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LOSS OF QUALIFYING HEALTH COVERAGE

SEP Description	Prior Coverage Required	On FFM	Off FFM	Timing	Action	Effective Dates	Documentation Required
A consumer or dependent loses Minimum Essential Coverage (MEC)¹	✓	✓	✓	60 days before and 60 days after the qualifying event	Buy a new plan	Before & After Qualifying Event*	Proof of prior coverage
Changes to current employer-sponsored coverage, such as increased employee's contribution, cost-share, reduced benefits or reduced cost-share make the consumer or dependent eligible for APTC	✓	✓	✓	60 days before and 60 days after the qualifying event	Buy a new plan	Before & After Qualifying Event*	Proof of prior coverage
Any Florida Blue Pre-ACA member (except Temp or Family Blue) wants an ACA Florida Blue plan	✓	X	✓	Anytime	Change plans	General Rule**	N/A

¹Including but not limited to:

- Medicaid or CHIP
- Group coverage
- Tricare
- The end of the plan year for any non-calendar year group health plan or pre-ACA coverage
- COBRA expires
- Loss of pregnancy-related Medicaid coverage
- Loss of medically-needy Medicaid, a.k.a. "spend-down" (SEP available only once per calendar year)
- Loss of Marketplace coverage because of an unresolved DMI (Off Marketplace only)
- Policyholder termination results in an invalid enrollment group
- AmeriCorps service ends

Note: This does not include consumers who lost their coverage due to nonpayment of premiums, fraud or intentional misrepresentation of material fact.

* Before & After Qualifying Event: For some SEPs where the qualifying event can be planned for, the effective date will depend on whether the individual enrolled before the qualifying event or afterwards. If an individual enrolls before the qualifying event the coverage effective date is the first of the month after the qualifying event. If an individual enrolls after the qualifying event, the coverage effective date follows the accelerated enrollment rule.

** General Rule (Regular Effective Dates): If a member enrolls between the 1st of the month and the 15th of the month, the coverage effective date is the first of the month following the member's enrollment. If the member enrolls between the 16th of the month and the last day of the month, the coverage effective date is the first of the month following the next month.

CHANGE IN HOUSEHOLD SIZE

SEP Description	Prior Coverage Required	On FFM	Off FFM	Timing	Action	Effective Dates	Documentation Required
A consumer gains a dependent through birth, adoption, placement for adoption, placement in foster care or through a court order	X	✓	✓	60 days from event	If uninsured, buy a new plan If insured through the Marketplace, add dependent to family policy ²	Retroactive*	Birth certificate, adoption papers or court order
A consumer becomes a dependent through birth, adoption, placement for adoption, placement in foster care or through a court order	X	✓	✓	60 days from event	Buy a plan	Retroactive*	Birth certificate, adoption papers or court order
A consumer gains a dependent or becomes a dependent through marriage	✓ ³	✓	✓	60 days from event	Add eligible dependent(s) to family policy ⁴ or self-only policy	Accelerated**	Proof of prior coverage Proof of marriage
A consumer loses a dependent or is no longer considered a dependent due to divorce, legal separation or death	N/A	X	X	N/A	Verify the consumer's income change, address status and/or possible loss of MEC to see if they qualify for a different SEP	N/A	N/A

* Retroactive Enrollment: The coverage effective date is the same as the date of the qualifying event that triggered the SEP.

** Accelerated Enrollment: The coverage effective date is always the first of the following month with respect to when the member submits their application to enroll.

CHANGE IN PRIMARY PLACE OF LIVING

SEP Description	Prior Coverage Required	On FFM	Off FFM	Timing	Action	Effective Dates	Documentation Required
A consumer or enrollee or his or her dependent gains access to new plans as a result of a permanent move ⁵	Prior coverage is not required if the consumer is moving from a US territory, including Puerto Rico, or foreign country.	✓	✓	60 days from event	Enroll in a plan On Marketplace enrollees select a plan at the same metal level	General Rule**	Proof of prior coverage Proof of residence at prior address Proof of residence at current address

2 Use an add-on form if adding a dependent Off Marketplace.

3 One spouse must have coverage.

4 Use an add-on form if adding a dependent Off Marketplace.

5 Moving solely for medical treatment or vacation doesn't qualify for this SEP.

** General Rule (Regular Effective Dates): If a member enrolls between the 1st of the month and the 15th of the month, the coverage effective date is the first of the month following the member's enrollment. If the member enrolls between the 16th of the month and the last day of the month, the coverage effective date is the first of the month following the next month.

