

Health Connector Policy: Enrollee Age-Out

Policy #: **CM-2**

Date revised: **06/12/2017**

Category: **Enrollment**

Effective date: **8/15/2017**

Approved by: **Ed DeAngelo**

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

For Pediatric Dental Plans (Non-Group):

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

For Dependents on Family Medical and Dental Plans (Non-Group and Small Group):

An enrollee's eligibility ends as of the first day of the month following the month in which the enrollee attains age 26.¹

For Catastrophic Plans (Non-Group Only):

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).²

¹Please reference the policy [Dependent Eligibility and Verification \(GME-1C\)](#)

²Please reference the policy [Eligibility for Catastrophic Plans \(NG-1D\)](#)