



# Understanding Eligibility and Special Enrollment



## Am I eligible for coverage?

In order to qualify for health insurance with Sharp Health Plan's individual and family plans, you must:

- ☐ **Be a U.S. resident with proof that you live in your plan network's service area**

### What is proof of residency?

When applying for health insurance with Sharp Health Plan, we need to verify that you live in our service area. We're San Diego's health insurance, and in order to ensure that we are serving our fellow San Diegans, we must receive your proof of residency or documents within 10 business days of submitting your application for a complete application.

- ☐ **Submit a complete application for coverage during our annual open enrollment period, OR experience a valid qualifying event and submit a complete application for coverage during your special enrollment period**

### What is a complete application?

A complete application is (1) filled out entirely, (2) signed and dated, and (3) includes valid proof of residency.

- ☐ **Include valid qualifying event documentation if applying during a special enrollment period**

## Proof of residency is required for all applicants

Applying for a Sharp Health Plan individual or family plan requires proof that you live in Sharp Health Plan's service area. Your proof of residency or documents must be received within 10 business days of the receipt of your application.

**Acceptable Proof of Residency Documents** Submit one document from List 1 AND one document from either List 1 or List 2.

### List 1

- ☐ Gas, electricity, water or cable billing statement (dated in past 60 days)
- ☐ Valid California driver's license or California photo ID card
- ☐ Employment paycheck stub (past 60 days)

### List 2

- ☐ California DMV history printout (dated in past 60 days)
- ☐ California income tax return filing (540) (2018 tax year or more recent)
- ☐ California motor vehicle registration or motor vehicle insurance (past year)
- ☐ Military discharge papers (DD214) OR Leave and Earnings statement (past year)
- ☐ Home property taxes (past year)

## ! Important things to know

- Providing the required documentation does not guarantee approval for enrollment.
- All documentation submitted is subject to validation and must support the qualified event or eligibility requirements.
- Coverage cannot become effective before your qualifying event date.
- An application for coverage must be received within 60 days after your qualifying event. For some qualifying events, you may be able to apply 60 days prior to the qualifying event date.
- Your effective date is different depending on the kind of qualifying event you have.
- Qualifying events do not apply to the remainder of a family on a policy from which an individual no longer qualifies as a dependent.



# What are the qualifying events?

## First, let's talk special enrollment

If you experience a "qualifying event" outside of open enrollment, you will have a special enrollment period to apply for health coverage. You have 60 days from the date of your qualifying event to send a complete application, including required documents, to enroll in a health plan, in most cases.

The charts below list the different types of qualifying events and the required supporting documents you'll need in each case.

## How qualifying events work

A qualifying event can apply to you only, or to your entire family.

**Example:** Your family experiences the birth of a child. Either your child or your entire family could apply for health coverage outside of open enrollment because a birth counts as a qualifying event for special enrollment.

The newborn child's effective date would be their date of birth. If the child's parents want to make a change to their plan, their effective date would be the first of the following month.

| I gained or lost a dependent through... | Documentation Needed  |
|---|---|
| Birth                                   | Hospital documentation or birth certificate showing baby's date of birth  |
| Adoption                                | Adoption order OR final decree  |
| Placement for adoption or foster care   | Copy of court order OR certification of placement from the adoption agency  |
| Marriage                                | Copy of marriage certificate with seal  |
| Registered domestic partners            | Documentation showing marriage certificate was filed in court   |
| Legal guardianship                      | Copy of court documentation of legal guardianship   |
| Medical support order                   | Copy of qualified medical support order   |
| Loss of dependent status                | Letter or statement from prior health plan stating coverage ended due to age  |
| I lost health care coverage through...  | Documentation Needed  |
| Termination of employment               | Letter on business letterhead from your previous employer confirming all of the following information: <ul style="list-style-type: none"> <li>• Termination reason and termination date</li> <li>• Name of previous health plan and date of coverage termination</li> <li>• Employer contact name, title and contact information</li> </ul>   |
| Death of the subscriber                 | Copy of obituary or death certificate   |
| Divorce or legal separation             | Copy of Dissolution of Marriage with judge or commissioner's signature and documentation demonstrating loss of coverage   |
|   | Notice of Termination of Domestic Partnership (notarized) and documentation demonstrating loss of coverage  |
|   | Copy of the agreed order of legal separation and documentation demonstrating loss of coverage   |
| Status change or reduction of hours     | Letter on business letterhead from your employer confirming all of the following information: <ul style="list-style-type: none"> <li>• Date of status change/reduction of hours</li> <li>• Confirmation that employee is no longer eligible for coverage due to the status change</li> <li>• Name of previous health plan and date of coverage termination</li> <li>• Employer contact name, title and contact information</li> </ul> |
| Exhaustion of COBRA/Cal-COBRA           | Copy of COBRA/Cal-COBRA termination letter confirming exhaustion of coverage  |

