

Special Enrollment Periods

This fact sheet provides information and guidance for Navigators and certified application counselors (collectively, assisters) on helping consumers apply for, enroll in, or change health coverage during a Special Enrollment Period (SEP).

New for 2021 and 2022	2
New SEPs Effective 2021	2
New SEP Effective 2022	2
Changes to SEP Policy	3
Qualifying Events	3
Prior Coverage Requirements	10
Coverage Effective Dates	10
SEP Verification (SEPV)	12
SVI Resolution Process	12
Plan Category Limitations	14
SEP Eligibility Appeals	15
Additional Resources	16

SEPs provide an opportunity for individuals who experience certain life changes, or qualifying life events, to enroll in or change their health coverage outside of the annual Open Enrollment (OE) as well as during OE for an earlier coverage start date. In addition, consumers can apply for and enroll in Medicaid or the Children’s Health Insurance Program (CHIP) any time of the year, if eligible, whether they qualify for an SEP or not.

Version 1.0 October 2022. This information is intended only for the use of entities and individuals certified to serve as Navigators or certified application counselors in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFM where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This document is intended only as a summary of legal requirements and to provide operational information and does not itself create any legal rights or obligations. All legal requirements are fully stated in the applicable statutes and regulations. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. This material was printed, published, or produced and disseminated at U.S. taxpayer expense.

A qualifying life event can occur at any time during the year. Consumers who are enrolled in Marketplace coverage must report changes to eligibility information as soon as possible, generally within 30 days of the change. If consumers qualify for an SEP, they generally have 60 days from the date of their qualifying event to newly select or change their Marketplace coverage. When consumers report changes on a Marketplace application, the Marketplace re-determines consumers' eligibility and notifies them of:

- Any changes in eligibility for Marketplace coverage or help paying for coverage.
- Whether they are eligible for an SEP.
- Whether they are eligible for coverage through Medicaid or CHIP.
- When their coverage will start.
- Their next steps.

New for 2021 and 2022

New SEPs Effective 2021

Beginning July 6, 2021:

- Consumers are eligible for an SEP if they did not receive timely notice of an SEP qualifying event and otherwise were reasonably unaware that the qualifying event occurred. Coverage can be effective retroactive to the earliest coverage date that would have been available if they had received timely notice of the event and selected a plan.
- Consumers are eligible for an SEP if they have or had COBRA continuation coverage for which an employer is paying all or part of the premiums or for which a government entity is providing subsidies, and employer contributions completely stop or subsidies from a government entity end.

New SEP Effective 2022

Starting March 18, 2022:

- APTC-eligible consumers in states with Exchanges on the Federal platform with a projected annual household income up to and including 150 percent of the federal poverty level (FPL) are eligible for a monthly SEP to enroll in a qualified health plan (QHP) or change from one QHP to another.

- State-Based Marketplaces (SBMs) operating their own eligibility and enrollment platforms have the option to offer this SEP.
- This SEP will be available while the applicable premium percentage for such consumers remains at zero percent, as set under the American Rescue Plan (ARP) of 2021 and extended through 2025 under the Inflation Reduction Act of 2022.
- Consumers can submit a new application or update an existing application online, or they can call the Marketplace Call Center. The application automatically determines consumers' eligibility for the 150 percent SEP.

Changes to SEP Policy

- HHS clarified that, as of November 26, 2021, consumers newly eligible for a \$0 maximum of advance payments of the premium tax credit (APTC) are considered APTC-ineligible for purposes of eligibility for the change in eligibility for Marketplace coverage or help paying for coverage SEP.
- Marketplaces on the Federal platform have implemented on HealthCare.gov that starting March 18, 2022, for many SEPs, coverage starts the first of the month after plan selection or, for consumers who will lose coverage in the future, the first of the month after their existing coverage ends and they pick a new plan. This change simplifies coverage start dates by eliminating the 15th-of-the-month rule and provides accelerated coverage effective dates for many SEPs.
- New consumers applying for an SEP due to loss of qualifying health coverage continue to be required to submit supporting documents to demonstrate SEP eligibility before they can start using their coverage. However, consumers are no longer required to submit supporting documents to confirm SEP eligibility for other qualifying events.

