

Guide to Special Enrollment Periods (SEP)

A Reference Chart for Special Enrollment Period Triggers and Timing

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

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

- The events that trigger the SEPs in the chart apply in all states, regardless of whether the marketplace is operated by the federal government or the state. States or State-Based Marketplaces (SBMs) may create additional special enrollment opportunities.
- The chart shows certain situations where states have the ability to implement “marketplace options.” For states using the Federally Facilitated Marketplace (FFM) technology, Healthcare.gov, the marketplace options are not being used at this time. Consumers in SBMs need to check with the marketplace in their state on the implementation of marketplace options.
- Although the chart focuses on marketplace coverage, 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, American Indian and Alaska Native status, and exceptional circumstances.
- Many SEPs are triggered when either an individual or a member of the individual’s family experiences a triggering event. Once a SEP is triggered, that SEP is available to **all** family members, regardless of who experienced the triggering event.
- An individual who is eligible to enroll in or change plans through a SEP generally has 60 days from the triggering event to select a plan. For some triggering events such as losing other coverage, an individual has 60 days prior to the qualifying event to select a plan. This can help people set up health coverage in advance when they know a change is going to occur so they don’t experience a coverage gap.
- Some SEPs are available regardless of whether an individual is already enrolled in a qualified health plan (QHP). Other SEPs are triggered only by current QHP enrollees. This reference chart indicates whether or not a SEP is triggered only by a current enrollee. (NOTE: Even if a SEP can only be triggered by a current enrollee, the SEP is available to the enrollee *and* his or her family members.)
- All consumers who want to enroll during a SEP will need to attest that the information they provide in their application about their eligibility for a SEP is true. For some of the most common qualifying events that trigger a SEP, consumers living in states using the FFM technology will be asked to provide documentation of the triggering event. The marketplace may follow up with some consumers, who will need to provide further verification of the triggering event to prove eligibility for a SEP.
- In the FFM, many SEPs can be accessed through the online application—either by updating an existing application or, in certain cases, by submitting a new application. Others can only be accessed through the Marketplace Call Center or through a caseworker. The chart notes how a consumer generally can access a SEP in the FFM. However, there are situations where a consumer will not be able to access a SEP through the general access point and he or she may have to take additional steps to access the SEP. For any SEP that can be accessed through the application, a consumer can always call the Marketplace Call Center to access the SEP instead of going through the application.





Definitions for SEP Purposes

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






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






ENROLLEE: Someone enrolled in a QHP.






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






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

Situation	Triggering Event: Details / Examples	Who Can Trigger SEP	Triggered Only by Current Enrollees	Timing of SEP	Coverage Effective Dates	General Access Point (in FFM)
LOSS OF OTHER QUALIFYING COVERAGE	<p>Loss of Minimum Essential Coverage (MEC) due to:</p> <ul style="list-style-type: none"> • Loss of eligibility for employer coverage (e.g., through the loss of a job, voluntarily quitting a job, or a reduction in work hours that causes loss of availability of employer-sponsored plan) • Loss of Medicaid or CHIP eligibility (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 • Cessation of dependent status • Loss of eligibility for coverage under a parent’s plan • Death of another person in the family • Decertification of current Marketplace coverage • No longer living, working, or residing in the area of the plan • Termination of employer contributions to employee’s health coverage • Discontinuation of an employer-sponsored plan <p><i>Note: “Loss” does not include voluntary termination of coverage or termination by the insurer due to nonpayment of premiums</i></p>		No	Up to 60 days before or 60 days after date of loss of coverage	<p>IF PLAN SELECTED <i>BEFORE</i> OR ON DATE OF LOSS OF COVERAGE: 1st day of month following loss of previous coverage</p> <p>IF PLAN SELECTED <i>AFTER</i> DATE OF LOSS OF COVERAGE: 1st day of the month following plan selection (<i>MARKETPLACE OPTION: REGULAR COVERAGE EFFECTIVE DATES</i>)</p>	Application
	<p>Current Employer Coverage No Longer MEC:</p> <ul style="list-style-type: none"> • Becoming newly eligible for PTCs due to a change in employer-sponsored plan resulting in the plan no longer being considered MEC 		No	Up to 60 days before or 60 days after date of change to coverage	<p>IF PLAN SELECTED <i>BEFORE</i> OR ON DATE OF CHANGE: 1st day of month following loss of previous coverage</p> <p>IF PLAN SELECTED <i>AFTER</i> DATE OF CHANGE: 1st day of the month following plan selection (<i>MARKETPLACE OPTION: REGULAR COVERAGE EFFECTIVE DATES</i>)</p>	Application
	<p>Expiration of Non-Calendar Year Plan:</p> <ul style="list-style-type: none"> • The plan year ends for a non-calendar year plan in the individual (non-group) or group market (i.e., the plan year ends in a month other than December) <p><i>Note: SEP applies even if there is an option to renew the non-calendar year plan</i></p>		No	Up to 60 days before or 60 days after date of loss of coverage	<p>IF PLAN SELECTED <i>BEFORE</i> OR ON DATE OF LOSS OF COVERAGE: 1st day of month following loss of previous coverage</p> <p>IF PLAN SELECTED <i>AFTER</i> DATE OF LOSS OF COVERAGE: 1st day of the month following plan selection (<i>MARKETPLACE OPTION: REGULAR COVERAGE EFFECTIVE DATES</i>)</p>	Application

