

## **FAQs on Special Enrollment Periods**

### **1. Can I enroll in a health plan or change my health plan after March 31, 2014?**

Open enrollment for NY State of Health ended on March 31, 2014. The next open enrollment period begins on November 15, 2014. There are only two situations that would allow you to enroll for the first time in a health plan, or change your health plan, between now and the next open enrollment period:

- If you are eligible for Medicaid or Child Health Plus or enrolling through the Small Business Marketplace, you can enroll in those programs year-round.
- If you are eligible for a qualified health plan (QHP) and you are also eligible for Special Enrollment Period (SEP), you can enroll in or change QHPs during your SEP.

If you are QHP eligible but do not qualify for a SEP, you may not enroll in or change health plans until the next open enrollment period. There are no exceptions to this rule. For example, if your provider stops participating with your health plan during the plan year, you may not change health plans. If your prescription formulary changes during the plan year, you may not change health plans.

Consumers who are QHP eligible but do not qualify for a SEP will be able to enroll in or change health plans during the next open enrollment period beginning November 15, 2014 for coverage effective January 1, 2015.

### **2. Who is eligible for a Special Enrollment Period?**

You must have one of the following reasons to be eligible for a Special Enrollment Period (SEP). If one person in the household is eligible for a SEP, everyone in the household that is eligible for or enrolled in a QHP through NY State of Health gets a SEP. Unless otherwise noted below, health coverage begins after the individual enrolls. For individuals who enroll in or change their health plans on or before the 15<sup>th</sup> day of a month, coverage starts the 1<sup>st</sup> day of the next month. For those who enroll in or change their health plans after the 15<sup>th</sup>, coverage will begin on the 1<sup>st</sup> day of the month following the next month, which is generally about 6 weeks later.

#### **Marriage or Domestic Partnership, Birth, Adoption or Placement for Adoption, or Placement in Foster Care**

You have 60 days from the date of these events to select a health plan. In the case of birth, adoption or placement for adoption, or placement in foster care, coverage begins on the date of the event. In the case of marriage or domestic partnership, coverage begins on the first day of the month after a plan has been selected.

### **Becoming a Citizen, National or Lawfully Present Individual**

These events make you eligible for a SEP. You have 60 days from the date of the event to select a health plan.

### **Change in Eligibility for Financial Assistance**

- If you are enrolled in a QHP and become newly eligible or ineligible for tax credits, or if you have a change in eligibility for cost-sharing reductions (CSR), you are eligible for a SEP. You have 60 days from the date of your new eligibility determination to select a new health plan.
- If you are enrolled in a QHP with tax credits and become eligible for a different amount of tax credits, you can adjust the amount of tax credits you apply towards your premium each month but you are not eligible for a SEP
- If you are enrolled in a health plan and become eligible for Medicaid or Child Health Plus you can enroll year-round in those programs and do not need a SEP to do so.

### **Permanent Move**

If you have permanently moved to New York State, or if you have permanently moved from one county to another within the State, you are eligible for a SEP. You have 60 days from the date of your move to select a health plan.

### **No Longer Incarcerated**

If you were previously incarcerated and have been released, you are eligible for a SEP. You have 60 days from the date of your release to select a health plan.

### **Loss of Health Coverage**

If you lose your health coverage you might be eligible for a SEP if the health plan you had gave you minimum essential coverage. Minimum essential coverage is the type of coverage you need to meet the Affordable Care Act requirement that you have health insurance. This includes individual market policies, job-based coverage, Medicare, Medicaid, Child Health Plus, TRICARE and certain other coverage. If you had limited coverage – such as a hospital-only policy or a prescription-only policy – you did not have minimum essential coverage and loss of that limited coverage policy does not make you eligible for a SEP.

You are not eligible for a SEP if you voluntarily end your coverage or if you lose your coverage because you did not pay your premiums on time.

If you know in advance that you are going to lose your health coverage, you may apply for a SEP up to 60 days before you lose health coverage; you have 60 days from the date you lose coverage to enroll in a health plan. Coverage through your new health plan will be effective the first day of the following month after a plan has been selected.

