

Loss of other qualifying health coverage

Qualifying Life Event	Requirement of prior coverage	Timing	Coverage effective dates	Plan selection limitations (for current enrollees)	Notes
Loss of Minimum Essential Coverage (MEC) <i>Qualified individual, enrollee, or a dependent:</i> <ul style="list-style-type: none"> • Loses employer coverage due to, for example: <ul style="list-style-type: none"> - Loss of a job - Voluntarily quitting a job - Reduction in work hours that causes loss of eligibility for employer plan - Discontinuation of employer plan • COBRA coverage expires • Non-group plan is canceled • Loses eligibility for student health plan that is MEC • Loses coverage due to a divorce or legal separation • Loses coverage because no longer a dependent • Loses eligibility for coverage under a parent's plan • Loses coverage due to a death of another person in the family • Current QHP is decertified • No longer living, working, or residing in the area of the plan • Must pay full cost of COBRA coverage due to termination of employer contributions to COBRA coverage <p>"Loss of MEC" does not include voluntarily dropping coverage or termination by insurer due to the enrollee's nonpayment of premiums</p>	Yes Losing coverage in next 60 days or lost coverage in past 60 days	Up to 60 days before & after loss of coverage	1st day of the month following loss of previous coverage or 1st day of month following plan selection	Yes Same metal level as current plan If dependent uses SEP: <ul style="list-style-type: none"> • Add to current plan • Enroll in separate plan at any metal level 	SEP generally granted by: Marketplace Application
Loss of eligibility for Medicaid or the Children's Health Insurance Program (CHIP) <i>Qualified individual, enrollee, or a dependent:</i> <ul style="list-style-type: none"> • Loses eligibility for Medicaid or CHIP 	Yes Losing coverage in next 60 days or lost coverage in past 90 days	Up to 90 days before & 60 days after loss of coverage	1st day of the month following loss of previous coverage or 1st day of month following plan selection	Yes Same metal level as current plan If dependent uses SEP: <ul style="list-style-type: none"> • Add to current plan • Enroll in separate plan at any metal level 	SEP generally granted by: Marketplace Application
Loss of pregnancy-related coverage <i>Qualified individual or a dependent:</i> <ul style="list-style-type: none"> • Loses coverage for pregnancy-related services provided through Medicaid • Loses coverage for pregnancy-related services provided through CHIP "unborn child" option <p>SEP applies regardless of whether the pregnancy-related coverage qualifies as MEC</p>	Yes Losing coverage in next 60 days or lost coverage in past 60 days	Up to 60 days before & after loss of coverage	1st day of month following loss of previous coverage or 1st day of month following plan selection	Yes Same metal level as current plan If dependent uses SEP: <ul style="list-style-type: none"> • Add to current plan • Enroll in separate plan at any metal level 	SEP generally granted by: Marketplace Application
Loss of Medicaid for the medically needy <i>Qualified individual or a dependent:</i> <ul style="list-style-type: none"> • Loses Medicaid coverage for the medically needy (may be referred to as Medicaid with a "spenddown" or "share of cost Medicaid") • Loses coverage until a new spenddown amount is met, if enrolled in medically needy coverage with a spenddown <p>SEP applies regardless of whether the medically needy coverage qualifies as MEC</p>	Yes Losing coverage in next 60 days or lost coverage in past 60 days	Up to 60 days before & after loss of coverage	1st day of month following loss of previous coverage or 1st day of month following plan selection	Yes Same metal level as current plan If dependent uses SEP: <ul style="list-style-type: none"> • Add to current plan • Enroll in separate plan at any metal level 	SEP generally granted by: Marketplace Application
End of non-calendar year plan <i>Enrollee or a dependent:</i> <ul style="list-style-type: none"> • Enrolled in a plan in the individual (nongroup) or group market that comes to the end of the plan year in a month other than December <p>SEP applies even if there is an option to renew the non-calendar year plan</p>	Yes Enrolled in non-calendar year plan that is ending its plan year, even if they have the option to renew	Up to 60 days before & after last day of the plan year	1st day of month following loss of previous coverage or 1st day of month following last day of plan's non-calendar year	If a dependent: <ul style="list-style-type: none"> • Add to current plan • Enroll in separate plan at any metal level 	SEP generally granted by: Marketplace Application

