



Understanding Special Enrollment Periods

A Special Enrollment Period lets you enroll in health coverage or switch plans outside of Open Enrollment, or during Open Enrollment for an earlier coverage start date. You may qualify for a Special Enrollment Period through the Health Insurance Marketplace® based on your income or in these situations:

Change in primary place of living

You (or anyone in your household) had a change in primary place of living and gain access to new Marketplace health plans.

You may qualify for a Special Enrollment Period if you:

Move to:

- A new ZIP code or county
- The U.S. from a foreign country or U.S. territory

Move to or from where you:

- Attend school (if you're a student)
- Both live and work (if you're a seasonal worker)
- Live in a shelter or other transitional housing

Generally, you only qualify for a Special Enrollment Period if you had qualifying health coverage for at least 1 day in the 60 days before your move. But, this **doesn't** apply if:

- You were living in a foreign country or a U.S. territory for at least 1 day in the 60 days before the move.
- You're a member of a federally recognized Tribe or an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder.
- You lived in a service area where you couldn't get qualifying Marketplace health coverage for at least 1 day during the 60 days before your move or during your most recent enrollment period.

Moves that don't count

Moving only for medical treatment or staying somewhere for vacation doesn't qualify for a Special Enrollment Period.

Loss of health insurance

You (or anyone in your household) lost qualifying health coverage. Some examples of qualifying coverage include:

- Coverage through a job, or through another person's job. This also applies if you're now eligible for help paying for Marketplace coverage because your employer stopped offering coverage or the employer coverage you have is no longer considered qualifying coverage, and you're allowed to end this employer coverage.
- Medicaid or Children's Health Insurance Program (CHIP) coverage (including pregnancy-related coverage and medically-needy coverage).
- Medicare Part A (Hospital Insurance) or Medicare Advantage (Part C). **Note:** Medicare Part B (Medical Insurance) and Medicare drug coverage (Part D) **aren't** qualifying coverage.
- Individual health coverage that ended after a decrease in household income made someone newly eligible for savings on a Marketplace plan.
- Individual or group health plan coverage that ended in the middle of the calendar year (not at the end).
- Coverage under your parent's health plan. If you turn 26 and lose coverage, you can qualify for this Special Enrollment Period.

When to report your loss of coverage

You may report a loss of qualifying health coverage up to 60 days before or 60 days after the loss of coverage.

You may report the loss of Medicaid or CHIP if you lost the coverage in the past 90 days.

Change in household size

You (or anyone in your household):

- Got married
- 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

Generally, if you gained or became a dependent due to marriage, one spouse must also have had qualifying health coverage for at least 1 day in the 60 days before the marriage. But, this **doesn't** apply if:

- You were living in a foreign country or a U.S. territory for at least 1 day in the 60 days before the marriage.
- You're a member of a federally recognized Tribe or an Alaska Native Claim Settlement Act (ANCSA) Corporation shareholder.
- You lived in a service area where you couldn't get qualifying Marketplace health coverage for at least 1 day during the 60 days before your move or during your most recent enrollment period.

American Indians & Alaska Natives

You can enroll in a Marketplace plan any time of the year if you're:

- A member of a federally recognized Tribe
- An Alaska Native Claims Settlement Act Corporation shareholder

Change in eligibility for Marketplace coverage or help paying for coverage

You (or anyone in your household):

- Are enrolled in Marketplace coverage and report a change that makes you:
 - Newly eligible for help paying for coverage
 - Newly ineligible for help paying for coverage
 - Eligible for a different amount of help paying for out-of-pocket costs, like copayments
- Become newly eligible for Marketplace coverage because you've become a citizen, national, or lawfully present individual
- Become newly eligible for Marketplace coverage after being released from incarceration (detention, jail, or prison)
- Gain or maintain status as a member of a federally recognized Tribe or an Alaska Native Claim Settlement Act (ANCSA) Corporation shareholder
- Become newly eligible for help paying for Marketplace coverage because you moved to a different state and/or had a change in household income and were previously ineligible for **both** of these:
 - Medicaid coverage because you lived in a state that didn't expand Medicaid
 - Help paying for coverage because your household income was below 100% of the federal poverty level

