

## Health Connector Policy: Enrollee Age-Out

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Category: <b>Enrollment</b>	Date revised: <b>9/1/2019</b>
Approved by: <b>Andrew Egan</b>	Date reviewed: <b>9/1/2019</b>

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**This policy applies to non-group health and dental products as noted below.**

### For Pediatric Only Dental Plans:

An enrollee's eligibility for pediatric dental benefits ends at the end of the plan year in which the enrollee attains age 19.

Note that an enrollee in a family dental plan or a health plan that includes pediatric dental benefits will no longer qualify for those pediatric dental benefits after the end of the month in which the enrollee attains age 19.

### For Dependents on Family Medical and Dental Plans:

A dependent enrollee's enrollment ends as of the first day of the month following the month in which the enrollee attains age 26 if the enrollee is not the subscriber or the subscriber's spouse or domestic partner. However, a dependent enrollee who is disabled will not experience changes in enrollment as a result of attaining age 26.

### For Catastrophic Plans:

An enrollee's eligibility ends at the end of the plan year in which the enrollee attains age 30, unless the enrollee provides documentation showing that he or she has been granted a Certificate of Exemption from the Individual Mandate pursuant to 26 U.S.C. 5000A(e)(1) or 26 U.S.C. 5000A(e)(5).<sup>2</sup>

<sup>1</sup>Please reference the policy [NG-8: Enrollment Groups](#)

<sup>2</sup>Please reference the policy [NG-4: Eligibility for Catastrophic Plans](#)