

# Qualifying Events for Health Coverage Special Enrollment Period



An Independent Licensee of the Blue Cross and Blue Shield Association

The Special Enrollment period is a time when you are allowed to make health plan changes outside of the Open Enrollment period if you have a qualifying event. Documented proof of the qualifying event is required and must be submitted with your application. BCBSAZ must receive your proof within 7 business days of submission of your application. In most cases, you have up to 60 days after a qualifying event to change your coverage (sometimes 60 days before the qualifying event as well).

Qualifying Event*	Definition	Application Deadline	Proof of Qualifying Event**
Loss of insurance coverage	<p>Individual or his/her dependent loses minimum essential coverage, AHCCCS, CHIP or Medicaid-provided, pregnancy-based, medically needy coverage.</p> <p><b>IMPORTANT: Under federal law, voluntarily dropping coverage does not entitle you to a Special Enrollment period. By continuing with a Blue Cross Blue Shield of Arizona application and submitting documentation you acknowledge that you did not voluntarily drop coverage. If you voluntarily dropped coverage, you must wait until the next Open Enrollment period unless you have some other qualifying life event.</b></p>	Within 60 days of event	<ul style="list-style-type: none"> <li>Termination letter showing date for loss of Medicaid or Medicare coverage.</li> <li>Letter from your employer confirming loss of coverage and reason (i.e. COBRA, TRICARE, CHIP).</li> <li>HIPAA Certificate of Creditable Coverage pay stubs showing reduction in hours with employer documentation that coverage is not available for employees working the lesser number of hours.</li> <li>Proof of loss of dependent status due to reaching age 26.</li> <li>Death certificate of policyholder and prior insurance plan ID card showing dependents.</li> </ul>
Non-calendar Year Plan	Individual is enrolled in a non-calendar year plan and the plan or policy year is ending.	Within 60 days of event	<ul style="list-style-type: none"> <li>Official renewal letter issued by your prior insurer showing the plan or policy year period.</li> </ul>
Marriage	Individual gains or becomes a dependent due to marriage.	Within 60 days of event	<ul style="list-style-type: none"> <li>Marriage certificate.</li> <li>For children gained through marriage, in addition to the marriage certificate, submit birth certificates for child dependents.</li> </ul>
Birth or adoption or foster care	Individual gains or becomes a dependent due to birth, adoption, or placement for adoption/foster care.	Within 60 days of event	<ul style="list-style-type: none"> <li>Birth certificate.</li> <li>Court order or decree of adoption.</li> <li>Official verification of foster care placement and placement date.</li> </ul>
Child support or other court order	Individual gains a dependent or becomes a dependent through a child support order or other court order.	Within 60 days of event	<ul style="list-style-type: none"> <li>Valid state or federal court order that dependent is mandated to be covered.</li> </ul>

Qualifying Event*	Definition	Application Deadline	Proof of Qualifying Event**
Permanent move	<p>Individual moves to Arizona from out of state or moves within Arizona and gains access to a new health insurance plan.</p> <p>Includes release from incarceration.</p> <p><b>IMPORTANT: By continuing with your application and submitting documentation, you acknowledge that you are currently living at the new address and that you intend to reside there. Obtaining inpatient care in a hospital does not constitute a permanent move under Federal law.</b></p>	<p>Within 60 days of event</p> <p>You must have had minimum essential coverage for one or more days during the 60 days preceding your move or were living outside the US or in a US territory. This does not apply to individuals recently released from incarceration or previously resided in a non-Medicaid expansion state.</p>	<p>Proof of coverage in the last 60 days AND one of the items below:</p> <ul style="list-style-type: none"> <li>• Last utility bill for former residence PLUS initial utility bill for new residence.</li> <li>• Lease or rental agreement for new residence PLUS lease or rental agreement for former residence.</li> <li>• Deed, mortgage or monthly mortgage statement for new residence, PLUS deed, mortgage, monthly mortgage statement for former residence.</li> <li>• New driver's license or state photo ID card PLUS former driver's license or state photo ID card.</li> <li>• New state vehicle registration or title PLUS former state vehicle registration or title.</li> <li>• For release from incarceration, provide a copy of certified letter documenting release date.</li> </ul>
Loss of dependent	Individual loses a dependent through death.	Within 60 days of event	<ul style="list-style-type: none"> <li>• Death certificate for dependent PLUS prior insurance plan ID card showing dependent.</li> </ul>
Coverage no longer meets minimum value	Individual's employer coverage no longer meets the minimum value requirements.	Within 60 days of event	<ul style="list-style-type: none"> <li>• Letter or other statement from employer showing that coverage doesn't meet minimum value and date it stopped meeting minimum value.</li> </ul>
Divorce from policyholder	Individual loses coverage as a result of divorce.	Within 60 days of event	<ul style="list-style-type: none"> <li>• Divorce decree.</li> </ul>
Change in eligibility for subsidies	Your change in income, household or other status impacts your eligibility for cost savings. Cost savings include Advance Premium Tax Credit (APTC) and Cost-Sharing Reductions (CSR).	Within 60 days of event	<ul style="list-style-type: none"> <li>• Proof from Centers for Medicare and Medicaid Services (CMS) of subsidy eligibility change.</li> <li>• Copy of Marketplace (healthcare.gov) eligibility notice.</li> </ul>
Federally Facilitated Marketplace error or contract violation	<p>There was an error in the enrollment process for the individual or his/her dependent's current plan (as defined by Federal Law.)</p> <p>Individual or his/her dependent's plan or issuer substantially violated a material provision in a current plan.</p>	Within 60 days of event	<ul style="list-style-type: none"> <li>• Confirmation of error from the Federally Facilitated Marketplace (healthcare.gov).</li> </ul>

\*This is not a complete list. There may be other events that apply. Some qualifying events apply only on the Federally Facilitated Marketplace (healthcare.gov).

\*\*If you do not have the documentation shown on this chart but have other documentation to prove your qualifying event, you may submit it with any added explanation you want to offer. BCBSAZ in its sole discretion will determine if the proof is adequate, based on applicable law.

Qualifying life events are defined in Federal Law. BCBSAZ requires proof of the qualifying event. An application is not complete and will not be considered for coverage unless proof of the qualifying event is received and validated by the required date. Effective date is calculated upon approval.

Information as of February 1, 2016

Blue Cross Blue Shield of Arizona complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884. Dii kwe'é atch nilingií Blue Cross Blue Shield of Arizona haada yit' éego bina' idikidgo éi doodago Háida bíjá anilyeedígíí t' áadoo le'é yina' idikidgo beehaz' áanii hólo díí t' áa hazaadk' ehji háká a' doowotgo bee haz' q doo bqah ilinígó. Ata' halne' igíí koj' bich'ij' hodilnih 877-475-4799.