CHANGE IN ELIGIBILITY FOR MARKETPLACE COVERAGE OR HELP PAYING FOR COVERAGE

SEP Description	Prior Coverage Required	On FFM	Off FFM	Timing	Action	Effective Dates	Documentation Required
A consumer who was not legally present becomes legally present⁶ due to gaining status as a citizen, national, or lawfully-present individual or being released from incarceration	X	✓	✓	60 days from event	Enroll in a plan On Marketplace enrollees select a plan at the same metal level	General Rule**	Off Marketplace requires government documentation containing an ID number
An enrollee or dependent is newly eligible or newly ineligible for advance premium tax credits (APTC)⁷	✓	✓	X	60 days from event	Select a new plan ⁸	General Rule**	Proof of income
Enrollee or dependent becomes eligible for Cost-Sharing Reduction subsidy (CSRs)	✓	✓	X	60 days from event	Select a new silver plan	General Rule**	Proof of income
Enrollee or dependent becomes ineligible for APTC or ineligible for CSRs	✓	✓	✓	60 days from event	Select a new plan ⁸	General Rule**	Marketplace notice showing loss of APTC or CSR eligibility ⁹
In the Medicaid coverage gap (i.e. below 100% of FPL) during OEP, but newly eligible for APTC¹⁰	X	✓	X	60 days from event	Select a plan	General Rule**	Proof of income
Gain or maintain status as a member of a federally recognized tribe or a shareholder in an Alaska Native Corporation¹¹	✓	✓	X	Once per month	Select a plan or change plans	General Rule**	No documentation needed

⁶ Consumers who change from one legally present status to another do not qualify for this SEP.

⁷ NOT available to adjust the amount of the APTC.

⁸ If the enrollee is already enrolled On Marketplace, the enrollee cannot change their plan's metal level.

⁹ Documentation required Off Marketplace only.

¹⁰ A consumer becomes eligible for APTCs because their income increases above 100% FPL and was ineligible for APTC credit during OEP because his or her household income was below 100% of the FPL. This only applies to individuals living in a state, like Florida, without the Medicaid Expansion.

¹¹ As defined by section 4 of the Indian Health Care Improvement Act, which requires the applicant to be a recognized member of an Indian tribe. Dependents of Indians can make plan changes when the applicant does, but this may impact subsidy eligibility.

** General Rule (Regular Effective Dates): If a member enrolls between the 1st of the month and the 15th of the month, the coverage effective date is the first of the month following the member's enrollment. If the member enrolls between the 16th of the month and the last day of the month, the coverage effective date is the first of the month following the next month.

ENROLLMENT OR PLAN ERROR

SEP Description	Prior Coverage Required	On FFM	Off FFM	Timing	Action	Effective Dates	Documentation Required
A Marketplace error results in an erroneous enrollment or technical error This could include a Marketplace enrollment delay	✓	✓	✓ Paper app only	Up to 60 days	Select a plan	Retroactive*or Accelerated**, at the option of the consumer ¹²	Fact-specific
The Marketplace or OIR determines an issuer violated a material provision of its contract	✓	✓	✓	Up to 60 days	Select a new plan at the same metal level	Retroactive*or Accelerated**, at the option of the consumer	Fact-specific
Medicaid/CHIP denial: The Marketplace determines a consumer or dependent is potentially Medicaid or CHIP eligible, but after the OEP or SEP enrollment window expires, the AHCA determines they are ineligible	X	✓	✓	Up to 60 days	Enroll in a plan	Retroactive*or Accelerated**, at the option of the consumer ¹³	AHCA denial notice
Medicaid/CHIP denial: The consumer or dependent applies for Medicaid during the OEP and is determined ineligible after OEP ends	X	✓	✓	Up to 60 days	Enroll in a plan	Retroactive*or Accelerated**, at the option of the consumer	AHCA denial notice
Material plan or benefit display error: A material error influenced a qualified individual's decision to purchase a plan through the Marketplace¹⁴	✓	✓	X	Up to 60 days	Enroll in a plan or select a plan at the same metal level	General Rule**	Fact-specific

¹² There are exceptions depending on the type of error.

