

Health Connector Policy: Termination of Coverage – Voluntary

Policy #: NG-10	Effective date: 7/6/2020
Category: Enrollment	Date revised: 6/15/2020
Approved by: Andrew Egan	Date Reviewed: 6/15/2020

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

An enrolled individual or family may, at any time, voluntarily terminate their 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's Member Service Center.
- Voluntary termination cannot be retroactive unless a member demonstrates that they qualify for an exception such as for fraud, technical problems, or error. Determination of whether a member qualifies for an exception is solely within the discretion of the Health Connector.

The coverage end date is the last day of the month in which termination is requested.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 *NG-11: Termination of Coverage- Non-Payment of Premium*.²

A Plan Termination Notice will be sent to confirm the coverage end date and reinstatement options.

Reinstatement

Reinstatement allows an individual or family to restore terminated coverage without a gap, as if the termination had not occurred. An individual or family who voluntarily terminated coverage has 30 calendar days (plus five additional days to account for mailing of the notice) from the date of the Notice of Termination to reinstate coverage. All outstanding monthly premiums must be paid in full within the 35 calendar day period.

- The outstanding monthly premiums will include all unpaid monthly premiums for the reinstated policy and the next month's premium in advance.
- Individuals or families seeking reinstatement must continue to be eligible for the same Health Connector plan they are seeking to reinstate.
- Requests for reinstatement of coverage must be made by contacting the Health Connector's Member Service Center.

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

A voluntarily terminated individual or family 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 through the Health Connector and have terminated that coverage, are not permitted to enroll in another dental plan until the lock-out period has expired.

¹ Please reference the policy [NG-7: Enrollment in Individual/Family Plan](#)

² Please reference the policy [NG-11: Termination of Coverage- Non-Payment of Premium](#)

³ Please reference the policy [NG-7: Enrollment in Individual/Family Plan](#)

⁴ Please reference the policy [NG-5: Mid-Year Life Events](#)