







Carrier	Valid Waivers
	<p>Other group coverage Enrolling as a dependent in the group health plan COBRA coverage with another employer Individual Coverage Medicare Medi-Cal Spousal Group Coverage Parental Group Coverage TRICARE (military coverage)</p>
	<p>Other group coverage Enrolling as a dependent in the group health plan COBRA coverage with another employer Individual coverage Medicare Medi-Cal TRICARE (military coverage)</p> <p style="text-align: right;">*Religious Waivers with written documentation</p>
	<p>Other group coverage Enrolling as a dependent in the group health plan COBRA coverage with another employer Individual coverage Medicare Medi-Cal TRICARE (military coverage)</p>
	<p>Other group coverage Enrolling as a dependent in the group health plan COBRA coverage with another employer Medicare Medi-Cal TRICARE (Military coverage)</p>
	<p>Other group coverage Enrolling as a dependent in the group health plan COBRA coverage with another employer Medicare Medi-Cal TRICARE (military Coverage)</p>
	<p>Other Group Coverage Enrolling as a dependent in the group health plan COBRA coverage with another employer Individual Coverage Medicare Medi-Cal TRICARE (military coverage) Coverage through a union Other federal or state health coverage programs other than coverage through a Qualified Health Plan (QHP) sold in the Individual Exchange</p>

 <p>health net.</p>	<p>Other Group Coverage Enrolling as a dependent in the group health plan COBRA coverage with another employer Individual coverage Medicare *Medicade Medi-Cal TRICARE (military coverage) Coverage through a union</p>
 <p>KAISER PERMANENTE</p>	<p>Other Group Coverage Enrolling as a dependent in the group health plan COBRA coverage with another employer Individual Coverage Medicare Medi-Cal TRICARE (military coverage)E</p>
 <p>MediExcel HEALTH PLAN</p>	<p>CA other group coverage COBRA coverage with another employer Medicare Medi-Cal TRICARE (military coverage)</p>
 <p>oscar</p>	<p>Other Group Coverage Enrolling as a dependent in the group health plan COBRA coverage with another employer Individual coverage Medicare Medi-Cal TRICARE (military coverage)</p>
 <p>SHARP</p>	<p>Other group coverage Enrolling as a dependent in the group health plan COBRA coverage with another employer Cross-border coverage Individual coverage Medicare Medi-Cal TRICARE (military coverage)</p>
 <p>UnitedHealthcare</p>	<p>Other group coverage Enrolling as a dependent in the group health plan COBRA coverage with another employer Individual coverage Medicare Medi-Cal TRICARE (military coverage)</p>