90 days before HRA coverage can take effect: <b>Up to 60 days BEFORE start date of HRA;</b> or If notice was not sent 90 days before start date: <b>Up to 60 days BEFORE &amp; AFTER start date of HRA</b>	On the date the HRA can take effect (or 1st day of month following start date if HRA takes effect on date other than 1st day of the month); <b>or</b> <i>If the plan is selected on or after the date the HRA start date: 1st day of month following plan selection</i>	<b>NO</b>	CMS Caseworker

Qualifying Event	Requirement of Prior Coverage	Timing	Coverage Effective Dates	Plan Selection Limitations (for current enrollees)	SEP Generally Granted By
<p><b>Exceptional circumstances</b>  <i>Qualified individual, enrollee, or a dependent:</i></p> <ul style="list-style-type: none"> <li>Demonstrates to the marketplace exceptional circumstances prevented enrollment during open enrollment or 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
<p><b>Emergency and major disaster declarations by the Federal Emergency Management Agency (FEMA)</b>  <i>Qualified individual, enrollee, or a dependent:</i></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> <p><i>Notes: This SEP is available to individuals who lost MEC after January 1, 2020 and missed the deadline to enroll in marketplace coverage because of illness, caretaking responsibilities, or job uncertainty caused by COVID-19</i></p>	<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 end of FEMA-designated incident period	1st day of month following plan selection; <b>or</b> <b>At the option of the enrollee:</b> An earlier effective date that would have been applied if the person had selected a plan during their initial enrollment opportunity	NO	Marketplace Application if qualifying SEP is due to loss of MEC; <b>or</b> CMS Caseworker or Marketplace Call Center for any other qualifying SEP

<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
- [Temporary SEP for Consumers Losing Medicaid or CHIP Coverage Due to Unwinding of the Medicaid Continuous Enrollment Condition- Frequently Asked Questions \(FAQ\)](#), January 27, 2023
- [CCIIO Fact Sheet: Special Enrollment Periods](#), December 2022
- [HHS Updating Payment Parameters, Section 1332 Waiver Implementing Regulations, and Improving Health Insurance Markets for 2022 and Beyond](#), September 27, 2021
- [HHS Notice of Benefit and Payment Parameters for 2020](#), April 18, 2019
- [HHS Notice of Benefit and Payment Parameters for 2019](#), April 17, 2018
- [HHS Market Stabilization Rule](#), April 18, 2017
- [HHS Notice of Benefit and Payment Parameters for 2018](#), December 22, 2016
- CMS fact sheet: [Special Enrollment Periods for the Health Insurance Marketplace](#)
- CMS FFM and FF-SHOP Enrollment Manual, [Section 5: Special Enrollment Periods](#), July 19, 2016