

Eligibility and qualifying events checklist

Effective 1/1/19

General eligibility provisions

In order to qualify for a Blue Shield of California Individual and Family Plan, you must:

- Be a California resident
- Not be enrolled with Medicare coverage
- Submit a request for coverage during our annual open enrollment, or experience a valid qualifying event and submit a request for coverage during a special enrollment period.

California residency

A resident of California is an individual who:

- Has not established a permanent residence outside of California, and
- Intends to reside in California for at least 180 days of the year following his or her effective date of coverage

Both of these requirements apply, whether an application is submitted during open enrollment or a special enrollment period.

Important: For child only applications: Verification of parent or guardian residency is required.

Newborn babies and parents

These requirements also apply to newborn babies and their parents. For example, if an expecting couple from New York is on vacation, and the baby is born in California, the parents are not considered residents of California, and the baby is therefore not eligible for a Blue Shield plan. The residency of the parents or legal guardians determines the residency of the infant. These requirements apply whether the parents or legal guardians reside outside of California or outside the country. For surrogate mothers: Unless she is claiming parental rights, her residency does not determine the residency of the infant; the residency of the parents or legal guardians is what is important.

How to verify California residency

Applicants, spouses, or domestic partners for Blue Shield coverage must verify their residency by submitting either two different documents from column A, or one document from column A and one document from column B in the following table. Documentation supporting temporary or transient occupancy does not validate California residency requirements.

Note: For documentation supporting your California residence, the address must match the home address listed on your application.

Acceptable documentation of California residence (with acceptable dates)

Acceptable Documentation A

- California utility billing statement (gas, electricity, water or cable). In order to support a permanent move, the billing statement must be for initial service.
- Valid California driver's license or California photo ID card. In order to support a permanent move, the ID must be newly issued.
- Paycheck stub for California employment. In order to support a permanent move, the paycheck stub must include the year-to-date pay that confirms new employment.

Acceptable Documentation B

- California DMV history information Request printout
- California (540) tax returns with California as the home address
- California state aid or assistance program
- California car registration and/or California car insurance
- Military discharge papers (DD214) or Leave and Earnings statement (indicating California as state of record)
- California property taxes for your home
- California school transcripts, school registration, school ID, school housing contract (for applicants under age 18 applying solo)

The Affordable Care Act requires that everyone have health insurance or pay a tax penalty. A Social Security number is requested on the application and will be used to inform the government that applicants have applied for coverage and should not be penalized. When a Social Security number is not provided for each adult applicant on the application, a valid California photo ID is required.

Special enrollment periods

Individuals experiencing a qualifying event will have a special enrollment period to apply for coverage. Documentation supporting eligibility is listed next to each of the qualifying events starting on page 4. The documentation is required and must be submitted to Blue Shield at the time of application.

The specific qualifying event may apply to the entire family or only to the person affected. For example, if a family experiences the birth of child, the child could apply as an individual effective on the child's date of birth, or the entire family could apply effective as of the

newborn's date of birth. The qualifying event does not apply to the remainder of a family on a policy from which an individual no longer qualifies as a dependent.

Important things to know

- Providing the requested documentation does not guarantee approval for enrollment. All documentation submitted is subject to validation and must support the qualified event or eligibility requirements.
- Under no circumstances will coverage become effective prior to the qualifying event date.
- An application for coverage due to a qualifying event must be received within 60 days after the qualifying event. The ability to apply up to 60 days prior to qualifying event date is limited to loss of coverage qualifying events only. For all other qualifying events, an application may only be submitted after the qualifying event has occurred. As an example, for a new move qualifying event, an application must be submitted after the move has been completed and will not be valid prior to the move.
- Please be aware that effective dates differ based on the specific qualifying event.

Minimum essential coverage

An eligible individual or dependent who experiences a loss of minimum essential coverage has 60 days prior to and 60 days following the loss of coverage to enroll. This is intended to avoid a coverage gap when switching to the new plan. Loss of minimum essential coverage does not include failure to pay premiums, voluntary cancelation, or rescission of prior coverage.

