

# Special Enrollment Period and Documentation for Health Plans Purchased Off the Health Insurance Marketplace

Horizon Blue Cross Blue Shield of New Jersey wants to help you get the care you need. Individuals requesting enrollment during a Special Enrollment Period must provide the following:

- Proof that the triggering event occurred; and
- Proof of the date of the event.

Multiple documents are required for some events. We will accept alternative documentation if it confirms the triggering event and the date it occurred.

## 1. Loss of minimum essential coverage: individual, group or government-sponsored plan

Triggering event	And the reason is...	Then acceptable documentation includes...
<b>You lost coverage due to a life event.</b> Apply 60 days before or 60 days after the event.	Legal separation	<ul style="list-style-type: none"> <li>• Legal documentation of the separation</li> </ul>
	Divorce	<ul style="list-style-type: none"> <li>• Divorce or annulment papers listing the date of ending responsibility for providing health coverage</li> </ul>
	Death of an employee or policyholder	<ul style="list-style-type: none"> <li>• Death certificate; or</li> <li>• Public notice of death with the date of death</li> </ul>
<b>You lost group coverage.</b> Apply 60 days before or 60 days after the event.	Termination of employment	<ul style="list-style-type: none"> <li>• Letter from employer on employer's letterhead stating coverage ended or will end due to termination of employment; or</li> <li>• Official documentation from the unemployment agency along with reason for termination</li> </ul>
	Reduction in work hours	<ul style="list-style-type: none"> <li>• Letter from employer on employer's letterhead stating coverage ended or will end due to a reduction in work hours; or</li> <li>• Official documentation from the unemployment agency along with reason for termination; or</li> <li>• Copy of pay stubs of both current and previous hours showing health deductions were eliminated along with a termination letter showing that a reduction in work hours caused the individual to lose coverage</li> </ul>

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Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>You lost group coverage.</b> Apply 60 days before or 60 days after the event. (continued)</p>	<p>Your employer stopped contributing toward the cost of you or your dependent's coverage. This includes a change in the cost of COBRA coverage where your former employer stops contributing to the COBRA coverage and the COBRA continuee must pay full price.</p>	<ul style="list-style-type: none"> <li>• Letter from employer on employer's letterhead stating employer stopped contributing toward premium</li> </ul>
	<p>Your employer didn't pay the premium</p>	<ul style="list-style-type: none"> <li>• Letter from insurance company or employer on employer's letterhead stating employer did not pay premium</li> </ul>
	<p>Exhaustion of COBRA continuation coverage</p>	<ul style="list-style-type: none"> <li>• Letter(s) from employer, benefits administrator or insurance company on their letterhead showing COBRA offering and when COBRA coverage ended or will end after the full period of continuation</li> </ul>
	<p>Employer stopped offering coverage to employees who are in a similar job classification</p>	<ul style="list-style-type: none"> <li>• Letter from employer on employer's letterhead stating reason coverage ended or will end</li> </ul>
	<p>Your insurance company did not renew your plan</p>	<ul style="list-style-type: none"> <li>• Letter from insurance company stating the plan is not being renewed</li> </ul>
	<p>You chose not to renew your plan at the end of its plan year</p>	<ul style="list-style-type: none"> <li>• Letter from employer on employer's letterhead stating you: <ul style="list-style-type: none"> <li>– Declined group coverage during the upcoming plan year; and</li> <li>– Had group coverage in the previous year; or</li> </ul> </li> <li>• Document(s) that show: <ul style="list-style-type: none"> <li>– You declined group coverage during your employer's open enrollment period for the upcoming plan year; and</li> <li>– If coverage was not with Horizon BCBSNJ, proof such as Form 1095 A, B or C, ID card, Explanation of Benefits or Certificate of Creditable Coverage that you had group coverage during the prior 12 months</li> </ul> </li> </ul>
	<p>You no longer reside, live, or work in the HMO or EPO service area, and no other group plan is available to you</p>	<ul style="list-style-type: none"> <li>• Letter from employer on employer's letterhead stating you no longer reside, live or work in service area and no other plan is offered</li> </ul>

