DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201

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Subject: Special Enrollment Periods Available to Consumers

Consumers can qualify for a Special Enrollment Period (SEP) to enroll in individual market health insurance coverage if they meet certain eligibility criteria. To help consumers and other stakeholders better understand which SEPs are available to eligible individuals, below is a streamlined list of the six categories of SEPs currently available to those applying for coverage through the Federally-facilitated Marketplaces, Federally-facilitated Marketplaces where States perform plan management functions, and State-based Marketplaces using the Federal Platform (collectively referred to as the FFMs); those that may be available through State-based Marketplaces (SBMs); and those that may be available in the individual insurance market outside of the Marketplaces (Off-Marketplace). This has been updated from May 6, 2016 based on the final HHS Notice of Benefit and Payment Parameters for 2018.[1]

[1] 81 FR 94058, published on December 22, 2016, available at: https://www.federalregister.gov/documents/2016/12/22/2016-30433/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2018.

[2] Regulatory authority for SEPs or limited open enrollment periods Off-Marketplace can be found at 45 CFR §147.104(b)(2).

SEP Category	Marketplace Regulatory Authority under 45 CFR §155.420[2]	SEP Description	Marketplace and Market-wide Availability
1. Loss of qualifying health coverage	(d)(1)(i-iv) – Loss of minimum essential coverage	A consumer or his or her dependent loses minimum essential coverage during or at the end of the coverage year, including but not limited to Medicaid, CHIP, or qualifying employer sponsored coverage. For purposes of qualifying for this SEP, this includes: • The end of the plan year for any non-calendar year group health plan or individual health insurance coverage; • Losing pregnancy-related coverage described under section 1902(a)(10)(A)(i)(IV) and (a)(10)(A)(ii)(IX) of the Social Security Act; • Losing medically needy coverage described under section 1902(a)(10)(C) of the Social Security Act only once per calendar year. Note: this does not include consumers who have lost their coverage due to nonpayment of premiums or consumers whose coverage is rescinded based on an act of fraud or intentional misrepresentation of material fact.	This SEP is available through the FFMs, SBMs, and Off-Marketplace. **Advance availability:** consumers on the FFMs, SBMs, and off-Marketplace may report a loss of qualifying health coverage up to 60 days before the date of the loss of coverage.
	(d)(6)(iii) – Become newly eligible for APTC due to changes to current employer-sponsored coverage	A consumer or his or her dependent who is enrolled in an eligible employer-sponsored plan is determined newly eligible for advance payments of the premium tax credit based in part on a finding that such individual is ineligible for qualifying coverage in an eligible-employer sponsored plan in accordance with 26 CFR 1.36B-2(c)(3).	This SEP is available through both the FFMs and SBMs. It is **not** available Off-Marketplace.

SEP Category	Marketplace Regulatory Authority under 45 CFR §155.420[2]	SEP Description	Marketplace and Market-wide Availability
2. Change in household size	(d)(2)(i) – Gain a dependent or become a dependent	A consumer gains a dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care, or through a child support order or other court order.	This SEP is available through the FFMs, SBMs, and Off-Marketplace.
	(d)(2)(ii) – Lose a dependent or no longer considered a dependent	At the option of the Marketplaces or State Regulatory Agency, a consumer loses a dependent or is no longer considered a dependent due to divorce, legal separation, or death.	This SEP is **not** currently available through the FFMs, but may be available through some SBMs and Off-Marketplace, at state option.
3. Change in primary place of living	(d)(7) – Gain access to new plans due to a permanent move	A consumer or enrollee, or his or her dependent, gains access to new plans as a result of a permanent move. The consumer, enrollee, or dependent must also have had minimum essential coverage for one or more days in the 60 days prior to the move, unless he or she is moving from a foreign country or a United States territory. Note: moving solely for medical treatment or vacation doesn't qualify for this SEP.	This SEP is available through the FFMs, SBMs, and Off-Marketplace. **Advance availability:** Advance availability for this SEP is currently at the option of the Marketplaces or State Regulatory Agency. It is **not** currently available through the FFMs, but may be available through some SBMs and Off-Marketplace, at state option.

SEP Category	Marketplace Regulatory Authority under 45 CFR §155.420[2]	SEP Description	Marketplace and Market-wide Availability
4. Change in eligibility for Marketplace coverage or help paying for coverage	(d)(3) – Become newly eligible for Marketplace coverage	A consumer or his or her dependent becomes newly eligible for enrollment in a Marketplace plan due to gaining status as a citizen, national, or lawfully present individual or being released from incarceration. Note: consumers who change from one legally present status to another do not qualify for this SEP.	This SEP is available through both the FFMs and SBMs. It is **not** available Off-Marketplace.
	(d)(6)(i-ii) –Become newly eligible or ineligible for APTC, or experience a change in eligibility for CSRs	An enrollee or his or her dependent is determined newly eligible or newly ineligible for advance payments of the premium tax credit (APTC) or has a change in eligibility for cost-sharing reductions (CSRs). Note: on the FFMs and SBMS, this SEP is only available to current Marketplace enrollees.	This SEP is available through both the FFMs and SBMs. If consumers lose eligibility for APTC or CSRs, this SEP is also available Off-Marketplace.

