Health Reform

Exchange Enrollment Periods

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Under the Exchange (also known as the Marketplace), there are three enrollment periods: the initial, the annual and the special enrollment periods.

Initial Enrollment Period

The initial enrollment period runs from October 1, 2013 through March 31, 2014. The effective dates for Exchange plans, called "qualified health plans" are as follows:

- For selections received on or before December 23, 2013, coverage must be effective January 1, 2014.
- For selections received between the 24th day of the month and the last day of the month of December, coverage must be effective February 1, 2014.
- For selections received between the 1st and 15th day of January, February or March 2014, coverage must be effective the 1st day of the following month.
- For selections received between the 16th day of the month and the last day of the month of January, February or March, the Exchange coverage must be effective the 1st day of the second following month.

It is important to note that individuals enrolling between February 16, 2014 and the close of the initial open enrollment period would not have Exchange coverage in effect until at least April 1, meaning they would have a gap in coverage of three or more months and be subject to an individual shared responsibility penalty, unless they are otherwise exempt. HHS has established an additional hardship exemption so that anyone who enrolls in an Exchange prior to the close of the initial open enrollment period will not face a penalty for the months prior to the coverage effective date. Individuals will not need to submit a request for an exemption; more details will be provided in 2014 about how to claim this exemption when filing a federal income tax return in 2015.

Annual Enrollment Period

The annual enrollment period for 2015 and thereafter will begin October 15 and extend through December 7 of the preceding calendar year for a January 1 effective date. Beginning in 2014, the Exchange must provide advance written notice to each enrollee about annual open enrollment no earlier than September 1 and no later than September 20.

This document is designed to highlight various employee benefit matters of general interest to our readers. It is not intended to interpret laws or regulations, or to address specific client situations. You should not act or rely on any information contained herein without seeking the advice of an attorney or tax professional.

Special Enrollment Periods

The Exchange must allow qualified individuals and enrollees to enroll in a qualified health plan or change from one to another as a result of any of the following triggering events:

- A qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption or placement for adoption.
- A qualified individual or dependent loses minimum essential coverage. This does not include termination due to failure to pay premiums on a timely basis, including COBRA premiums prior to expiration of the maximum COBRA coverage period.
- An individual 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, regardless of whether such individual is already enrolled in a qualified health plan. The Exchange must permit individuals whose existing converge through an eligible employer-sponsored plan will no longer be affordable or provide minimum value for his or her employer's upcoming plan year to access this special enrollment period prior to the end of his or her coverage through such eligible employer-sponsored plan.
- A qualified individual or enrollee gains access to new qualified health plans as a result of a permanent move.
- An individual, who was not previously a citizen, national, or lawfully present individual gains such status.
- A qualified individual's enrollment or non-enrollment in a qualified health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction of the Exchange or HHS.
- An enrollee adequately demonstrates to the Exchange that the qualified health plan in which s/he is enrolled substantially violated a material provision of its contract in relation to the enrollee.
- An Indian may enroll in a qualified health plan or change from one to another one time per month.

• A qualified individual or enrollee demonstrates to the Exchange that the individual meets other exceptional circumstances (as defined by the Exchange).

In general, the special enrollment period is 60 days from the date of the triggering event. Coverage must be effective as of the 1st day of the following month for elections made by the 15th of the preceding month and on the 1st day of the second following month for elections made between the 16th and the last day of a month except that coverage must be effective on the date of birth, adoption, or placement for adoption, when that is the special enrollment triggering event.