

Health Connector Policy: Termination of Coverage – Voluntary

Policy #: **NG-6A**

Date revised: **5/3/2016**

Category: **Enrollment**

Effective date: **1/1/2016**

Approved by: **Ed DeAngelo**

Applicable to all Non-Group products (Qualified Health Plan or QHP/Qualified Dental Plan or QDP)

An enrolled individual/family may, at any time, voluntarily terminate his/her coverage in a non-group product through the Health Connector. Voluntary termination can be requested by the enrollee(s) online or by contacting the Health Connector by phone or in writing via mail, fax or email.

Voluntary terminations cannot be retroactive. The coverage end date is the last day of the month in which termination is requested, provided that the request is made no later than the 23rd of the month.¹ If requesting termination by phone, the request should be made not later than 2 hours before close of business on the 23rd of the month.

If the request is made after the 23rd of the month, the coverage end date will be the end of the next month and the individual/family will be responsible for all premiums for that month.¹

If an enrollee is delinquent in paying monthly premiums at the time of the request to voluntarily terminate, the enrollee must pay all outstanding premiums by the end of the delinquency period to avoid a retroactive change of the coverage end date. If the enrollee fails to pay all outstanding premiums, the termination date will be determined according to Health Connector Policy NG-6B, *Termination of Coverage – Non-Payment of Premium*.

Reinstatement

A voluntarily terminated individual/family may have their terminated policy reinstated provided that all outstanding monthly premiums and a \$50 reinstatement fee are paid in full by the payment due date in the month before prospective coverage begins. No reinstatement fee will be charged to individuals/families who receive federal and/or state financial support.

Reinstatement is allowed one (1) time per plan year, as long as the coverage has not lapsed for more than sixty (60) days from the effective date of termination. The reinstatement must always be retroactive to the first day of the month following the effective date of termination. Notwithstanding the foregoing, a voluntarily terminated eligible individual/family may enroll in coverage during the next open enrollment period, if applicable, or if they experience a mid-year life event.^{2,3} The Health Connector may, in its sole discretion, waive the reinstatement fee on a temporary or permanent basis.

Lock-out Periods for Health Connector Dental Plan (Qualified Dental Plan or QDP)

A voluntarily terminated eligible individual/family may enroll in a Qualified Dental Plan at any time subject to lock-out periods, the length of which may vary at the discretion of the issuer. During a lock-out period for a Qualified Dental Plan, individuals/families who have previously been enrolled in any Qualified Dental Plan through the Health Connector and have terminated that coverage, are not permitted to enroll in another Qualified Dental Plan until the lock-out period has expired.

¹ Please reference the policy Coverage Effective Dates (NG-5B)

² Please reference the policy Open Enrollment Period For Individual/Family (NG-4)

³ Please reference the policy Mid-Year Life Events (NG-1E)