Change in household size

Qualifying Life Event	Requirement of prior coverage	Timing	Coverage effective dates	Plan selection limitations (for current enrollees)	Notes
Marriage <i>Qualified individual or enrollee:</i> <ul style="list-style-type: none"> Gets married 	Yes At least one spouse: Enrolled in MEC at least 1 day in 60 days before marriage or <ul style="list-style-type: none"> Lived abroad at least 1 day in 60 days before marriage Is an American Indian or Alaska Native (AI/AN) Lived in a service area with no QHPs sold in marketplace during most recent available enrollment period or during prior 60 days 	Up to 60 days after marriage	1st day of month following plan selection	Yes Add spouse to current plan or enroll spouse in separate plan at any metal level	SEP generally granted by: Marketplace Application
Birth, adoption, placement for adoption or foster care, or court order <i>Qualified individual or enrollee:</i> <ul style="list-style-type: none"> Has a baby (including parents not physically giving birth) Adopts a child, or are adopted Gains or becomes a dependent through placement for foster care Gains or becomes a dependent through a child support order or other court order 	No	Up to 60 days after birth, adoption, placement, or court order	Date of birth, adoption or placement, or effective date of court order or 1st day of month following plan selection Retroactive date is default: Call Marketplace Call Center to request a different option	Yes Add new dependent to current plan or enroll new dependent in separate plan at any metal level	SEP generally granted by: Marketplace Application

Change in primary place of living

Qualifying Life Event	Requirement of prior coverage	Timing	Coverage effective dates	Plan selection limitations (for current enrollees)	Notes
Permanent move <i>Qualified individual, enrollee, or a dependent:</i> <ul style="list-style-type: none"> Gain access to new QHPs as a result of a permanent move <ul style="list-style-type: none"> Moving within the same city, county, or state, as long as there is a different set of QHPs available Moving to another state A child or other dependent moving to parent's home A student moving to or from where they attend school Moving for seasonal employment, but maintaining another home elsewhere (such as a seasonal farmworker) Moving to or from a shelter or other transitional housing Move permanently to the U.S. after living outside the country or in a U.S. territory <p>A short-term or temporary move for medical treatment or vacation is not considered a permanent move.</p>	Yes Enrolled in MEC at least 1 day in 60 days before move or <ul style="list-style-type: none"> Moving from abroad An AI/AN Lived in a service area with no QHPs sold in Marketplace during most recent available enrollment period or during prior 60 days 	Up to 60 days after move	1st day of month following plan selection	Yes Same metal level as current plan If a dependent: <ul style="list-style-type: none"> Add to current plan Enroll in separate plan at any metal level 	SEP generally granted by: Marketplace Application Timing can also be available up to 60 days before move, but this is not currently available within the FFM; SEP is available up to 60 days after move only. Coverage effective date can also be available 1st day of the month following the move, but this is not currently available within the FFM; effective date is only possible 1st day of month following plan selection.

Low-income

Qualifying Life Event	Requirement of prior coverage	Timing	Coverage effective dates	Plan selection limitations (for current enrollees)	Notes
Income at or below 150% FPL and eligible for APTC: <i>Qualified individual or enrollee:</i> <ul style="list-style-type: none"> Eligible for APTC based on the normal eligibility rules Annual income up to 150% FPL <p>Allows uninsured people to enroll. Current enrollees can use SEP to switch plans during the year.</p>	No	Available in any month during the year	1st day of month following plan selection	Yes Change to silver plan if not already enrolled in one or switch to a different silver plan If dependent uses SEP: <ul style="list-style-type: none"> Add to current plan Enroll in separate plan at any metal level Enroll in new silver plan with enrollee 	SEP generally granted by: Marketplace Application or Marketplace Call Center Originally only available through the 2025 plan year but now available as a permanent SEP in the FFM and optionally within SBMs. Automatic SEP based on eligibility