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

Situation	Triggering Event: Details / Examples	Who Can Trigger SEP	Triggered Only by Current Enrollees	Timing of SEP	Coverage Effective Dates	General Access Point (in FFM)	
CHANGE IN ELIGIBILITY FOR FINANCIAL HELP	<p>Moving Out of the Medicaid Coverage Gap:</p> <ul style="list-style-type: none"> Individual had income below 100% of the poverty line, was previously ineligible for Medicaid due to a state’s decision not to expand Medicaid, and either: <ul style="list-style-type: none"> → Experiences an increase in income or a change in household size that brings household income to a level above 100% of the poverty line, making him or her newly eligible for PTCs, OR → Moves to a new state (including a state that has expanded Medicaid) and becomes newly eligible for PTCs <p><i>Note: SEP applies even if the individual did not previously apply for Marketplace coverage or Medicaid.</i></p>		No	Up to 60 days after change in income or move to new state	Regular coverage effective dates	CMS Caseworker	
					MARKETPLACE OPTION:		
					If moving to a new state, 60 days before date of move	IF PLAN SELECTED <i>BEFORE</i> DATE OF MOVE: 1st day of month following move IF PLAN SELECTED <i>AFTER</i> DATE OF MOVE: Regular coverage effective dates (<i>MARKETPLACE OPTION: 1ST DAY OF THE MONTH FOLLOWING PLAN SELECTION</i>)	
	<p>Newly Eligible or Ineligible for PTCs:</p> <ul style="list-style-type: none"> Experiencing a change in income or household size that makes an enrollee or enrollee’s dependent newly eligible or ineligible for premium tax credits 		Yes	Up to 60 days after determination	Regular coverage effective dates	Application	
	<p>Change in Cost-Sharing Reduction (CSR) Eligibility:</p> <ul style="list-style-type: none"> Experiencing a change in income or household size that changes eligibility for cost-sharing reductions <p><i>Note: Change in eligibility includes moving between CSR levels and losing or gaining eligibility for CSRs</i></p>		Yes	Up to 60 days after determination	Regular coverage effective dates	Application	
<p>Gaining Eligible Immigration Status:</p> <ul style="list-style-type: none"> Becoming newly eligible for marketplace coverage as a result of becoming a U.S. citizen, U.S. national, or gaining lawfully present status <p><i>Note: SEP does not apply if the individual already had an eligible immigration status. For more information, see Healthcare.gov's list of "lawfully present" immigration statuses eligible for Marketplace coverage.</i></p>		No	Up to 60 days after gaining status	Regular coverage effective dates	Application		
<p>Status as American Indian or Alaska Native:</p> <ul style="list-style-type: none"> Individual is or becomes a member of a federally recognized Native American or Native Alaskan tribe 		No	May enroll in or change QHPs one time per month	Regular coverage effective dates	Application		

