

Health Connector Policy: Renewal of Coverage

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

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

For Health Connector Qualified Health Plans (QHPs):

An eligible individual or family who enrolls in a non-group product through the Health Connector during the annual open enrollment period and whose initial plan year starts on January 1 will renew their membership during the subsequent annual open enrollment period. Upon renewal, coverage will be effective January 1 of the succeeding year.

A qualified individual or family who enrolls in their existing coverage in a non-group product through the Health Connector and whose coverage initially started after January 1 (including coverage that started during the closed enrollment period) will have a plan year of less than 12 months and will renew their membership during the subsequent annual open enrollment period for coverage effective on January 1. Monthly premiums are calculated based on rates in effect on the enrollee's effective date of coverage.

An eligible individual or family who enrolls in a non-group product through the Health Connector may be sent an annual redetermination notice which includes information regarding the eligibility of the enrollee and their dependent(s). The enrollee must respond to this notice within 30 days by reporting changes that affect eligibility online or by calling Customer Service.

For Health Connector Qualified Dental Plan (QDP):

Eligible individuals or families renew membership in their QDP on January 1, regardless of the effective date of coverage. For example, if an eligible individual or family enrolls in QDP coverage beginning May 1, the benefit year is eight (8) months long and the plan will renew the following January. Monthly premiums may be adjusted upon renewal.