

Special Enrollment Periods: When Can Consumers Enroll in Health Insurance Outside of Open Enrollment?



HEALTH CARE FOR ALL

What is a Special Enrollment Period (SEP)?

A Special Enrollment Period (SEP) is a time outside of open enrollment when someone can enroll in or change his/her Qualified Health Plan (QHP) offered through the Marketplace (Health Connector). A SEP starts when someone experiences a “life event” or special circumstance listed below. A person typically has 60 days from the date of a “life event” to enroll in or change health plans (the only exception is if someone is losing coverage or experiencing a change in affordability for their employer coverage, in which case they can enroll in new coverage 60 days prior to the loss or change date). Individuals cannot get a SEP if they lose coverage for not paying premiums, are enrolled in/lose coverage that’s not considered minimum essential coverage, or intentionally committed fraud on their application.

Reminder: Individuals eligible for MassHealth, Health Safety Net and the Children’s Medical Security Plan can enroll any time during the year. Individuals can also buy Health Connector dental plans any time during the year.

Types of Life Events:			Special Circumstances:
<p><i>1. A change in a household size by:</i></p> <ul style="list-style-type: none"> • Marriage • Birth • Adoption, or placing a child for adoption • Placement in foster care • Death, divorce, or legal separation from a spouse 	<p><i>2. A loss of health coverage due to:</i></p> <ul style="list-style-type: none"> • Loss of a job, reduced work hours, or quitting a job • No longer living, working or residing in the service area of his/her health insurance plan • Discontinuation of employer plan • Loss of MassHealth coverage due to change in eligibility • Turning 26 or no longer being considered a dependent • Expiration of COBRA coverage or employer contribution to COBRA • Loss of a student health plan • Loss of coverage due to divorce or legal separation • Expiration of non-calendar year plan • Decertification of employer plan as a type of “qualified health plan” 	<p><i>3. A change in eligibility for coverage or financial help, including:</i></p> <ul style="list-style-type: none"> • A new eligibility determination for ConnectorCare • The start or end of a ConnectorCare premium hardship waiver • Access to new qualified health plans as the result of a permanent move • A change in ConnectorCare Plan Types. • A change in legal status as a “citizen, national, or lawfully present individual.” • An income change or household status that makes a Health Connector enrollee newly qualified or unqualified for advance premium tax credits (APTCs) or cost-sharing reductions (CSRs) (<i>applies to current enrollees only</i>) • A change in employer coverage that makes the coverage no longer “affordable” or “minimum value” • An increase in income, household size, or other change that ends a hardship exemption granted by the Marketplace. • Release from incarceration • Membership of a federally-recognized Native American tribe or an Alaskan Native Claims Settlement Act Corporation Shareholder, either as an adult or dependent 	<p><i>A person will get a SEP if the Marketplace finds that:</i></p> <ul style="list-style-type: none"> • The consumer’s enrollment or failure to enroll was because of an error, misrepresentation, or inaction by the Marketplace or an enrollment assister • A navigator, insurance broker, or certified application counselor (CAC) committed misconduct that resulted in a person either not being enrolled; not being enrolled in the QHP that s/he selected; or not receiving help paying for health insurance that they qualified for • The QHP significantly violated its contract with a consumer • The consumer experienced exceptional circumstances, such as domestic violence, medical emergencies, or other hardships that prevented enrollment • The consumer applied for Medicaid or CHIP during open enrollment but the state didn’t find the person ineligible until after open enrollment • The consumer resolved a verification issue after the Connector terminated coverage, or never enrolled in coverage due to waiting on the Connector to verify immigration status • The consumer received a waiver from the Office of Patient Protection