

# SPECIAL ENROLLMENT PERIOD QUALIFYING EVENTS



## An Overview of Life Events that Qualify/Do Not Qualify Vermonters to Enroll in Health Plans Offered by Vermont Health Connect

In addition to the standard list of qualifying events (below), special enrollment periods can be granted under additional exceptional circumstances. If you have a question about an exceptional circumstance, or need to change an existing application, please call Vermont Health Connect Customer Support toll-free at 1-855-899-9600.

### Category: Loss of Affordable Minimum Essential Coverage

Life Event	What to Do and When to Do it	Coverage Effective Date	Examples
<p><b>Loss of affordable employer-sponsored health insurance (ESI) that provided <a href="#">Minimum Essential Coverage (MEC)</a>, including:</b></p> <ul style="list-style-type: none"> <li>• Job loss or job change</li> <li>• Expiration of COBRA or VIPER</li> <li>• Employer assistance or government subsidies for COBRA ceases entirely</li> <li>• Employer dropped coverage</li> <li>• Expiration of hardship exemption</li> <li>• ESI becomes unaffordable or stops providing <a href="#">MEC</a></li> </ul> <p><i>Contact the employer if you aren't sure if the plan provided MEC or not.</i></p>	<p><b>New to VHC:</b> May apply up to 60 days in advance of coverage end date or <a href="#">Apply</a> within 60 days from the loss of coverage.</p> <p><b>For assistance:</b> Call 1-855-899-9600</p>	<ol style="list-style-type: none"> <li>1. First day of the month after MEC end date if plan selection completed before MEC end date or;</li> <li>2. First day of the month after MEC end date (default).</li> <li>3. Optionally, you may elect to start coverage on the first day of the month following plan confirmation.</li> </ol>	<p><b>Example 1 (Reported in Advance):</b>  <b>Health Insurance Loss:</b> March 31  <b>60 Day Advance Sign Up Period:</b> Jan 30 – March 30  <b>Special Enrollment Period:</b> Jan 30 – May 29  <b>Plan Confirmation:</b> March 31  <b>Plan Effective Date:</b> April 1</p> <p><b>Example 2 (Default):</b>  <b>Health Insurance Loss:</b> March 31  <b>60 Day Advance Sign Up Period:</b> Jan 30 – March 30  <b>Special Enrollment Period:</b> Jan 30 – May 29  <b>Plan Confirmation:</b> April 30  <b>Plan Effective Date:</b> April 1</p> <p><b>Example 3 (Delayed Option):</b>  <b>Health Insurance Loss:</b> March 31  <b>60 Day Advance Sign Up Period:</b> Jan 30- March 30  <b>Special Enrollment Period:</b> Jan 30-May 29  <b>Plan Confirmation:</b> April 5  <b>Plan Effective Date:</b> May 1</p>
<p><b>Loss of government-sponsored health plan, including:</b></p> <ul style="list-style-type: none"> <li>• Medicaid or Dr. Dynasaur (except in cases of non-cooperation)</li> <li>• VA benefits or TRICARE</li> <li>• Peace Corps</li> </ul>			
<p><b>Loss of a student health plan that provided <a href="#">Minimum Essential Coverage (MEC)</a>, due to:</b></p> <ul style="list-style-type: none"> <li>• Graduation</li> <li>• Transferring to another college</li> <li>• Leaving school prior to graduation</li> </ul> <p><i>Contact the college if you aren't sure if the plan provided MEC or not.</i></p>			

