

Health Connector Policy: Enrollment in Individual/Family Plan

Policy #: NG-7	Effective date: 03/02/2020
Category: Eligibility	Date revised: 03/02/2020
Approved by: Andrew Egan	Date reviewed: 03/02/2020

This policy applies to all non-group health and dental products.

To enroll in a non-group product through the Health Connector, an individual/family must:

- 1. Establish eligibility for a plan through the Health Connector's application process.1
- 2. Request enrollment during an open enrollment period or qualify for a special enrollment period, if applicable.²
- 3. Provide the following additional information when selecting a plan:
 - a) Selected plan name and issuer;
 - b) Effective date. Prospective enrollees may choose from the next two available effective dates:
 - i. On or before the 23rd day of the month, an applicant may choose either the first of the month following application for enrollment or the first of the second month following application for enrollment. For example, on May 15, an applicant may choose an effective date of June 1 or July 1
 - ii. After the 23rd of the month, an applicant may choose either the first day of the second month following application for enrollment or the first day of the third month following application for enrollment. For example, on May 25, an applicant may choose an effective date of July 1 or August 1; and
- 4. Sign or e-sign and accept the Terms and Conditions of enrollment, in accordance with the below:
 - a) For paper submissions, the adult applicant or legally designated representative must physically sign the enrollment form as well as the Terms and Conditions agreement. If the enrollee is under 18 years of age, the parent or legal guardian must sign both forms. Once signed, both forms may be delivered in person, mailed, or legibly faxed to the Health Connector.
 - b) For electronic submissions, the adult applicant must e-sign the enrollment form as well as the Terms and Conditions agreement by "clicking" on a confirmation button, such as "I agree." If the enrollee is under 18 years of age, the parent or legal guardian must e-sign both forms. By clicking on the confirmation button, the enrollee or parent or legal guardian attests that the information provided in the online application is correct and agrees to the Health Connector Terms and Conditions.
 - c) For submissions made by phone in conjunction with a Customer Service Representative or Navigator, the applicant or parent or guardian may either:



- attest to agreement by voice, in which case the Customer Service Representative or Navigator can complete the submission electronically, including the signatures of the enrollee and the Customer Service Representative or Navigator; or
- ii. sign and mail in a printed, completed application generated by the Customer Service Representative or Navigator; and
- 5. Submit full payment for the first month of coverage in accordance with the designated due date.³

The eligibility application, additional information for enrollment, and signed and accepted Terms and Conditions may be submitted contemporaneously as a single submission. The additional information required for enrollment, signed and accepted Terms and Conditions and payment for the first month of coverage must be received by the Health Connector no later than the 23rd calendar day of the month prior to the requested effective date of coverage. The Health Connector may, in its discretion, request that a carrier accept an individual's enrollment request retroactively in exceptional circumstances.

If an applicant fails to complete the enrollment process outlined above by the 23^{rd} day of the month, and they are within an open or special enrollment period, they may re-select a later effective date pursuant to the process above. For example, Applicant *A* has a special enrollment period open for 60 days beginning June 1. On June 10, *A* requests enrollment in a health plan effective July 1, but does not pay by June 23 to effectuate coverage. Because *A*'s special enrollment period is still open, they may submit a new enrollment request on June 28 for coverage effective August 1 and must pay by July 23 to effectuate coverage.

The prospective enrollee(s) must comply with the Health Connector's reasonable requests for information necessary to verify the application for coverage in order to maintain enrollment in a plan.

Open Enrollment Periods

The Health Connector will offer open enrollment periods consistent with federal requirements between November 1 and December 15 of each year for the upcoming year. However, the Health Connector may offer additional enrollment opportunities consistent with its policy on special enrollment periods.

Existing enrollees and the general public will be notified in advance of the dates of future Open Enrollment periods though various information channels.

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

A terminated individual or family (voluntarily terminated or terminated due to non-payment) may enroll in a Health Connector dental product at any time depending on the length of the lock-out period determined by each issuer. During a lock-out period for a particular Health Connector dental plan, individuals or families who have previously been enrolled in any dental plan with a given issuer through the Health Connector and have terminated that coverage, are not permitted to enroll in another dental plan through the same issuer until the lock-out period has expired, as enforced by the issuer.



- ¹ Please reference the policies <u>NG-1: Eligibility for Individual/Family Plan</u>, <u>NG-2: Eligibility for Federal and State Financial Support for Individual/Family Plan</u>, <u>NG-3: Rules for American Indians/Alaskan Natives</u> and <u>NG-4: Eligibility for Catastrophic Plans</u>
- ² Please reference the policy <u>NG-5: Mid-year Life Events</u>
- ³ Please reference the policy <u>NG-14: Premium Billing and Payment</u>