IFP Eligibility and residency policy

Effective 1/1/2022

General eligibility provisions

To qualify for a Blue Shield of California Individual and Family Plan, you must:

- Be a California resident. This is governed by the eligibility documents required below.
- Not be enrolled in 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

Important: Information specific to qualifying events can be found on pages 5 through 9 below.

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.

Infants, minor dependents, and parents

These requirements also apply to minor dependents and their parents including newborns.

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 child. These requirements apply whether the parents or legal guardians reside outside of California or outside the country; however, the minor dependent must live in California to be eligible for coverage. Verification of relationship to minors on behalf of whom an application is submitted is required. For legal guardians, court documentation is required.

Adult dependents: Applicants aged 18-26 may reside outside of California for circumstances such as attending college.

For surrogate mothers: Unless she is claiming parental rights, her residency does not determine the residency of the infant; the residency of the intended 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**. Providing the requested documentation does not guarantee approval for enrollment.

All documentation submitted is subject to validation and additional documentation may be required to complete verification.

Acceptable documentation of California residence (with acceptable dates prior to enrollment)

Acceptable Documentation A	Acceptable Documentation B
• California utility billing statement (gas, electricity, water, or cable). To support a permanent move, the billing statement must be for initial service with dates prior to enrollment. • Valid California driver's license or California photo ID card. To support a permanent move, the ID must be newly issued. When a California driver's license or photo ID indicates, "Limited-Term", additional documentation will be required. • Paycheck stub for California employment. To support a permanent move, the paycheck stub must include the year-to-date pay that confirms new employment.	• California vehicle registration and/or California vehicle insurance. • Insurance related documents such as a homeowner's document, renter policy or statement using the address on the application. • California DMV Driver Record Request printout showing recent activity. • Most recent California (540) tax return page showing California as the home address. • California state aid or assistance program. • 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 state of California 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.

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 a 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 on 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 a 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 before and 60 days after the loss of coverage to apply. 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 cancellation, or rescission of prior coverage.

Eligibility and qualifying events checklist

Effective 4/1/2021

#	Qualifying Event Type	Required Documentation
1	**Gains a dependent or becomes a dependent through birth, foster care, or adoption** 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).	Documentation of the right to control the health care of the child is required. **Birth:** ☐ Official hospital or government document typically titled Record of Birth. Note: Commemorative, heirloom, or unofficial birth certificates will not be accepted. **Adoption and placement for adoption:** ☐ Medical authorization form. ☐ Evidence of the enrollee's right to control the health care of the child ☐ Relinquishment form *For **child-only applications**: Verification of parent or guardian residency is required. Refer to residency table on page 2 for two requirements.*
2	**Gains a dependent or becomes a dependent through marriage or domestic partnership or registration** 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.	☐ Marriage certificate ☐ Domestic partnership agreement or registration
3	**Your dependent is mandated to be covered pursuant to a valid state or federal court order** 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.	☐ Qualified Medical Child Support Order (QMCSO) ☐ Valid state or federal court order that mandates dependent be covered

#	Qualifying Event Type	Required Documentation
4	**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** Effective date: The first day of the month either after Blue Shield receives your application for enrollment or after the qualifying event date. For example, an application received February 20 would have a coverage effective date of March 1 or an application received February 20 for a loss of coverage on March 31 would have a coverage effective date of April 1.	☐ COBRA, FMLA, or Cal-COBRA election form ☐ Coverage cancellation notice, model notice, or certificate of creditable coverage **Or** ☐ Letter from employer dated within 60 days of the qualifying event, on business letterhead confirming loss of coverage **Along with:** ☐ Pay stub 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 before and up to 60 days after the actual date coverage ends.
5	**You or your dependent lost minimum essential coverage due to cessation of an employer's contribution toward your coverage, which is not COBRA** 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 **Or** ☐ Letter from employer dated within 60 days of the qualifying event, on business letterhead confirming loss of coverage **Along with:** ☐ Pay stub 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 before and up to 60 days after the actual date coverage ends.
6	**Death of the person through whom you or your child were covered as a dependent or death of a dependent on your health plan** 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.	☐ Certified death certificate ☐ Obituary (newspaper copy or mortuary notice) **And** one of the following: ☐ COBRA, FMLA, or Cal-COBRA election form ☐ Certificate of creditable coverage from another carrier showing the dependents covered under the plan and the date coverage ended