Here are some common examples of why someone could lose health insurance and become eligible for a SEP.

- Loss of Job-Based Insurance
  - If you had insurance through your job and you lost your job (voluntarily or involuntarily), you are eligible for a SEP

- If you had insurance through your job and your employer stops offering health insurance coverage, you are eligible for a SEP
  - If you had insurance through your job and you are no longer eligible for insurance through your job, you are eligible for a SEP
  - If you had insurance through your job and your insurance is no longer affordable or is no longer minimum essential coverage, and you are otherwise eligible for financial assistance, you are eligible for a SEP
- Aging out of Coverage
  - Divorce, Annulment, Legal Separation or End of Domestic Partnership
  - Death of a Spouse
  - No Longer Eligible for Medicaid or Child Health Plus
    - If you are renewing your enrollment in Medicaid or Child Health Plus and, as a result of changes in eligibility, you become eligible for a QHP through the Marketplace, you are eligible for a SEP.
    - Medicaid and Child Health Plus have continuous coverage for 12 months. Even if your income changes during this time, you can remain covered through Medicaid or Child Health Plus.
  - COBRA Coverage is Terminated
    - If your COBRA benefits have expired, you are eligible for a SEP.
    - If your COBRA benefits ended because you did not pay your premiums in a timely manner, you are not eligible for a SEP.
  - Health Plan is No Longer Available

**American Indian/Alaskan Native**

If you are an American Indian or Alaskan Native, you are eligible for a SEP that allows you to enroll in a health plan or change from one health plan to another once per month.

**Additional Reasons You Could be Eligible for a Special Enrollment Period**

If you experience one of the following types of events, you may be eligible for a SEP. Please call our Customer Service Center at 1-855-355-5777 for more information:

- Victim of Domestic Violence (*note SEPs for Victims of Domestic Violence are only available until May 31, 2014*)
- Marketplace staff or contractor enrollment error
- Assistor Misconduct
- Health Plan Violated a Material Provision of Its Contract
- Other Exceptional Circumstances as defined by the U.S. Department of Health and Human Services

### **3. How do I request a Special Enrollment Period?**

Consumers who are not yet enrolled in NYSOH must complete the Marketplace application to request a SEP. Consumers who are already enrolled in a health plan through the Marketplace must update their applications to request a SEP. Consumers may complete or update their application online at [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov), by phone through the NYSOH Customer Service Center or with an assistor.

Before submitting your application, you will be asked why you are requesting new coverage or a change in coverage. If you meet the SEP eligibility criteria you will be allowed to enroll in a health plan. If you do not meet the eligibility criteria, or have missed the 60 day window to select a health plan, you will have to wait until the next Open Enrollment Period to enroll in a coverage.

Consumers who are requesting a SEP for the one of the Additional Reasons for a SEP can only request a SEP by calling the Customer Service Center:

- Victim of Domestic Violence (*note SEPs for Victims of Domestic Violence are only available until May 31, 2014*)
- Marketplace staff or contractor enrollment error
- Assistor Misconduct
- Health Plan Violated a Material Provision of Its Contract
- Exceptional Circumstances as defined by the U.S. Department of Health and Human Services

In most cases, consumers will not need to submit documentation in order to request a SEP. There may be instances in which NYSOH will request documents to validate the information consumers provide in their applications.

### **4. If I enroll in or change health plans during a SEP, what do I need to know?**

If you are already enrolled in a health plan and are eligible for a SEP, you can change health plans but you don't have to. You can choose to stay in your current plan.

If you decide to change plans, you will start over with a new deductible and out of pocket limit for the new health plan. Your spending towards the deductible and maximum out of pocket limit from your old health plan will not carry over to the new health plan.

If you enroll in a health plan mid-year, you will need to meet the whole deductible and out of pocket limit as if you were enrolled in the health plan for a full 12 months. Deductibles and maximum out of pocket limits are not pro-rated based on the length of enrollment.