



Special Enrollment Guidelines for Qualifying Events

Event	Qualifying Event Date	Required Documentation
Termination of employment ²	Date eligibility for existing Minimum Essential Coverage is lost	Letter from employer on company stationery and signed by company officer, or completion of "Loss of Employer-Sponsored Coverage Form". Letter must state employee's/covered dependent(s)' name(s) and verify date coverage was terminated and specify the reason for termination.
Reduction in hours worked ²	Date eligibility for existing Minimum Essential Coverage is lost	Letter from employer on company stationery and signed by company officer, or completion of "Loss of Employer-Sponsored Coverage Form". Letter must state employee's/covered dependent(s)' name(s) and verify date of reduction in hours.
Divorce or legal separation ^{2,9}	Date eligibility for existing Minimum Essential Coverage is lost	One of the following may be used: <ul style="list-style-type: none"> Letter from employer/carrier on company stationery and signed by company officer. Letter must verify date coverage was terminated and caused by loss of eligible dependent status. Copy of filed and stamped divorce decree along with proof verifying date prior coverage was terminated.
Death of spouse/parent ^{2,9}	Date eligibility for existing Minimum Essential Coverage is lost	Letter from employer/carrier on company stationery and signed by company officer. Letter must verify date coverage was terminated and caused by loss of eligible dependent status.
Dependent reaching limiting age ²	Date eligibility for existing Minimum Essential Coverage is lost	Letter from employer/carrier on company stationery and signed by company officer. Letter must verify date coverage was terminated and caused by loss of eligible dependent status.
No longer qualify for Medicaid or Children's Health Insurance Program (CHIP) ²	Date eligibility for existing Minimum Essential Coverage is lost	Termination of coverage letter for Medicaid or CHIP. Letter must include termination date.
Expiration of COBRA benefits ²	Date eligibility for existing Minimum Essential Coverage is lost	Documentation of COBRA expiration. Letter must include termination date.
Marriage ^{1,2,6,8}	Date of marriage	Marriage certificate signed by the officiant and proof of at least 1 day of minimum essential coverage within the last 60 days for at least one spouse.
Birth ^{3,7,8}	Date of birth	None (date of birth should be entered on application)
Adoption ^{3,8}	Date of adoption	Adoption papers/legal guardianship papers
Placement for adoption ^{3,8}	Date of placement	Adoption papers/legal guardianship papers
Placement into foster home ^{3,8}	Date of placement	Legal guardianship papers
Child support or other court order ^{3,8}	Date order is issued	Copy of child support or other court order, which displays date order was issued and names of parties involved.

Event	Qualifying Event Date	Required Documentation
I moved to Ohio ^{1,4,10}	Date of permanent move	Proof of at least 1 day of minimum essential coverage within the last 60 days and one of the following items for both your prior and new address: - Utility bill - Lease agreement - Mortgage paperwork - Letter from employer if move based on employment.
I moved within the state of Ohio. ^{1,4,9,10} Note: If a member moves into an area whereby they are now offered new products that were not available to them before, then they do qualify for the move special enrollment and they can purchase any product. If a member moves into an area whereby the same exact products are available to them as their previous address, then they do not qualify for the move special enrollment.	Date of permanent move	Proof of at least 1 day of minimum essential coverage within the last 60 days and one of the following items for both your prior and new address: - Utility bill - Lease agreement - Mortgage paperwork - Letter from employer if move based on employment.
Newly ineligible for federal subsidy ⁴	Date notified of new eligibility status	Newly ineligible for subsidy, the individual may apply in the off-exchange market. Medical Mutual will require termination of subsidy document, which must include the date the subsidy will terminate.
Existing individual policy being terminated ^{2,5} (not including termination in cases of rescission or non-payment)	Date policy will be terminated	Copy of termination letter, which displays date of termination.
Existing individual non-calendar year (1/1 effective date) renewal ²	Date renewal is effective	Copy of renewal, which displays renewal effective date.
Employer ceases to offer employer sponsored group health coverage including the employer terminating employer contributions ²	Date eligibility for existing Minimum Essential Coverage is lost	Letter from employer on company stationery and signed by company officer, or completion of "Loss of Employer-Sponsored Coverage Form". Letter must state employee's/covered dependent(s)' name(s) and verify date coverage was terminated.

