

## Health Connector Policy: Refunds

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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)**

The Health Connector's Customer Service Center is responsible for identifying individuals, employers and employees who are due a refund, processing refunds, issuing refund checks and updating relevant systems.

Refunds will be identified, processed and issued on a monthly basis according to a schedule agreed upon by the Health Connector and the Customer Service Center.

#### **Refunds will be issued to individuals, employers, and employees automatically in the following scenarios:**

- Individuals, employers, or employees who have been terminated from a Health Connector Plan (Qualified Health Plan or QHP)/ Health Connector Dental Plan (Qualified Dental Plan or QDP) for non-payment and their reinstatement timeframe has passed;
- Individuals, employers, or employees who have been terminated from a QHP/QDP voluntarily and their coverage end date is 32 or more days prior to start of automatic monthly refund identification process;
- Individuals who change coverage from an existing non-group product to a product purchased through an employer group and the coverage periods overlap (for the premium(s) paid for the non-group product during the overlap period);

And

- Payment(s) that resulted in a credit to the account was made 10 or more business days prior to start of automatic monthly refund identification process.

#### **Refunds will be issued to individuals, employers and employees by request in the following scenarios:**

- Individuals, employers or employees who have never been enrolled in a QHP/QDP and do not intend to enroll in the future and have made a request for a refund;
- Individuals, employers or employees who are currently enrolled in a QHP/QDP and have a credit balance on their account where credit amount is equal to two months of the current premium amount or more and they have made a request for a refund.

Refunds will be issued in the amount equal to the credit balance on the account, provided that an individual, employer or employee has been charged for all months of coverage and all appropriate adjustments have been made, including but not limited to, any applicable charges and fees.

A request for a refund may be made by calling, emailing or writing the Customer Service Center.

**Refunds will not be issued:**

- For a month of coverage when that month has commenced.
- For credit balances less than one month of premium for an individual, employer or employee who is currently enrolled, unless a refund is requested.
- For credit balances less than \$3.00, unless a refund is requested.

Any amount less than \$3.00 will remain available until the credit balance is applied against debits appearing in the account. The individual, employer, or employee must affirmatively request payment of the balance. If the individual, employer, or employee does not request payment of the balance and the statutory period of dormancy has tolled, the balance will be considered abandoned property by the Commonwealth of Massachusetts.