| I lost health care coverage through...  | Documentation Needed   |
|---|--|
| Termination of employer contributions   | Letter on business letterhead from your employer stating the date that contributions toward your and/or your dependent's premium ended   |
| Incurring a claim that would meet or exceed a lifetime limit on all benefits  | Letter from your health plan indicating the date that you exceeded the lifetime limits on benefits   |
|   | Explanation of Benefits from your health plan indicating the date that you exceeded the lifetime limits on the benefits  |
| <b>Involuntary loss of other Minimum Essential Coverage*</b><br>*Loss of Minimum Essential Coverage does not include termination or loss due to voluntary termination of coverage, failure to pay premiums, or fraud or misrepresentation of a material fact.   | Letter from your previous health plan confirming date of coverage loss and reason for loss. Examples of Minimum Essential Coverage: <ul style="list-style-type: none"> <li>• Employer-sponsored coverage (self-insured plans, COBRA coverage, retiree coverage)</li> <li>• Coverage purchased in the individual market, including a qualified health plan offered by the Health Insurance Exchange</li> <li>• Government-sponsored coverage (Medicare, Medi-Cal, CHIP, etc.)</li> <li>• Military coverage (TRICARE)</li> </ul>   |
| Termination of any non-calendar year group or individual health plan, including a grandfathered or non-grandfathered health plan, even if I, or my dependent, had the option to renew such coverage   | Renewal notice from your health plan that includes the date of renewal   |
| I experienced a life change through...  | Documentation Needed   |
| Permanent move to the service area  | Verification of recent address change, such as utility billing statement, rental agreement or statement within the past 60 days from (1) your previous residence and (2) your current residence<br><br>For school-aged children: school enrollment record within the past 60 days from (1) your previous residence and (2) your current residence<br><br>NOTE: If this qualifying event applies to you, you will still need to submit separate proof of your residency or work in Sharp Health Plan's service area. See the "Proof of residency or work is required for all applicants" section on page 1 for details. |
| Release from incarceration  | Documentation from the releasing facility or the applicable State Department of Justice indicating the date of release and confirming you were incarcerated during the previous open enrollment period   |
| Returning from active duty as a member of the reserve force of the United States military   | Documentation from the applicable government agency indicating the date of your return and confirming you were on active duty during the previous open enrollment period, such as military discharge papers (DD214)  |
| Returning from active duty as a member of the California National Guard   | Documentation from the applicable government agency indicating the date of return and confirming you were on active duty during the previous open enrollment period  |
| My previous health coverage issuer substantially violated a material provision of the health coverage contract.   | Written statement from you explaining the circumstances and the provision of the plan contract that you assert your previous health plan violated. The written explanation must be accompanied by a copy of the Evidence of Coverage or plan contract from your previous health plan.  |
| I failed to enroll in a health benefit plan during the immediately preceding enrollment period because I was misinformed that I was covered under minimum essential coverage.   | <ul style="list-style-type: none"> <li>• Letter from the Department of Managed Health Care (DMHC) confirming you have demonstrated the required criteria</li> <li>• Notice from other health plan</li> </ul>   |
| Unintentional, inadvertent or erroneous enrollment or non-enrollment in a qualified health plan as a result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of the Health Insurance Exchange* or the Department of Health and Human Services (HHS), a qualified health plan issuer, or a non-Exchange entity providing enrollment assistance or conducting enrollment activities | Letter from the Health Insurance Exchange*, HHS or the qualified health plan issuer documenting the erroneous enrollment or non-enrollment that includes the name(s) of the individual(s) with the qualifying event and the date of the notification   |

\* The Health Insurance Exchange is a service available in every state that helps individuals, families and small businesses get affordable health coverage. California's Health Insurance Exchange agency is Covered California. Also called "Marketplace" and "Exchange."

