

## Health Connector Policy: Enrollee Age-Out

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Policy #: **CM-2**

Date revised: **01/15/2016**

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Category: **Enrollment**

Effective date: **1/1/2016**

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Approved by: **Ed DeAngelo**

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### **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 and Small 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.<sup>1</sup>

#### **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).<sup>2</sup>

<sup>1</sup>Please reference the policy [Dependent Eligibility and Verification \(SB-1C\)](#)

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