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4. Change in eligibility for Marketplace coverage or help paying for coverage	(d)(6)(iv) – Previously in the coverage gap and become newly eligible for APTC	A consumer who was previously both (1) ineligible for advance payments of the premium tax credit solely because of a household income below 100 percent of the FPL and (2) ineligible for Medicaid because he or she was living in a non-Medicaid expansion state during the same timeframe, who either experiences a change in household income or moves to a different state resulting in the consumer becoming newly eligible for advance payments of the premium tax credit.	This SEP is available through both the FFMs and SBMs. It is **not** available Off-Marketplace.
	(d)(8) – Gain or maintain status as a member of a federally-recognized tribe or a shareholder in an Alaska Native Corporation	A consumer who is an Indian, as defined by section 4 of the Indian Health Care Improvement Act, gains or maintains such status and may enroll in a plan or change from one plan to another one time per month. Dependents of Indians who are on the same application as the Indian may enroll in or change plans up to one time per month along with the Indian.	This SEP is available through both the FFMs and SBMs. It is **not** available Off-Marketplace.

SEP Category	Marketplace Regulatory Authority under 45 CFR §155.420[2]	SEP Description	Marketplace and Market-wide Availability
5. Enrollment or plan error	(d)(4) – Experience an error of the Marketplace or the Issuer	A consumer's or his or her dependent's enrollment or non-enrollment in a plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of the Marketplace or HHS, its instrumentalities, or a non-Marketplace entity providing enrollment assistance or conducting enrollment activities. A consumer's or his or her dependent's enrollment or non-enrollment in a plan or inaccurate eligibility determination is a result of a technical error, such as a Marketplace-related enrollment delay.	This SEP is available through the FFMs, SBMs, and Off-Marketplace.
	(d)(5) – Experience a plan contract violation	An enrollee or his or her dependent adequately demonstrates to the Marketplace or State Regulatory Agency that the plan in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee.	This SEP is available through the FFMs, SBMs, and Off-Marketplace.
	(d)(11) – Medicaid/CHIP denial	A consumer or his or her dependent applies for coverage through the Marketplace either during the annual open enrollment period or due to a qualifying event or at the State Medicaid or CHIP agency during the annual open enrollment period, and is determined ineligible for Medicaid or CHIP by the State Medicaid or CHIP agency either after Open Enrollment has ended or more than 60 days after the qualifying event.	This SEP is available through the FFMs, SBMs, and Off-Marketplace.
	(d)(12) – Material plan or benefit display error	The consumer or his or her dependent, adequately demonstrates to the Marketplace that a material error related to plan benefits, service area, or premium influenced the qualified individual's or enrollee's decision to purchase a plan through the Marketplace.	This SEP is available through both the FFMs and SBMs. It is **not** available Off-Marketplace.

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6. Other qualifying changes	(d)(10) – Domestic abuse or spousal abandonment	A consumer and his or her dependent need to enroll in coverage apart from the perpetrator of the abuse or abandonment.	This SEP is available through the FFMs, SBMs, and Off-Marketplace.
	(d)(13) – Cleared data matching issues	At the option of the Marketplaces, where a consumer resolves a data matching issue following the expiration of an inconsistency period or has an annual household income under 100 percent of the Federal poverty level and did not enroll in coverage while waiting for HHS to verify that he or she meets the citizenship, national, or immigration status described in §1401(c)(1)(A)(ii) of the Affordable Care Act.	This SEP is available through the FFMs and may be available through some SBMs, at state option. It is **not** available Off-Marketplace.
	(d)(9) – Experience an exceptional circumstance	A consumer's, enrollee's, or his or her dependent's, enrollment or non-enrollment in a plan is the result of an exceptional circumstance, as determined by the Secretary of HHS, including being incapacitated or experiencing a natural disaster. A consumer's, enrollee's, or his or her dependent's, enrollment or non-enrollment in a plan is the result of an unforeseen event or a first-time requirement for Marketplace enrollees. A consumer's, enrollee's, or his or her dependent's, enrollment or non-enrollment in a plan is the result of a significant life event resulting in lack of access to his or her application or account and the individual, enrollee, or dependent has experienced a change in situation or status that now requires that he or she obtain minimum essential coverage. This includes AmeriCorps servicemen and women who are starting or ending their service.	This SEP is available through both the FFMs and SBMs. It is **not** available Off-Marketplace.