

Special Enrollment Periods

Can I enroll in a Marketplace health insurance plan outside of Open Enrollment?

Sometimes you experience a big life change that also changes your health coverage needs—like having a child, changing your job, or losing your health coverage. Usually, the annual Open Enrollment Period, which begins on November 1 each year, is the only time you can sign up for a health plan through the Health Insurance Marketplace (e.g., HealthCare.gov).

If your circumstances change during the year, you may qualify for a **Special Enrollment Period (SEP)** that lets you apply for Marketplace coverage or change your existing plan outside of Open Enrollment. You may also qualify for a SEP if something happened during Open Enrollment that prevented you from getting the right coverage.

This fact sheet lists the various events that can qualify you for a SEP.

If you think you may be eligible for a SEP, or if you have any changes to your income, household size, address, or health coverage, you should contact Marketplace customer support to provide this information as soon as possible. Also, report these changes to the Ryan White HIV/AIDS Program (RWHAP), as they may impact the RWHAP services you receive.



Qualifying Life Events

“Qualifying life events” are changes in your life circumstances that can make you eligible for a SEP through Healthcare.gov¹. More than one SEP may apply to your situation. In most cases, you have 60 days after the date of a qualifying life event to enroll in a Marketplace plan or make changes to your existing coverage. Coverage usually begins the first day of the month after you choose your new plan.

Your household changes because:

- You get married
- You have a baby or adopt a child
- You are adopted
- You place a child for adoption or foster care
- You gain a new dependent, or become a dependent of someone else, due to foster care placement or a court order

You lose health coverage because:

- You're no longer eligible for Medicaid or the Children's Health Insurance Plan (CHIP)²
- You lose or quit your job, or your work hours are reduced
- Your COBRA coverage expires
- You are divorced or legally separated
- Someone in your family dies
- You are no longer considered a “dependent”
- You're no longer eligible for coverage on a parent's plan because you turned 26
- You're no longer eligible for a student health plan
- Your health plan is no longer available

You lose or can no longer afford employer-sponsored health coverage because:

- Your employer stopped contributing to your COBRA coverage
- Your employer health plan no longer meets “[affordability](#)” and “[minimum value](#)” standards
- Your household income³ changed

You gain access to new Marketplace plans because of a change in your place of living, such as:

- Moving to a new area within the same city, county, or state
- Moving to a different state
- Moving for seasonal employment
- Moving to or from the state where you live and attend school
- Moving in with your parent(s) or other relative(s) as a dependent (NOTE: You do not need to be a tax dependent)
- Moving to or from a shelter or other transitional housing

Your eligibility for financial help through the Marketplace changes because:

- You become newly eligible or ineligible for Advance Premium Tax Credits (APTCs) due to a change in household size or income
- You become newly eligible for Cost-Sharing Reductions (CSRs), or become eligible for a different CSR level, due to a change in household size or income
- You move out of the “Medicaid coverage gap”
- You gain or maintain status as a member in a federally-recognized Native American tribe or Alaska Native Claims Settlement Act Corporation shareholder
- Your income is at or below 150% FPL and you are eligible for APTCs (through the 2025 plan year)

¹ States with State-Based Marketplaces may have additional qualifying life events not listed in this fact sheet.

² Clients who self-attest to losing Medicaid or CHIP between March 31, 2023 and July 31, 2024 are eligible to enroll in a Marketplace plan any time during that period. Effective January 1, 2024, the SEP for losing Medicaid or CHIP is available 60 days before and 90 days after loss of coverage.

³ Employee's family members maybe be eligible for an SEP if the cost of family coverage exceeds the “affordability” threshold, even if the employee's coverage is still considered “affordable.”

SPECIAL ENROLLMENT PERIODS

You become newly eligible to enroll in the Marketplace because:

- You gain a “[lawfully present](#)” immigration status
- You are released from incarceration

Something kept you from enrolling into the right coverage:

- An exceptional circumstance, such as a serious medical condition or FEMA-declared disaster, prevented you from enrolling
- You experienced domestic abuse, domestic violence, or spousal abandonment, and you now want to enroll in your own health plan separate from your abuser or spouse
- You applied for Medicaid or CHIP during Open Enrollment or a SEP and your state Medicaid or CHIP agency determined that you weren't eligible after the enrollment period ended
- A technical error or other Marketplace-related issue prevented timely enrollment in the plan of your choice (e.g., you were enrolled in the wrong plan; you received incorrect information from the Marketplace, a broker, or an enrollment assister; the Marketplace website had incorrect information about plan benefits, network, or costs)
- The Marketplace terminated your coverage because you missed a deadline to provide additional documents verifying eligibility, but you eventually submit the documents after the deadline has passed and are found eligible

Other situations:

- Your Marketplace plan significantly violated its contract with you. If you think your health plan did not follow the terms of your contract, contact the Marketplace Call Center to see if you are eligible to enroll into a different health plan
- You win a Marketplace appeal because you received an incorrect eligibility determination or an incorrect coverage effective date

You will not get an SEP if:

- You voluntarily canceled other coverage (with some exceptions, such as quitting a job)
- You lost coverage because you did not pay your monthly health insurance premium on time
- You committed insurance fraud on your application

The SEPs listed here apply in states that use Healthcare.gov. States that use their own state-based Marketplace may have additional SEPs available.

Go to www.healthcare.gov/marketplace-in-your-state or check with an enrollment assister or RWHAP case manager to learn more.

Current Marketplace enrollees who qualify for an SEP and want to change plans may be required to choose



a plan in the same metal level as their current plan. For example, if you're already enrolled in a Gold plan, you may be limited to choosing another Gold plan until the next Open Enrollment Period.

Some complex scenarios, like those due to exceptional circumstances or plan display error, don't limit your ability to choose a new plan during an SEP.





The Access, Care, and Engagement (ACE) TA Center aims to help Ryan White HIV/AIDS Program recipients and subrecipients support their clients, especially people of color, to navigate the health care environment through enrollment in health coverage and improved health literacy. For more information, visit: www.targethiv.org/ACE



This resource is/was prepared by JSI Research & Training Institute, Inc., and supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30143: Building Ryan White HIV/AIDS Program Recipient Capacity to Engage People Living with HIV in Health Care Access. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.