Change in eligibility for financial help

Qualifying Life Event	Requirement of prior coverage	Timing	Coverage effective dates	Plan selection limitations (for current enrollees)	Notes
Newly eligible or ineligible for Advance Premium Tax Credit (APTC) <i>Enrollee or a dependent enrolled in same plan:</i> <ul style="list-style-type: none"> Experiences a change in income or household size that makes household newly eligible or ineligible for APTC <p>Losing APTC due to FTR and then filing taxes to get APTC back does not qualify for an SEP</p>	Yes Currently enrolled in marketplace coverage	Up to 60 days after eligibility determination	1st day of month following plan selection	Yes Same metal level as current plan	SEP generally granted by: Marketplace Application Automatic SEP based on eligibility
Newly eligible for APTC <i>Qualified individual or a dependent:</i> <ul style="list-style-type: none"> Experiences a decrease in income and are newly determined eligible for APTC 	Yes Enrolled in MEC at least 1 day in 60 days before date of financial change	Up to 60 days after financial change	1st day of month following plan selection	Yes Same metal level as current plan If dependent uses SEP: <ul style="list-style-type: none"> Add to current plan Enroll in separate plan at any metal level 	SEP generally granted by: Marketplace Application
Change in Cost-Sharing Reduction (CSR) Eligibility <i>Enrollee or a dependent enrolled in same plan:</i> <ul style="list-style-type: none"> Experiences a change in income or household size that changes coverage eligibility for CSRs <p>Change in eligibility includes moving between CSR levels and losing or gaining eligibility for CSRs.</p>	Yes Currently enrolled in marketplace	Up to 60 days after eligibility determination	1st day of month following plan selection	Yes Same metal level as current plan or change to silver plan if not already enrolled in one	SEP generally granted by: Marketplace Application Automatic SEP based on eligibility

Current employer plan no longer considered qualifying employer coverage

Qualified individual or a dependent enrolled in employer plan:

- Becomes newly eligible for APTC due to a change in employer-sponsored plan resulting in the plan no longer being considered qualifying coverage. Examples include:
 - Employer plan benefits or cost-sharing protections are scaled back, causing the plan to no longer meet the "minimum value (MV)" standard
 - Termination of employer contributions to health coverage
 - Cost of employee coverage is no longer considered affordable
 - Employee's family members are newly eligible for APTC because of the change in the affordability test for family coverage ("family glitch fix")

Need to terminate employer coverage prior to effective date of new plan.

Yes

Enrolled in affected employer plan and may terminate the employer plan once it's no longer affordable or no longer meets MV standard

Up to 60 days before & after change to coverage

1st day of month following loss of previous coverage or 1st day of month following plan selection

N/A

SEP generally granted by: Marketplace Application

This is determined by the answer to the question about whether applicant has lost coverage

Moving out of the Medicaid coverage gap

Qualified individual:

- Was previously ineligible for Medicaid in a state that did not expand Medicaid and was ineligible for APTC solely because household income was below 100% of the poverty line. And either:
 - Experiences an increase in income or a change in household size that brings household income to a level above 100% FPL, making them newly eligible for APTC, or
 - Moves to a new state (including a state that has expanded Medicaid) and becomes newly eligible for APTC

SEP applies even if the individual did not previously apply for Marketplace coverage or Medicaid - No specific documentation is required

No

Up to 60 days after a change in income or move to a new state

1st day of month following plan selection

Yes

Same metal level as current plan

SEP generally granted by: CMS Caseworker

Timing can also be available up to 60 days before move, but this is not currently available within the FFM; SEP is available up to 60 days after change in income or move to a new state.

Coverage effective date can also be available 1st day of the month following the move, but this is not currently available within the FFM; effective date is only possible 1st day of month following plan selection.

Newly gaining eligible immigration status

Qualified individual or a dependent:

- Becomes newly eligible for Marketplace coverage as a result of gaining a lawfully present immigration status

SEP does not apply if the individual already had an eligible immigration status. For more information, see [Immigration statuses to qualify for the Marketplace](#).

