CENTERS FOR MEDICARE & MEDICAID SERVICES

Special Enrollment Periods, SEP Verification, and Complex Case Scenarios Webinar

September 2026

This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator assistance personnel in a Federally-facilitated Marketplace. The terms "Federally-facilitated Marketplace" and "FFM," as used in this document, include FFMs where the state performs plan management functions. Some information in this presentation may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This material was produced and disseminated at U.S. tax filer expense.

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Agenda

- Special Enrollment Period (SEP) Basics
  - Qualifying Events Overview
  - Prior Coverage Requirements
  - Coverage Effective Dates
  - SEP Verification
  - Plan Category Limitations
- Recent Updates to SEP Policy
- Qualifying Events and Case Scenarios
- Resources

When Consumers Can Enroll in Qualified Health Plan Coverage

Consumers can enroll in Qualified Health Plans (QHPs):

- During the annual Open Enrollment Period (OEP) which runs from November 1 through January 15.
- During an SEP, if they have a qualifying event.
  - An SEP qualifying event can happen at any time during the year.
  - In most cases, consumers have 60 days from the date of the qualifying event to enroll in coverage.

SEP Qualifying Events

Consumers may qualify for an SEP to enroll in or change plans if they experience a qualifying event in one of the following categories:

1. Loss of qualifying health coverage (also called minimum essential coverage, or MEC)
2. Change in household size
3. Change in primary place of living
4. Change in eligibility for Marketplace coverage or help paying for coverage
5. Enrollment or plan error
6. Exceptional circumstances
7. Other situations

Prior Coverage Requirements

- Some SEPs are available to anyone who is eligible for coverage and experienced a qualifying life event.
  - Example: SEP for consumers who become newly eligible for Marketplace coverage due to the birth or adoption of a child.

Prior Coverage Requirements (Cont.)

- Some SEPs are only available to:
  - Consumers who had prior coverage for one or more days in the 60 days preceding their SEP qualifying event.*
    - Example: Change in primary place of living SEP.

    Note: Moving only for medical treatment or staying somewhere for vacation doesn't qualify for a Move SEP.
  - Consumers who already have Marketplace coverage.
    - Example: SEP for enrollees whose cost-sharing reduction (CSR) eligibility changes.

*Unless 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 Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder, or they 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 a qualified health plan was not available through the Marketplace.

Coverage Effective Dates

SEP Type	Coverage Effective Date
Loss of MEC: **Past** loss of qualifying health coverage	First day of the month after plan selection
Loss of MEC: **Future** loss of qualifying health coverage	First day of the month following the last day of prior coverage
Change in primary place of living	First day of the month following plan selection
Marriage	First day of the month following plan selection
Adoption, foster care placement, or child support or other court order	Retroactive: Date of adoption, foster care placement, or effective date of the court order; or option to request a prospective start date by calling the Marketplace Call Center
Denial of coverage through Medicaid/CHIP*	First day of the month following plan selection, following determination of ineligibility for Medicaid/CHIP; option to request retroactive start date back to the coverage effective date they would have gotten if the Marketplace had originally determined them eligible for Marketplace coverage

***Denial of coverage through Medicaid/CHIP (as opposed to loss of coverage of Medicaid/CHIP) is a qualifying life event only in certain circumstances. See Other Situations starting on slide 46 in this presentation.**

Coverage Effective Dates (Cont.)

SEP Type	Coverage Effective Date
Change in eligibility for Marketplace coverage or help paying for coverage	First day of the month following plan selection
Newly gaining access to a CHOICE Arrangement (formerly known as an Individual Coverage Health Reimbursement Arrangement (ICHRA)) or to a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)	**Plan selection prior to the CHOICE Arrangement or QSEHRA start date:** First of the month following the start date or on the start date if the CHOICE Arrangement or QSEHRA starts on the first of a month **Plan selection after CHOICE Arrangement or QSEHRA start date:** First of the month after plan selection
Enrollment or plan error	First of the month after plan selection. In some situations, the Marketplace may permit retroactivity at option of consumer
Did not receive timely notice of an SEP qualifying event	Retroactive to the earliest coverage effective date that would have been available if they had received timely notice of the event and selected a plan

