



COVERAGE EXEMPTIONS

Exemptions That REQUIRE a Letter & Exemption Coverage Number (ECN) From The Marketplace

ECN	Members of certain religious sects - You are a member of a recognized religious sect.	Provide Marketplace Letter
ECN	Determined ineligible for Medicaid in a state that did not expand Medicaid coverage - You were determined ineligible for Medicaid solely because the state in which you resided did not participate in Medicaid expansion under the Affordable Care Act.	Provide Marketplace Letter
ECN	General Hardship - You experienced a hardship that prevented you from obtaining coverage under a qualified health plan.	Provide Marketplace Letter
ECN	Coverage Considered Unaffordable Based On Projected Income - You do not have access to affordable coverage based on your projected household income.	Provide Marketplace Letter
ECN	Unable To Renew Existing Coverage - You have been notified that your health insurance policy was not renewable and you considered the other plans available unaffordable.	Provide Marketplace Letter
ECN	AmeriCorps Coverage - You were engaged in service in AmeriCorps State and National, VISTA, or NCCC programs and were covered by short-term duration coverage or self-funded coverage provided by these programs.	Provide Marketplace Letter

Exemptions That CAN Be Documented With A letter & ECN From The Marketplace or by other Documentantation

D	Members of a health care sharing ministry — You are a member of a health care sharing ministry.	Provide Marketplace Letter or Certificate of Coverage
E	Members Of Indian Tribes - You were either a member of a Federally-recognized Indian tribe, including an Alaska Native Claims Settlement Act (ANCSA) Corporation Shareholder (regional or village), or you were otherwise eligible for services through an Indian health care provider or the Indian Health Service	Provide Marketplace Letter, Tribal Exemption, CDIB Card or Tribal Membership Card
F	Incarceration — You are in a jail, prison, or similar penal institution or correctional facility after the disposition of charges.	Provide Marketplace Letter or Correctional Facility Verification
G	Resident of a state that did not expand Medicaid - Your household income was below 138% of the federal poverty line for your family size and at any time in 2014 you resided in a state that did not participate in the Medicaid expansion under the Affordable Care Act.	Provide Marketplace Letter or Identify State: []OK or Other State is []



COVERAGE EXEMPTIONS CONT.



Exemptions Requiring Other Documentation

	Income Below Filing Threshold - Your gross income or your household income was less than your applicable minimum threshold for filing a tax return.	We will determine
A	Coverage Considered Unaffordable - The minimum amount you would have paid for premiums is more than 8% of your household income.	Complete Health Care Questionnaire
B	Short Coverage Gap - You went without coverage for less than 3 consecutive months during the year.	Complete Health Care Questionnaire
	Citizens living abroad and certain noncitizens — You are:	
C	> A U.S. citizen or resident who spent at least 330 full days outside of the U.S. during a 12 month period	Provide schedule of Dates departing from and arriving in the US
C	> A U.S. citizen who is a bona fide resident of a foreign country or U.S. territory,	Residency Documentation
C	> A resident alien who was a citizen of a foreign country with which the U.S. has an income tax treaty with a nondiscrimination clause, and you were a bona fide resident of a foreign country for the tax year; or	Provide relevant documentation
C	> Not a U.S. citizen, not a U.S. national, and not an individual lawfully present in the U.S.	Provide ITIN
G	Aggregate self-only coverage considered unaffordable - Two or more family members' aggregate cost of self-only employer-sponsored coverage was more than 8% of household income, as was the cost of any available employer-sponsored coverage for the entire family.	Provide Health Care Questionnaire
G	Gap in coverage at the beginning of 2014 - You had a coverage gap at the beginning of 2014 but were either enrolled in, or were treated as having enrolled in, coverage through the Marketplace or outside of the Marketplace with an effective date on or before 5/1/14.	Provide Certificates of Coverage commencement and termination dates
G	Gap In CHIP Coverage - You applied for CHIP coverage during the initial open enrollment period and were found eligible for CHIP based on that application but have a coverage gap at the beginning of 2014.	Provide Certificates of Coverage commencement and termination dates
H	Limited benefit Medicaid & TRICARE programs — You are enrolled in certain types of Medicaid & TRICARE programs that are not minimum essential coverage. (Only in 2014.)	Provide Certificate of Coverage
H	Employer Coverage With Non-Calendar Year Plan Beginning In 2013 - You were eligible, but did not purchase, coverage under an employer plan with a plan year that started in 2013 and ended in 2014. (Available only in 2014.)	Provide Statement from Employer to that effect.