#	Qualifying Event Type	Required Documentation
7	**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 **Along with:** ☐ Pay stub 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 before and up to 60 days after the actual date coverage ends.
8	**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 **Along with:** ☐ Pay stub from subscriber under which dependent was covered confirming medical premium deductions and dated within 60 days. **Important!** Qualifies under loss of minimum essential coverage criteria. This means the request for coverage may be submitted up to 60 days before and up to 60 days after the actual date coverage ends.

#	Qualifying Event Type	Required Documentation
9	**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 Or ☐ Letter from employer dated within 60 days of the qualifying event, on business letterhead confirming loss of coverage **Along with:** ☐ Pay stub 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 before and up to 60 days after the actual date coverage ends.
10	**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 before and up to 60 days after the actual date coverage ends.
11	**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 before and up to 60 days after the actual date coverage ends.

#	Qualifying Event Type	Required Documentation
12	**You became a permanent resident of California during a month outside of the open 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.	**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.* **If moving to California from another country,** please submit the following: ☐ Copy of current I-94 form or – Copy of U.S. Visa and Foreign passport information page and the date stamped page showing: – Dates of entry to California and 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.*

#	Qualifying Event Type	Required Documentation
13	**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:		
14	**Loss of minimum essential coverage, including loss of coverage due to the employer Chapter 11 activity from which the covered employee retired, or student with coverage ending, 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 cancellation notice from the COBRA administrator ☐ Coverage cancellation notice, model notice, or certificate of creditable coverage ☐ Student coverage cancellation notice
	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

#	Qualifying Event Type	Required Documentation
14 (cont'd)	**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

#	Qualifying Event Type	Required Documentation
14	**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.	☐ 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
14 (cont'd)	**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.	☐ Notification from the state agency proving ineligibility for Medicaid coverage

#	Qualifying Event Type	Required Documentation
14 (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
	Individuals who newly gain access to an Individual Coverage health reimbursement arrangement (ICHRA), effective 2/1/2021, or newly enrolled in a qualified small employer health reimbursement arrangement (QSEHRA) benefit. 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.*	☐ QSEHRA plan document from employer that includes effective date ☐ Individual Coverage HRA Model Notice from employer that includes effective date
	Individuals losing coverage due to a financially interested entity's failure to pay premiums on a timely basis. 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 of cancellation from acceptable third-party payor **And** ☐ Coverage cancellation notice, model notice, or certificate of creditable coverage

* The effective date may be the first of the following month if the application is received prior to the qualifying event to prevent a lapse in coverage.

#	Qualifying Event Type	Required Documentation
15	**American Indian status (may be entitled to a monthly special enrollment period)** **New U.S. citizen (citizenship newly obtained)** **Individual received a hardship exemption, but no longer has that hardship.** **Individual has a certificate of exemption but is no longer eligible for the exemption received.** **A child determined ineligible for Medi-Cal and CHIP but who is mandated to be covered pursuant to a valid state or federal court order by someone other than the person for whom the child is a tax dependent.** **Exceptional circumstances occurred on or around plan selection deadlines, including natural disasters and medical emergencies.** **Enrolled in an employer-sponsored plan and is newly eligible for APTC and/or CSR plan and benefit display errors** **App-based drivers who are newly qualified for app-based driver stipend per Proposition 22** **Loss of COBRA or Cal-COBRA subsidies (effective 6/14/2021)** **National public health emergency or pandemic that results in a declaration of state of emergency at the state or national level (effective 6/14/2021)** **Other exceptional circumstance (circumstance must be validated by Covered California)**	Qualifying events that must be referred to Covered California for enrollment.

Blue Shield of California is an independent member of the Blue Shield Association A47614 (12/21)