No

Up to 60 days after gaining status

1st day of month following plan selection

If dependent uses SEP:

- Add to current plan
- Enroll in separate plan at any metal level

SEP generally granted by: Marketplace Application

American Indian or Alaska native (AI/AN)

Qualified individual or enrollee:

- Is or becomes a member of a federally-recognized Native American tribe or an Alaska Native Claims Settlement Act Corporation Shareholder

A dependent:

- Is or becomes a dependent of someone who is an AI/AN and is enrolled or enrolling in same QHP as AI/AN

No

May enroll in or change QHPs one time per month

1st day of month following plan selection

No

SEP generally granted by: Marketplace Application

Released from incarceration*Qualified individual or a dependent:*

- Becomes newly eligible for Marketplace coverage as a result of being released from incarceration (detention, jail, or prison)

For more information, see

[Health coverage for incarcerated people.](#)

No

Up to 60 days
after
release1st day of month
following plan
selectionIf dependent uses SEP:

- Add to current plan
- Enroll in separate plan at any metal level

SEP generally granted by:
Marketplace Application

Timing can also be available up to 60 days before release, but this is not currently available within the FFM; SEP is available up to 60 days after release.

Coverage effective date can also be available 1st day of the month following release, but this is not currently available within the FFM; effective date is only possible 1st day of month following plan selection.

Being determined ineligible for Medicaid

Qualifying Life Event

Requirement of
prior coverage

Timing

Coverage effective
datesPlan selection
limitations (for
current enrollees)

Notes

Being determined ineligible for Medicaid or CHIP*Qualified individual or a dependent:*

- Applied for Medicaid or CHIP coverage during open enrollment (or during an SEP) and the state Medicaid agency determined the individual or his or her dependent ineligible for Medicaid or CHIP after the enrollment period ended

SEP applies regardless of whether the individual applied directly through state Medicaid agency or applied through Marketplace and information was transferred to state Medicaid agency - However, it does not apply to individuals who applied directly to their state's Medicaid agency outside of open enrollment

No

Up to 60 days
after
being determined
ineligible for
Medicaid or CHIPEffective date
appropriate to
circumstancesIf dependent uses SEP:

- Add to current plan
- Enroll in separate plan at any metal level

SEP generally granted by:
Marketplace Application**Resolving data-matching issues**

Qualifying Life Event

Requirement of
prior coverage

Timing

Coverage effective
datesPlan selection
limitations (for
current enrollees)

Notes

Resolving a data-matching issue (DMI)*Qualified individual:*

- Resolve a DMI after initial inconsistency period ended and the marketplace terminated coverage
- Have income under 100% FPL and did not enroll in coverage while waiting for the marketplace to verify citizenship status and APTC eligibility

No

Up to 60 days
after
DMI is resolvedEffective date
appropriate to
circumstances

N/A

SEP generally granted by:
Marketplace Call Center

Enrollment or plan error

Qualifying Life Event	Requirement of prior coverage	Timing	Coverage effective dates	Plan selection limitations (for current enrollees)	Notes
Error / Misrepresentation / Inaction / Misconduct <i>Qualified individual, enrollee, or a dependent:</i> <ul style="list-style-type: none"> Was not enrolled in a plan, enrolled in the wrong plan, or did not receive APTC or CSRs for which they were eligible due to the error, misrepresentation, misconduct or inaction by the marketplace or HHS, its instrumentalities, or other entities providing enrollment assistance (e.g. assisters, navigators, insurers, brokers, Call Center reps) Experienced a technical error when applying for coverage that either: <ul style="list-style-type: none"> Prevented enrollment in a plan, or Prevented insurer from receiving enrollment information 	No	Up to 60 days after determination of eligibility for SEP	Effective date appropriate to circumstances	No	SEP generally granted by: Marketplace Call Center or CMS Caseworker
Plan or benefit display error <i>Qualified individual, enrollee, or a dependent:</i> <ul style="list-style-type: none"> Experienced an error related to plan benefits, service area, or premium displayed on a marketplace website at the time of plan selection which influenced the decision to select (or not select) a QHP 	No	Up to 60 days after determination of eligibility for SEP	Effective date appropriate to circumstances	No	SEP generally granted by: Marketplace Call Center
Health plan violation <i>Enrollee or a dependent:</i> <ul style="list-style-type: none"> Demonstrates to the marketplace that QHP substantially violated a material provision of its contract 	Yes Currently enrolled in marketplace coverage	Up to 60 days after determination of eligibility for SEP	Effective date appropriate to circumstances	Yes Same metal level as current plan If dependent uses SEP: <ul style="list-style-type: none"> Add to current plan Enroll in separate plan at any metal level 	SEP generally granted by: CMS Caseworker

