

OpenEnrollment2015.txt

10/11/2014

Individual and Family Plans, on and off the exchange.

The Open Enrollment period for new coverage in 2014 is now closed.

The enrollment period for 2015 is Jan-Feb.

Enrollment and/or changes to your coverage may only be made outside of Open

Enrollment following a Qualifying Event.

**View a list of Qualifying Events and required documentation you must submit with
your application.**

**(You have up to 60 days from the Qualifying Event to enroll in a new plan or make
changes to your existing plan.)**

**Applications and changes to existing plans will not be processed until the Health
Insurance Provider has received your monthly premium payment and any required
Qualifying Event related documentation.**

**** Subject to change with out notice. Please call us for the latest updates to the rules.**

(800) 393-3592 **

Special Enrollment Qualifying Events and Enrollment Documents

Any individuals without coverage after Open Enrollment may become eligible for coverage if they have experienced one of the qualifying events listed below. Individuals who qualify must submit one form of documentation that verifies the event's occurrence to complete their enrollment. Additional documentation may be required depending on the qualifying event.

You must apply for coverage within 60 days of the qualifying event to be eligible for special enrollment. In most cases, your coverage will begin the 1st of the month following **Health Carrier's** receipt of your completed application and premium payment. In the case of birth or adoption, coverage will begin as of the date of birth or adoption.

Qualifying Event	Documentation Needed
Termination of employment	Letter on business letterhead from previous employer confirming date of termination, employer contact name, title, and contact information
	HIPAA Certificate of Creditable Coverage stating employer name and termination of coverage date
Status change/Reduction of hours	Letter on business letter head from employer stating date of status change/reduction of hours and that employee is no longer eligible for coverage
Exhaustion of COBRA	Copy of COBRA termination letter confirming exhaustion of coverage
	Letter on business letterhead from former employer or COBRA administrator confirming dates of COBRA coverage
Termination of employer contributions	Letter on business letterhead from employer stating date of termination of contributions towards employee's premium
Marriage or Registered Domestic Partners	Copy of marriage certificate with seal or Registered Domestic Partnership certificate
	Documentation showing marriage certificate was filed in court
Divorce/Legal separation	Copy of Dissolution of Marriage with judge's/commissioner's signature and documentation demonstrating loss of coverage (e.g., HIPAA Certificate of Creditable Coverage)
	Notice of Termination of Domestic Partnership (notarized) and documentation demonstrating loss of coverage (e.g., HIPAA Certificate of Creditable Coverage)
	Copy of the agreed order of legal separation and documentation demonstrating loss of coverage (e.g., HIPAA Certificate of Creditable Coverage)
Birth, Adoption, or Placement for adoption	Birth: Hospital documentation showing baby's date of birth
	Adoption: Adoption order or Final Decree
	Placement for adoption: Copy of court order or Certification of Placement from the adoption agency
Dependent ceases to be a dependent	Letter/statement from prior health plan stating coverage ended due to age (turning age 26)
Death of a covered employee's spouse	Copy of obituary or death certificate
Court order, legal guardianship or medical support order	Copy of court documentation of legal guardianship
	Copy of Qualified Medical Support Order

Qualifying Event	Documentation Needed
Incurring a claim that would meet or exceed a lifetime limit on all benefits	Letter from previous health plan indicating the date the individual exceeded the lifetime limits on benefits
	Explanation of Benefits from previous carrier indicating the date the individual exceeded the lifetime limits on benefits
Prior coverage terminated due to move from out of state	Documentation from prior health plan stating coverage ended due to moving outside of their service area
Gaining access to coverage as a result of a permanent move to the service area	Verification of recent address change such as utility billing statement, rental agreement or mortgage statement from the previous residence and from the current residence
	For school-aged children: school enrollment record from the previous residence and from the current residence
Released from incarceration	Documentation from the releasing facility or the applicable State Department of Justice indicating the date of release and confirming the applicant was incarcerated during the previous open enrollment period
Member of the reserve forces of the United States military returning from active duty or a member of the California National Guard returning from active duty service	Documentation from the applicable government agency indicating the date of return and confirming the applicant was on active duty during the previous open enrollment period
Previous health coverage issuer substantially violated a material provision of the health coverage contract	Written statement from applicant explaining the circumstances and the provision of the plan contract the applicant asserts the previous health plan violated. The written explanation must be accompanied by a copy of the Evidence of Coverage and/or plan contract from the previous health plan.
Failure to enroll in a health benefit plan during the immediately preceding enrollment period because applicant was misinformed that he or she was covered under minimum essential coverage	Letter from the Department of Managed Health Care (DMHC) confirming applicant has demonstrated the required criteria
Previously receiving services from a contracting provider under another health benefit plan for one of the following services and that provider is no longer participating in the health benefit plan: <ul style="list-style-type: none"> • An acute condition • Serious chronic condition • Pregnancy • Terminal illness • A pending surgery or procedure that was previously scheduled to occur within 180 days of the date your provider was terminated from the network of your previous health plan • A child age 0-36 months 	Documentation from prior health plan indicating the date the contracting provider terminated his/her contract with the plan and medical records confirming applicant was receiving treatment from the provider for one of the listed services prior to the provider's termination. Approval is contingent upon clinical review.