Qualifying Events

Consumers may visit [HealthCare.gov/screener](https://www.healthcare.gov/screener) and answer a few questions to find out if they may qualify for an SEP to enroll in or change plans. A consumer will need to complete a HealthCare.gov application in order to receive an official eligibility determination. Exhibit 1 lists the six SEP categories, provides a description of each category, and indicates how a consumer can access the SEP.

Exhibit 1 – SEP Qualifying Events

SEP Category	Description	Accessed Through
Loss of qualifying health coverage	<p>A consumer (or anyone in their household) lost qualifying health coverage. Some examples of qualifying coverage losses include:</p> <ul style="list-style-type: none"> ▪ Loss of minimum essential coverage (MEC). For example: <ul style="list-style-type: none"> ▪ Coverage through a job or through another person’s job. This also applies if consumers are now eligible for help paying for Marketplace coverage because their employer stops offering coverage or the coverage is no longer considered qualifying coverage. ▪ Medicaid or CHIP coverage (including pregnancy-related coverage and medically needy coverage). ▪ Medicare. ▪ Individual or group health plan coverage that is discontinued (no longer exists) ▪ Coverage under a parent’s health plan (if they’re on it). If a consumer turns 26 and loses coverage, they can qualify for this SEP. <p>Consumers may report a loss of qualifying health coverage up to 60 days before the loss of coverage.</p> <p>Note: A consumer is not eligible for this SEP if the consumer voluntarily dropped coverage, the coverage the consumer lost did not qualify as MEC, they lost the coverage more than 60 days ago, they didn’t pay their premiums, or their coverage was taken away because of fraud or intentional misrepresentation.</p>	Marketplace application

SEP Category	Description	Accessed Through
Change in Household Size	<p>A consumer (or anyone in their household):</p> <ul style="list-style-type: none"> ▪ Had a baby, adopted a child or placed a child for adoption, or placed a child for foster care. ▪ Gained or became a dependent due to a child support or other court order. ▪ Got married. <p>Note: If they gained or became a dependent due to marriage, one spouse must have also had qualifying health coverage for one or more days in the 60 days prior to the marriage. This doesn't apply if the spouse:</p> <ul style="list-style-type: none"> ▪ Was living in a foreign country or a U.S. territory for one or more days in the 60 days prior to the marriage. ▪ Is a member of a federally recognized tribe or an Alaska Native Claims Settlement (ANCSA) Corporation shareholder. ▪ Lived for one or more days during the 60 days before the marriage or during their most recent enrollment period in a service area where they couldn't get qualifying health coverage through the Marketplace. 	Marketplace application

SEP Category	Description	Accessed Through
Change in Primary Place of Living	<p>A consumer (or anyone in their household) had a change in their primary place of living and gains access to new Marketplace health plans. Household moves that qualify consumers for an SEP include:</p> <ul style="list-style-type: none"> ▪ Moving to a new home in a new ZIP code or county. ▪ Moving to the U.S. from a foreign country or U.S. territory. ▪ Moving to or from the place they attend school. ▪ Moving to or from the place of their seasonal employment. ▪ Moving to or from a shelter or other transitional housing. <p>Note: A consumer qualifies only if they had qualifying health coverage for one or more days in the 60 days prior to their move. This doesn't apply if:</p> <ul style="list-style-type: none"> ▪ They were living in a foreign country or a U.S. territory for one or more days in the 60 days prior to the move. ▪ They're a member of a federally recognized tribe or an ANCSA Corporation shareholder. ▪ They lived for one or more days during the 60 days before their move or during their most recent enrollment period in a service area where they couldn't get qualifying health coverage through the Marketplace. <p>Note: Moving only for medical treatment or staying somewhere for vacation doesn't qualify the consumer for an SEP.</p>	Marketplace application