## Category: Loss of Affordable Minimum Essential Coverage

Life Event	What to Do and When to Do it	Coverage Effective Date	Examples
Dependent child ages off parent's policy*	<p><b>For victims of domestic violence only:</b> If loss of coverage is due to domestic violence, report this by calling 1-855-899-9600 and then apply within 60 days of the call.</p> <p><b>All others:</b> May apply up to 60 days in advance of coverage end date or <a href="#">Apply</a> within 60 days following coverage end date.</p> <p><b>For assistance:</b> Call 1-855-899-9600.</p>	<ol style="list-style-type: none"> <li>1. First day of the month after MEC end date if plan selection completed before MEC end date or;</li> <li>2. First day of the month after MEC end date (default).</li> <li>3. Optionally, you may elect to start coverage on the first day of the month following plan confirmation.</li> </ol>	<p><b>Example 1 (Reported in Advance):</b>  <b>Release From Incarceration:</b> March 15  <b>Coverage Loss:</b> March 31  <b>60 Day Advance Sign Up Period:</b> Jan. 31 – March 1  <b>Special Enrollment Period:</b> Jan. 31 – May 29  <b>Plan Confirmation:</b> Feb. 18  <b>Plan Effective Date:</b> April 1</p>
<p><b>Child ages out</b> of foster care (18 or 19, depending on program)  <b>Note:</b> The household gets a special enrollment period (SEP) to add a dependent who aged out of foster care, if the dependent is no longer eligible for foster care health coverage by the state.</p>			<p><b>Example 2 (Default):</b>  <b>Release From Incarceration:</b> March 15  <b>Coverage Loss:</b> March 31  <b>60 Day Advance Sign Up Period:</b> Jan. 30 – March 30  <b>Special Enrollment Period:</b> Jan. 31 – May 29  <b>Plan Confirmation:</b> April 30  <b>Plan Effective Date:</b> April 1</p>
<p>Loss of <a href="#">Minimum Essential Coverage</a> (MEC) due to <b>divorce, annulment, dissolution of civil union or being a victim of domestic violence**</b></p>			<p><b>Example 3 (Delayed Option):</b>  <b>Health Insurance Loss:</b> March 31  <b>60 Day Advance Sign Up Period:</b> Jan 30-March 30  <b>Special Enrollment Period:</b> Jan 30-May 29  <b>Plan Confirmation:</b> April 5  <b>Plan Effective Date:</b> May 1</p>
<p>Loss of coverage due to <b>non-payment of premiums</b>, voluntary termination of a student health plan or COBRA or VIPER (<b>except</b> for circumstances in which employer contributions or government subsidies for COBRA completely cease – see “<i>loss of affordable employer-sponsored health insurance</i>”)</p>	<p>This is not a qualifying event. You must wait until next Open Enrollment – unless you have another life event on this list.</p>	<p>N/A</p>	<p>N/A</p>
<p>Loss of coverage due to <b>missed employer-sponsored open enrollment period</b></p>			

\* **Note:** Only the dependent losing coverage gets a special enrollment period (SEP); other household members do not qualify for an SEP. After turning 26, dependents can stay on a parent's healthplan through the end of the year or until the family experiences a Special Enrollment Period, whichever happens first. Permanently disabled dependents may remain on parent's plan after age 26.

\*\* **Note:** Spouse losing coverage gets an SEP; spouse remaining on policy gets eligibility redetermination, but does not get an SEP unless they have another life change on this list.

## Category: Adding a Dependent to the Household

Life Event	What to Do and When to Do it	Coverage Effective Date	Examples
<p><b>Marriage</b></p> <p><b>Note:</b> To qualify, at least one spouse must have had previous coverage, or lived in a foreign country or county within a U.S. state that does not offer Qualified Health Plans, for at least one day during the 60 days before marriage.</p>	<p><b>New to VHC:</b> <a href="#">Apply</a> within 60 days from date of marriage.</p> <p><b>For enrollment assistance:</b> Call 1-855-899-9600 within 60 days.</p>	<p>First of the month following plan confirmation.</p>	<p><b>Date of Marriage:</b> April 10  <b>Special Enrollment Period:</b> April 10 – June 8  <b>Plan Confirmation:</b> May 20  <b>Plan Effective Date:</b> June 1</p>
<p><b>Household member becomes pregnant</b></p>	<p><b>Call Vermont Health Connect at 1-855-899-9600 to report pregnancy and apply for coverage.</b></p> <ul style="list-style-type: none"> <li>• New enrollees only (existing enrollees may not change plans).</li> <li>• Pregnant person must attest to pregnancy and enroll in coverage.</li> <li>• Qualifying household members (i.e. spouse and other children) may also enroll.</li> </ul>	<p>First of the month following plan confirmation.</p>	<p><b>Pregnancy reported:</b> April 23  <b>Special Enrollment Period:</b> pregnancy reporting date up to date of birth.  <b>Plan confirmation:</b> April 27  <b>Plan effective date:</b> May 1</p>