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1	<p>Gains a dependent or becomes a dependent through birth, foster care or adoption</p> <p>Effective date: The date of birth or the date the covered parent(s) have control of the health care of the child being fostered or placed for adoption (most times prior to the adoption being final).</p>	<p>Documentation of the right to control the health care of the child is required.</p> <p>Birth</p> <p><input type="checkbox"/> Birth certificate of the child (hospital, county or government issued only)</p> <p>Adoption and placement for adoption:</p> <p><input type="checkbox"/> Medical authorization form</p> <p><input type="checkbox"/> Evidence of the enrollee's right to control the health care of the child</p> <p><input type="checkbox"/> Relinquishment form</p> <p>Additionally, two forms of California residency documentation from the table on page 2. For <i>child-only applications</i>: Verification of parent or guardian residency is required.</p>
2	<p>Gains a dependent or becomes a dependent through marriage or domestic partnership</p> <p>Effective date: The first day of the month after Blue Shield receives your request for enrollment. For example, an application received February 20 would have a coverage effective date of March 1.</p>	<p><input type="checkbox"/> Marriage certificate</p> <p><input type="checkbox"/> Partnership agreement</p>
3	<p>Your dependent is mandated to be covered pursuant to a valid state or federal court order</p> <p>Effective date: If the request is postmarked or received between the first and 15th of the month, coverage will be effective the first day of the next month. If the request is postmarked or received between the 16th and the end of the month, coverage will be effective the first day of the second following month.</p>	<p><input type="checkbox"/> Qualified Medical Child Support Order (QMCSO)</p> <p><input type="checkbox"/> Valid state or federal court order that dependent is mandated to be covered</p>

4	<p>You or your dependent lost minimum essential coverage due to termination of employment, a change in employment status or a reduction in hours of the individual providing coverage to the dependent</p> <p>Effective date: The first day of the month after Blue Shield receives your application for enrollment. For example, an application received February 20 would have a coverage effective date of March 1.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> COBRA, FMLA or Cal-COBRA election form <input type="checkbox"/> Coverage cancellation notice, model notice or certificate of creditable coverage <p>Or</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter from employer dated within 60 days of the qualifying event, on business letterhead confirming loss of coverage <p>And</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paystub dated within 60 days confirming medical premium deduction <p>Important! Qualifies under loss of minimum essential coverage criteria. This means the request for coverage may be submitted up to 60 days prior to and up to 60 days following the actual date coverage ends.</p>
5	<p>You or your dependent lost minimum essential coverage due to cessation of an employer's contribution toward your coverage, which is not COBRA</p> <p>Effective date: The first day of the month after Blue Shield receives your application. For example, an application received February 20 would have a coverage effective date of March 1.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> COBRA, FMLA or Cal-COBRA election form <input type="checkbox"/> Coverage cancellation notice, model notice or certificate of creditable coverage <p>Or</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter from employer dated within 60 days of the qualifying event, on business letterhead confirming loss of coverage <p>And</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paystub dated within 60 days confirming medical premium deduction <p>Important! Qualifies under loss of minimum essential coverage criteria. This means the request for coverage may be submitted up to 60 days prior to and up to 60 days following the actual date coverage ends.</p>
6	<p>Death of the person through whom you or your child were covered as a dependent or death of a dependent on your health plan</p> <p>Effective date: The first day of the month after Blue Shield receives your application. For example, an application received February 20 would have a coverage effective date of March 1.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Certified death certificate <input type="checkbox"/> Obituary (newspaper copy or mortuary notice) <p>And one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> COBRA, FMLA or Cal-COBRA election form <input type="checkbox"/> Certificate of creditable coverage from another carrier showing the dependents covered under the plan and the date coverage ended

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Loss of coverage under a plan in which you were covered as a dependent and the policyholder of the plan now has entitlement of benefits under Title XVIII of the Social Security Act (Medicare)

Effective date: The first day of the month after Blue Shield receives your application. For example, an application received February 20 would have a coverage effective date of March 1.

- ☐ Copy of Medicare card
- ☐ Approval letter of entitlement from Social Security office

And one of the following:

- ☐ COBRA, FMLA or Cal-Cobra election form
- ☐ Coverage cancel notice

Or

- ☐ Letter from employer dated within 60 days of the qualifying event, on business letterhead confirming loss of coverage

And

- ☐ Paystub dated within 60 days confirming medical premium deduction

Important! Qualifies under loss of minimum essential coverage criteria. This means the request for coverage may be submitted up to 60 days prior to and up to 60 days following the actual date coverage ends.

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Your dependent child's loss of dependent status under the applicable requirements of the health plan contract (such as reaching age 26)

Effective date: The first day of the month after Blue Shield receives your application. For example, an application received February 20 would have a coverage effective date of March 1.