SEP Category	Description	Accessed Through
Change in Eligibility for Marketplace Coverage or Help Paying for Coverage	<p>A consumer (or anyone in their household):</p> <ul style="list-style-type: none"> ▪ Is enrolled in Marketplace coverage and reports a change that makes them: <ul style="list-style-type: none"> ▪ Newly eligible for help paying for coverage, or ▪ Newly ineligible for help paying for coverage (including eligible for a maximum APTC of \$0), or ▪ Eligible for a different amount cost-sharing reductions (CSRs). ▪ Is not enrolled in Marketplace coverage and: <ul style="list-style-type: none"> ▪ Experiences a decrease in household income; and ▪ Is newly determined eligible for help paying for coverage; and ▪ Had other MEC for at least one of the 60 days prior to their income change that they dropped or opted out of (such as a job-based plan or individual coverage they purchased outside of the Marketplace). ▪ Becomes newly eligible for help paying for coverage because they moved to a different state and/or experienced a change in income and they were previously both of these: <ul style="list-style-type: none"> ▪ Ineligible for Medicaid coverage because they lived in a state that hasn't expanded Medicaid; and ▪ Ineligible for help paying for coverage because their household income was below 100 percent of the federal poverty level (FPL). ▪ Becomes newly eligible for Marketplace coverage because they've become a citizen, national, or lawfully present individual. Note: Changing from one legally present status to another does not qualify consumers for this SEP. ▪ Becomes newly eligible for Marketplace coverage after being released from incarceration (detention, jail, or prison). ▪ Gains or maintains status as a member of a federally recognized tribe or an ANCSA Corporation shareholder (a status that lets consumers change plans once per month, and lets their dependents enroll in or change plans with them). ▪ Is an AmeriCorps service member starting or ending AmeriCorps service. ▪ Has newly gained access to an Individual Coverage Health Reimbursement Arrangement (ICHRA) or is provided a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA). 	Marketplace application or CMS caseworker via the Marketplace Call Center, depending on the qualifying event.

SEP Category	Description	Accessed Through
Enrollment or Plan Error	<p>A consumer (or anyone in their household):</p> <ul style="list-style-type: none"> ▪ Wasn't enrolled in a plan or was enrolled in the wrong plan because of: <ul style="list-style-type: none"> ▪ Misinformation, misrepresentation, misconduct, or inaction of someone working in an official capacity to help them enroll (like an insurance company, Navigator, certified application counselor, agent, or broker). ▪ A technical error or other Marketplace-related enrollment delay. ▪ Wrong plan data (like benefit or cost-sharing information) displayed on HealthCare.gov at the time that they chose their health plan. ▪ Can prove their Marketplace plan violated a material provision of its contract in relation to the enrollee. 	<p>Experience an error of the Exchange Marketplace Call Center</p> <p>Experience a plan contract violation or material error CMS Caseworker</p>

