

Off-exchange common qualifying events*

Aetna/Coventry individual policies — 2015

Qualifying event	Definition	Supporting documentation	Application submission	Effective date**
Loss of employer coverage	<p>Loss of employer coverage due to:</p> <ul style="list-style-type: none"> • Termination of employment (voluntary or involuntary) • Reduction in hours • Coverage no longer offered to individual's employment class • Elimination of employer contribution <p>Renewal of group plan does not constitute a qualifying event.</p> <p>If a person elects COBRA, then changes their decision, the person is eligible for an individual plan within 60 days of employer coverage loss.</p>	<ul style="list-style-type: none"> • Termination letter from employer if you have been terminated • Pay stubs for both current and previous hours if hours have been reduced • Letter from employer stating they are no longer paying for insurance — a request to cancel coverage from the applicant is not acceptable • Document confirming: <ul style="list-style-type: none"> - Loss of job-based coverage - Members covered on job-based coverage - Date of coverage loss 	Within 60 days of coverage loss	First day of month following receipt of application**
COBRA expiration	<p>COBRA coverage is exhausted at the end of the COBRA period. Elimination of employer contribution for COBRA.</p>	Documentation showing the date that COBRA coverage ends and the people covered by the COBRA coverage.	Within 60 days of event	First day of month following receipt of application**
Loss of government-sponsored plan, including Medicaid or CHIP	Loss of Medicaid, CHIP, Medicare, TRICARE, Veterans programs, Peace Corps program, Department of Defense Nonappropriated Fund Health Benefits Program	Termination letter of loss of the government-sponsored plan coverage from the administrator including the date of the loss of coverage	Within 60 days of loss of government-sponsored plan	First day of month following receipt of application**
Loss of minimum essential coverage	Loss of existing policy with minimum essential coverage, like a student health policy, Refugee Medical Assistance supported by the Administration for Children and Families, Medicare Advantage plans, state high-risk pool coverage	Letter documenting loss of minimum essential coverage	Within 60 days of coverage loss	First day of month following receipt of application**

*Nevada allows a customer without a qualifying event to be enrolled for coverage year-round, subject to a 90-day waiting period between the date of application and effective date. New York and New Jersey residents require proof of state residency, by a current tax form, a New Jersey or New York driver's license, or a mortgage/lease and utility bill.

**Effective date will not be assigned prior to the qualifying event. It will always be assigned on or after the qualifying event, based on when the application was submitted.

If an applicant or dependent is not a U.S. citizen, then proof of state residency is required. Acceptable documents include a current income tax document, a current state driver's license, a mortgage or lease, or a utility bill. A cellular phone bill is unacceptable.

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Birth, adoption, foster care or legal guardianship	Birth, adoption, or placement for adoption or foster care triggers an event for the entire family to enroll, add dependent or make plan change	<ul style="list-style-type: none"> • Birth certificate, or legal papers for adoption, foster care or legal guardianship (newborn birth certificate may be waived if existing member with proof of claims for birth) • Hospital-issued confirmation of birth (supports application for state-issued birth certificate) 	Within 60 days of event	Date of birth, adoption or placement for adoption**
Marriage	Marriage triggers an event for enrollment, plan change or dependent addition for either spouse	Marriage license or domestic partner certificate — will accept marriage license for same or opposite sex partner	Within 60 days of event	First day of month following receipt of application**
No longer a dependent	<ul style="list-style-type: none"> • Loss of employer or individual coverage because no longer eligible as a dependent • In IL, can be added as a dependent up to 30 years of age if discharged from active military service 	Carrier letter documenting loss of coverage due to loss of dependent status, for example: dependent age maximum reached or death of policy holder	Within 60 days of loss of dependent eligibility event	First day of month following receipt of application**
Divorce from policyholder	Loss of coverage due to the divorce or legal separation from a group or individual policyholder	Copy of the divorce decree, legal separation agreement or custody agreement	Within 60 days of coverage loss	First day of month following receipt of application**
Termination or renewal of a pre-ACA individual plan during 2015	<ul style="list-style-type: none"> • The pre-ACA plan is terminated by carrier in 2015 • Termination or renewal of short-term limited duration plans is not a qualifying event 	Carrier letter communicating that current pre-ACA coverage will end on a certain date	Within 30 days prior to or until 60 days after loss of coverage	First day of month following receipt of application**
Move	<ul style="list-style-type: none"> • Permanent move to a new area that offers different plan options or moves out of HMO service area • Applicant does not have to have coverage in prior location 	Proof of prior residence location and proof of new residence location*	Within 60 days of event	Discretion based on customer request: <ul style="list-style-type: none"> • First of the month following receipt of application** or <ul style="list-style-type: none"> • First of the second following month** (will default to first of following month)

