

# Special Enrollment Periods

## Can I enroll in a Marketplace health insurance plan outside of Open Enrollment?

Sometimes you experience a big life change that also changes your health coverage needs—like having a child, losing your job, or losing your health coverage. Usually Open Enrollment is the only time you can sign up for a new health insurance plan through the Health Insurance Marketplace (e.g., HealthCare.gov) or change your current plan. But if you have a big life change—or **“life event”**—you may qualify for a **Special Enrollment Period**.

A Special Enrollment Period lets you enroll in a new health plan or change your plan outside of Open Enrollment. You may also qualify for a Special Enrollment Period if something happened during Open Enrollment that prevented you from getting the right coverage. This is called a **“special circumstance.”** See the full list of life events and special circumstances on the next two pages.

### **Report changes as soon as possible**

If you think you may be eligible for a Special Enrollment Period, or if you have any changes to your income, household size, or health coverage, you should report this information as soon as possible. Talk with an enrollment assister or Ryan White Program case manager, or contact the Marketplace Call Center at 1-800-318-2596.



# Life Events

These are things that happen **after** Open Enrollment ends. You have **60 days** from the date of a “life event” to enroll in a new health plan.

## Your household changes because of:

- Marriage
- Birth
- Adopting a child
- Placing a child for adoption or foster care
- Gaining a new dependent or becoming a dependent of someone else due to a court order
- Losing a dependent or dependent status due to death, divorce or legal separation\*

## You lose the following types of health coverage:

- Medicaid
- Children’s Health Insurance Plan (CHIP)
- Coverage on a parent’s plan because you turned 26
- A student health plan

## You have experienced a change in immigration status by:

- Becoming a U. S. citizen or U.S. national
- Becoming a “lawfully present individual”, which is a non-U.S. citizen who has permission to live or work in the U.S.

## You lose or can no longer afford employer-sponsored health coverage because:

- You lose or quit your job
- Your COBRA coverage ends
- Your work hours are reduced
- Your employer health plan no longer meets “affordability” and “minimum value” standards due to an increase in the amount you have to pay or a change in your household or income
- You move outside the service area of your health insurance plan, whether your plan is through the Marketplace or an employer
- Your health plan is no longer available through the Health Insurance Marketplace.

## Getting married or moving?



If this is your first time enrolling in a Marketplace plan, you may need to provide documents to verify your life event. The Marketplace will contact you with instructions.

## You permanently move to a new area (e.g., state, county) where new health plans are available:

- Report your new address to the Marketplace to see if you qualify
- You can report your new address up to 60 days before you move to avoid a gap in coverage
- Students and seasonal workers who move may also be eligible

## You have a change in income or household size that:

- Changes whether or not you are eligible for financial help for Marketplace coverage, such as premium tax credits (PTCs) or cost-sharing reductions (CSRs)\*
- Causes you to lose your hardship exemption from the Marketplace

## Something kept you from enrolling during the Open Enrollment Period:

- You had a serious medical condition, such as an unexpected hospitalization or temporary cognitive disability
- You experienced a serious natural disaster, such as an earthquake, massive flooding, or hurricane
- You were incarcerated
- You experienced domestic abuse, domestic violence, or spousal abandonment, and you now want to enroll in your own health plan separate from your abuser or abandoner

\*These Special Enrollment Periods ONLY apply to people who are currently enrolled in a qualified health plan.

# Special Circumstances

These are generally things that happened **during** Open Enrollment when you were enrolling in a plan that may have prevented you from getting the right coverage. You have **60 days** from the date of the special circumstance to enroll in a new health plan.

## Your eligibility changed since you applied:

- You applied for Medicaid or CHIP during Open Enrollment and your state Medicaid or CHIP agency determined that you weren't eligible after Open Enrollment ended
- You live in a state that chose not to expand Medicaid and your income rises above 100% FPL, making you newly eligible for financial assistance (Premium Tax Credits or Cost Sharing Reductions)
- You file a successful appeal with the Marketplace because you believe you received an incorrect eligibility determination or an incorrect coverage effective date

## Someone who helped you to enroll in coverage made an error:

- An error, misconduct, or lack of action by an enrollment assister error resulted in you either not being enrolled, not being enrolled in the health plan that you chose, or not receiving the financial help that you qualified for.

## A technical error occurred when you applied for coverage and:

- You couldn't enroll in a plan
- Your health insurance company didn't get your enrollment information
- You saw the wrong plan information, such as benefit or cost-sharing information, at the time that you selected your health plan

## Other situations:

- Your qualified health plan significantly violated its contract with you. If you think your health plan did not follow the terms of their contract with you, contact the Marketplace at HealthCare.gov or your local health coverage marketplace to see if you are eligible to enroll into a different health plan.

For more information on complicated situations that may qualify you for an Special Enrollment Period, see HealthCare.gov:

[www.healthcare.gov/sep-list](http://www.healthcare.gov/sep-list)



### You will not get a Special Enrollment Period if:

- You voluntarily dropped other coverage (such an employer-sponsored plan)
- You did not pay your monthly health insurance premium
- You become newly eligible for financial assistance (premium tax credits and cost-sharing reductions) but were not already enrolled in a Marketplace plan
- Your most recent health coverage did not meet the minimum essential coverage standards.
- You committed insurance fraud (but not a mistake) on your application

The Special Enrollment Periods listed here apply in all U.S. states. The following states may have additional Special Enrollment Periods: California, Colorado, Connecticut, District of Columbia, Idaho, Maryland, Massachusetts, Minnesota, New York, Rhode Island, Vermont, and Washington.

Go to [www.healthcare.gov/marketplace-in-your-state](http://www.healthcare.gov/marketplace-in-your-state) or check with an enrollment assister to learn more.



**Beginning in 2019**, people who qualify for an SEP and want to change plans may be required to choose a plan in the same metal level, or plan category, as their current plan. For example, if you're already enrolled in a Gold level plan and you want to change plans, you may be limited to other Gold-level plans until the next Open Enrollment Period.

This change applies to individuals who qualify for an SEP through the most common scenarios, like a loss of health insurance, moving to a new home, or a change in household size. Some complex scenarios, like those due to misrepresentation or plan display error, don't limit your ability to choose a new plan during an SEP.



The Access, Care, and Engagement (ACE) TA Center aims to help Ryan White HIV/AIDS Program recipients and subrecipients support their clients, especially people of color, to navigate the health care environment through enrollment in health coverage and improved health literacy. For more information, visit: [www.targethiv.org/ACE](http://www.targethiv.org/ACE)

*This resource is/was prepared by JSI Research & Training Institute, Inc., and supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30143: Building Ryan White HIV/AIDS Program Recipient Capacity to Engage People Living with HIV in Health Care Access. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*