SEP Category	Description	Accessed Through
Other Qualifying Changes	<p>A consumer (or anyone in their household):</p> <ul style="list-style-type: none"> ▪ Experiences an exceptional circumstance, such as a serious medical condition, natural disaster, or other national or state-level emergency that kept them from enrolling.* ▪ Is a victim of domestic abuse or spousal abandonment and wants to enroll in a health plan separate from their abuser or abandoner; dependents on the same application may enroll in coverage at the same time as the victim. ▪ Resolves a data matching issue (DMI) or verifies citizenship/lawful presence status. ▪ Applies for Marketplace coverage during Open Enrollment or because of an SEP qualifying event, is assessed as potentially eligible for Medicaid or CHIP, and then is determined Medicaid- or CHIP-ineligible after Open Enrollment ends or more than 60 days after the qualifying event; OR, applies for coverage at their State Medicaid or CHIP agency during OE, and the state agency later determines, outside of OE, that the consumer was not eligible. ▪ Does not receive timely notice of an SEP qualifying event and was otherwise reasonably unaware that the qualifying event occurred. ▪ Submitted documents and cleared their DMI after the Marketplace took action and their coverage was ended. ▪ Is under 100 percent of the federal poverty level (FPL), submitted documents to prove that they have an eligible immigration status, and didn't enroll in coverage while they waited for their documents to be reviewed. ▪ Is APTC-eligible, with a projected annual household income up to and including 150 percent of the FPL. These consumers are eligible for a monthly SEP to enroll in or change from one QHP to another. ▪ Has or had COBRA continuation coverage, and subsidies from a government entity end or employer contributions completely cease. 	<p>CMS Caseworker, Marketplace Call Center, or Marketplace application, depending on the qualifying event.</p>

*CMS clarified in 2018 that consumers can qualify for an exceptional circumstances SEP if they missed their deadline to enroll in Exchange coverage during another SEP or to enroll during OE because they were impacted by a Federal Emergency Management Administration (FEMA)-declared national emergency or major disaster. Recent examples include the COVID-19 pandemic as well as the impacts of wildfires, hurricanes, and flooding in certain areas. Consumers who miss their opportunity to enroll through an SEP or OE because they were impacted by a FEMA-declared emergency or disaster may call the Marketplace Call Center to enroll at 1-800-318-2596 (TTY: 1-

855-889-4325). Eligible consumers may apply for an SEP under this policy from the end of their original enrollment window to up to 60 days after the end of the emergency or disaster. Their coverage will start on the first of the month after plan selection, but they have the option to request an effective date retroactive to when they would have had coverage if they had been able to select a plan during their original enrollment period and during the FEMA-designated incident period. For more information on FEMA designation information, visit [FEMA.gov/disasters](https://www.fema.gov/disasters), and the 2018 guidance is available at [CMS.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/8-9-natural-disaster-SEP.pdf](https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/8-9-natural-disaster-SEP.pdf).

For more information on how to help consumers report changes to a Marketplace application, refer to [SOP 13 - Update a Federally-facilitated Marketplace Account](#).

Prior Coverage Requirements

Some SEPs are available to anyone who's eligible for coverage and experienced a qualifying event.

Some SEPs are only for:

- Consumers who had prior coverage for one or more days in the 60 days preceding their SEP qualifying event (e.g., marriage, change in primary place of living¹). For examples of qualifying health coverage, visit [HealthCare.gov/fees/plans-that-count-as-coverage](https://www.healthcare.gov/fees/plans-that-count-as-coverage).
- Consumers who already have Marketplace coverage (e.g., an SEP for enrollees whose income changes, making them newly eligible or ineligible for help paying for coverage).

Prior coverage requirements do not apply to members of a federally recognized tribe or ANCSA Corporation shareholders.

The Marketplace will provide details and instructions on whether and how consumers need to prove prior coverage on their eligibility determination notice (EDN).

Coverage Effective Dates

When a consumer qualifies for an SEP, coverage starts based on the type of SEP.

- For many SEPs, coverage starts the first of the month after plan selection (for consumers who will lose coverage in the future, coverage starts the first of the month after their existing coverage ends and they pick a new plan). This recent change eliminates the 15th-of-the-month rule and accelerated coverage effective dates previously in effect.
- Other SEPs have an effective date of coverage retroactive to the date of the qualifying event. Consumers who do not want a retroactive effective date of coverage can call the Marketplace Call Center to request their coverage take effect on the first of the month following plan selection.

Exhibit 2 describes coverage effective dates for certain common SEP categories and qualifying events.

