

GUIDE TO SPECIAL ENROLLMENT PERIOD TRIGGERS AND TIMING

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

This chart is a reference tool for those who are helping people enroll in health coverage. Users of the chart should know:

- The chart focuses on the circumstances that trigger a SEP in the Marketplace. (People can only obtain federal premium tax credits and cost-sharing reductions if they enroll through the Marketplace.) Except where specified, the SEP triggering events listed in the chart apply in all states, regardless of whether the Marketplace is operated by the federal government or the state. States or State-Based Marketplaces (SBMs) may create additional special enrollment opportunities.
- Although the chart focuses on coverage in the Marketplace, most of the SEP triggering events listed in the chart also apply to the individual health insurance market outside of the Marketplace. The exceptions are those related to citizenship status, Indian status, and exceptional circumstances.
- An individual generally has 60 days from the triggering event to select a plan before the SEP ends. For some triggering events such as losing other coverage, a person also has 60 days prior to the event to select a plan. This can help people set up health coverage ahead of time so they don't experience a gap in coverage.
- Many SEPs are available when a "qualified individual" or that person's dependent (for SEP purposes) experiences the triggering event. Other SEPs are available only when an "enrollee" or the dependent of an enrollee experiences the triggering event. The chart separates which SEPs are available to qualified individuals and which SEPs are only available to enrollees or their dependents.

DEFINITIONS FOR SEP PURPOSES

Qualified Individual: Someone who meets the criteria to enroll through the Marketplace (i.e., not being incarcerated, being lawfully present, and residing in the state where the Marketplace operates), and includes individuals already enrolled in a qualified health plan (QHP) through the Marketplace.

Dependent: Someone eligible to enroll in a health plan with a qualified individual under the terms of the health plan. (NOTE: The dependent for SEP purposes does not have to be a tax dependent.)

Enrollee: Someone enrolled in a QHP through the Marketplace.

Triggering Event: An event that allows a person to newly enroll in a Marketplace plan or change to a different plan outside of open enrollment. (NOTE: Not all triggering events allow someone to newly enroll in a Marketplace plan. Some only allow people who are already enrolled to change plans.)

Regular coverage effective dates: Coverage is effective the first day of the following month if plan is selected between the 1st and 15th, or the first day of the second following month if plan selected between the 16th and the last day of the month.

Chart Key:

 = Qualified individual;
  = Enrollee;
  = Dependent(s) for SEP purposes;
  = Dependent(s) for SEP purposes enrolled in the same QHP as enrollee

How to use the SEP reference chart

*Scenario: Consumer's husband loses his job, causing him to lose his employer-sponsored insurance.
The consumer, her husband and their daughter need coverage.*

1 Triggering event? Loss of eligibility for employer coverage

2 Who triggers SEP? Husband (the qualified individual)

3 Who can use SEP? Husband (qualified individual), wife and daughter (dependents for SEP purposes)

| Triggering Event | Who Can Trigger SEP | Details / Examples | Who Can Use SEP | Timing | Coverage Effective Dates |
|--|---|--|---|---|--|
| Loss of Minimum Essential Coverage (MEC) |   <p style="font-size: 24px; font-weight: bold; color: blue;">2</p> | <ul style="list-style-type: none"> Loss of eligibility for employer coverage (e.g., loss of a job, voluntarily quitting a job, or a reduction in work hours that causes loss of availability of employer-sponsored plan) Loss of Medicaid or CHIP eligibility (including loss of pregnancy-related and medically needy Medicaid) |   <p style="font-size: 24px; font-weight: bold; color: blue;">3</p> | Up to 60 days before and 60 days after date of loss of coverage | IF PLAN SELECTED BEFORE OR ON DATE OF LOSS OF COVERAGE: 1st day of month following loss of previous coverage IF PLAN SELECTED AFTER DATE OF |