¹³ There seems to be some ambiguity in the guidance, but this seems to be how it is being handled.

¹⁴ Error must be related to plan benefits, service area, or premium.

* Retroactive Enrollment: The coverage effective date is the same as the date of the qualifying event that triggered the SEP.

** Accelerated Enrollment: The coverage effective date is always the first of the following month with respect to when the member submits their application to enroll.

** General Rule (Regular Effective Dates): If a member enrolls between the 1st of the month and the 15th of the month, the coverage effective date is the first of the month following the member's enrollment. If the member enrolls between the 16th of the month and the last day of the month, the coverage effective date is the first of the month following the next month.

OTHER QUALIFYING CHANGES

SEP Description	Prior Coverage Required	On FFM	Off FFM	Timing	Action	Effective Dates	Documentation Required
Domestic abuse or spousal abandonment: A consumer their dependent need to enroll in coverage apart from the perpetrator of the abuse or abandonment	X	✓	✓	60 days	Enroll in a plan or select a plan	General Rule**	TBD
A consumer resolves a Data Matching Issue (DMI) following the expiration of an inconsistency period	X	✓	X	60 days	Reinstatement or enroll in a plan	Retroactive* or Accelerated**, at the option of the consumer	Proof that the consumer was a qualified individual at the time the DMI was triggered
A consumer has an annual household income under 100 percent of the Federal Poverty Level (FPL) and did not enroll in coverage while waiting for HHS to verify that he or she meets the citizenship, national, or immigration status¹⁵	X	✓	X	60 days	Enroll in a plan	Retroactive* or Accelerated**, at the option of the consumer	Proof that the consumer was a qualified individual at the time the DMI was triggered
Natural Disaster: A consumer or his or her dependents are affected by an emergency or major disaster that is formally declared by the Federal Emergency Management Agency (FEMA)	X	✓	✓	60 days	Enroll in a plan	Depends on the nature of the enrollment that was affected by the natural disaster	Applicant resides in a county eligible to apply for assistance by FEMA during the period of the disaster or time of application or attests the disaster prevented application. ¹⁶
Exceptional Circumstances: CMS may grant SEPs under limited fact-specific circumstances like incapacitation	X	✓	X	Up to 60 days	Enroll in a plan	Usually General Rule**	Fact-specific

¹⁵ Individuals who are under 100% of the FPL can qualify for subsidies if they are not citizens. This is because when the ACA was drafted, it was assumed that citizens would have access to the Medicaid expansion, but non-citizens may not.

¹⁶ See <https://www.fema.gov/disasters> for all FEMA declarations of emergency and major disasters."

* Retroactive Enrollment: The coverage effective date is the same as the date of the qualifying event that triggered the SEP.

** Accelerated Enrollment: The coverage effective date is always the first of the following month with respect to when the member submits their application to enroll.

** General Rule (Regular Effective Dates): If a member enrolls between the 1st of the month and the 15th of the month, the coverage effective date is the first of the month following the member's enrollment. If the member enrolls between the 16th of the month and the last day of the month, the coverage effective date is the first of the month following the next month.

REQUIRED SEP DOCUMENTATION

Where necessary, do not forget to ask the customer for proof of the event and store that in your records. You are required to sign an attestation in the application that you received proof of the customer's event and keep it on file. If an individuals using an SEP that requires prior coverage is already enrolled through the Marketplace, they should not require documentation.

