

Special Enrollment Events Summary

Beginning in 2014, an eligible individual not previously enrolled in coverage may be able to enroll during a Special Enrollment Period. A Special Enrollment Period of 60 days is available if:

- 1** The qualified individual or his or her dependent **loses minimum essential coverage.****
See detail following to determine the “triggering event”
- 2** The qualified individual **gains a dependent or becomes a dependent** through marriage, birth, adoption, placement for adoption, or placement in foster care.
- 3** The qualified individual, or his or her dependent, **gains citizen, national, or lawfully present status**—and did not previously have such status.
- 4** The qualified individual's or his or her dependent's, **enrollment or non-enrollment in a QHP is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction** of an officer, employee, or agent of the Health Insurance Marketplace or HHS, or its instrumentalities as evaluated and determined by the Marketplace.
- 5** The enrollee or, his or her dependent adequately demonstrates to the Marketplace that the **QHP in which he or she is enrolled substantially violated a material provision of its contract** in relation to the enrollee.
- 6** Newly eligible or ineligible for an **advance premium tax credit, or change in eligibility for cost-sharing reductions.**
- 7** The qualified individual or enrollee, or his or her dependent, **gains access to new QHPs as a result of a permanent move.**
- 8** The qualified individual who is **an Indian**, as defined by section 4 of the Indian Health Care Improvement Act, **may enroll in a QHP or change from one QHP to another one time per month.**
- 9** The qualified individual or enrollee, or his or her dependent, demonstrates to the Marketplace, in accordance with guidelines issued by HHS, that the **individual meets other exceptional circumstances as the Marketplace may provide.**
- 10** For Non Marketplace Coverage ONLY: An eligible **person whose coverage under a BCBSNE TempCare Contract is terminated at the end of the full contract term (10-month term).**

Unless otherwise stated (e.g. birth, adoption, placement for adoption), Coverage will begin the first day of the month or the first of the second month following approval of the application and timely payment of premium. The coverage effective date will be shown in the Subscriber's Schedule of Benefits.

Special Enrollment Events-Detailed

1 The qualified individual or his or her dependent **loses minimum essential coverage:****

- i. In the case of a QHP decertification, the triggering event is the date of the notice of decertification; or
- ii. In all other cases, the triggering event is the date the individual or dependent loses eligibility for minimum essential coverage.

****Loss of minimum essential coverage includes the following circumstances:**

i. Loss of eligibility for coverage.

In the case of an employee or dependent who has coverage that is not COBRA continuation coverage, the conditions of this paragraph (i) are satisfied at the time the coverage is terminated as a result of loss of eligibility (regardless of whether the individual is eligible for or elects COBRA continuation coverage). Loss of eligibility under this paragraph (i) does not include a loss due to the failure of the employee or dependent to pay premiums on a timely basis or termination of coverage for cause (such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan).

Loss of eligibility for coverage under this paragraph includes (but is not limited to):

- A. Loss of eligibility for coverage as a result of legal separation, divorce, cessation of dependent status (such as attaining the maximum age to be eligible as a dependent child under the plan), death of an employee, termination of employment (fired or quit), reduction in the number of hours of employment, and any loss of eligibility for coverage after a period that is measured by reference to any of the foregoing;
- B. In the case of coverage offered through an HMO, or other arrangement, in the individual market that does not provide benefits to individuals who no longer reside, live, or work in a service area, loss of coverage because an individual no longer resides, lives, or works in the service area (whether or not within the choice of the individual);
- C. In the case of coverage offered through an HMO, or other arrangement, in the group market that does not provide benefits to individuals who no longer reside, live, or work in a service area, loss of coverage because an individual no longer resides, lives, or works in the service area (whether or not within the choice of the individual), and no other benefit package is available to the individual;

D. A situation in which an individual incurs a claim that would meet or exceed a lifetime limit on all benefits; and

E. A situation in which a plan no longer offers any benefits to the class of similarly situated individuals (as described in § 54.9802-1(d)) that includes the individual.

ii. Termination of employer contributions.

In the case of an employee or dependent who has coverage that is not COBRA continuation coverage, the conditions of this paragraph (ii) are satisfied at the time employer contributions towards the employee's or dependent's coverage terminate. Employer contributions include contributions by any current or former employer that was contributing to coverage for the employee or dependent. (Note: This must be a termination of employer contributions; increased cost of group coverage does not trigger special enrollment.)

iii. Exhaustion of COBRA continuation coverage.

In the case of an employee or dependent who has coverage that is COBRA continuation coverage, the conditions of this paragraph (iii) are satisfied at the time the COBRA continuation coverage is exhausted. For purposes of this paragraph (iii), an individual who satisfies the conditions for special enrollment of paragraph (i) of this section, does not enroll, and instead elects and exhausts COBRA continuation coverage satisfies the conditions of this paragraph (iii). (Exhaustion of COBRA continuation coverage is defined in § 54.9801-2.)

Loss of coverage does not include termination or loss due to:

1. Failure to pay premiums on a timely basis, including COBRA premiums prior to expiration of COBRA coverage, or
2. Situations allowing for a rescission as specified in 45 CFR 147.128.

4 The qualified individual's or his or her dependent's, **enrollment or non-enrollment in a QHP is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction** of an officer, employee, or agent of the Exchange or HHS, or its instrumentalities as evaluated and determined by the Exchange. In such cases, the Exchange may take such action as may be necessary to correct or eliminate the effects of such error, misrepresentation, or inaction.

6 Newly eligible or ineligible for an **advance premium tax credit, or change in eligibility for cost-sharing reductions.**

- i. The enrollee is determined newly eligible or newly ineligible for advance payments of the premium tax credit or has a change in eligibility for cost-sharing reductions;
- ii. The enrollee's dependent enrolled in the same QHP is determined newly eligible or newly ineligible for advance payments of the premium tax credit or has a change in eligibility for cost-sharing reductions; or
- iii. A qualified individual or his or her dependent who is enrolled in an eligible employer-sponsored plan is determined newly eligible for advance payments of the premium tax credit based in part on a finding that such individual is ineligible for qualifying coverage in an eligible-employer sponsored plan in accordance with 26 CFR 1.36B-2(c)(3), including as a result of his or her employer discontinuing or changing available coverage within the next 60 days, provided that such individual is allowed to terminate existing coverage. The Exchange must permit an individual who is enrolled in an eligible employer-sponsored plan and will lose eligibility for qualifying coverage in an eligible employer-sponsored plan within the next 60 days to access this special enrollment period prior to the end of his or her existing coverage, although he or she is not eligible for advance payments of the premium tax credit until the end of his or her coverage in an eligible employer-sponsored plan.

10 For Non Marketplace Coverage ONLY: An eligible **person whose coverage under a BCBSNE TempCare Contract is terminated at the end of the full contract term.** For example, if the TempCare Contract has a 10-month term, coverage must have been in effect the entire 10-month period. A Special Enrollment Period is not available if TempCare is terminated prior to the end of the full contract term, including termination for non-payment of premiums, or termination in the event of fraud.