Exhibit 2 – Coverage Effective Dates

SEP Category/Event	Coverage Effective Date
Loss of qualifying coverage	<p><u>Plan selection after loss of minimum essential coverage (MEC):</u> First of the month after plan selection</p> <p><u>Plan selection prior to loss of MEC:</u> First of the month following the loss of MEC</p>
Change in household size	<p><u>Marriage:</u> First of the month after plan selection</p> <p><u>Gaining or becoming a dependent due to birth, adoption, foster care placement, or court order:</u> Retroactive to the date of the event</p> <p>Note: For birth, adoption, placement for adoption, placement in foster care, or court order, consumers may alternatively request a coverage effective date of the first day of the month following the date of plan selection by calling the Marketplace Call Center.</p>
Change in primary place of living	First of the month after plan selection
Change in eligibility for Marketplace coverage or help paying for coverage	First of the month after plan selection
Newly gaining access to an Individual Coverage HRA or to a QSEHRA	<p><u>Plan selection prior to HRA start date:</u> First of the month following HRA start date or on the HRA start date if the HRA starts on the first of a month</p> <p><u>Plan selection after HRA start date:</u> First of the month after plan selection</p>
Enrollment or plan error	<p>Retroactive to the coverage effective date the consumer would have gotten absent the error, or the first of the month after plan selection, at the option of the consumer</p> <p>Note: There are some exceptions for certain types of errors.</p>
Untimely notice of SEP qualifying event	Retroactive to the earliest coverage effective date that would have been available if they had received timely notice of the event

SEP Verification (SEPV)

When a consumer applies for coverage, they must attest that the information provided is true, including the facts that qualify them for the SEP. New consumers applying for an SEP due to loss of qualifying health coverage are required to submit supporting documents to demonstrate SEP eligibility before they can start using their coverage. This process of submitting supporting documents is called SEP verification, or SEPV. Consumers are no longer required to submit supporting documents to confirm SEP eligibility for gaining or becoming a new dependent due to marriage, adoption, placement for adoption, placement in foster care, or through a child support order or other court order; permanent move; or Medicaid/CHIP denial.

New applicants who apply for a loss of qualifying coverage SEP will generate an SEP verification issue (SVI). After the consumer submits their application, they'll learn if they have to provide any documentation to the Marketplace. Their EDN, which they can download or get in the mail, will provide details and instructions, including acceptable documents and deadlines for document submission. Documents must show that the consumer lost qualifying health coverage in the past 60 days or will lose coverage in the next 60 days. Consumers can and should pick a plan before their 60-day SEP window ends, and the consumer has 30 days following plan selection to submit documents to resolve their SVI. Consumers must either upload their documents online or mail in copies of the documents (they shouldn't send originals) before they can make their first payment and start using their coverage. Uploading is fastest and easiest. Note that consumers will not be enrolled in the plan they choose and their plan selection will be pended (on hold) until the SVI is resolved.

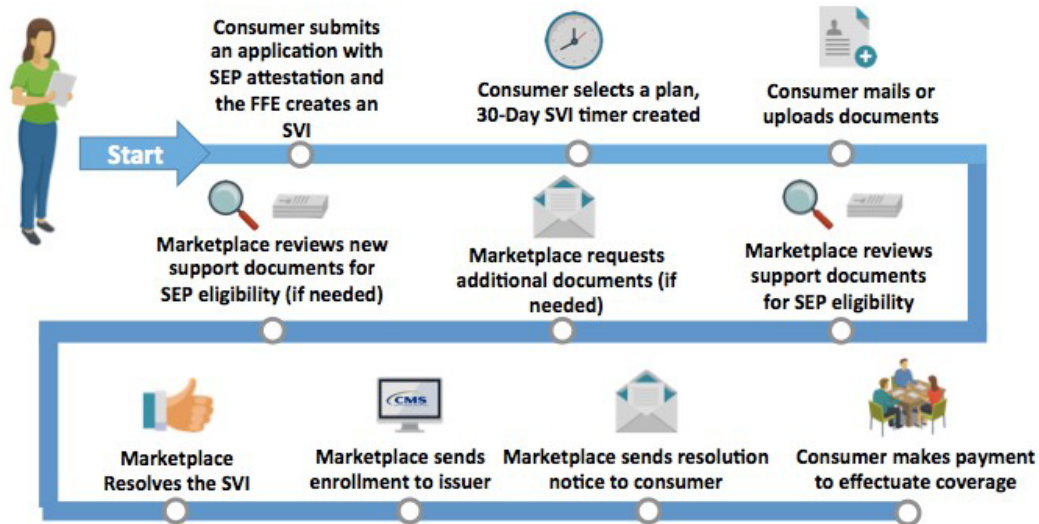
If the consumer's eligibility results don't indicate they need to provide documents, they don't have to. They can simply pick a plan and enroll.