Event	Documentation
<p>Losing or future loss of Minimum Essential Coverage (MEC)¹⁶</p> <p>Current plan closes¹⁷</p> <p>Non-calendar year individual plan anniversary date¹⁸</p> <p>Termination results in an invalid enrollment group</p>	<ul style="list-style-type: none"> • Letter or other document from an employer stating that the employer dropped or will drop coverage or benefits for the employee or employee's spouse or dependent family member, including the date coverage ended or will end • Letter or other document from an employer stating that the employer stopped or will stop contributing to the cost of coverage • Letter or other document from an employer stating that the employer changed or will change coverage or benefits for the employee or for the employee's spouse or dependent family member so it's no longer considered qualifying health coverage • Letter showing an employer's offer of COBRA coverage, or stating when the employee's COBRA coverage ended or will end • Letter from health insurance company showing a coverage termination date, including a COBRA coverage termination date • Proof that you had qualifying health coverage within the last 60 days, like a pay stub showing deductions for health insurance • Letter from school stating when student health coverage ended or will end • Letter or notice from Medicaid or the Children's Health Insurance Program (CHIP) stating when Medicaid or CHIP coverage ended or will end • Letter or notice from a government program, like TRICARE, Peace Corps, AmeriCorps or Medicare, stating when that coverage ended or will end • Dated copy of military discharge papers or Certificate of Release, including the date that coverage ended or will end, if you're losing coverage because you're no longer active duty military • Divorce or annulment papers that include the date of ending responsibility for providing health coverage • Death certificate or public notice of death that includes proof of the date that you lost or will lose coverage due to the death of a spouse or other family member • Dated and signed copy of written verification from an agent or dated letter from the issuer, if you are or were enrolled in a non-calendar year plan that's ending • Copy of pay stubs of both current and previous hours if a reduction in work hours caused you to lose coverage • Letter of explanation about the coverage you had, why and when you lost or will lose it and the reason you can't provide any other documents proving you're eligible for a Special Enrollment Period. The Marketplace will take your letter into consideration.

¹⁶ Florida Blue members need no documentation.

¹⁷ Florida Blue members need no documentation.

¹⁸ Florida Blue members need no documentation.

REQUIRED SEP DOCUMENTATION

Event	Documentation
<p>Gaining a dependent through marriage</p>	<p>Submit copies of one or more documents to prove at least one spouse had MEC for at least one day in the past 60 days¹⁹</p> <ul style="list-style-type: none"> • Marriage certificate or license showing the date of the marriage • An official public record of the marriage, including a foreign record of marriage • Affidavit or statement signed by the person who officiated the marriage • Affidavit or statement signed by a person who was an official witness to the marriage • A religious document that recognizes the marriage
<p>Birth</p>	<ul style="list-style-type: none"> • Medical record from a clinic, hospital, physician, midwife, institution or other medical provider showing the date of birth • Letter from hospital, clinic, physician or other medical provider attesting the date of birth • Letter or other document from the health insurance company, like an Explanation of Benefits, showing that services related to birth or post-birth care were provided to either the child or the mother, including the dates of service • Birth certificate or application for a birth certificate for the child • Application for a Social Security Number (SSN) for the child • A foreign birth record showing the child's date and place of birth • Military record showing the child's date and place of birth • Religious record showing the child's date and place of birth • Social Security card for the child
<p>Adoption or placement for adoption Placement for foster care</p>	<ul style="list-style-type: none"> • Adoption letter or record showing date of adoption dated and signed by a court official • Government-issued or legal document showing the date that the child was placed in the home
<p>Court ordered coverage of a dependent</p>	<ul style="list-style-type: none"> • Government-issued or legal document showing the date legal guardianship was established • U.S. Department of Homeland Security immigration document for foreign adoptions • Medical support order • Foster care papers dated and signed by a court official • Court order showing the effective date of the order

¹⁹ Where the consumer is required to show they had coverage, they may also chose to show they resided in a foreign country for at least one day in the 60 days prior to the qualifying event.

