

Carrier	Guideline
<b>Aetna</b>	<ul style="list-style-type: none"> <li>• Other Group coverage</li> <li>• Dependent in another group health plan</li> <li>• Medi-Cal   Medicare   TRICARE</li> <li>• Individual coverage on or off the exchange</li> <li>• Coverage by the same employer on another group policy is not a valid waiver</li> </ul>
<b>Anthem</b>	<ul style="list-style-type: none"> <li>• Other Group coverage</li> <li>• Dependent in another group health plan</li> <li>• Medi-Cal   Medicare   TRICARE</li> <li>• Individual coverage on or off the exchange</li> </ul>
<b>Blue Shield</b>	<ul style="list-style-type: none"> <li>• Other Group coverage</li> <li>• Dependent in another group health plan</li> <li>• Medi-Cal   Medicare   TRICARE</li> <li>• Individual coverage on or off the exchange</li> </ul>
<b>CalCPA Health</b>	<ul style="list-style-type: none"> <li>• Other Group coverage</li> <li>• Dependent in another group health plan</li> <li>• Medi-Cal   Medicare   TRICARE</li> <li>• Individual coverage on or off the exchange</li> </ul>
<b>CaliforniaChoice</b>	<ul style="list-style-type: none"> <li>• Other Group coverage</li> <li>• Dependent in another group health plan</li> <li>• Medi-Cal   Medicare   TRICARE</li> <li>• Other federal or state health coverage programs other than coverage through a Qualified Health Plan (QLP) sold in the Individual Exchange</li> <li>• Individual coverage is <b>not</b> a valid waiver</li> </ul>
<b>Cigna + Oscar</b>	<ul style="list-style-type: none"> <li>• Coverage by another group's health plan</li> <li>• Enrolled as a dependent in a group health plan through another employer</li> <li>• Medi-Cal   Medicare   TRICARE</li> <li>• Individual coverage on or off the exchange</li> </ul>
<b>Covered California for Small Business</b>	<ul style="list-style-type: none"> <li>• Employer sponsored coverage</li> <li>• Coverage through a union</li> <li>• Medi-Cal   Medicare   TRICARE</li> <li>• Any coverage that is defined as MEC (Minimum Essential Coverage)</li> <li>• Individual coverage on or off the exchange (IFP qualifies as coverage by other federal or state health coverage program)</li> </ul>
<b>Health Net</b>	<ul style="list-style-type: none"> <li>• Other Group coverage</li> <li>• Dependent in another group health plan</li> <li>• Medi-Cal   Medicare   TRICARE</li> <li>• Individual coverage on or off the exchange</li> <li>• COBRA</li> </ul>
<b>Kaiser Permanente</b>	<ul style="list-style-type: none"> <li>• Other Group coverage</li> <li>• Dependent in another group health plan</li> <li>• Medi-Cal   Medicare   TRICARE</li> </ul>
<b>MediExcel</b>	<ul style="list-style-type: none"> <li>• Other Group coverage</li> <li>• Dependent in another group health plan</li> <li>• Medi-Cal   Medicare   TRICARE</li> <li>• Individual coverage on or off the exchange</li> <li>• COBRA</li> </ul>
<b>Sharp</b>	<ul style="list-style-type: none"> <li>• Other Group coverage</li> <li>• Medi-Cal   Medicare   TRICARE</li> <li>• Cross border coverage</li> <li>• Note: Sharp does not require a copy of waiver forms at the time of group submission</li> </ul>
<b>Sutter Health Plus</b>	<ul style="list-style-type: none"> <li>• Other Group coverage</li> <li>• Dependent in another group health plan</li> <li>• TRICARE   Other coverage through a Federal Employee Health Benefits Program</li> <li>• Individual coverage through Medi-Cal due to subsidy</li> <li>• Coverage through Covered California due to subsidy</li> <li>• Covered as a spouse or domestic partner that works for the same employer</li> </ul>
<b>UnitedHealthcare</b>	<ul style="list-style-type: none"> <li>• Other Group coverage</li> <li>• Dependent in another group health plan</li> <li>• Medi-Cal   Medicare   TRICARE</li> <li>• Individual coverage on or off the exchange</li> </ul>

Data provided here is for informational purposes only, please confirm with carrier for final submission criteria and deadline updates.  
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