



AEP and SEP

What is AEP?

The Annual Enrollment Period (AEP) is an open enrollment period for Individual health plans (under age 65). The annual open enrollment each year runs from November 1st through December 15th for a January 1st start date. President Biden extended AEP to include December 16th through January 15th for a February 1st effective date. During this period, Individuals with existing coverage through the Marketplace (plans with Federal Tax Credits and/or Cost-Sharing Reductions) must reverify their income for the upcoming plan year. Individuals that do not currently have [Minimal Essential Coverage \(MEC\)](#) per [the Affordable Care Act](#) do not need to show proof of prior coverage or have any qualifying life event to apply for coverage.

What is SEP?

SEP stands for Special Enrollment Period. This period runs from December 16th through October 31st each year. During this period an eligible person may enroll in a Qualified Health Plan (QHP) or change from one plan to another because of a qualifying life event. Valid supporting documentation must be submitted indicating that a qualifying life event occurred within 60 days of the date of the application to the insurance carrier. Effective dates of coverage vary based on the date of application and the date/type of the qualifying life event.

During this period, you do not need supporting documentation to prove a qualifying life event. Effective dates of coverage will be the first of the month following the carrier's receipt of a completed application.

What are some examples of qualifying life events?

- Involuntary loss of minimum essential coverage
- Reaching maximum age for dependent coverage
- Marriage
- Birth, placement for adoption, placement in foster care, or gaining a court-ordered dependent
- Access to new individual plans due to permanent move or change in the service area
- Non-calendar year expiration of coverage
- Other events as decided by the Health Insurance Marketplace

What is not considered a valid Qualifying life event?

- Loss of short-term or temporary coverage
- Voluntarily opting out of affordable employer-provided coverage
- Voluntarily canceling coverage before the policy renewal or end date
- Expiration of travel insurance
- Loss of State or Federal benefits or assistance due to failure to provide necessary documents or verification
- Loss of coverage due to failure to pay the full premium
- Ending participation in a medical cost sharing group
- Gaining voluntary guardianship of a dependent (not authorized by a court)