SEP Verification

- When consumers apply for coverage under an SEP, they may be asked to provide documentation to show that they qualify for the SEP.
- Consumers currently attempting to newly enroll in Marketplace coverage due to loss of qualifying health coverage are required to submit documents to prove SEP eligibility before they can start using their coverage. This is called an SEP Verification (SEPV).
  - However, as enacted in the 2025 Marketplace Integrity and Affordability Rule, **only for PY 2026,** Exchanges on the Federal platform will no longer only be conducting SEPV for loss of MEC SEPs. Exchanges on the Federal platform must conduct pre-enrollment verification of eligibility of applicants for other categories of individual market SEP in addition to SEPV for loss of MEC SEPs.*

*Pursuant to an order of the federal district court for the District of Maryland in City of Columbus v. Kennedy, No. 25-cv-2114-BAH (D. Md.), the implementation of certain provisions of the recently promulgated Marketplace Integrity and Affordability Final Rule have been stayed while the litigation remains pending. As a result of the court's order, some provisions of the final rule will not go into effect, including the imposition of pre-enrollment eligibility verification requirements for all special enrollment periods, except for loss of MEC SEPs, which will continue.

SEP Verification (Cont.)

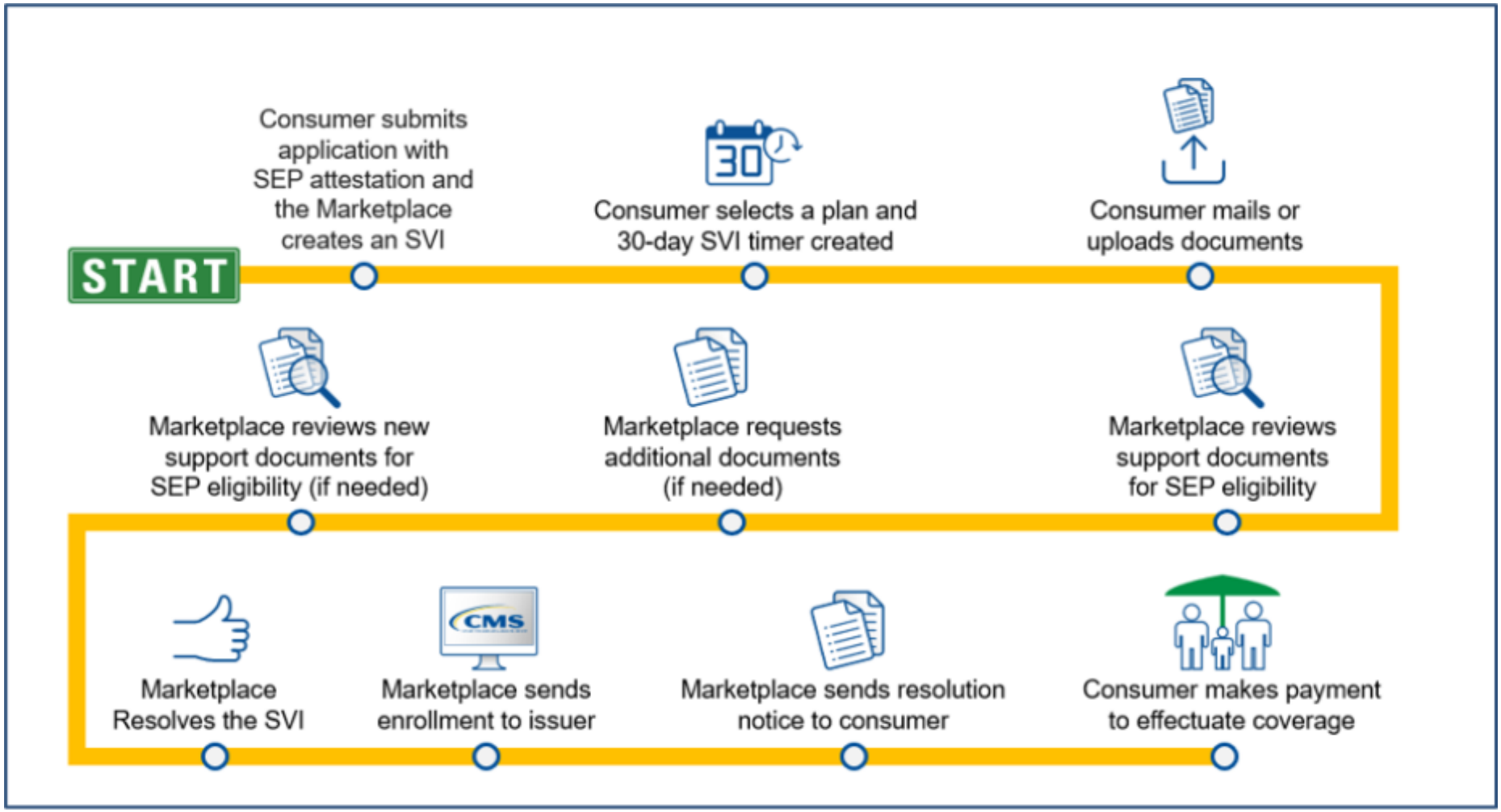
- Under the 2025 Marketplace Integrity and Affordability rule, CMS will, **for PY 2026 only,** require Exchanges on the Federal platform to conduct SEP verification for at least 75 percent of new enrollments through all SEPs for consumers not already enrolled in coverage through the applicable Exchange. If the Exchange is unable to verify the consumer's eligibility for enrollment through the SEP, the consumer will not be eligible for enrollment through the Exchange under that SEP, and any plan selection under that SEP would be canceled.*
- Consumers are notified in their Eligibility Determination Notice (EDN) if they need to send the Marketplace documents that confirm their qualifying event; consumers have 30 days after plan selection to submit documents to resolve their SEP Verification Issue (SVI).
- Assisters should prepare consumers for the possibility that an Exchange on the Federal platform may conduct SEP verification and encourage them to bring any documentation demonstrating their eligibility for the category of SEP in which they are trying to enroll. A list of acceptable documents consumers can submit to prove SEP eligibility is available at the HealthCare.gov SEP page.*

