

SPECIAL ENROLLMENT PERIODS

Individual Eligibility and Effective Date — Off-Marketplace Only

For individual health insurance, a Special Enrollment Period (SEP) is a time outside the yearly Open Enrollment Period when you can sign up for health insurance. You qualify for a SEP if you've had a certain life event. If you qualify for a SEP, you usually have up to 60 days following the event to enroll in a plan. If you miss that window, you must wait to apply until the next Open Enrollment Period or you become eligible for an additional SEP. Eligible consumers generally must submit documents that confirm their SEP eligibility before we finalize enrollment.

For SEPs through the Marketplace, visit [healthcare.gov](https://www.healthcare.gov) or call the Marketplace at **800-318-2596**.



| Qualifying Event | Requirement of Prior Coverage | Timing | Coverage Effective Dates | Supporting Documentation |
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| <p>LOSS OF MINIMUM ESSENTIAL COVERAGE (MEC) QUALIFIED INDIVIDUAL, ENROLLEE, OR A DEPENDENT:</p> <ul style="list-style-type: none"> ▪ Loses employer coverage due to, for example: <ul style="list-style-type: none"> ▫ 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 cancelled ▪ Loses coverage due to a divorce or legal separation ▪ Loses coverage because no longer a dependent ▪ Loses coverage due to a death of another person in family ▪ Current QHP is decertified ▪ No longer residing in the area of the plan <p>NOTES:</p> <ul style="list-style-type: none"> ▪ Loss of minimum essential coverage does not include voluntarily dropping coverage or termination by insurer due to the enrollee's nonpayment of premium. ▪ Loss of minimum essential coverage does not include termination of a short-term plan. | <p>YES</p> <p>Only applies if:</p> <ul style="list-style-type: none"> ▪ Losing other coverage in next 60 days ▪ Lost other coverage in past 60 days | <p>Up to 60 days BEFORE loss of coverage</p> <p>Up to 60 days AFTER loss</p> | <p>IF PLAN SELECTED BEFORE LOSS: 1st day of month following loss of previous coverage</p> <p>IF PLAN SELECTED AFTER LOSS: 1st day of month following plan selection</p> | <p>Certificate of creditable coverage</p> |

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| <p>LOSS OF PREGNANCY-RELATED COVERAGE</p> <p>QUALIFIED INDIVIDUAL OR A DEPENDENT:</p> <ul style="list-style-type: none"> 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 <p>NOTE: SEP applies regardless of whether the pregnancy-related coverage qualifies as MEC.</p> | <p>YES</p> <p>Only applies if:</p> <ul style="list-style-type: none"> Losing pregnancy-related coverage in next 60 days Lost coverage in past 60 days | <p>Up to 60 days BEFORE loss of coverage</p> <p>Up to 60 days AFTER loss</p> | <p>IF PLAN SELECTED BEFORE LOSS: 1st day of month following loss of previous coverage</p> <p>IF PLAN SELECTED AFTER LOSS: 1st day of month following plan selection</p> | <p>Certificate of creditable coverage</p> |
| <p>LOSS OF MEDICAID FOR THE MEDICALLY NEEDY</p> <p>QUALIFIED INDIVIDUAL OR A DEPENDENT:</p> <ul style="list-style-type: none"> Loses Medicaid coverage for the medically needy (may be referred to as Medicaid with a “spenddown” or “share of cost” Medicaid) Loses coverage until a new spenddown amount is met, if enrolled in medically needy coverage with a spenddown | <p>YES</p> <p>Only applies if:</p> <ul style="list-style-type: none"> Losing medically-needy coverage in next 60 days Lost coverage in past 60 days | <p>Up to 60 days BEFORE loss of coverage</p> <p>Up to 60 days AFTER loss</p> | <p>IF PLAN SELECTED BEFORE LOSS: 1st day of month following loss of previous coverage</p> <p>IF PLAN SELECTED AFTER LOSS: 1st day of month following plan selection</p> | <p>Certificate of creditable coverage</p> |
| <p>END OF NON-CALENDAR YEAR PLAN</p> <p>QUALIFIED INDIVIDUAL OR A DEPENDENT:</p> <ul style="list-style-type: none"> Is enrolled in a plan in the individual (non-group) or group market that comes to the end of the plan year in a month other than December <p>NOTE: SEP applies even if there is an option to renew the non-calendar-year plan.</p> | <p>YES</p> <p>Only applies if:</p> <ul style="list-style-type: none"> Enrolled in non-calendar year plan that is ending its plan year, even if they have the option to renew | <p>Up to 60 days BEFORE loss of coverage</p> <p>Up to 60 days AFTER loss</p> | <p>IF PLAN SELECTED BEFORE LOSS: 1st day of month following loss of previous coverage</p> <p>IF PLAN SELECTED AFTER LOSS: 1st day of month following plan selection</p> | <p>Renewal letter</p> |
| <p>MARRIAGE</p> <p>QUALIFIED INDIVIDUAL OR ENROLLEE:</p> <ul style="list-style-type: none"> Gets legally married | <p>YES</p> <p>Only applies if at least one spouse:</p> <ul style="list-style-type: none"> Enrolled in MEC at least 1 day in 60 days before marriage; or Lived abroad at least 1 day in 60 days before marriage; or Is an American Indian or Alaska Native (AI/AN); or Lived in a service area with no QHPs sold through the Health Insurance Marketplace | <p>Up to 60 days AFTER marriage</p> | <p>1st day of month following plan selection</p> | <p>Need both:</p> <ul style="list-style-type: none"> Marriage certificate or marriage license or other official public record of marriage Certificate of creditable coverage |