Visit [HealthCare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period](https://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period) for a list of acceptable documents consumers can submit to verify their loss of qualifying coverage. For more information on submitting documents, visit [HealthCare.gov/tips-and-troubleshooting/uploading-documents](https://www.healthcare.gov/tips-and-troubleshooting/uploading-documents). For more information on SEPV, visit [Marketplace.cms.gov/technical-assistance-resources/pre-enrollment-verification-overview.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/pre-enrollment-verification-overview.pdf)

SVI Resolution Process

The process for resolving an SVI is illustrated in Exhibit 3.

Exhibit 3 –SVI Resolution Process



The Marketplace contacts consumers multiple times to explain their requirement to submit documents and remind them about how to do so, along with details about what documents to submit. Consumers can view and download most of these notices online in their HealthCare.gov account and will receive emails when these notices become available. Consumers who request to receive paper notices will get these notices by mail. Exhibit 4 describes notices the Marketplace may send during the SVI process based on consumer actions.

Exhibit 4 – SVI Resolution Process Notices

Action	Notice(s)
Consumers complete their application	<ul style="list-style-type: none"> An EDN that explains consumers’ eligibility for health coverage, financial assistance, and an SEP. It will describe the requirement to resolve an SVI, including acceptable documents and deadlines for document submission. <p>Note: If the consumer also has a DMI (sometimes referred to as an “inconsistency, application issue or follow up) and therefore must also submit other types of documents, their EDN will also include this information.</p>
Consumers pick a plan	<ul style="list-style-type: none"> A pending plan selection (PPS) notice that explains that the deadline to submit documents is 30 days after they picked a plan. It includes a list of next steps. It also provides the list of acceptable documents that consumers can submit to resolve the SVI. A warning notice when 20 days have passed after plan selection, for consumers who still need to submit documents.

Action	Notice(s)
Consumers submit documents	<ul style="list-style-type: none"> ▪ A resolution notice confirming that their SVI is resolved, or ▪ An insufficient document notice that explains why the Marketplace can't resolve an SVI with the submitted documents and that includes a request for acceptable documentation.
Consumers who don't submit documents or don't submit acceptable documentation by the indicated deadline	<ul style="list-style-type: none"> ▪ An expiration notice explaining that their SVI wasn't resolved and that they won't be enrolled in coverage. ▪ A final eligibility notice with information about how to appeal if they disagree with this decision.
Consumers who don't pick a plan	<ul style="list-style-type: none"> ▪ A reminder notice when they have at least 10 days left in the SEP window telling them that they must pick a plan and submit documents to begin using coverage.

If the Marketplace resolves a consumer's SVI, the consumer will be enrolled in coverage. Consumers' coverage effective date is based on their SEP type and when they pick a plan, but they can't use their coverage until their SEP eligibility is confirmed and they make their first premium payment. If a consumer's coverage effective date passes before their SVI is resolved, then their coverage effective date will be retroactive. Consumers will owe premiums for the retroactive period.