*Pursuant to an order of the federal district court for the District of Maryland in City of Columbus v. Kennedy, No. 25-cv-2114-BAH (D. Md.), the implementation of certain provisions of the recently promulgated Marketplace Integrity and Affordability Final Rule have been stayed while the litigation remains pending. As a result of the court's order, some provisions of the final rule will not go into effect, including the imposition of pre-enrollment eligibility verification requirements for all special enrollment periods, except for loss of MEC SEPs, which will continue.

Key Takeaways on SEP Verification

- As of this date, for Plan Year 2026, Exchanges on the Federal Platform are conducting pre-enrollment SEP verification for loss of MEC SEPs.
- As of this date, for Plan Year 2026, Exchanges on the Federal Platform are not conducting pre-enrollment SEP verification for all other SEPs.
- We will provide updates and guidance to Assisters when further information is available or there are any updates to the ongoing litigation.

Process for Resolving an SVI



Plan Category Limitations

- Most consumers who qualify for an SEP and want to change plans outside of Open Enrollment will be limited to choosing a new plan in a particular plan category.
- For example, someone who qualifies for an SEP and is already enrolled in a Bronze plan and wants to change plans will generally only be able to select a new Bronze category plan until the next OEP, when they may choose a plan in any category.
- However, there are some circumstances that may allow a consumer to change plan categories:
  - Becoming newly eligible for CSRs. If consumers aren't already enrolled in a Silver plan, they can choose a plan in the Silver category to use their CSRs.
  - Becoming newly ineligible for CSRs. Marketplace enrollees who become newly ineligible for CSRs and are enrolled in a Silver plan can change to a gold or bronze plan.

Plan Category Limitations (Cont.)

- However, there are some circumstances that may allow a consumer to change plan categories (continued):
  - Gaining access to a CHOICE Arrangement or a QSEHRA.
  - Gaining SEP-eligible dependents due to marriage, birth, adoption, foster care, or court order if:
    - Their current health plan's business rules do not allow an existing enrollee to add a newly enrolling household member to their existing plan, and
- No other plans in their current plan category are available.
  In this case, consumers can enroll in a plan that is one metal level up or one level down.