- ☐ Coverage cancellation notice, model notice or certificate of creditable coverage
- ☐ Copy of letter from the carrier explaining reason for dependent cancellation

Or

- ☐ Letter from employer dated within 60 days of the qualifying event, on business letterhead confirming loss of coverage

And

- ☐ Paystub dated within 60 days confirming medical premium deduction

Important! Qualifies under loss of minimum essential coverage criteria. This means the request for coverage may be submitted up to 60 days prior to and up to 60 days following the actual date coverage ends.

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Loss of coverage or loss of a dependent due to legal separation, divorce or dissolution of domestic partnership

Effective date: The first day of the month after Blue Shield receives your application. For example, an application received February 20 would have a coverage effective date of March 1.

- ☐ COBRA, FMLA or Cal-COBRA election form
- ☐ Coverage cancellation notice, model notice or certificate of creditable coverage
- ☐ Letter from employer dated within 60 days of the qualifying event, on business letterhead confirming loss of coverage

Along with:

- ☐ Paystub dated within 60 days confirming medical premium deduction

And one of the following:

- ☐ Divorce decree
- ☐ Notice of Termination of Domestic Partnership (notarized)
- ☐ Other documentation supporting divorce, legal separation or dissolution of domestic partnership

Important! Qualifies under loss of minimum essential coverage criteria. This means the request for coverage may be submitted up to 60 days prior to and up to 60 days following the actual date coverage ends

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Loss of coverage under the Access for Infants and Mothers Program or the Medicaid Program: Includes Medi-Cal coverage for pregnancy-related services, loss of access to CHIP unborn child coverage due to birth of the child, Medicaid share of costs and medically-needed programs or other government-sponsored healthcare programs

Effective date: The first day of the month after Blue Shield receives your application. For example, an application received February 20 would have a coverage effective date of March 1.

- ☐ Notification of loss of Children's Health Insurance Program or Medicaid coverage from state program

Important! Qualifies under loss of minimum essential coverage criteria. This means the request for coverage may be submitted up to 60 days prior to and up to 60 days following the actual date coverage ends.

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Loss of HMO coverage benefits because you no longer reside, live or work in the HMO service area

Effective date: The first day of the month after Blue Shield receives your application. For example, an application received February 20 would have a coverage effective date of March 1.

- ☐ Coverage cancellation notice, model notice or certificate of creditable coverage

And

- ☐ **Two** forms of California residency documentation from the table on page 2.
 - For **child-only applications**: Verification of parent or guardian residency is required.

Important! Qualifies under loss of minimum essential coverage criteria. This means the request for coverage may be submitted up to 60 days prior to and up to 60 days following the actual date coverage ends.

You became a permanent resident of California during a month outside of the open enrollment period and/or gained access to qualified health plans as a result of a permanent move

Effective date: If the request is postmarked or received between the first and 15th of the month, coverage will be effective the first day of the next month. If the request is postmarked or received between the 16th and the end of the month, coverage will be effective the first day of the second following month.

Infants and dependent children (applying solo):

- ☐ Birth certificate of the child (hospital, county or government-issued only), or supportive documentation confirming the adoption or legal guardian status (as applicable)
 - For **child-only applications**: Verification of parent or guardian residency is required.

School-aged children: Pre-K – Grade 12 (applying solo):

- ☐ School enrollment record from the former state
- ☐ California school enrollment record
 - For **child-only applications**: Verification of parent or guardian residency is required.

Adult applicants and families:

If moving within the state of California or into California from another U.S. state, please submit the following:

- ☐ Verification of recent address change, such as a utility billing statement or mortgage statement from the previous residence
- ☐ **Two** forms of California residency documentation from the table on page 2.

Or

- ☐ Proof of prior residence was in a non-QHP service area

If moving to California from another country, please submit the following:

- ☐ Copy of U.S. visa and foreign passport information page and the date-stamped page showing:
 - Date of entry to California
 - Date of exit from country of origin (the country from which you moved)

Or, if U.S. citizen moving back to the United States:

- ☐ U.S. passport and copy of foreign visa with information page and the date-stamped page showing:
 - Date of entry and exit from country of origin (the country from which you moved)

And

- ☐ **Two** forms of California residency documentation from the table on page 2.
 - For **child-only applications**: Verification of parent or guardian residency is required.

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Return from active military service

Effective date: If the request is postmarked or received between the first and 15th of the month, coverage will be effective the first day of the next month. If the request is postmarked or received between the 16th and the end of the month, coverage will be effective the first day of the second following month.

- ☐ Certificate of release or discharge from active duty

Other qualifying events may apply, such as:

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Loss of minimum essential coverage, including loss of coverage due to the employer Chapter 11 activity from which the covered employee retired, or exhaustion of COBRA coverage

Effective date: The first day of the month after Blue Shield receives your application. For example, an application received February 20 would have a coverage effective date of March 1.