REQUIRED SEP DOCUMENTATION

Event	Documentation
<p>Member address change to different county</p>	<p>Submit copies of one or more documents to prove you had MEC in the past 60 days and documentation proving the consumer resided at the prior address as well as the current address</p> <ul style="list-style-type: none"> • Lease or rental agreement • Insurance documents, like homeowner’s, renter’s or life insurance policy or statement • Mortgage deed, if it states that the owner uses the property as the primary residence • Mortgage or rental payment receipt • Mail from the Department of Motor Vehicles, like a driver’s license, vehicle registration or change of address card • State ID • Official school documents, including school enrollment, ID cards, report cards or housing documentation • Internet, cable or other utility bill (including any public utility like a gas or water bill) or other confirmation of service (including a utility hook up or work order) • Telephone bill showing your address (cell phone or wireless bills are acceptable) • Mail from a government agency to your address, like a Social Security statement or a notice from TANF or SNAP agency • Mail from a financial institution, like a bank statement • U.S. Postal Service change of address confirmation letter • Pay stub showing your address • Letter from a current or future employer showing you relocated for work • Voter registration card showing your name and address • Moving company contract or receipt showing your address • If you’re living in the home of another person, like a family member, friend or roommate, you may send a letter/statement from that person stating that you live with them and aren’t just temporarily visiting. This person must prove their own residency by including one of the documents listed above. • Document from the Department of Corrections, jail or prison indicating recent release or parole, including an order of parole, order of release or an address certification • If you’re homeless or in transitional housing, you may submit a letter or statement from another resident of the same state, stating that they know where you live and can verify that you live in the area and aren’t just temporarily visiting. This person must prove their own residency by including one of the documents listed above. • Letter from a local non-profit social services provider or government entity (including a shelter) that can verify that you live in the area and aren’t just visiting • Naturalization papers signed and dated within the last 60 days or Green Card, Education Certificate or VISA (if you moved to the U.S. from another country) • Letter of explanation providing the date of your move, your old and new address (or where you’re staying) and the reason you can’t provide any other documents proving you’re eligible for a Special Enrollment Period. The Marketplace will take your letter into consideration.

REQUIRED SEP DOCUMENTATION

Event	Documentation
Natural Disaster	<p>Individuals will be required to attest that they meet the following eligibility requirements:</p> <ol style="list-style-type: none"> 1) They resided in any of the counties that are eligible to apply for “individual assistance” or “public assistance” by FEMA either during the FEMA-designated incident period of the emergency or major disaster, or at the time of application for enrollment; and 2) They were affected by the emergency or disaster, and that it prevented them from completing enrollment. <p>See https://www.fema.gov/disasters for all FEMA declarations of emergency and major disasters.</p>
Exceptional Circumstance	Fact-specific; contact the Marketplace Call Center
American Indians: New status as American Indian or they want different ACA plan	No documentation needed ²⁰
Errors or misrepresentations	<p>Fact-specific; contact the Marketplace Call Center</p> <p>For Off Marketplace members, there must be evidence of the error or misrepresentation that Florida Blue can review</p>
Gain or loss of APTC eligibility due to income change	<p>On Marketplace: no documentation needed</p> <p>Off Marketplace enrollment will require notice of loss of APTC eligibility</p>
Change in CSR eligibility	<p>On Marketplace: no documentation needed</p> <p>Off Marketplace enrollment will require notice of loss of CSR eligibility</p>
Became a US citizen, national or lawfully present	<p>On Marketplace: TBD</p> <p>Off Marketplace requires government documentation containing an ID number</p>

²⁰ The Marketplace checks a databased of registered tribal members. The SEP is not available Off Marketplace.