<p><b>Birth or adoption</b></p> <p><b>Note:</b> VT law provides 60 days of free coverage for newborns under a subscriber’s existing plan; premium change to include newborn on the plan is effective on day 61. New enrollees get a special enrollment period (SEP) effective on date of birth or adoption.</p>	<p><b>New to VHC:</b> <a href="#">Apply</a> within 60 days from birth date/adoption.</p> <p><b>Currently enrolled in a VHC account:</b> Call 1-855-899-9600 within 60 days.</p>	<p>Retroactive to date of birth or adoption; billing is pro-rated. ←</p> <p>OR</p> <p>Must confirm plan by the 15<sup>th</sup> of the month to have coverage by the 1<sup>st</sup> of the next month. Applicants who confirm coverage from the 16<sup>th</sup> to the last day of the month get coverage starting on the first day of the second following month. ←</p>	<p><b>Child Born:</b> April 4  <b>Special Enrollment Period:</b> April 4 – June 2  <b>Plan Confirmation:</b> April 5  <b>Plan Effective Date:</b> April 4  <b>Premium Effective Date:</b> June 3</p> <p>OR</p> <p><b>Child Born:</b> April 4  <b>Special Enrollment Period:</b> April 4 – June 2  <b>Plan Confirmation:</b> May 5  <b>Plan Effective Date:</b> June 1</p>
<p><b>Adoption</b> – through foster care program</p>	<p>No action needed.</p>	<p>Child continues on public health plan</p>	<p>N/A</p>
<p><b>Gaining a dependent</b> or becoming a dependent through a <b>child support order</b> or <b>other court order</b></p>	<p><b>New to VHC:</b> <a href="#">Apply</a> within 60 days from court order.</p> <p><b>For enrollment assistance:</b> Call 1-855-899-9600 within 60 days.</p>	<p>The court ordered effective date</p>	<p><b>Court Order Issued:</b> April 10  <b>Court Ordered Coverage Date:</b> May 2  <b>Special Enrollment Period:</b> May 2 –June 30  <b>Plan Confirmation:</b> May 4  <b>Plan Effective Date:</b> May 2</p>

## Category: Immigration Status, Moving, Native Americans, or Losing a Household Member

Life Event	What to Do and When to Do it	Coverage Effective Date	Examples
<p><b>Gaining:</b></p> <ul style="list-style-type: none"> <li>• U.S. citizenship</li> <li>• Immigration status</li> <li>• Lawful presence status</li> </ul>	<p><b>New to VHC:</b> <a href="#">Apply</a> within 60 days from change in legal status.</p> <p><b>Previously on a VHC account:</b> Call 1-855-899-9600 within 60 days.</p>	<p>Must confirm plan by the 15<sup>th</sup> of the month to have coverage the 1<sup>st</sup> of the next month. Applicants who confirm a plan from the 16<sup>th</sup> to the last day of the month get coverage starting on the first of the second following month.</p>	<p><b>Example 1:</b>  <b>Gain Citizenship:</b> April 27  <b>Special Enrollment Period:</b> April 27 – June 25  <b>Plan Confirmation:</b> May 7  <b>Plan Effective Date:</b> June 1</p> <p><b>Example 2:</b>  <b>Gain Citizenship:</b> April 27  <b>Special Enrollment Period:</b> April 27 – June 25  <b>Plan Confirmation:</b> May 17  <b>Plan Effective Date:</b> July 1</p>
<p><b>Move to Vermont</b></p> <p>(Requires that applicant or spouse has had previous coverage, or lived in a foreign country or county within a U.S. state that does not offer Qualified Health Plans, for at least one day during the 60 days before the move to Vermont)</p>	<p><b>New to VHC:</b> May apply up to 60 days prior to moving to Vermont, or within 60 days from date of permanent move.</p> <p><b>For enrollment assistance:</b> Call 1-855-899-9600.</p>	<p>First day of the month after the effective date of the household member’s move to Vermont, if plan confirmation is completed before the date of move to Vermont. ←</p> <p>OR</p> <p>Must confirm plan by the 15<sup>th</sup> of the month to have coverage the 1<sup>st</sup> of the next month. Applicants who select a plan from the 16<sup>th</sup> to the last day of the month receive coverage on the first of the second following month. ←</p>	<p><b>Permanent Move:</b> April 8  <b>60 Day Advance Sign Up Period:</b> Feb 7 – April 7  <b>Special Enrollment Period:</b> Feb 7 – June 6  <b>Plan Confirmation:</b> Feb 10  <b>Plan Effective Date:</b> May 1</p> <p><b>Permanent Move:</b> April 8  <b>60 Day Advance Sign Up Period:</b> Feb 7 – April 7  <b>Special Enrollment Period:</b> Feb 7 – June 6  <b>Plan Confirmation:</b> May 19  <b>Plan Effective Date:</b> July 1</p>

