

Special Enrollment Periods (“SEP”) in the Individual Market (Minnesota Off-Exchange)

Below is a chart of special enrollment events that may allow an application for coverage with a PreferredOne individual market healthcare policy (off-exchange) outside of the annual open enrollment period.

SEP Event	SEP Election Period	Coverage Effective Date	Special Rules
Marriage	Date of marriage through 60 days after the event	First day of first calendar month beginning after the date of receipt of the request.	<p>Applies to newly married individuals and other dependents in the household (e.g., children).</p> <p>Proof of the following prior coverage by at least one spouse:</p> <ul style="list-style-type: none"> Minimum essential coverage for at least 1 day in the 60 day period prior to event Lived abroad for 1 or more days in the 60 day period prior to event Lived in a service area where no qualified health plan was available for at least 1 day during the 60 day period prior to the event or during the most recent open enrollment or special enrollment period.
Birth (<u>not enrolled in an existing PIC policy at time of birth</u>)	Date of birth through 60 days after the event	Date of birth (retroactive) or the first day of the month following plan selection and receipt of application and applicable premium	Applies to newborn and parent(s) (no siblings)
Birth (<u>enrolled in an existing PIC policy at time of birth</u>)	Date of birth through 60 days after the event... but <u>MN requirement:</u> Later applications accepted for newborns born to those with MN family coverage	Date of birth (retroactive) or the first day of the month following plan selection and receipt of application and applicable premium	Applies to newborn and parent(s) (no siblings) <u>MN requirement:</u> If there is <u>an existing</u> PIC policy at the time of birth MN State Law permits a newborn child to be added to existing policy, even if request to add is made > 60 days. <u>Must pay all back due premium in order to enroll.</u>

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Adoption or Placement for Adoption	Date of adoption/ placement through 60 days after the event... but <u>MN requirement:</u> Later applications accepted for MN residents	Adoption date or adoption placement date (retroactive) or the first day of the month following plan selection and receipt of application and applicable premium	<u>Note:</u> Applies to adoptee and parent(s) who are adopting (no siblings). <u>Note:</u> Placement for adoption means the assumption and retention by a person of a legal obligation for total or partial support of a child in anticipation of adoption of the child. <u>MN requirement:</u> Under the later application requirement additional premiums shall be collected prior to payment of health benefits (retroactive). Applies to the following health plans: <ul style="list-style-type: none"> • Community Integrated Service Networks • Dental or vision plans • ERISA plans Also applied to insured policies.
Gains or becomes a dependent through a child support order or other court order	Date of court order through 60 days after the date of the court order.	Effective date of court order or the first day of the month following plan selection and receipt of application and applicable premium	
Non-renewal or Expiration of Enrollment in a Non-calendar Year Plan	60 days prior to the loss of the non-calendar plan year MEC coverage through 60 days after the last day of the loss of non-calendar plan year MEC coverage	If elect coverage <u>on or prior to</u> the event, first day of month following the loss of coverage If elect coverage <u>after</u> the event, effective the first day of the month following plan selection and receipt of complete application and premium payment	Applies if losing coverage under either a group or individual non-calendar year plan or QSEHRA SEP is available even if an individual or dependent have the option to renew or re-enroll in such coverage
Involuntary Loss of Minimum Essential Coverage (MEC)	60 days prior to the loss of MEC through 60 days after the loss of MEC	If elect coverage <u>prior to</u> the event, first day of month following the loss of coverage.	Does not include loss of MEC due to non-payment of premium or voluntarily termination of coverage

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Involuntary Loss of MEC, (continued)		If elect coverage <u>after</u> the event, effective the first day of the month following receipt of complete application and premium payment	Examples: <ol style="list-style-type: none"> 1. Loss of employer-sponsored group coverage may permit coverage in an individual policy 2. Employer discontinued plan 3. Employer discontinue premium contributions for coverage (if coverage is not COBRA/continuation) 4. Exhaustion of COBRA/continuation 5. Divorce or legal separation from subscriber (occurs while enrolled in coverage) Enrollment period is triggered for dependents 6. Death of subscriber (occurs while enrolled in coverage) Enrollment period is triggered for dependents since death of subscriber results in a loss of MEC 7. Child loses dependent status (e.g., turns age 26) 8. Loss of eligibility for Medicaid, state CHIP or loss of pregnancy-related coverage under Medicaid or state CHIP or a loss of access to health care services through coverage provided to the pregnant woman's unborn child through Medicaid or state CHIP. 9. Loss of individual or employer sponsored group coverage due to a move outside of the HMO service area (For loss of group coverage, not other benefit package is available)
Permanent Move You made a permanent move into a Minnesota service area or into a new service area in Minnesota, which causes you to gain access to a new health plan.	60 days prior to the event through 60 days after the event	If elect coverage <u>on or prior to</u> the event, first day of month following the event coverage. If elect coverage <u>after</u> the event, effective the first day of the month following receipt of complete application and premium payment	Move must result in access to new qualified health plan. N/A when move is temporary or short-term for medical care/treatment or a vacation Proof of the following prior coverage: <ul style="list-style-type: none"> • Minimum essential coverage for at least 1 day in the 60 day period prior to event • Lived abroad for 1 or more days in the 60 day period prior to event • Lived in a service area where no qualified health plan was available via Exchange for at least 1 day during the 60 day period prior to the event or during the most recent open enrollment or special enrollment period.