Consumers who have both a DMI and SVI will need to resolve their SVI before they can begin using coverage. In some cases, this may occur before the DMI is resolved. Consumers who resolve their SVI and/or only have a DMI pending resolution can start using coverage; however, they must still submit documents to keep their eligibility for Marketplace coverage and/or financial help. For more information on resolving SVIs and DMIs, visit Marketplace.cms.gov/technical-assistance-resources/complex-cases-data-matching.pdf.

Plan Category Limitations

Existing Marketplace enrollees and their dependents (including newly added household members) who qualify for the most common SEP types, like loss of qualifying coverage, change in primary place of living, or change in household size, will only be able to pick a plan from their current plan category or must wait until the next OE to change to a plan in a different category for the next plan year. For example, someone who's already enrolled in a Bronze plan (and who qualifies for an SEP and wants to change plans) will only view and be able to choose from Bronze category plans.

There are some circumstances that will allow a consumer to change to a different plan category:

- Marketplace enrollees who become newly eligible for cost-sharing reductions (CSRs) and who aren't already enrolled in a Silver plan can change to a Silver plan so they can use their CSRs.
- Marketplace enrollees who become newly ineligible for CSRs and are enrolled in a Silver plan can change to a gold or bronze plan.
- Marketplace enrollees who do not qualify for an SEP but who gain SEP-eligible dependents due to marriage, birth, adoption, foster care, or court order can enroll the new dependent in the existing enrollee's current plan and generally can't change plans at all. However, if a plan's business rules prevent an existing enrollee from adding a newly enrolling household member to their plan, the family can enroll together in a different plan in the same category. If no other plans are available in this category, the family can enroll together in a plan with a category that's one level up or one level down. Alternately, existing enrollees can place the newly added dependent in the dependent's own enrollment group and in any plan in any category for the remainder of the year.
- Gaining access to an Individual Coverage HRA or a QSEHRA.
- SEPs for complex situations, like those due to misrepresentation or plan display error, gaining or maintaining status as a member of a federally recognized tribe or an ANSCA Corporation shareholder, or other rare situations, don't limit consumers' ability to choose a new plan during an SEP window, if they want a different one.

Consumers newly enrolling in Marketplace coverage aren't limited in the plans they can choose to enroll in. However, these consumers may have to submit documents to confirm information about their eligibility for an SEP.

For more information on Marketplace plan categories, visit [HealthCare.gov/choose-a-plan/plans-categories](https://www.healthcare.gov/choose-a-plan/plans-categories). For more information on plan category limitations, visit [HealthCare.gov/coverage-outside-open-enrollment/changing-plans](https://www.healthcare.gov/coverage-outside-open-enrollment/changing-plans).

SEP Eligibility Appeals

If a consumer's request for an SEP is denied, they can file an appeal. If the denial is overturned, they can get coverage back to the date their SEP was denied. To file an appeal, consumers should either:

- Locate their state's appeal form at [HealthCare.gov/marketplace-appeals/appeal-forms](https://www.healthcare.gov/marketplace-appeals/appeal-forms), download it, and fill it out;

or

- Mail their appeal to:

Health Insurance Marketplace^{®ii}
Attn: Appeals
465 Industrial Blvd
London, KY 40750-0062.

When possible, the consumer should include a copy of any EDN or other official notice they received.

Additional Resources

- [SEP Screener \(Spanish\)](#)
- [Special Enrollment Period Overview and Complex Case Scenarios](#)
- [Understanding Special Enrollment Periods](#)
- [HealthCare.gov: Getting Coverage Outside Open Enrollment](#)
- [Report Life Changes When You Have Marketplace Coverage](#)

ⁱ Unless they moved to the U.S. from a foreign country or U.S. territory, are a member of a federally recognized tribe or are an ANCSA Corporation shareholder, or lived for one or more days during the 60 days before their qualifying event or during their most recent enrollment period in a service area where no qualified health plan (QHP) was available through the Marketplace.

ⁱⁱ Health Insurance Marketplace[®] is a registered service mark of the U.S. Department of Health & Human Services.