Additional Notes

Applications without a qualifying special enrollment event are not eligible for coverage outside the annual open enrollment period. For many events, coverage will not be effectuated on the date of the event in accordance with individual marketplace rules. All ACA Individual policies must renew effective January 1.

¹Minimum Essential Coverage: As defined by healthcare.gov, this is the type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. This includes individual market policies, job-based coverage, Medicare, Medicaid, CHIP, TRICARE and certain other coverage.

Dependent Limiting Age: To be considered eligible dependents, children's ages must fall within the age limit specified in the certificate of coverage. When a child reaches the limiting age for their current plan and is terminated from their existing coverage, this may cause a special enrollment event.

- **Grandfathered and Transitional/Grandmothered:** Dependents age 26 or 27 on the policyholder's 2016 renewal may remain on the policy until they turn 28. They will be removed from the policy at the end of the month during which they turn age 28. Dependents under age 26 on the policyholder's 2016 renewal will be removed from the policy at the end of the month during which they turn age 26. When aging off a parent's policy, a dependent may enroll in any ACA plan for which they qualify.
- **On-Exchange and Off-Exchange:** The limiting age is 26.

Time Limit: The applicant must follow these time limits to apply for coverage or make a change:

- **Grandfathered and Transitional/Grandmothered:** 31 days from the qualifying event date

- On-Exchange and Off-Exchange: 60 days from the qualifying event date.

Effective Dates:

² Coverage will become effective on the first day of the following month after complete enrollment materials (including event documentation) are received.

³ Coverage will become effective on the date of birth, adoption, placement for adoption or placement into a foster home.

⁴ If complete enrollment materials (including event documentation) received between:

- 1st and 15th day of month, coverage effective on 1st day of the following month.
- 16th and last day of the month, coverage effective on 1st day of the second following month.

Note:

- The date ALL required materials are received by Medical Mutual will be considered the submission date to determine eligibility and effective date.
- Final effective dates for On-Exchange policies are determined by the Federally Facilitated Marketplace (FFM).

Enrollment Notes:

⁵ Voluntary termination of an existing individual policy not in connection with a renewal does not create a special enrollment event.

⁶ **Marriage:** This qualifying event allows individuals to enroll in coverage. When required, proof of at least 1 day of minimum essential coverage within the last 60 days must be supplied, even in those instances when the member had prior coverage with another carrier, unless they were previously living in a foreign country or U.S. territory or are AIAN (Shareholders in Alaska Native Corporations).

⁷ **Birth:** This qualifying event allows individuals to enroll in coverage even if they do not currently have coverage. A special enrollment period (SEP) is opened due to the birth of a baby to allow for a spouse or other dependents to be added. However, a domestic partner (and a domestic partner's child(ren)) are not eligible for this special enrollment and can only be added at open enrollment. The newborn must also be listed on the application and be covered under the policy.

Metal Level

Applies to: On-Exchange and Off-Exchange

⁸ For the special enrollment for gaining or becoming a dependent through marriage, birth, adoption, placement for adoption, placement in foster care, or through a child support or other court order enrollees may only add new dependents to:

- The existing plan, or
- On-Exchange: A separate plan at the same metal level if they cannot be added to the existing plan
- Off-Exchange: A separate plan at the same or a lower metal level if they cannot be added to the existing plan

Note: The special enrollment for members of federally recognized tribes and Shareholders in Alaska Native Corporations (AIAN), Errors of the Exchange, Exceptional Circumstances, and Victims of domestic abuse and spousal abandonment are exempt from this requirement.

⁹ For most other special enrollments, plan changes may be made to:

On-Exchange: A plan in the same metal level

Off-Exchange: A plan in the same or lower metal level

Note: This requirement does not apply to dependents that receive a special enrollment due to reaching limiting age or to enrollees coming from another carrier and/or group coverage. The special enrollment for members of federally recognized tribes and Shareholders in Alaska Native Corporations (AIAN), Errors of the Exchange, Exceptional Circumstances, and Victims of domestic abuse and spousal abandonment are exempt from this requirement.

¹⁰ **Moving within or to the State of Ohio:** For the special enrollments of moving within or to the State of Ohio, proof of at least 1 day of minimum essential coverage within the last 60 days must be supplied, even in those instances when the member had prior coverage with another carrier, unless they were previously living in a foreign country or U.S. territory or are AIAN (Shareholders in Alaska Native Corporations).