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Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>You lost individual coverage</b> (but not for nonpayment of premium). Apply 60 days before or 60 days after the event.</p>	Your insurance company did not renew your plan on your plan's anniversary date	<ul style="list-style-type: none"> <li>• Letter from insurance company stating your plan will not be renewed</li> </ul>
	You are no longer eligible for a student plan provided through an institution of higher learning by a health insurance company	<ul style="list-style-type: none"> <li>• Letter/document (including a Proof of Health Insurance Form) from school or insurance company showing date coverage began and ended or will end; and</li> <li>• Letter or document confirming graduation (or copy of diploma), withdrawal or leave of absence</li> </ul>
	The Health Insurance Marketplace (Marketplace) terminated your plan due to inconsistencies with U.S. citizenship or immigration status	<ul style="list-style-type: none"> <li>• Letter from the Marketplace stating coverage terminated or will terminate due to inconsistencies with U.S. citizenship or immigration status</li> </ul>
	You no longer reside in the HMO or EPO service area	<ul style="list-style-type: none"> <li>• Letter from insurance company or HMO stating that you moved outside their service area</li> </ul>
	You are no longer eligible for: <ul style="list-style-type: none"> <li>• Medicare Part A</li> <li>• NJ FamilyCare/Medicaid</li> <li>• TRICARE</li> <li>• Certain veterans programs</li> <li>• Peace Corp</li> </ul>	<ul style="list-style-type: none"> <li>• Letter from a government agency stating when coverage ended or will end</li> </ul>
	Loss of access to health care services through coverage provided to a pregnant woman's unborn child	<ul style="list-style-type: none"> <li>• Letter or notice from NJ FamilyCare stating when coverage ended or will end</li> </ul>

## 2. Dependent attained age 26 or 31 years

Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>You lost coverage.</b> Apply 60 days before or 60 days after the event.</p>	You are no longer eligible because you reached the age limit	<ul style="list-style-type: none"> <li>• Letter from insurance company stating date coverage terminated or will terminate due to age. If letter does not specify you reached the age limit, you must also provide a copy of your birth certificate or driver's license</li> </ul>

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### 3. Marriage

Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>You gained or became a spouse through marriage</b> (but only spouses can enroll).</p> <p>Apply 60 days after the event.</p>	<p>Marriage (including same sex spouses)</p>	<p><b>All</b> of the following:</p> <ul style="list-style-type: none"> <li>• Proof that the marriage occurred;</li> <li>• Proof showing the date the marriage occurred; and</li> <li>• Proof that you or your spouse:               <ul style="list-style-type: none"> <li>– Had minimum essential coverage; or</li> <li>– Lived in a foreign country or U.S. territory for at least one day in the 60 days prior to your marriage.</li> </ul> </li> </ul> <p><b>Examples of proof of marriage:</b></p> <ul style="list-style-type: none"> <li>• Marriage license or certificate showing the names of the people who were married and the date of your marriage. The document must contain an official seal or an official signature; or</li> <li>• Official public record of the marriage showing the names of the people who were married and the date of the marriage. The document must contain an official seal or an official signature; or</li> <li>• Marriage affidavit or affidavit of support signed and dated by the person who officiated the marriage or was an official witness of the marriage showing the names of the people who were married and the date of the marriage; or</li> <li>• Religious document recognizing the marriage and showing the names of the people who were married and the date of the marriage. The document must contain an official seal or an official signature</li> </ul> <p><b>Examples of proof showing you or your spouse had minimum essential coverage:</b></p> <ul style="list-style-type: none"> <li>• A letter from an insurance company on letterhead showing the individual's or their dependent's health coverage including COBRA; or</li> <li>• A letter or other document from an employer on official letterhead about the individual's or their dependent's health coverage including COBRA; or</li> <li>• A letter or notice from a government health program on official letterhead such as NJ FamilyCare/Medicaid, TRICARE, Veterans Affairs, Peace Corp or Medicare</li> </ul>