SEPs Available Regardless of Whether a Person is Already Enrolled in a Qualified Health Plan (QHP)

| Triggering Event | Who Can Trigger SEP | Details / Examples | Who Can Use SEP | Timing | Coverage Effective Dates |
|--|---|---|---|--|--|
| Gaining or becoming a dependent |  | Marriage |  | Up to 60 days after date of marriage | 1st day of month following plan selection |
| |  | Birth, Adoption, Placement for Foster Care or Adoption <ul style="list-style-type: none"> Includes gaining a dependent through a child support order or other court order |  | Up to 60 days after birth, adoption or placement | Date of birth, adoption or placement, or effective date of court order (<i>MARKETPLACE OPTION: may allow consumers to choose effective date of 1st day of month after date of birth, adoption, placement, etc.</i>) |
| Gaining eligible immigration status |  | <ul style="list-style-type: none"> Becoming a U.S. citizen, U.S. national, or gaining lawfully present¹ status |  | Up to 60 days after gaining status | Regular coverage effective dates |
| Permanent move |  | <ul style="list-style-type: none"> Move within the same city, county, or state as long as there is a different set of qualified health plans available Move to another state Return to the U.S. after living outside the country A child or other dependent moves back to parent's home Released from incarceration |  | Up to 60 days after permanent move | Regular coverage effective dates |
| | | | | <i>MARKETPLACE OPTION:</i> 60 days before permanent move Mandatory for Marketplaces to offer starting Jan. 1, 2017 | IF PLAN SELECTED BEFORE DATE OF MOVE: 1st day of month following permanent move IF PLAN SELECTED AFTER DATE OF MOVE: Regular coverage effective dates (<i>MARKETPLACE OPTION: 1st day of month following plan selection</i>) |
| Loss of Minimum Essential Coverage (MEC) |  | <ul style="list-style-type: none"> Loss of eligibility for employer coverage (e.g., loss of a job, voluntarily quitting a job, or a reduction in work hours that causes loss of availability of employer-sponsored plan) Loss of Medicaid or CHIP eligibility (including loss of pregnancy-related and medically needy Medicaid) Expiration of COBRA Cancellation of non-group plan Loss of eligibility for student health plan Divorce or legal separation resulting in loss of coverage Cessation of dependent status Death (i.e., of another person in the family) resulting in loss of coverage Decertification of current Marketplace coverage No longer living, working, or residing in the area of the plan Termination of employer contributions to employee's health coverage Newly eligible for the premium tax credit due to discontinuation or change to employer-sponsored plan resulting in plan no longer being considered MEC <p><i>NOTE: "Loss" does not include voluntary termination of coverage or termination by the insurer due to nonpayment of premiums</i></p> |  | Up to 60 days before and 60 days after date of loss of coverage | IF PLAN SELECTED BEFORE OR ON DATE OF LOSS OF COVERAGE: 1st day of month following loss of previous coverage IF PLAN SELECTED AFTER DATE OF LOSS OF COVERAGE: 1st day of the month following plan selection (<i>MARKETPLACE OPTION: regular coverage effective dates</i>) |

¹ List of "lawfully present" immigration statuses eligible for Marketplace coverage as defined by the ACA: www.healthcare.gov/immigrants/immigration-status

SEPs Available Regardless of Whether a Person is Already Enrolled in a Qualified Health Plan (QHP)