Additional materials for agents and brokers can be found at

<https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>

ERRORS/MISREPRESENTATIONS SEP EXAMPLES

Category	Examples	Description
Issuer-Side enrollment errors (Florida Blue errors)	Consumers enrolled through the Marketplace, but Florida Blue didn't get their information due to technical issues.	Florida Blue is unable to enroll the consumer because the enrollment file contains wrong data, missing data, or there were system errors in reading the data.
System errors related to immigration status	Non-citizen applicants under 100% of the poverty line who are eligible for premium tax credits and cost-sharing reductions but did not receive the correct eligibility.	An error in the processing of applications submitted by immigrants caused the consumer to get an incorrect eligibility result when they tried to apply for coverage.
Medicaid/CHIP - Marketplace transfer	Consumers who: 1. The Marketplace assessed as eligible for Medicaid or CHIP, 2. A Florida agency found them ineligible for Medicaid or CHIP and 3. Were not transferred back to the Marketplace during OEP. Consumers who were denied enrollment in Medicaid or CHIP and were referred to the Marketplace during open enrollment.	Consumers who were found ineligible for Medicaid or CHIP and their applications weren't transferred between the State Medicaid or CHIP agency and the Marketplace in time for the consumer to enroll in a plan during open enrollment.
Display errors on marketplace website	A discrepancy between the premiums, benefits, or co-pay/deductibles displayed on healthcare.gov and provided in the plan documents.	Incorrect plan data was displayed at the time the consumer selected the health plan, such as benefit and cost-sharing information.
Improperly handled family policy	Florida Blue recognizes domestic partners. Florida Blue allows dependents on policies up to age 30.	The Marketplace did not allow consumers with certain categories of family relationships to enroll in a family policy where the relationship is permitted by the plan.
Error messages	Error message indicating that the data sources were down and they could not proceed with enrollment.	A consumer is not able to complete enrollment due to error messages.
Unresolved casework	Consumers who began the case work process but it was not resolved prior to the end of open enrollment.	A consumer is working with a Marketplace caseworker on an enrollment issue that is not resolved prior to March 31st.
Out of Service Area	Consumers who were notified that they are residing outside the service area of the plan they are enrolled in.	Initially, the Marketplace had issues preventing members from enrolling in a plan that was outside their service area. These members should have received a letter informing them of the issue and serving as a qualifying event for a special enrollment period.

REPORTING A LIFE CHANGE

Event	On Marketplace	Off Marketplace
<p>Change their name, e-mail, phone number, new address in same county</p> <p>Contact method preference</p> <p>Authorized representative</p>	<p>Member must contact BOTH Marketplace [1-800-318-2596 or healthcare.gov] and Florida Blue Service Team at 1-877-352-2583 (select Membership and Billing from IVR options) to let them know the change</p>	<p>Member must contact Florida Blue Service Team at 1-877-352-2583 (select Membership and Billing from IVR options) to let them know the change</p>
<p>Relationships between family members</p> <p>Change in income that doesn't change access to APTCs or CSRs</p> <p>Increase or decrease in projected annual household income for 2016 or change to current month's household income</p> <p>Add or remove applicant or non-applicant household member listed on application</p> <p>Relocation/change of address to a new zip code or county</p> <p>Gain or loss of other health coverage</p> <p>Pregnancy that could affect eligibility for Medicaid under applicable state rules</p> <p>Change in tax filing status (will or will not file, joint or separate filer) or change in tax dependents that will be claimed</p> <p>Newly incarcerated or released from incarceration</p> <p>Change in status as member of federally-recognized tribe</p> <p>Became disabled or in need of long term care or is no longer in need of long term care</p> <p>Change to available employer coverage</p> <p>Correct/update the relationships between family members</p>	<p>Member must contact the Marketplace [1-800-318-2596 or healthcare.gov]</p>	<p>They do not have to contact Florida Blue. We will get the update from the Marketplace.</p>

MARKETPLACE DATA MATCHING INCONSISTENCY ISSUE RESOLUTION

	Member Provided Documentation After the Deadline	Termination Results in an Invalid Enrollment Group
Issue	<p>If an applicant or the Marketplace fails to resolve a Marketplace Eligibility inconsistency by the deadline, the applicant can still qualify for an SEP if the unresolved inconsistency resulted in a termination, loss of APTC eligibility, or a change in CSR eligibility. The applicant will receive a 60-day SEP if:</p> <ol style="list-style-type: none"> 1) The applicant submits requested documentation to the Marketplace; 2) The Marketplace is able to resolve the inconsistency; 3) Once the inconsistency is resolved, the Marketplace determines the applicant is eligible for enrollment in a QHP through the Marketplace. 	<p>Where a member is terminated because of an inconsistency, the remaining members on that family policy will be enrolled under a new on-marketplace policy without that member. However, where there is no longer a relationship between the remaining members to form an enrollment group, those family members have an SEP.</p> <p>E.g., a plan has a father, his son, and his domestic partner. The father is terminated. The son and domestic partner do not have a relationship and so they qualify for an SEP.</p>
SEP Dates	Within 60 days of the termination date	By Marketplace Notice
Plan Change Phone Number	1-800-318-2596 (Marketplace)	1-800-318-2596 (Marketplace)
On Marketplace Changes Allowed	✓	✓
Off Marketplace Changes Allowed	✗	✓
Effective date	Prospective to the first of the month or retroactive to the day after termination, at the option of the applicant	First of the following month after termination or as determined by Marketplace
Notes on SEP	To elect this SEP, the applicant must contact the Marketplace call center and provide them with the required documentation.	The applicant will receive a notice from the Marketplace providing the process and timing for this SEP.