- ☐ COBRA coverage cancel notice from the COBRA administrator
- ☐ Coverage cancellation notice, model notice or certificate of creditable coverage

Release from incarceration

Effective date: If the request is postmarked or received between the first and 15th of the month, coverage will be effective the first day of the next month. If the request is postmarked or received between the 16th and the end of the month, coverage will be effective the first day of the second following month.

- ☐ Incarceration release form
- ☐ Other official documentation that supports release from incarceration

Advanced Premium Tax Credit (APTC) or cost-sharing eligibility change

Effective date: If the request is postmarked or received between the first and 15th of the month, coverage will be effective the first day of the next month. If the request is postmarked or received between the 16th and the end of the month, coverage will be effective the first day of the second following month.

- ☐ Official document from Covered California indicating loss of tax credit (APTC) or cost-sharing eligibility change with the date of loss or change

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Completion of covered services when contracting provider is no longer participating

Effective date: If the request is postmarked or received between the first and 15th of the month, coverage will be effective the first day of the next month. If the request is postmarked or received between the 16th and the end of the month, coverage will be effective the first day of the second following month.

- ☐ Letter from the provider announcing the change and effective date of the change from a participating to a non-participating provider. The letter must be on letterhead and signed by the provider or legal representative of the practice.
- ☐ An Explanation of Benefits from the carrier denying the claim, including the reason for the denial

Health benefit plan substantially violated a material provision of the contract

Effective date: If the request is postmarked or received between the first and 15th of the month, coverage will be effective the first day of the next month. If the request is postmarked or received between the 16th and the end of the month, coverage will be effective the first day of the second following month.

- ☐ Letter from the qualified health plan documenting the violation and the date of discovery of the violation

Victims of domestic abuse or spousal abandonment: A qualified individual or enrollee is a victim of domestic abuse or spousal abandonment, including a dependent or unmarried victim within a household, is enrolled in minimum essential coverage, and seeks to enroll in coverage separate from the perpetrator of the abuse or abandonment.

Effective date: If the request is postmarked or received between the first and 15th of the month, coverage will be effective the first day of the next month. If the request is postmarked or received between the 16th and the end of the month, coverage will be effective the first day of the second following month.

- ☐ Proof of minimum essential coverage in the 60 days preceding the application date for at least one of the applicants

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(cont'd)

Enrollment/non-enrollment in a qualified health plan was unintentional, inadvertent or erroneous resulting from the error, misrepresentation or inaction of the exchange or the Department of Health and Human Services (HHS), or non-enrollment/not receiving advanced premium tax credits or cost sharing reduction as a result of a non-exchange entity providing enrollment assistance/activities (both as determined by the exchange)

Effective date: If the request is postmarked or received between the first and 15th of the month, coverage will be effective the first day of the next month. If the request is postmarked or received between the 16th and the end of the month, coverage will be effective the first day of the second following month.

Assessed ineligible for CHIP/Medicaid: A qualified individual or dependent applies for coverage on the Exchange or through the state Medicaid or CHIP agency but the determination of eligibility is delayed and not communicated to the individual until after the annual open enrollment period has ended or more than 60 days after the qualifying event if coverage is applied for during a special enrollment period.

Effective date: If the request is postmarked or received between the first and 15th of the month, coverage will be effective the first day of the next month. If the request is postmarked or received between the 16th and the end of the month, coverage will be effective the first day of the second following month

- ☐ Letter from the exchange or HHS or qualified health plan documenting the erroneous enrollment or non-enrollment that includes the name(s) of the member(s) with the qualifying event and the date of the notification

And one of the following:

- ☐ COBRA, FMLA or Cal-COBRA election form
- ☐ Coverage cancellation notice, model notice or certificate of creditable coverage

- ☐ Notification from the state agency proving ineligibility for Medicaid coverage

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(cont'd)

Individuals enrolled in any non-calendar year group or individual health plan, even if the qualified individual or dependents have the option to renew such coverage.

Effective date: The first day of the month after Blue Shield receives your application. For example, an application received February 20 would have a coverage effective date of March 1.

☐ Plan renewal notice from the carrier that includes the date of renewal.

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Qualifying events that must be referred to Covered California:

American Indian status (may be entitled to a monthly special enrollment period)

New U.S. citizen (citizenship newly obtained)

Other exceptional circumstance (circumstance must be validated by Covered California)