



Understanding Special Enrollment Periods

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

Loss of qualifying health coverage

You (or anyone in your household) lost qualifying health coverage (or “minimum essential coverage”). Some examples of qualifying coverage you lost 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) are **not** qualifying coverage.
- Individual health coverage that ended after a decrease in household income makes 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 of the calendar year).
- Coverage under your parent’s health plan. If you turn 26 and lose coverage, you can qualify for this Special Enrollment Period.

More information

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

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

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

- Was living in a foreign country or a U.S. territory for at least 1 day in the 60 days before the marriage
- Is a member of a federally recognized tribe or an Alaska Native Claim Settlement Act (ANCSA) Corporation shareholder
- Lived for at least 1 day 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

Change in primary place of living

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

Household moves that qualify you for a Special Enrollment Period include:

- 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 you attend school
- Moving to or from the place of your seasonal employment
- Moving to or from a shelter or other transitional housing

Note: 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. You **don't** qualify 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 for at least 1 day in the 60 days before your move or during your most recent enrollment period in a service area where you couldn't get qualifying health coverage through the Marketplace

More information

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

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 you were previously **both** of these:
 - Ineligible for Medicaid coverage because you lived in a state that hadn't expanded Medicaid
 - Ineligible for 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 of 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 at the time that you chose your health plan
- Can prove your Marketplace plan violated a material provision of its contract

Other situations

You (or anyone in your household):

- Are eligible for premium tax credits 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 event. Your state Medicaid or CHIP agency determined you (or anyone in your household) weren't eligible after Open Enrollment ended, or more than 60 days had passed since your qualifying event.
- 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 an Open Enrollment Period or another Special Enrollment Period qualifying 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).

More information

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 the Children's Health Insurance Program (CHIP).

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

Visit [HealthCare.gov/screener](https://www.healthcare.gov/screener) and answer a few questions to find out if you may qualify for a Special Enrollment Period. You'll also find out if you're eligible for coverage through Medicaid or the Children's Health Insurance Program (CHIP) when you apply. We'll tell you if you may qualify and your next steps. If you're enrolling in Marketplace coverage for the first time, 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 users can call 1-855-889-4325). Be sure to tell the representative you think you qualify for a Special Enrollment Period. They'll verify if you do.

Important information: When you apply, you must attest that the information you provide on the application is true, including the facts that qualify you for a Special Enrollment Period.

Note: 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 send documents to confirm the events that qualify you for a Special Enrollment Period. You'll get this request on your eligibility results screen and in a notice you can download or get in the mail.

To enroll in coverage, first pick a plan. Then, before you can start using your coverage, you must either upload your documents online or mail copies (don't send originals). After you pick a plan, you have 30 days to send acceptable documents.

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 make your first premium payment.

For more information, visit [HealthCare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period](https://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period).

You have the right to get Marketplace 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/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

Health Insurance Marketplace

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