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|---|---|--|---|--|
| <p>BIRTH, ADOPTION, PLACEMENT FOR ADOPTION OR FOSTER CARE, OR COURT ORDER</p> <p>QUALIFIED INDIVIDUAL OR ENROLLEE:</p> <ul style="list-style-type: none"> ▪ Has a baby (including parents not physically giving birth) ▪ Adopts a child, or is adopted ▪ Gains or becomes a dependent through placement for foster care ▪ Gains or becomes a dependent through a child support order or other court order | NO | Up to 60 days AFTER birth, adoption, placement, or court order | Date of birth, adoption or placement, or effective date of court order; or 1st day of month following plan selection | As applicable: <ul style="list-style-type: none"> ▪ Adoption letter or record ▪ Foster care papers ▪ Child support or other court order ▪ Document for legal guardianship ▪ Medical support order |
| <p>DIVORCE OR LEGAL SEPARATION</p> <p>ENROLLEE:</p> <ul style="list-style-type: none"> ▪ Gets divorced or legally separated ▪ Loses a dependent due to divorce or legal separation ▪ Loses a dependent through a child support order or other court order <p>NOTE: Divorce or legal separation without losing coverage doesn't qualify you for a SEP.</p> | YES | Up to 60 days AFTER divorce or legal separation | <p>IF PLAN SELECTED BEFORE DIVORCE/SEPARATION: 1st day of month following loss of previous coverage</p> <p>IF PLAN SELECTED AFTER DIVORCE/SEPARATION: 1st day of month following plan selection</p> | Need both: <ul style="list-style-type: none"> ▪ Certificate of creditable coverage ▪ Divorce or annulment papers |
| <p>PERMANENT MOVE</p> <p>QUALIFIED INDIVIDUAL, ENROLLEE, OR A DEPENDENT:</p> <ul style="list-style-type: none"> ▪ Gains access to new QHPs as a result of a permanent move due to, for example: <ul style="list-style-type: none"> ▫ Moving within the same city, county, or state, as long as there is a different set of QHPs available ▫ Moving to another state ▫ A child or other dependent moving back to parent's home ▫ A student moving to or from where he or she attends school ▪ Moves permanently to the U.S. after living outside the country or in a U.S. territory <p>NOTE: A short-term or temporary move for medical treatment or vacation is not considered a permanent move.</p> | YES Only applies if: <ul style="list-style-type: none"> ▪ Enrolled in MEC at least 1 day in 60 days before move; or ▪ Moving from abroad; or ▪ Is an AI/AN; or ▪ Lived in a service area with no QHPS sold through the Health Insurance Marketplace. | Up to 60 days AFTER move | <p>IF PLAN SELECTED BEFORE MOVE: 1st day of month following move</p> <p>IF PLAN SELECTED AFTER MOVE: 1st day of month following plan selection</p> | Need both: <ul style="list-style-type: none"> ▪ Certificate of creditable coverage ▪ Need at least one: <ul style="list-style-type: none"> ▫ Mortgage or rental document ▫ Driver's license ▫ U.S. Postal Service change of address confirmation ▫ Utility bill |

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| DEATH ENROLLEE OR A DEPENDENT: <ul style="list-style-type: none"> ▪ Dies | YES | Up to 60 days AFTER death | 1st day of month following plan selection | Death certificate or public notice of death |
| UNTIMELY NOTICE ENROLLEE: <ul style="list-style-type: none"> ▪ Did not receive timely notice of a triggering event from their employer | YES | Up to 60 days AFTER event Note: 60 days begins after enrollee was made aware of past triggering event. | Retroactive back to date if the enrollee had received timely notice | No documentation required |
| END OF EMPLOYER CONTRIBUTIONS/GOVERNMENT SUBSIDIES ENROLLEE: <ul style="list-style-type: none"> ▪ No longer receives contributions from former employer for their COBRA continuation coverage ▪ No longer receives subsidies from a government entity for their COBRA continuation coverage | YES | Up to 60 days AFTER event | 1st day of month following plan selection | Documentation of end of employer contribution or government subsidies |
| SURVIVORS OF DOMESTIC VIOLENCE, ABUSE OR SPOUSAL ABANDONMENT QUALIFIED INDIVIDUAL OR ENROLLEE: <ul style="list-style-type: none"> ▪ 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) ▪ Experiences spousal abandonment and wants to enroll in a health plan separate from spouse | YES - Currently enrolled in MEC | Up to 60 days AFTER requesting SEP to enroll in coverage separate from the perpetrator of abuse or abandonment. (must currently be enrolled) | 1st day of month following plan selection | No documentation required |