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Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>You gained or became a spouse through marriage.</b> (<i>continued</i>)</p>	<p>Marriage (including same sex spouses) (<i>continued</i>)</p>	<p><b>Examples of proof showing you or your spouse lived in a U.S. territory or a foreign country:</b></p> <ul style="list-style-type: none"> <li>• Official identification such as a license, government-issued ID card, voter registration card, or other form of official identification that shows you or your spouse lived in a U.S. territory; or</li> <li>• An Arrival/Departure Record (I-94/ I-94A) in a foreign passport or separately that shows the date of entry into the U.S.; or</li> <li>• A passport with an admission stamp showing the date of entry into the U.S.</li> </ul>
	<p>Civil union partners (same gender only)</p>	<ul style="list-style-type: none"> <li>• Copy of civil union license/certificate; and</li> <li>• Proof showing you or your civil union partner had minimum essential coverage or lived in a U.S. territory or a foreign country (see list in <i>Marriage</i> above for examples)</li> </ul>
	<p>Domestic partners (same gender only)</p>	<ul style="list-style-type: none"> <li>• Copy of domestic partnership certificate or notarized letter signed by both you and your domestic partner confirming that a domestic partnership exists; and</li> <li>• Proof showing you or your domestic partner had minimum essential coverage or lived in a U.S. territory or a foreign country (see list in <i>Marriage</i> above for examples)</li> </ul>
	<p>Common law marriage (from another state)</p>	<ul style="list-style-type: none"> <li>• Joint notarized statement containing date the marriage was recognized and state which recognized it; and</li> <li>• Proof of joint ownership of a bank account, deed, mortgage, lease or tax return; and</li> <li>• Proof showing you or your common law spouse had minimum essential coverage or lived in a U.S. territory or a foreign country (see list in <i>Marriage</i> above for examples)</li> </ul>

#### 4. Birth/adoption/foster care

Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>You gained or became a dependent</b> (only the person who gained or became a dependent can enroll). Apply 60 days after the event.</p>	<p>Birth</p>	<ul style="list-style-type: none"> <li>• Birth certificate, application for a birth certificate, or application for Social Security Number for the child; or</li> <li>• Letter or medical record from a clinic, hospital, physician, midwife, institution or other medical provider showing the date of birth; or</li> <li>• Military, religious or foreign birth record showing the child's date and place of birth; or</li> <li>• Letter or other document from the insurance company, such as an Explanation of Benefits, showing dates of service related to birth or post-birth care for either the child or the mother</li> </ul>
	<p>Child placed for adoption/legally adopted</p>	<ul style="list-style-type: none"> <li>• Copy of the adopted child's birth certificate in the name of the adopting parent(s) together with a certificate by the parent(s) of the date of adoption; or</li> <li>• Notarized statement by a state approved and accredited adoption agency stating that adoption proceedings have been initiated in a court of competent jurisdiction and that the named child has been formally placed for adoption with the prospective parent(s) who are also named; or</li> <li>• Notarized legal document from attorney clearly defining the parties involved, the terms of the custody appointment and a statement that the policyholder is responsible for the child's medical care; or</li> <li>• Adoption letter or record that shows the name of the person who was adopted, the date of the adoption, and is signed by a court official; or</li> <li>• For foreign adoptions, a U.S. Department of Homeland Security immigration document that shows the name of the person who was adopted and the date of the adoption; or</li> <li>• Government-issued or legal document showing the name of the new dependent and the date the person was placed in the home or the date legal guardianship was established</li> </ul>

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Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>You gained or became a dependent.</b> (continued)</p>	<p>Child placed through foster care</p>	<ul style="list-style-type: none"> <li>• Documentation from an authorized governmental body or delegating agency naming the policyholder as the foster parent; or</li> <li>• Foster care papers that show the name of the person who was placed through foster care, the date of the placement, and is signed by a government or court official</li> </ul>