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<p>Gaining Access to an individual coverage (ICHRA)</p>	<p>60 days prior to the event through 60 days after the event</p> <p><u>Note:</u> Election period cannot start 60 days prior to the event for individuals who:</p> <p>(1) become eligible to participate in the ICHRA \leq 90 days prior to the start of the ICHRA plan year, or the employer ... or</p> <p>(2) are employed by an employer that is first established less than 120 days before the beginning of the first plan year of the HRA (applies only with respect to the first plan year of the HRA).</p>	<p>If plan selection is <u>on or prior to</u> the event, coverage must be effective on the first day of month following the event.</p> <p>If plan selection is <u>after the</u> event, coverage must be effective on the first day of the month following plan selection (assumes receipt of complete application and premium payment)</p>	<p>Gaining access to an ICHRA permits enrollment in individual market coverage or changing to a different individual policy. Such individual policy must qualify as MEC. (e.g., no short term medical)</p> <p>If offered access to an “affordable” ICHRA, the individual is prohibited from being eligible to receive premium tax credits on the Exchange.</p> <p>PreferredOne will require a copy of the employer notice of eligibility for a ICHRA or other documentation as proof to eligibility for this SEP.</p>
<p>Newly provided a qualified small employer HRA (QSEHRA)</p>	<p>60 days prior to the event through 60 days after the event</p> <p><u>Note:</u> Election period cannot start 60 days prior to the event for individuals who:</p> <p>(1) become eligible to participate in the QSEHRA \leq 90 days prior to the start of the QSEHRA plan year, or the employer ... or</p> <p>(2) are employed by an employer that is first established less than 120 days before the beginning of the first plan year of the HRA (applies only with respect to the first plan year of the HRA).</p>	<p>If plan selection is <u>on or prior to</u> the event, coverage must be effective on the first day of month following the event.</p> <p>If plan selection is <u>after the</u> event, coverage must be effective on the first day of the month following plan selection (assumes receipt of complete application and premium payment)</p>	<p>Gaining access permits enrollment in individual market coverage or changing to a different individual policy. Such individual policy must qualify as MEC. (e.g., no short term medical)</p> <p>PreferredOne will require a copy of the employer notice of eligibility for a QSEHRA or other documentation as proof to eligibility for this SEP.</p>

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Exchange enrollment error due to error, misrepresentation, misconduct or inaction	Date of event through 60 days after event as determined by the Exchange	Coverage effective date must be appropriate for the circumstances.	Enrollment error results from officer, employee, agent or instrumentality of the Exchange or non-Exchange entity that assists with enrollment or enrollment activities.
Material Contract Violation by a Qualified Health Plan	Date of event through 60 days after event as determined by the Exchange	Coverage effective date must be appropriate for the circumstances.	Must be enrolled in the coverage for which contract was violated Must show material provision of the contract was violated
A qualified health plan enrollee or dependent is determined newly <u>ineligible</u> for Advance Payment of Premium Tax	Date of the ineligibility determination through 60 days after the determination of ineligibility	The regular effective date based on receipt of plan selection: <ul style="list-style-type: none"> • 1st-15th of month, coverage begins the following month • 16th-end of month, coverage begins 1st of the second following month 	Applies to qualified individuals, enrollees or dependents, which includes other dependents in the household (e.g., children).
A qualified health plan enrollee or dependent is determined newly <u>ineligible</u> for Cost-Sharing Reduction	Date of the ineligibility determination through 60 days after the determination of ineligibility	The regular effective date based on receipt of plan selection: <ul style="list-style-type: none"> • 1st-15th of month, coverage begins the following month • 16th-end of month, coverage begins 1st of the second following month 	Applies to qualified individuals, enrollees or dependents, which includes other dependents in the household (e.g., children).
Determined <u>ineligible</u> for Medicaid or state CHIP	Date of determination through 60 day after the determination	Coverage effective date must be appropriate for the circumstances	Application for Medicaid or state CHIP was made during open enrollment
Survivor of Domestic Abuse	Date of event through 60 days after the event	The regular effective date based on receipt of plan selection: <ul style="list-style-type: none"> • 1st-15th of month, coverage begins the following month • 16th-end of month, coverage begins 1st of the second following month 	Event pertains to victim of abuse and dependents. Attestation by the survivor of domestic abuse needed. Must be enrolled in MEC and seek to enroll in coverage separate from the perpetrator of abuse or abandonment Consumer who is married and a victim of domestic abuse can enroll without reflecting spousal income and receive APTC separate from the spouse.