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THIS INFORMATION IS INTENDED FOR BROKERS ONLY. Aetna Health Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company or by Aetna Health Inc. ("Aetna" refers to Aetna Life and/or Aetna Health Inc.). In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans.

CoventryOne health insurance plans are underwritten by the following affiliates of Aetna Life Insurance Company: Coventry Health and Life Insurance Company, Coventry Health Care of Kansas, Inc., Coventry Health Care of Georgia, Inc., Coventry Health Care of the Carolinas, Inc., Coventry Health Care of Louisiana, Inc., Coventry Health Care of Iowa, Inc., Coventry Health Care of Nebraska, Inc., Coventry Health Care of Illinois, Inc., Coventry Health Plan of Florida, Inc., Coventry Health Care of Missouri, Inc., Coventry Health Care of Nevada, Inc., Coventry Health Care of Texas, Inc., Coventry Health Care of Virginia, Inc., Coventry Health Care of West Virginia, Inc., HealthAmerica Pennsylvania, Inc., Coventry Health Care of Delaware, Inc., or Altius Health Plans Inc. Certain plans are underwritten by Arches Mutual Insurance Company, administered by Coventry Health Care of Utah, Inc. or Montana Health CO-OP, administered by Altius Health Plans Inc.

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Employer's bankruptcy results in loss of coverage for retirees	Retiree coverage is terminated due to employer bankruptcy, i.e. Chapter 11 filing	Copy of legal supporting documentation requiring health coverage	Within 60 days of event	First to 15th of month: First day of month following receipt of application** 16th to last day of month: First day of second following month**
Return from active military service	<ul style="list-style-type: none"> Newly eligible to enroll or be added as a dependent due to return from active military service In IL, can be added as a dependent up to 30 years of age if discharge from active military service 	Supporting paperwork confirming departure date from active military service	Within 60 days of event	First to 15th of month: First day of month following receipt of application** 16th to last day of month: First day of second following month**
Release from incarceration	Newly eligible due to release from incarceration	Copy of certified letter documenting release date from incarceration	Within 60 days of event	First to 15th of month: First day of month following receipt of application** 16th to last day of month: First day of second following month**
Unintentional error	Unintentional error or enrollment/disenrollment in health insurance exchange plan is unintentional or erroneous	Written documentation confirming the unintentional error and date: <ul style="list-style-type: none"> From member if Aetna/Coventry error From carrier if other carrier error 	Within 60 days of event	First to 15th of month: First day of month following receipt of application** 16th to last day of month: First day of second following month**
Newly eligible/ineligible for exchange subsidies or premium tax credit or cost-sharing reductions	Newly eligible or ineligible for advance payments of the exchange subsidies or premium tax credit or change in eligibility for cost-sharing reductions or health insurance subsidies	Letter/documentation from exchange confirming the change in eligibility for exchange subsidy or premium tax credit or cost-sharing reductions	Within 60 days of event	First to 15th of month: First day of month following receipt of application** 16th to last day of month: First day of second following month**
Material violation by health plan	Material violation by a health plan or health insurance exchange plan violated a material provision of its contract	Written documentation confirming the material violation and date: <ul style="list-style-type: none"> From member if Aetna/Coventry error From carrier if other carrier error 	Within 60 days of event	First to 15th of month: First day of month following receipt of application** 16th to last day of month: First day of second following month**

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