Updates to SEP Policy

- As of January 1, 2025, State Exchanges are required to align with the Marketplace SEP regular coverage effective date rules and provide coverage that's effective the first day of the month following plan selection if a consumer enrolls in a QHP during an SEP that has a regular coverage effective date. This change means that consumers in all Exchanges who select a plan after the 15th of the month will have coverage effective the first day of the next month.

Qualifying SEP Events and Case Scenarios

SEP Due to Loss of Qualifying Health Coverage (Slide 1 of 3)

Consumers may qualify for an SEP if they (or anyone in their household who is seeking coverage) lose qualifying health coverage. Examples of qualifying health coverage include:

- Coverage through a job or through another person's job
- Most Medicaid or Children's Health Insurance Program (CHIP) coverage, including CHIP unborn child coverage, pregnancy-related coverage, and medically needy coverage (depending on state rules)

  Note: Consumers losing Medicaid or CHIP have 90 days after their last day of Medicaid or CHIP coverage to report that loss of coverage to the Marketplace.
- Medicare Part A (Hospital Insurance) or Medicare Advantage Plan (Part C) (but Medicare Part B (Medical Insurance) and Medicare drug coverage (Part D) by themselves don't count)

SEP Due to Loss of Qualifying Health Coverage (Slide 2 of 3)

Consumers may qualify for an SEP if they (or anyone in their household who is seeking coverage) lose qualifying health coverage. Examples of qualifying health coverage include (Cont.):

- Some student health plans (check with the school to see if the plan counts as qualifying health coverage)
- Dependent coverage that a consumer has through a parent's plan (and may lose, for example, by exceeding the maximum dependent age allowed)

  Note: Effective June 18, 2023, issuers participating in Exchanges on the Federal platform may not terminate coverage until the end of the plan year for dependent children who have reached age 26 (or the maximum age under State law).
- COBRA continuation coverage

SEP Due to Loss of Qualifying Health Coverage (Slide 3 of 3)

Consumers may also qualify for an SEP due to a loss of qualifying health coverage if they (or anyone in their household who's seeking coverage):

- Have individual or group health plan coverage with a non-calendar year renewal period, including if the coverage ends during the calendar year.
- Have or had COBRA continuation coverage for which an employer is paying all or part of the premiums and their COBRA costs change because a former employer stops contributing.
- Are determined newly eligible for APTC because their job-based plan no longer offers affordable coverage, and they can drop their employer coverage. This applies to family members of an employee whose offer of employer coverage is no longer considered affordable due to the October 2022 change in IRS rules that went into effect on January 1, 2023.
  - For Plan Year 2026, a plan is considered "affordable" if the plan's premiums do not exceed 9.96 percent of the employee's household income.

When Consumers Do Not Qualify for an SEP

Consumers **do not** qualify for the loss of qualifying health coverage SEP if:

- They voluntarily end their prior coverage.
  - Exception: Consumers may qualify if they voluntarily leave their job and, as a result, lose their health coverage, or if they drop their job-based plan because it no longer offers affordable coverage, as discussed on the previous slide.
- Their coverage ends due to nonpayment of premiums.
  - Exception: Consumers may qualify if employer coverage ended because the employer didn't pay premiums.
- The coverage they lost did not qualify as qualifying health coverage. For example, a consumer whose short-term limited duration insurance (STLDI) ended would not qualify.
- They lost coverage more than 60 days ago or more than 90 days ago for consumers losing Medicaid or CHIP coverage.
- They didn't provide required documentation to verify the loss of qualifying health coverage when the Marketplace asked for more information.

Scenario #1: Loss of Employer-sponsored Coverage

- Emma quit her job on April 5 to start her own business.
- Her employer-sponsored coverage (ESC) ended at the end of the month, on April 30.
- Emma qualifies for a loss of qualifying health coverage SEP.

Scenario #1: Knowledge Check #1

What is Emma's qualifying life event date?

A. May 1, the first day of the next month after losing her coverage

B. The date she starts her Marketplace application

C. April 30, the date her ESC ended

D. April 5, the date she left her job

Scenario #1: Knowledge Check #1 Answer

The correct answer is C, April 30, the date Emma's ESC ended.

The qualifying event is the loss of coverage, which is the last day the consumer had coverage under their previous plan.

