



Special enrollment periods

Special enrollment periods are 60-day windows when consumers can shop and enroll outside open enrollment. These periods are triggered by a **qualifying life event**, which is a major life change.

Qualifying life event	Details
<p>Unwinding/Loss of Oregon Health Plan (OHP, Medicaid/CHIP)</p> <ul style="list-style-type: none"> Loses Oregon Health Plan benefits any time between March 31, 2023 and July 31, 2024 Gives time for people who lose coverage during the “unwinding” of the Medicaid continuous coverage requirement to enroll in a Marketplace plan 	<p>Must attest to losing OHP between March 31, 2023 and July 31, 2024.</p> <ul style="list-style-type: none"> Submitting documentation to prove loss of OHP is not required <p>Can apply up to 60 days before last day of OHP benefits or any time between March 31, 2023 and July 31, 2024.</p> <ul style="list-style-type: none"> Must select a plan within 60 days of submitting a new application or updating an existing one <p>Coverage will start the first of the month following enrollment.</p>
<p>Involuntary loss of minimum essential coverage, such as:</p> <ul style="list-style-type: none"> Losing employer coverage (quit job, laid off, or reduced hours) Losing eligibility for the Oregon Health Plan Other private insurance is canceled COBRA coverage expires Losing eligibility for student health plan Losing eligibility for coverage under parent/guardian’s plan Death of policyholder No longer residing in the area of the plan Employer sponsorship of COBRA ends 	<p>Must have:</p> <ul style="list-style-type: none"> Lost coverage in the past 60 days, or Be losing coverage in the next 60 days <p>Coverage will start:</p> <ul style="list-style-type: none"> First of the month following the date coverage ends, if enrolled before coverage ends First of the month following enrollment if not enrolled before coverage ends <p>Current enrollees can change plans within the same metal tier.</p> <p>Enrollees can enroll a dependent in the same or a different plan only if the SEP is triggered by a dependent.</p>
<p>Marriage</p>	<p>To qualify, at least one spouse:</p> <ul style="list-style-type: none"> Was enrolled in minimal essential coverage for at least one day in the 60 days before marriage, or Lived abroad at least one day in the 60 days before marriage, or

- Is an Alaska Native or American Indian

Consumers can enroll up to 60 days after the date of marriage.

Coverage will start on the first of the month following the enrollment.

Current enrollees can add a spouse to their existing plan or enroll the spouse in a separate plan.

Gain a dependent, such as:

- Birth
- Adoption
- Placement of a child for adoption or foster care
- Gains or becomes a dependent through child support order or court order

Enrollees are not required to have prior coverage.

Consumers can enroll up to 60 days after the date of birth, adoption, placement, or court order.

Coverage will start:

- On date of birth, adoption, placement, or effective date of court order (default), or
- First day of the month following the enrollment, or
- Regular plan effective date

Current enrollees can add the dependent to their current plan or enroll them in a separate plan.

Permanent move, if gaining new plan options through the Marketplace as a result of the move.

- Moving within the same city, county, or state, as long as plan options change
- Moving to Oregon from another state or country
- Dependent moving back to parent/guardian's home
- Student returning from where they are attending school
- Moving for seasonal farm work, but maintaining residence elsewhere
- Moving to or from a shelter or other transitional housing

To qualify:

- Was enrolled in minimal essential coverage for at least one day in the 60 days before marriage, or
- Moving from abroad, or
- Lived in an area where no plans were sold through the Marketplace during most recent open enrollment period or during prior 60 days, or
- Is an Alaska Native or American Indian

Consumers can enroll up to 60 days after the date of the move.

Coverage will begin the first of the following month if enrollment is complete by the 15th of the month.

Current enrollees can change plans within the same metal tier.

Change in eligibility for premium tax credits due to change in household income or household size

- Newly eligible, or
- No longer eligible

Enrollees can enroll a dependent in the same or a different plan only if the SEP is triggered by a dependent.

Enrollee must be currently enrolled through the Marketplace.

Consumers can change plans within the same metal tier up to 60 days following eligibility determination.

Coverage will begin the first of the following month if enrollment is complete by the 15th of the month.

Change in cost-sharing reduction (CSR) eligibility due to change in household income or household size

- Newly eligible, or
- Change in CSR level, or
- No longer eligible

Enrollee must be currently enrolled through the Marketplace.

Consumers can change plans up to 60 days following eligibility determination.

Consumer can:

- Change to a Silver plan if newly eligible for CSR
- Change plans within the same metal tier as current plan

Coverage will begin the first of the following month if enrollment is complete by the 15th of the month.

Newly gaining qualifying immigration status if did not previously have eligible immigration status

Enrollee did not have to have been previously enrolled in coverage.

Consumers can enroll up to 60 days following date of eligible status.

Coverage will begin the first of the following month if enrollment is complete by the 15th of the month.

Enrollees can enroll a dependent in the same or a different plan only if the SEP is triggered by a dependent.

American Indian or Alaska Native

- Enrollee is a member of a federally recognized tribe, band, or pueblo, or an Alaska Native Claims Settlement Act Corporation Shareholder
- A dependent is or becomes a dependent of someone who is an

Enrollee did not have to have been previously enrolled in coverage.

Consumers may enroll in or change plans one time per month.

Coverage will begin the first of the following month if enrollment is complete by the 15th of the month.