Enrollment or plan error

You (or anyone in your household):

- Weren't enrolled in a plan or were enrolled in the wrong plan because of:
 - Misinformation, misrepresentation, misconduct, or inaction by someone working in an official capacity to help you enroll (like an insurance company, navigator, certified application counselor, agent, or broker)
 - A technical error or other Marketplace-related enrollment delay
 - Incorrect plan data (like benefit or cost-sharing information) that displayed on [HealthCare.gov](https://www.healthcare.gov) at the time you chose your health plan
- Can prove your Marketplace plan violated a key part of its contract

Other situations

You (or anyone in your household):

- Are eligible for the premium tax credit and have an estimated household income at or below 150% of the federal poverty level.
- Applied through the Marketplace for Medicaid or Children's Health Insurance Program (CHIP) coverage during Open Enrollment, or because of a qualifying life event. Your state Medicaid or CHIP agency later determined after Open Enrollment ended (or more than 60 days after your qualifying event) that you weren't eligible.
- Are a victim of domestic abuse or spousal abandonment and want to enroll yourself and any dependents in a health plan separate from your abuser or abandoner.
- Submitted documents the Marketplace requested to confirm your eligibility, but your coverage had already ended after a failure to confirm your eligibility.
- Have a household income under 100% of the federal poverty level, submitted documents to prove that you have an eligible immigration status, and didn't enroll in coverage while you waited for your documents to be reviewed.
- Are an AmeriCorps service member starting or ending AmeriCorps service.
- Can show you had an exceptional circumstance that kept you from enrolling in coverage, like being incapacitated, a victim of a natural disaster, or impacted by another type of national or local emergency or disaster during Open Enrollment or another Special Enrollment Period qualifying life event.
- Have newly-gained access to an individual coverage Health Reimbursement Account (HRA), or are newly provided a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA).

Medicaid & CHIP eligibility

Visit [HealthCare.gov/glossary/federal-poverty-level-fpl](https://www.healthcare.gov/glossary/federal-poverty-level-fpl) for income numbers used to calculate eligibility for Medicaid and CHIP.

What if I think I qualify for a Special Enrollment Period?

You can apply and enroll in a Marketplace plan on [HealthCare.gov](https://www.healthcare.gov). You'll also find out if you're eligible for free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP) when you apply. You may need to submit documents to confirm you qualify for a Special Enrollment Period.

You can also call the Marketplace Call Center at 1-800-318-2596 to enroll by phone (TTY: 1-855-889-4325). Tell the representative you think you qualify for a Special Enrollment Period. They'll confirm if you do.

When you apply, you must attest that the information you give on the application is true, including the events that qualify you for a Special Enrollment Period.

If you're applying for health coverage in a state running its own Marketplace, your state may have Special Enrollment Periods other than those listed here.

What if the Marketplace needs documents to confirm my Special Enrollment Period?

After you submit your application, you may be asked to submit documents to confirm the events that qualify you for a Special Enrollment Period. You'll get this request with your eligibility results and in a letter you can download or get in the mail.

To enroll in coverage, pick a plan. Then, submit any documents the Marketplace asks for. You have 30 days to send acceptable documents. You can either upload your documents online or mail copies (don't send originals).

Your coverage will start based on when you pick a plan. But you can't use your coverage until your documents confirm you qualify for a Special Enrollment Period, and you pay your first premium to the insurance company—not the Marketplace.

For more information, visit [HealthCare.gov/screener/](https://www.healthcare.gov/screener/).

How can I learn more?

To learn more about coverage through the Marketplace or your benefits and protections, visit **HealthCare.gov** or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

You have the right to get your information in an accessible format, like large print, braille, or audio.

You also have the right to file a complaint if you feel you've been discriminated against.

Visit [CMS.gov/about-cms/web-policies-important-links/accessibility-nondiscrimination-disabilities-notice](https://www.cms.gov/about-cms/web-policies-important-links/accessibility-nondiscrimination-disabilities-notice) or call 1-800-318-2596. TTY users can call 1-855-889-4325.

Health Insurance Marketplace

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