Other circumstances

Qualifying Life Event	Requirement of prior coverage	Timing	Coverage effective dates	Plan selection limitations (for current enrollees)	Notes
Survivors of domestic violence, abuse or spousal abandonment <i>Qualified individual or enrollee:</i> <ul style="list-style-type: none"> Experiences domestic abuse or violence and wants to enroll in health plan separate from abuser (who could be an intimate partner, a parent, or another relative) Experiences spousal abandonment and wants to enroll in a health plan separate from spouse 	Yes Currently enrolled in MEC	Up to 60 days after requesting SEP	1st day of month following plan selection	No	SEP generally granted by: Marketplace Call Center or CMS Caseworker
Gaining eligibility for a health reimbursement arrangement (HRA) <i>Qualified individual, enrollee, or a dependent:</i> <ul style="list-style-type: none"> Newly gains access to an individual coverage HRA (ICHRA), or qualified small employer HRA (QSEHRA) 	No	<p>If given notice 90 days before HRA coverage can take effect: up to 60 days before start date of HRA or</p> <p>If notice was not sent 90 days before start date: up to 60 days before & after start date of HRA</p>	<p>On the date the HRA can take effect (or 1st day of month following start date if HRA takes effect on date other than 1st day of the month) or</p> <p>If the plan is selected on or after the date the HRA start date: 1st day of month following plan selection</p>	No	SEP generally granted by: CMS Caseworker

Exceptional circumstances <i>Qualified individual, enrollee, or a dependent:</i> <ul style="list-style-type: none"> • Demonstrates to the marketplace exceptional circumstances prevented enrollment during open enrollment or SEP, such as: <ul style="list-style-type: none"> - A serious medical condition (e.g. unexpected hospitalization or temporary cognitive disability) • Wins a marketplace appeal that an incorrect eligibility determination or incorrect coverage effective date was received at the time of application • Starts or ends AmeriCorps service 	No	Up to 60 days after determination of eligibility for SEP	Effective date appropriate to circumstances	No	SEP generally granted by: Marketplace Call Center or CMS Caseworker
Emergency and major disaster declarations by the Federal Emergency Management Agency (FEMA) <i>Qualified individual, enrollee, or a dependent:</i> <ul style="list-style-type: none"> • Resides in a FEMA-declared disaster or emergency area; • Qualified to enroll through an open or special enrollment period during the FEMA incident period; and • Did not enroll due to impacts from the FEMA-declared disaster 	Depends on the requirements of the qualifying SEP <ul style="list-style-type: none"> • No coverage requirement if this SEP is used in conjunction with open enrollment 	Up to 60 days after end of FEMA-designated incident period	1st day of month following plan selection; or At the option of the enrollee: An earlier effective date that would have been applied if the person had selected a plan during their initial enrollment opportunity	No	SEP generally granted by: Marketplace Application if qualifying SEP is due to loss of MEC; or CMS Caseworker or Marketplace Call Center for any other qualifying SEP
Not currently available in the FFM					
Qualifying Life Event	Requirement of prior coverage	Timing	Coverage effective dates	Plan selection limitations (for current enrollees)	Notes
Death <ul style="list-style-type: none"> • Enrollee or a dependent dies If the enrollee dies, this triggers an SEP for the enrollee's dependants	Yes Currently enrolled in marketplace coverage	Up to 60 days after death	1st day of month following plan selection	N/A	SEP generally granted by: N/A
Divorce or legal separation Enrollee: <ul style="list-style-type: none"> • Gets divorced or legally separated • Loses a dependent due to divorce or legal separation • Loses a dependent through a child support order or other court order 	Yes Currently enrolled in marketplace coverage	Up to 60 days after divorce or legal separation	Check with SBM	N/A	SEP generally granted by: N/A