Situation	Triggering Event: Details / Examples	Who Can Trigger SEP	Triggered Only by Current Enrollees	Timing of SEP	Coverage Effective Dates	General Access Point (in FFM)
CHANGE IN ELIGIBILITY FOR FINANCIAL HELP (cont.)	Released from Incarceration: <ul style="list-style-type: none"> Becoming newly eligible for marketplace coverage after being released from incarceration (detention, jail, or prison) 		No	Up to 60 days after release	Regular coverage effective dates	Application
				MARKETPLACE OPTION:		
ENROLLMENT OR PLAN ERROR <i>(For more information, see SEPs for complex issues)</i>	Misinformation/Inaction/Misconduct: <ul style="list-style-type: none"> Marketplace determines that the individual was not enrolled in a plan, enrolled in the wrong plan, or did not receive PTCs or cost-sharing reductions for which he or she was eligible due to misinformation, misrepresentation, misconduct or inaction by the marketplace or HHS, its instrumentalities, or other entity providing enrollment assistance (e.g., assisters, navigators, insurers, brokers) 		No	Up to 60 days after marketplace determination	Effective date appropriate to circumstances	Marketplace Call Center
	Incorrect Plan Data: <ul style="list-style-type: none"> Marketplace determines that incorrect plan data (like benefit or cost-sharing information) was displayed on marketplace website at the time the individual selected his or her plan 		No	Up to 60 days after marketplace determination	Effective date appropriate to circumstances	Marketplace Call Center
	Technical Error: <ul style="list-style-type: none"> Marketplace determines that a technical error occurred when applying for coverage that either: <ul style="list-style-type: none"> → Prevented enrollment in a plan, OR → Prevented insurer from receiving enrollment information 		No	Up to 60 days after marketplace determination	Effective date appropriate to circumstances	Marketplace Call Center
	Health Plan Violation: <ul style="list-style-type: none"> Individual demonstrates to the marketplace that his or her QHP substantially violated a material provision of its contract 		Yes	Up to 60 days after marketplace determination	Effective date appropriate to circumstances	CMS Caseworker

Situation	Triggering Event: Details / Examples	Who Can Trigger SEP	Triggered Only by Current Enrollees	Timing of SEP	Coverage Effective Dates	General Access Point (in FFM)
OTHER QUALIFYING CHANGES <i>(For more information, see SEPs for complex issues)</i>	<p>Being Determined Ineligible for Medicaid or CHIP:</p> <ul style="list-style-type: none"> Individual applied for Medicaid or CHIP during open enrollment—or during a SEP—and the state Medicaid agency determined the individual ineligible for Medicaid or CHIP after the enrollment period ended <p><i>Note: SEP applies regardless of whether applied directly through state Medicaid agency or applied through marketplace and information was transferred to state Medicaid agency</i></p>		No	Up to 60 days after being determined ineligible for Medicaid or CHIP	Effective date appropriate to circumstances	Application <i>(For more info, see Healthcare.gov's state transfers help and update/resubmit app help)</i>
	<p>Exceptional Circumstances:</p> <ul style="list-style-type: none"> Individual demonstrates to the marketplace that he or she meets exceptional circumstances that prevented enrollment in coverage during open enrollment, such as: <ul style="list-style-type: none"> → A serious medical condition (e.g., unexpected hospitalization or temporary cognitive disability) → A natural disaster (e.g., an earthquake, hurricane, or massive flooding) 		No	Up to 60 days after marketplace determination	Effective date appropriate to circumstances	CMS Caseworker/ Marketplace Call Center
	<p>Survivors of Domestic Violence or Abuse or Spousal Abandonment:</p> <ul style="list-style-type: none"> Individual experiences domestic abuse or violence or spousal abandonment and wants to enroll in health plan separate from abuser or spouse 		No	Up to 60 days after getting marketplace approval	Effective date appropriate to circumstances	CMS Caseworker/ Marketplace Call Center
	<p>Prevail on Appeal:</p> <ul style="list-style-type: none"> Individual wins a marketplace appeal that he or she received an incorrect eligibility determination or incorrect coverage effective date 		No	Up to 60 days after appeal ruling	Effective date appropriate to circumstances	CMS Caseworker/ Marketplace Call Center
	<p>AmeriCorps Service Member:</p> <ul style="list-style-type: none"> Individual starts or ends AmeriCorps service 		No	Up to 60 days after starting or ending service	Effective date appropriate to circumstances	CMS Caseworker/ Marketplace Call Center

Sources:

- 45 CFR 155.420: Special Enrollment Periods
- 2016 CMS fact sheet: Special Enrollment Periods for the Health Insurance Marketplace; marketplace.cms.gov/outreach-and-education/special-enrollment-periods-for-marketplace.pdf
- 2016 CMS FFM and FF-SHOP Enrollment Manual, Section 5: Special Enrollment Periods; www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/ENR-FFM-SHOP-Manual-071916.pdf