<p><b>Release from incarceration</b> (loss of Department of Corrections health coverage)</p> <p><b>Note:</b> All household members get a special enrollment period (SEP).</p>	<p><b>New to VHC:</b> May apply up to 60 days prior to release from incarceration, or within 60 days from date of release from incarceration.</p> <p><b>For enrollment assistance:</b> Call 1-855-899-9600.</p>	<p>First day of the month after the effective date of the household member's release from incarceration, if plan confirmation is completed before that date. ←</p> <p>OR</p> <p>Must confirm plan by the 15<sup>th</sup> of the month to have coverage the 1<sup>st</sup> of the next month. Applicants who select a plan from the 16<sup>th</sup> to the last day of the month receive coverage on the first of the second following month. ←</p>	<p><b>Release from Incarceration:</b> April 8 <b>60 Day Advance Sign Up Period:</b> Feb 7 – April 7 <b>Special Enrollment Period:</b> Feb 7 – June 6 <b>Plan Confirmation:</b> Feb 10 <b>Plan Effective Date:</b> May 1</p> <p><b>Release from Incarceration:</b> April 8 <b>60 Day Advance Sign Up Period:</b> Feb 7 – April 7 <b>Special Enrollment Period:</b> Feb 7 – June 6 <b>Plan Confirmation:</b> May 19 <b>Plan Effective Date:</b> July 1</p>
<p><b>Native Americans/American Indians</b></p>	<p><a href="#">Apply</a> anytime. Indian Status (federally recognized tribe) allows enrollment anytime – 1 time per month.</p>	<p>Must confirm plan by the 15<sup>th</sup> of the month to have coverage the 1<sup>st</sup> of the next month. Applicants who complete plan confirmation from the 16<sup>th</sup> to the last day of the month receive coverage beginning on the first day of the second following month.</p>	<p><b>Example 1:</b> <b>Special Enrollment Period:</b> Unlimited <b>Plan Confirmation:</b> June 11 <b>Plan Effective Date:</b> July 1</p> <p><b>Example 2:</b> <b>Special Enrollment Period:</b> Unlimited <b>Plan Confirmation:</b> June 21 <b>Plan Effective Date:</b> August 1</p>
<p>Losing a household member through <b>divorce, legal separation, or death</b></p>	<p><a href="#">Apply</a> within 60 days from date of divorce, or annulment, or death.</p>	<p>First of the month following plan confirmation.</p>	<p><b>Qualifying Event:</b> June 4 <b>Special Enrollment Period:</b> June 4 – August 2 <b>Plan Confirmation:</b> June 5 <b>Plan Effective Date:</b> July 1</p>

## Category: Income Change or Hardship Exemption

Life Event	What to Do and When to Do it	Coverage Effective Date	Examples
<p><b>Change in income</b> resulting in:</p> <ul style="list-style-type: none"> <li>Newly eligible for Advanced Premium Tax Credits (APTC): <i>qualifies for a special enrollment period (SEP)</i></li> <li>Newly ineligible for APTC: <i>qualifies for a special enrollment period (SEP)</i></li> <li>Change in cost-sharing reduction (CSR) tier</li> </ul> <p><b>NOTE: Must be an enrolled customer to qualify. This includes customers enrolled in a reflective silver plan directly through Blue Cross/Blue Shield of Vermont and MVP Healthcare.</b></p>	<p><b>NEW to VHC:</b> Must wait until next Open Enrollment– unless you have another life event on this list.</p> <p><b>Currently enrolled in a VHC plan:</b> Call 1-855-899-9600 within 60 days from date of income change.</p>	<p>Must confirm plan by the 15<sup>th</sup> of the month to have coverage the 1<sup>st</sup> of the next month. Applicants who complete plan confirmation from the 16<sup>th</sup> to the last day of the month receive coverage starting on the first day of the second following month.</p>	<p><b>Example 1:</b>  <b>Income Change Occurs:</b> May 5  <b>Special Enrollment Period:</b> May 5 – July 3  <b>Plan Confirmation:</b> May 5  <b>Plan Effective Date:</b> June 1</p> <p><b>Example 2:</b>  <b>Income Change Occurs:</b> May 5  <b>Special Enrollment Period:</b> May 5 – July 3  <b>Plan Confirmation:</b> June 22  <b>Plan Effective Date:</b> August 1</p>
<p><b>Hardship <a href="#">exemption</a> approved: Special enrollment period (SEP) granted for individual to purchase a Catastrophic plan</b></p>	<p><b>New to VHC:</b> Call 1-855-899-9600 within 60 days from date of federal exemption number being granted.</p> <p><b>Previously on a VHC account:</b> Call 1-855-899-9600 within 60 days from date of federal exemption number being granted.</p>	<p>Must confirm plan by the 15<sup>th</sup> of the month to have coverage the 1<sup>st</sup> of the next month. Applicants who complete plan confirmation from the 16<sup>th</sup> to the last day of the month receive coverage starting on the first day of the second following month.</p>	<p><b>Hardship Exemption Approved:</b> May 5  <b>Special Enrollment Period:</b> May 5 – July 3  <b>Plan Confirmation:</b> May 10  <b>Plan Effective Date:</b> June 1</p>