| Triggering Event | Who Can Trigger SEP | Details / Examples | Who Can Use SEP | Timing | Coverage Effective Dates |
|--|---|--|---|---|---|
| Moving out of the Medicaid coverage gap |  | <ul style="list-style-type: none"> Income increases to a level above 100% of the poverty line creating eligibility for premium tax credits Applies only to residents of states that did not expand Medicaid |   | Up to 60 days after change in income | Regular coverage effective dates |
| Expiration of non-calendar year plan |   | <ul style="list-style-type: none"> The plan year ends for a non-calendar year plan in the individual (non-group) or group market (i.e., the plan year ends in a month other than December) Applies even if there is an option to renew the non-calendar year plan |   | Up to 60 days before and 60 days after date of loss of coverage | <p>IF PLAN SELECTED BEFORE OR ON DATE OF LOSS OF COVERAGE: 1st day of month following loss of previous coverage</p> <p>IF PLAN SELECTED AFTER DATE OF LOSS OF COVERAGE: 1st day of the month following plan selection <i>(MARKETPLACE OPTION: regular coverage effective dates)</i></p> |
| Exceptional circumstances |   | <ul style="list-style-type: none"> Demonstrate to the Marketplace that an individual meets exceptional circumstances Serious medical condition or natural disaster kept person from enrolling during open enrollment (e.g., unexpected hospitalization or temporary cognitive disability; an earthquake, hurricane, or massive flooding) Survivors of domestic violence or abuse or spousal abandonment Medicaid/Marketplace transfers that kept a person from enrolling in coverage during open enrollment System errors related to immigration status Unresolved casework that kept a person from enrolling in coverage during open enrollment <p><i>NOTE: Many complex situations may trigger an SEP under exceptional circumstances. For more information on this SEP and how to access it, see Healthcare.gov: www.healthcare.gov/sep-list</i></p> |   | Up to 60 days after triggering event | Effective date appropriate to circumstances |
| Error/inaction/misconduct |   | <ul style="list-style-type: none"> Error, misrepresentation, or inaction by the Marketplace or HHS, its instrumentalities, or other entity providing enrollment assistance (e.g., assisters, navigators, insurers, brokers) resulted in the person not being enrolled in a plan, being enrolled in the wrong plan, or not receiving advance payments of premium tax credits or cost-sharing reductions for which the person was eligible <p><i>NOTE: For more information on this SEP and how to access it, see Healthcare.gov: www.healthcare.gov/sep-list</i></p> |   | Up to 60 days after triggering event | Effective date appropriate to circumstances |
| Status as American Indian and Alaska Native |  | <ul style="list-style-type: none"> Is or becomes a member of a federally recognized Native American or Native Alaskan tribe |  | May enroll in or change QHPs one time per month | Regular coverage effective dates |

Key:  = Qualified individual;  = Dependent(s) for SEP purposes

SEPs Available to People Already Enrolled in a QHP (and their dependents)

| SEP Triggering Event | Who Can Trigger SEP | Details / Examples | Who Can Use SEP | Timing of SEP | Coverage Effective Dates |
|--|---|--|---|---|---|
| Losing a dependent or no longer considered a dependent |  | Death (optional for Marketplaces) <ul style="list-style-type: none"> Enrollee or enrollee's dependent dies |  | Up to 60 days after death | 1st day of month following plan selection <i>(MARKETPLACE OPTION: regular coverage effective dates)</i> |
| |  | Divorce or legal separation (optional for Marketplaces) <ul style="list-style-type: none"> Loses a dependent due to divorce or legal separation No longer considered a dependent due to divorce or separation Includes losing dependent through a child support order or other court order |  | Up to 60 days after divorce or legal separation | Regular coverage effective dates |
| Newly eligible or ineligible for PTCs |  | <ul style="list-style-type: none"> Change in income or household size leads to determination that enrollee or dependent is newly eligible or ineligible for premium tax credits |  | Up to 60 days after determination | Regular coverage effective dates |
| Change in cost-sharing reduction (CSR) eligibility |  | <ul style="list-style-type: none"> Change in income or household size changes eligibility for cost-sharing reductions Includes moving between cost-sharing reduction levels and losing or gaining eligibility |  | Up to 60 days after determination | Regular coverage effective dates |
| Health plan violation |  | <ul style="list-style-type: none"> Demonstrate to the Marketplace that QHP substantially violated a material provision of its contract |  | Up to 60 days after triggering event | Effective date appropriate to circumstances |

Key:  = Enrollee;  = Dependent(s) for SEP purposes;  = Dependent(s) for SEP purposes enrolled in the same QHP as enrollee