Scenario #1: Knowledge Check #2

During what time period can Emma report her coverage loss to the Marketplace and select a plan?

A. 60 days before to 60 days after she left her job on April 5

B. 60 days before to 60 days after her coverage ended on April 30

C. 30 days before to 30 days after her coverage ended on April 30

Scenario #1: Knowledge Check #2 Answer

The correct answer is B.

A consumer can report loss of qualifying health coverage up to 60 days before and up to 60 days after losing coverage.

Scenario #1: Knowledge Check #3

When will Emma's Marketplace coverage start if she selects a plan on April 23?

A. May 1

B. April 30

C. April 1

D. The date she picks a plan

Scenario #1: Knowledge Check #3 Answer

The correct answer is A, May 1.

For consumers who are attesting to a future loss of qualifying health coverage, their new Marketplace coverage begins on the first day of the month following the last day of prior coverage.

Scenario #1: Knowledge Check #4

When will Emma's Marketplace coverage start if she selects a plan in May, after her coverage ended on April 30?

A. May 1

B. April 30

C. June 1

D. The date she picks a plan

Scenario #1: Knowledge Check #4 Answer

The correct answer is C, June 1.

For consumers who have already lost coverage, the new coverage is effective the first day of the month after they pick a plan.

Changes in Household Size

A consumer may qualify for an SEP if they (or anyone in their household):

- Got married or got divorced/legally separated and lost coverage
- Had a baby, adopted a child, or placed a child for foster care
- Gained or became a dependent due to a child support or other court order

Prior Coverage Requirement for Marriage SEP

To qualify for an SEP due to a marriage, at least one spouse must have had qualifying health coverage in the 60 days prior to the marriage. This doesn't apply if the spouse:

- Lived in a foreign country or in a U.S. territory for one or more days during the 60 days before the marriage; OR
- Is a member of a federally recognized tribe or an ANCSA Corporation shareholder; OR
- Lived for one or more days during the 60 days preceding the marriage or during their most recent enrollment period in a service area where no Marketplace plans were available.

Scenario #2: Change in Household Size

- Avery and Miguel adopted a baby girl, Lola, on August 10.
- They are enrolled in a Gold plan.
- They reported their change in household size on their Marketplace application on August 17 and are eligible for an SEP to enroll Lola in coverage.
- Their plan's business rules allow an existing enrollee to add a new household member.

Scenario #2: Knowledge Check #1

What are Avery and Miguel's options to enroll Lola in coverage?

A. Add Lola to their Gold plan

B. Enroll Lola in her own plan in any category

C. Enroll together in a new Gold plan

D. A and B

E. A and C

Scenario #2: Knowledge Check #1 Answer

The correct answer is D. Avery and Miguel can add Lola to their Gold plan or enroll Lola in her own plan in any category.

Note: If a plan's business rules prevent an existing Marketplace enrollee from adding a newly enrolling household member to their plan, the household can enroll together in a different plan in the same category. If no other plans are available in this category, the household can enroll together in a plan with a category that's one level up or down.

Scenario #2: Knowledge Check #2

When is Lola's coverage effective date?

A. August 10

B. August 17

C. August 1

D. September 1

Scenario #2: Knowledge Check #2 Answer

The correct answer is A, August 10, retroactive to the date of Lola's adoption.

- Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces that use the Federal Platform (SBM-FPs) automatically establish retroactive effective dates for SEP types related to adding a dependent (i.e., birth, adoption, placement for adoption or foster care, or due to a child support or other court order).
- However, if they prefer, consumers can call the Marketplace Call Center to request a coverage effective date of the first of the month following plan selection.

Change in Primary Place of Living

A consumer may qualify for an SEP if they (or anyone in their household) gained access to new Marketplace plans because of a change in their primary place of living and had qualifying health coverage in the 60 days prior to the move.

The prior coverage requirement doesn't apply if the consumer:

- Lived in a foreign country or in a U.S. territory for one or more days during the 60 days preceding the move; OR
- Is a member of a federally recognized tribe or an ANCSA Corporation shareholder; OR
- Lived for one or more days during the 60 days preceding the move or during their most recent enrollment period in a service area where no Marketplace plans were available.

Change in Primary Place of Living (Cont.)