## Category: Loss of Enrollment Period Due to Ineligibility for Medicaid

Life Event	What to Do and When to Do it	Coverage Effective Date	Examples
Qualified individual or a dependent <b>applied for coverage during Open Enrollment or Special Enrollment Period</b> , was found potentially eligible for Medicaid, and was then determined ineligible for Medicaid after the QHP enrollment period ended.	<p><b>NEW to VHC:</b> Call 1-855-899-9600 within 60 days from date of Medicaid eligibility determination.</p> <p><b>Currently enrolled in a VHC plan:</b> Call 1-855-899-9600 within 60 days from date of Medicaid eligibility determination.</p>	First of the month following plan selection.	<p><b>Example 1:</b>  <b>Determined Ineligible for Medicaid:</b> June 4  <b>Special Enrollment Period:</b> June 4-August 2  <b>Plan Confirmation:</b> June 5  <b>Plan Effective Date:</b> July 1</p>

## Category: Income Based SEP

Life Event	What to Do and When to Do It	Coverage Effective Date	Examples
<b>Household income at or below 200% FPL and eligible for subsidies</b>	<p><b>NEW to VHC:</b> Apply anytime</p> <p><b>Existing Customer:</b> Call 1-855-899-9600 to change plan</p>	Must confirm plan by the 15 <sup>th</sup> of the month to have coverage the 1 <sup>st</sup> of the next month. Applicants who select a plan from the 16 <sup>th</sup> to the last day of the month receive coverage on the first day of the second following month.	<p><b>Example:</b>  <b>Special Enrollment Period:</b> Unlimited if HH income under 200% FPL and eligible for subsidies  <b>Plan Confirmation:</b> August 20  <b>Plan Effective Date:</b> October 1</p>



## Category: Health Reimbursement Arrangements

Life Event	What to Do and When to Do it	Coverage Effective Date	Examples
<p><b>Newly eligible for HRA</b></p> <p>Qualified individual and their dependents newly gain access to an individual coverage HRA.</p> <p>The triggering event is the first day on which coverage for the qualified individual, enrollee, or dependent under the HRA can take effect.</p>	<p><b>New to VHC:</b> May apply up to 60 days prior to gaining access to an HRA, or within 60 days from date they gained access to an HRA.</p> <p><b>For enrollment assistance:</b> Call 1-855-899-9600 within 60 days.</p>	<p>First day of the month after the HRA coverage begins, if plan confirmation is completed before that date.</p> <p style="text-align: center;">OR</p> <p>On the start date of HRA coverage, if HRA coverage begins the first day of the month, and if the plan confirmation is completed before that date.</p> <p style="text-align: center;">OR</p> <p>If the enrollment is made on or after the HRA coverage begins, first of the month following plan confirmation.</p>	<p><b>HRA Coverage start date:</b> April 8  <b>60 Day Advance Sign Up Period:</b> Feb 7 –April 7  <b>Special Enrollment Period:</b> Feb 7 – June6  <b>Plan Confirmation:</b> Feb 10  <b>Plan Effective Date:</b> May 1</p> <p><b>HRA Coverage start date:</b> April 1  <b>60 Day Advance Sign Up Period:</b> Feb 7 –April 7  <b>Special Enrollment Period:</b> Feb 7 – June6  <b>Plan Confirmation:</b> Feb 10  <b>Plan Effective Date:</b> April 1</p> <p><b>HRA Coverage start date:</b> June 4  <b>Special Enrollment Period:</b> June 4 – Aug 2  <b>Plan Confirmation:</b> June 5  <b>Plan Effective Date:</b> July 1</p>