**5. Child support order or other court order**

Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>You gained or became a dependent</b> (only the person who gained a dependent or became a dependent can enroll). Apply 60 days after the event.</p>	<p>Court order requires coverage of eligible dependent(s)</p>	<ul style="list-style-type: none"> <li>• Child support or other court order showing the name of the new dependent and the date the court order is signed by a court official; or</li> <li>• Medical support order that shows the name of the new dependent and the effective date of the order</li> </ul>

**6. Access to new plans due to permanent move**

Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>You gained access to new plans due to a permanent move.</b> Apply 60 days after the event.</p>	<p>You moved your primary residence to New Jersey</p>	<p><b>All</b> of the following:</p> <ul style="list-style-type: none"> <li>• Proof of primary residence for both locations: <ul style="list-style-type: none"> <li>– Where you lived before the move,</li> <li>– Where you live in New Jersey, and</li> </ul> </li> <li>• Proof showing date of move, and</li> <li>• Proof you: <ul style="list-style-type: none"> <li>– Had minimum essential coverage; or</li> <li>– Lived in a foreign country or U.S. territory for at least one day in the 60 days before your move.</li> </ul> </li> </ul>

Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>You gained access to new plans due to a permanent move.</b> (continued)</p>	<p>You moved your primary residence to New Jersey (continued)</p>	<p><b>Examples of documents accepted as proof of primary residence:</b></p> <p><u>Bills or Statements</u></p> <ul style="list-style-type: none"> <li>• Mail from a financial institution, such as a bank statement;</li> <li>• Telephone, internet, cable or other utility bill (such as a gas or water bill) or other confirmation of service (such as a utility hook up or work order);</li> <li>• Moving company contract or receipt showing your address</li> </ul> <p><u>U.S. Postal Service</u></p> <ul style="list-style-type: none"> <li>• U.S. Postal Service change of address confirmation letter</li> </ul> <p><u>Mortgage or rental document</u></p> <ul style="list-style-type: none"> <li>• Mortgage deed, if it states that the owner uses the property as the primary residence;</li> <li>• Mortgage or rental payment receipt;</li> <li>• Lease or rental agreement</li> </ul> <p><u>Government agency document</u></p> <ul style="list-style-type: none"> <li>• Mail from the Department of Motor Vehicles, such as a driver's license, vehicle registration or change of address card;</li> <li>• Income tax return;</li> <li>• State ID;</li> <li>• Mail from a government agency, such as a Social Security statement;</li> <li>• Voter registration card with your name and address;</li> <li>• Naturalization Papers signed and dated within the last 60 days or Green Card, Education Certificate, or VISA</li> </ul> <p><u>Insurance company document</u></p> <ul style="list-style-type: none"> <li>• Insurance documents, like automobile, homeowner, renter, or life insurance policy or statement</li> </ul> <p><u>Official school document</u></p> <ul style="list-style-type: none"> <li>• School enrollment records, ID cards, report cards or housing documentation</li> </ul> <p><u>Document from an employer</u></p> <ul style="list-style-type: none"> <li>• Pay stub showing your address;</li> <li>• Letter from a current or future employer showing you relocated for work</li> </ul>