Dependents may enroll only in the same plan as the enrollee.

enrolled tribal member or Alaska Native

Release from incarceration (detention, jail, or prison)

The Marketplace will not consider a person incarcerated if the person:

- Has not been convicted of a crime,
- Has been convicted of a crime, but is not currently sentenced to confinement in an institution, or
- Has been convicted of a crime and is sentenced to a partial, limited, or alternative form of confinement, but no government entity is required to provide the person with medical care.

Examples of not being incarcerated include:

- Living in the community after a sentence has been served
- On probation or parole
- Any of the following if no county, city, state, or federal government is required to pay for or provide for the person's medical care:
 - Serving a sentence but allowed work release
 - Under house arrest or home confinement
 - Residing in a halfway house or other similar type of residential community supervision as a result of a conviction

Enrollee did not have to previously been enrolled in coverage.

Consumers can enroll up to 60 days following date of release.

Coverage will begin the first of the following month if enrollment is complete by the 15th of the month.

Enrollees can enroll a dependent in the same or a different plan only if the SEP is triggered by a dependent.

Receiving a denial for full Oregon Health Plan benefits if the applicant applied during open enrollment or a special enrollment period and did not receive the denial until after the enrollment period ended.

- SEP can be triggered, regardless of whether the consumer applied directly through the Oregon

Enrollee did not have to have been previously enrolled in coverage.

Consumers can enroll up to 60 days following date of being determined ineligible for full OHP.

Coverage will begin on the date corresponding with the enrollment period.

Enrollees can enroll a dependent in the same or a different plan only if the SEP is triggered by a dependent.

Health Plan or through HealthCare.gov.

- Does not apply for consumers who applied directly through the Oregon Health Plan outside an enrollment period.

Resolving a data matching issue

- If the data matching issue (DMI) is resolved after the inconsistency period and coverage was terminated.
- Less than 100% FPL and did not enroll while waiting for DMI to verify immigration status and advance premium tax credits eligibility.

Enrollee did not have to have been previously enrolled in coverage.

Consumers can enroll up to 60 days following date of being determined ineligible for full OHP. Coverage will begin on the date corresponding with the enrollment period.

Enrollee must contact the HealthCare.gov contact center to access SEP.

Enrollment or plan error

- Was not enrolled in a plan, enrolled in the wrong plan, or did not receive financial assistance the enrollee was eligible for due to error, misrepresentation, or misconduct by a Marketplace staff member, or someone providing enrollment assistance.
- A technical error prevented enrollment in a plan or prevented the insurance carrier from receiving enrollment information.
- Error in plan information, including benefits, service area, or premium information, which influenced enrollee choice.

Enrollee did not have to have been previously enrolled in coverage.

Consumers can enroll up to 60 days following eligibility determination.

Coverage will begin on the date corresponding with the enrollment period.

Enrollee must contact the HealthCare.gov contact center to access SEP.

Health plan violation

- Enrollee can provide evidence that a plan substantially violated a provision of its contract.

Enrollee must be currently enrolled through the Marketplace.

Consumers can change plans up to 60 days following eligibility determination.

Consumer can:

- Change plans within the same metal tier as current plan

	<p>Enrollees can enroll a dependent in the same or a different plan only if the SEP is triggered by a dependent.</p> <p>Coverage will begin on the date corresponding with the enrollment period.</p> <p>Enrollee must contact the HealthCare.gov contact center to access SEP.</p>
<p>Survivor of domestic violence, abuse, or spousal abandonment</p> <ul style="list-style-type: none"> • Enrollee wishes to enroll in a plan separate from abuser after experiencing domestic violence or abuse. Abuser may be intimate partner, a parent, or another relative. • Enrollee wishes to enroll in a plan separate from spouse due to spousal abandonment. 	<p>To qualify, the enrollee must currently be enrolled in minimum essential coverage.</p> <p>Consumers can enroll up to 60 days after requesting SEP.</p> <p>Coverage will begin the first of the following month if enrollment is complete by the 15th of the month.</p> <p>Enrollee must contact the HealthCare.gov contact center and request a “special enrollment period due to special circumstances of domestic violence or spousal abandonment.”</p>
<p>Gained eligibility for a Health Reimbursement Arrangement (HRA), either an individual coverage HRA (ICHRA) or a qualified small employer HRA (QSEHRA)</p>	<p>Enrollee did not have to have been previously enrolled in coverage.</p> <p>Consumers can enroll up to 60 days before the date the HRA coverage can take effect if the person was given notice 90 days before the HRA took effect. If notice was not sent 90 days before the HRA start date, up to 60 days before or after the date the HRA coverage can take effect.</p> <p>If enrollment is completed before the HRA takes effect, coverage will begin on the date that the HRA can take effect or the first of the month following the date the HRA can take effect (if during the middle of the month). If enrollment is completed after the HRA can take effect, coverage will begin on the first of the month following the enrollment.</p> <p>Enrollee must contact the HealthCare.gov contact center to access SEP.</p>
<p>Exceptional circumstances</p> <ul style="list-style-type: none"> • An emergency or major disaster declared by the Federal Emergency Management Agency (FEMA) or a serious medical condition (such as an unexpected hospitalization or 	<p>Enrollee did not have to have been previously enrolled in coverage.</p> <p>Consumers can enroll up to 60 days following eligibility determination.</p> <p>Coverage will begin on the date corresponding with the enrollment period.</p>

temporary cognitive disability)
prevented enrollment during
open enrollment or a SEP.

- Enrollee wins a Marketplace appeal regarding eligibility determination or coverage date at the time of the application.
- Starts or ends AmeriCorps service.

Enrollee must contact the HealthCare.gov contact center to access SEP.