APPENDIX

How to Send Documents to Prove Eligibility for On Marketplace Enrollment Verification

Uploading documents is the fastest way to get them to the Marketplace. Log in to your Marketplace account and select "Start a new application or upload an existing one." Then select your current application and click on Application details. You'll see a button for each item to resolve. Click the button, then choose a document and start your upload.

If a consumer needs to mail documentation to the Marketplace, please have them keep the original documents and send copies with their name and Application ID on each page, along with the bar code page included with this notice.

Send copies to:

Health Insurance Marketplace
 Attn: Coverage Processing 465 Industrial Boulevard
 London, Kentucky 40750-0001

SEP Pre-Enrollment Validation

Beginning in Summer 2017, applicants using certain types of SEP qualifying events will be subject to a pre-enrollment verification process. They will be required to submit documentation that confirms their eligibility before their enrollment is sent to the issuer and their

enrollment period can begin. Individuals who are already enrolled in the Marketplace may not have to verify their eligibility for an SEP, but may not be able to enroll in a plan at a different metal level. More information can be found [here](#).

Prior Coverage Required and Living Outside the United States

When an SEP requires a consumer to show proof of prior coverage, such as the permanent move or marriage SEPs, a consumer may also satisfy this requirement by showing they were living outside of the United States or in a United States territory at the time of qualifying event. However, this is a restrictive definition of "living outside of the United States" and it only applies to the following situations. Individuals may wish to consult a tax professional to determine if they qualify.

- Citizen or resident of the United States who has been a bona fide resident of a foreign country or countries for an uninterrupted period which includes an entire taxable year
- Citizen or resident of the United States who, during any period of 12 consecutive months, is present in a foreign country or countries during at least 330 full days in such period
- Person who is present for at least 183 days during the taxable year in Guam, American Samoa, the Northern Mariana Islands, Puerto Rico or the Virgin Islands, as the case may be, and does not have a tax home or closer connection to the United States

Binder Fees

Agents should not take binder payments for SEPs that trigger the pre-enrollment verification process, as we will not know whether a consumer will enroll until after the pre-enrollment verification process is complete. While securing a binder payment is important, we can avoid complicated situations and frustrated applicants by waiting until after their SEP is verified.

SEP binder payment types when using IST application:

- Credit Card (Visa, MC)
- Debit Card (Pinless Only)
- EFT/ACH

SEP binder payments types when using paper application:

- Paper Check
- Cashier's Check
- Money Order

COBRA and the Health Insurance Marketplace

When an individual leaves a job they may be eligible for COBRA continuation coverage. They can either pick COBRA, or if they are eligible for a SEP due to loss of MEC they can enroll in an ACA plan, instead.

Replacing COBRA with ACA coverage OUTSIDE Open Enrollment

Outside Open Enrollment, their choices will depend on whether their COBRA coverage is running out or if they haven't enrolled yet in COBRA coverage.

If their COBRA coverage is ending outside Open Enrollment

- They qualify for a loss of MEC Special Enrollment Period and can enroll in an ACA plan. They may also qualify for an APTC or CSR that can lower their monthly premium or cost-share. They can buy On or Off the Marketplace.

If they decline COBRA coverage when it is offered to them

- They qualify for a loss of MEC Special Enrollment Period and can enroll in an ACA plan. They may also qualify for an APTC or CSR that can lower their monthly premium or cost-share. They can buy On or Off the Marketplace.