Examples of qualifying changes include:

- Moving to a new home in a new ZIP code or county where new QHPs are available
- Moving to the U.S. from a foreign country or U.S. territory
- A student moving to or from the place they reside to attend school
- A seasonal worker moving to or from the place they live and work
- Moving to or from a shelter or other transitional housing

Scenario #3: Change in Primary Place of Living

- Charles lives in Orlando, Florida and is enrolled in a Marketplace plan.
- On May 12, he moves to Raleigh, North Carolina to be closer to his family.
- Charles gains access to new Marketplace plans as a result of his move and qualifies for an SEP due to a change in his residence.

Scenario #3: Knowledge Check

What is Charles' qualifying event date?

A. The day he completes a change of address form at the Post Office

B. The day he reserves movers online

C. The day he applies for Marketplace coverage

D. The day he moves to Raleigh, North Carolina

Scenario #3: Knowledge Check Answer

The correct answer is D, the day he moves to Raleigh, North Carolina.

Scenario #3: Assister Tips

- A Move SEP is only available to an individual who applies for coverage within 60 days of a move where the individual's new residential address provides access to different Marketplace plans from those available at the previous residential address. If neither the county nor ZIP code changed, generally no new Marketplace plans would be available.
- Consumers eligible for this SEP must complete a new application in their Marketplace account. They should also end their current Marketplace coverage, either online through their Marketplace account or by calling the Marketplace Call Center. Their termination can become effective the day they request it, or they can schedule it for a future date.
- Moving only for medical treatment or staying somewhere for vacation doesn't qualify consumers for a Move SEP.

Change in Eligibility for Marketplace Coverage or Help Paying for Coverage

A consumer may qualify for an SEP if they (or anyone in their household):

- Are enrolled in Marketplace coverage and report a change that makes the consumer:
  - Newly eligible for help paying for coverage.*
  - Newly ineligible for help paying for coverage.
  - Eligible for a different amount of help paying out-of-pocket costs (i.e., CSRs).
- Become newly eligible for Marketplace coverage after being released from incarceration.
- Become newly eligible for Marketplace coverage because the consumer becomes a citizen, national, or lawfully present individual.
  - Changing from one legally present status to another does not qualify consumers for this SEP.

*Consumers eligible for a maximum APTC of $0 are considered APTC-ineligible for purposes of eligibility for the change in eligibility for Marketplace coverage or help paying for coverage SEP.

Change in Eligibility for Marketplace Coverage or Help Paying for Coverage (Cont.)

A consumer may qualify for an SEP if they (or anyone in their household) (cont.):

- Gain or maintain status as a member of a federally recognized tribe or ANCSA Corporation shareholder.
  - Consumers with this status may change plans once per month, and their dependents may enroll in or change plans with them.
- Become newly eligible for help paying for Marketplace coverage because of a change in income or move to a different state and the consumer was previously:
  - 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).
- Is an AmeriCorps service member starting or ending AmeriCorps service.
- Has newly gained access to a CHOICE Arrangement or is provided a QSEHRA.

Enrollment or Plan Error

Consumers are eligible for an SEP if they:

- Weren't enrolled in a plan or were enrolled in the wrong plan because of:
  - 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, if the Marketplace determines the error is adverse to consumers.
  - A plan display error that resulted in wrong plan data (like plan benefit, service area, cost-sharing or premium information) displayed on HealthCare.gov at the time that they enrolled in the plan, if the Marketplace determines the error is adverse to consumers.
- Can adequately demonstrate that their Marketplace plan violated a material provision of its contract in relation to the enrollee.

Other Situations

150 Percent of the FPL SEP

- Prior to August 25, 2025, APTC- eligible consumers in the Marketplaces on the federal platform with a projected annual household income at or below 150 percent of the FPL were eligible for a monthly SEP to enroll in a qualified health plan (QHP) or change from one QHP to another.
- State-based Marketplaces operating their own platforms (SBMs) had the option to offer this SEP.
- In accordance with the 2025 Marketplace Affordability and Integrity Rule, CMS ended the 150 percent FPL SEP on August 25, 2025 for all Exchanges. This SEP is no longer available from August 25, 2025, through PY 2026 but will become available again for all Exchanges starting with PY 2027 for plans starting on January 1, 2027.