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Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>You gained access to new plans due to a permanent move.</b> (continued)</p>	<p>You moved your primary residence to New Jersey (continued)</p>	<p><u>Reference Letter</u></p> <ul style="list-style-type: none"> <li>• If you are living in the home of another person such as a family member, friend or roommate, a letter/statement from that person stating that you live with them and aren't temporarily visiting. This person must prove their own residency by including one of the documents listed above;</li> <li>• If you are homeless or in transitional housing, a letter or statement from another resident of the same state, stating that they know where you live and can verify that you live in the area and aren't temporarily visiting. This person must prove their own residency by including one of the documents listed above;</li> <li>• Letter from a local non-profit social services provider or government entity (including a shelter) that can verify that you live in the area and aren't temporarily visiting</li> </ul> <p><b>Examples of proof of minimum essential coverage:</b></p> <p><u>Insurance-related document</u></p> <ul style="list-style-type: none"> <li>• ID card;</li> <li>• Explanation of Benefits;</li> <li>• Certificate of Creditable Coverage or other proof of health insurance coverage;</li> <li>• Form 1095 A, B or C;</li> <li>• Premium billing statement;</li> <li>• Cancelled premium payment check;</li> <li>• A letter from an insurance company on letterhead showing the individual's or their dependent's health coverage including COBRA</li> </ul> <p><u>Employer-related document</u></p> <ul style="list-style-type: none"> <li>• Employee pay stub showing health care deductions;</li> <li>• A letter or other document from an employer on official letterhead about the individual's or their dependent's health coverage including COBRA</li> </ul> <p><u>Government agency document</u></p> <ul style="list-style-type: none"> <li>• A letter or notice from a government health program on official letterhead such as NJ FamilyCare/Medicaid, TRICARE, Veterans Affairs, Peace Corp or Medicare</li> </ul>

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Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>You gained access to new plans due to a permanent move.</b> (continued)</p>	<p>You moved your primary residence to New Jersey (continued)</p>	<p><b>Examples of proof showing you moved from a U.S. territory or a foreign country:</b></p> <ul style="list-style-type: none"> <li>• Official identification such as a license, government-issued ID card, voter registration card or other form of official identification that shows that the individual lived in a U.S. territory; or</li> <li>• An Arrival/Departure Record (I-94/I-94A) in a foreign passport or separately that shows the date of entry into the U.S.; or</li> <li>• A passport with an admission stamp showing the date of entry into the U. S.</li> </ul>

### 7. The Health Insurance Marketplace (Marketplace) changed subsidy determination

Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>You received a Marketplace determination.</b> Apply 60 days after the event.</p>	<p>Loss of subsidy</p>	<ul style="list-style-type: none"> <li>• Letter from the Marketplace giving you the right to a Special Enrollment Period due to loss of advanced premium tax credit or cost sharing reduction</li> </ul>

### 8. NJ FamilyCare/Medicaid denial

Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>You received a denial from NJ FamilyCare/Medicaid.</b> Apply 60 days after the event.</p>	<p>You were determined to be ineligible for NJ FamilyCare/Medicaid after the annual enrollment period or special enrollment period ends</p>	<ul style="list-style-type: none"> <li>• Denial letter from NJ FamilyCare/Medicaid showing the name(s) of the individuals who were denied coverage and the date coverage was denied. The letter must be printed on the agency's letterhead; or</li> <li>• Letter from NJ FamilyCare/Medicaid or from the insurance company that provided your NJ FamilyCare/Medicaid benefits showing that you had NJ FamilyCare/Medicaid coverage and that it ended. The letter must be printed on the agency's or the insurance company's letterhead; or</li> <li>• Letter from the Marketplace stating that your state Medicaid or NJ FamilyCare agency sent your application to the Marketplace; or</li> </ul>

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Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>You received a denial from NJ FamilyCare/Medicaid.</b> (continued)</p>	<p>You were determined to be ineligible for NJ FamilyCare/Medicaid after the annual enrollment period or special enrollment period ends (continued)</p>	<ul style="list-style-type: none"> <li>• Screenshot of your eligibility results from your state online application, if the denial was received online; the document must contain the name of the government agency or insurance company that denied your NJ FamilyCare/Medicaid coverage</li> </ul>

## 9. Domestic abuse or spousal abandonment

Triggering event	And the reason is...	Then acceptable documentation includes...
<p><b>Domestic abuse or spousal abandonment.</b> Apply 60 days after the event.</p>	<p>Victim of domestic abuse or spousal abandonment necessitating coverage apart from the perpetrator</p>	<ul style="list-style-type: none"> <li>• A notarized letter signed by the victim indicating they qualify for this Special Enrollment Period</li> </ul>

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

**Spanish (Español):** Para ayuda en español, llame al **1-855-477-AZUL (2985)**.

**Chinese (中文):** 如需中文協助，請致電 **1-800-355-BLUE (2583)**。