Important:

- If they're planning to replace their COBRA coverage during open enrollment, it's important not to let their COBRA coverage end before their Marketplace plan starts. Otherwise, there will be a gap in their coverage.
- When they fill out a Marketplace application they'll also find out if they qualify for Medicaid and the Children's Health Insurance Program (CHIP).

Cost Share Reduction (CSR)

A cost share reduction (CSR) lowers the amount a customer has to pay out-of-pocket for deductibles, coinsurance and copayments for their medical services. They can get this reduction if:

- their income is below a certain level,
- they choose a health plan from the Silver plan category,
- and they buy health insurance On Marketplace

If they're a member of a federally recognized tribe, they may qualify for additional cost sharing benefits.

An individual qualifies for a SEP if:

1. there is a change to their CSR eligibility; or
2. they become newly eligible or no longer qualify for APTC.

A change in income by itself or change in level of APTC does not result in a SEP.

Off Marketplace, if an individual is no longer eligible for APTC or CSRs, they can enroll in an Off Marketplace plan using the Advanced Premium Tax Credit (APTC) SEP on the Off Marketplace application.

If an individual qualifies for a SEP due to a change in CSR eligibility or becomes newly eligible for APTC, this will be communicated with the agent based on the eligibility notification received from the Marketplace while working with them online side-by-side or during a 3- way call with the Marketplace. It will either show a 4, 5 or 6, which equates to our A, B or C plans. You can go into IST and quote the correct rate for the customer minus the APTC. Ask the customer what was provided on their eligibility notice, and based on the 4, 5 or 6, pull up the benefits for particular plan A, B or C.

- 4 = A
- 5 = B
- 6 = C

Tools have been provided to calculate CSR manually.

When completing side-by-side On Marketplace applications and the customer qualifies for APTC and cost share reduction (CSR), those plans will pop-up On Marketplace for purchase. However, when the proposal is created in IST, the plan displayed will not show the CSR. To save the correct plan for the customer, you must document on Salesforce the plan the customer selected.

Marketplace Data Matching Inconsistencies (DMI)

The Marketplace is sending letters to members with unresolved eligibility inconsistencies notifying them that their coverage will be terminated. Agents cannot submit the requested documentation for their members.

If a member has an unresolved income inconsistency, the Marketplace will redetermine their APTC and CSR eligibility using verified federal sources. These members can expect their financial assistance to change and as a result, may qualify for an SEP.

If a member's legal presence cannot be verified, that member will be terminated. All other members on the policy that are legally present will remain covered and the member losing coverage will qualify for a loss of MEC SEP. If the remaining members on the policy are not a recognized enrollment group, they will qualify for an SEP as well.

A member who has been terminated because of an inconsistency should still work to provide the documentation to resolve the inconsistency. If the inconsistency is resolved, the member can choose to enroll in coverage that is effective the first of the following month or retroactive to the date of termination.

Divorce/Separation

A divorce or separation by itself is not a qualifying event for a SEP. An individual is eligible for a SEP if the divorce or separation results in:

- loss of health insurance (loss of MEC), if the individual is dropped from their previous spouses coverage. A letter from the insurance company is the proof that can be used when applying On or Off Marketplace
- reduction in household income that now allows for APTC or CSR eligibility
- a permanent move to a different county

They can make a change to their coverage or sign up for coverage 60 days after the SEP event.

If an individual is married and files a tax return using the filing status Married Filing Separately, they will not be eligible for the premium tax credit unless they meet the criteria in Notice 2014-23, which allows certain victims of domestic abuse to claim the premium tax credit using the Married Filing Separately filing status for the 2014 calendar year.

Domestic Abuse or Spousal Abandonment

Any victim of domestic abuse or spousal abandonment currently covered by a health insurance policy, is eligible to request this SEP so that they can have a separate policy or Healthcare.gov account from their abuser or abandoner. If they are married to their abuser or abandoner, they should indicate they are unmarried on their application. If they intend to file a joint tax return, they should notify the Marketplace within 30 days.