Medicaid/CHIP Denial

A consumer is eligible for an SEP if they were determined ineligible for Medicaid or CHIP in the following circumstances:

- They applied for coverage on the Marketplace during the annual OEP, were assessed by the Marketplace as potentially eligible for Medicaid or CHIP, and were determined ineligible for Medicaid or CHIP by the state Medicaid or CHIP agency after Open Enrollment ended;
- They applied for coverage at the state Medicaid or CHIP agency during the annual OEP and were determined ineligible for Medicaid or CHIP after Open Enrollment ended; or
- They applied for coverage on the Marketplace due to a qualifying event, were assessed by the Marketplace as potentially eligible for Medicaid or CHIP and were determined ineligible for Medicaid or CHIP by the state Medicaid or CHIP agency more than 60 days after the qualifying event.

Knowledge Check

How long after being denied Medicaid or CHIP do consumers have to report in order to be eligible for an SEP?

A. 30 days

B. 45 days

C. 60 days

D. 90 days

Knowledge Check Answer

The correct answer is C, 60 days.

Consumers being denied Medicaid or CHIP have 60 days to report the denial to the Marketplace. In order to be eligible for this SEP, they must have applied for Medicaid or CHIP coverage through HC.gov during OEP, during their available SEP, or through their state during OEP.

Other Circumstances

A consumer (or anyone in their household) is eligible for an SEP if they:

- Are a victim of domestic abuse or spousal abandonment and want to enroll in a QHP separate from their abuser or abandoner; dependents on the same application may enroll in coverage at the same time as the victim.
- Do not receive timely notice of an SEP qualifying event and were otherwise reasonably unaware that the qualifying event occurred.
- Has newly gained access to a CHOICE Arrangement or is provided a QSEHRA.

Other Circumstances (Cont.)

At the option of the Exchange, a consumer (or anyone in their household) is eligible for an SEP if they:

- Submitted documents and resolved their DMI after the Marketplace took action and their coverage ended.
- Have annual household income under 100 percent of the 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.

Scenario #4: Exceptional Circumstances Due to FEMA-declared Emergency or Disaster

- Mary's ESC ended on June 1. Because Mary lost MEC, she qualifies for an SEP and has 60 days from the loss of MEC – through July 31 – to select a QHP.
- However, Mary was unable to complete her Marketplace application and QHP selection by July 31 because a severe tropical storm flooded the ground floor of her home in Mobile County, Alabama on June 21. She stayed with relatives in nearby Clark County for several days until the flood waters receded and then spent the next several weeks cleaning up the damage.
- On July 7, FEMA announced a Major Disaster Declaration related to the storm and flooding with an incident period of June 20-22. FEMA designated several Alabama counties, including Mobile, as eligible to apply for public assistance.

Scenario #5 Exceptional Circumstances Due to FEMA-declared Emergency or Disaster (Cont.)

- Even though her SEP for loss of MEC has expired, Mary is now eligible for an exceptional circumstances SEP and may apply for and select Marketplace coverage through August 21 (60 days from June 22, the end of the FEMA-designated incident period).
- Mary can request a retroactive coverage effective date based on when she would have picked a plan if not for the disaster.

SEP Eligibility Appeals

If a consumer's request for an SEP is denied, they can file an appeal. If the denial is found incorrect, they can get coverage back to the date they would have had, had their SEP not been denied. To file an appeal, consumers should either:

- Complete and submit their state's appeal form online at HealthCare.gov: How to appeal a Marketplace decision, or
- Download the form, fill it out, and mail it to:

  Health Insurance Marketplace®
  Attn: Appeals
  465 Industrial Blvd.
  London, KY 40750-0061

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Resources

- Special Enrollment Periods job aid
- For more information on qualifying events, prior coverage requirements, and coverage effective dates, visit:
  - Understanding Special Enrollment Periods
  - HealthCare.gov: Special Enrollment Periods
  - HealthCare.gov: Send documents to confirm a Special Enrollment Period
- For more information on plan category limitations, visit:
  - HealthCare.gov: How to pick a health insurance plan
  - HealthCare.gov: Changing plans - What you need to know