| I experienced a life change through...  | Documentation Needed   |
|---|--|
| Change in eligibility for financial assistance with premiums and/or cost shares   | Documentation from the Health Insurance Exchange* indicating change in eligibility for financial assistance with the date of the change  |
| Newly qualifies for app-based driver stipend  | Letter on business letterhead stating the date the employee newly qualifies for the app-based driver stipend   |
| Newly eligible to purchase an individual health plan through an individual coverage health reimbursement arrangement (ICHRA) or a qualified small employer health reimbursement arrangement (QSEHRA)  | Employer notice with the date that coverage under the ICHRA or QSEHRA takes effect   |
| I previously received services from a contracting provider under another health benefit plan for a listed service and that provider is no longer participating in the health benefit plan.  | <p>Documentation from your previous health plan indicating the date the contracting provider terminated their contract with the plan and medical records confirming you were receiving treatment from the provider prior to the provider's termination for one of the following services:</p> <ul style="list-style-type: none"> <li>• An acute condition</li> <li>• Serious chronic condition</li> <li>• Pregnancy</li> <li>• Terminal illness</li> <li>• A pending surgery or procedure that was scheduled to occur within 180 days of your provider's termination</li> <li>• A child age 0-36 months</li> </ul> <p>NOTE: Approval is contingent upon clinical review.</p> |
| I am a victim of domestic abuse or spousal abandonment, OR I am a dependent or unmarried victim within a household, enrolled in minimum essential coverage, and I am seeking to enroll in coverage separate from the perpetrator of the abuse or abandonment.   | Proof of minimum essential coverage in the 60 days preceding the application date for at least one of the applicants   |
| I applied for Medicaid or Children's Health Insurance Program (CHIP) coverage on the Health Insurance Exchange* or through the state Medicaid or CHIP agency, but the determination of my ineligibility was not communicated to me until after the annual open enrollment period or more than 60 days after the qualifying event (if coverage is applied for during a special enrollment period). | Notification from the state agency proving ineligibility for Medicaid or CHIP coverage with the date of the notification   |
| Gaining or maintaining American Indian status, OR I am a dependent of an American Indian. (Applies to on-Exchange* only)  | Qualifying event must be referred to the Health Insurance Exchange*  |
| New U.S. citizenship or new status as a U.S. national or non-citizen lawfully present in the U.S. (Applies to on-Exchange* only)  | Qualifying event must be referred to the Health Insurance Exchange*  |
| An exceptional circumstance validated by the Health Insurance Exchange (Applies to on-Exchange* only)   | Qualifying event must be referred to the Health Insurance Exchange*  |

\* The Health Insurance Exchange is a service available in every state that helps individuals, families and small businesses get affordable health coverage. California's Health Insurance Exchange agency is Covered California. Also called "Marketplace" and "Exchange."



# What date will my coverage start?

## Your coverage starts on your effective date

Your effective date will depend on the kind of qualifying event you have.

**Still unsure how it works? Here's an example:**

Ron lost his Minimum Essential Coverage on March 31. After looking at his options for health insurance, Ron sent his complete special enrollment application to Sharp Health Plan on April 11. In order for Ron's new health coverage to start on May 1, Sharp Health Plan must receive Ron's required documentation and first payment no later than April 30.

Use the chart below to see which effective date applies to your situation.

| My qualifying event involves...                                       | If I apply...                                  | My coverage will start on...  |
|---|--|---|
| Birth, adoption, placement for adoption or foster care                | Any day of the month                           | Date of birth, adoption, placement for adoption, foster care, OR the 1st day of the month after your qualifying event if you request a later effective date |
| Marriage or domestic partnership registration                         | Any day of the month                           | The 1st of the month after we receive your application or Account Change Form   |
| Child support order or other court order to cover a dependent         | Any day of the month                           | Date the court order is effective   |
| Loss of health care coverage  | On or before your last day of coverage         | The 1st of the month, after your last day of coverage   |
| Change in eligibility for employer coverage                           | Any day of the month                           | The 1st of the month after we receive your application or Account Change Form   |
| Loss of minimum essential coverage due to the death of the subscriber | Any day of the month                           | The 1st of the month after we receive your application or Account Change Form   |
| Divorce, legal separation or dissolution of domestic partnership      | Any day of the month                           | The 1st of the month after we receive your application or Account Change Form   |
| Termination of non-calendar year plan                                 | Any day of the month                           | The 1st of the month after we receive your application  |
| ICHRA or QSEHRA   | Any day of the month                           | The 1st of the month after we receive your application or Account Change Form   |
| Newly qualifies for app-based driver stipend                          | Any day of the month                           | The 1st of the month after we receive your application or Account Change Form   |
| All other qualifying events   | Between the 1st and the 15th day of the month  | The 1st of the following month  |
|   | Between the 16th and the last day of the month | The 1st of the second following month   |



# How do I apply?

## Submit a special enrollment application

1. Fill out Sharp Health Plan's special enrollment application within 60 days of your qualifying event date.
  - Go to [sharphealthplan.com/get-a-quote/qualify](https://sharphealthplan.com/get-a-quote/qualify) to fill out an application
2. Make sure your application is complete. Check that you have all required documents ready to submit, including:
  - Your application filled out entirely, signed and dated
  - Acceptable proof that you live or work in Sharp Health Plan's service area
  - At least one form of documentation to support your qualifying event — additional documents may be required
  - First month's premium payment
3. Please submit your complete application and required documents by mail, in person or by fax.

**By Mail or In Person:**

Sharp Health Plan  
Attention: IFP Sales  
8520 Tech Way, Suite 200  
San Diego, CA 92123

**By Fax:**

Attention: IFP Sales  
1-858-499-8246



If you need assistance, we're here to help.

You can email Customer Care at [customer.service@sharp.com](mailto:customer.service@sharp.com) or call 1-800-359-2002.

We are available to assist you Monday through Friday, 8 a.m. to 6 p.m.