

## Health Connector Policy: Renewal of Coverage

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Policy #: **NG-7**

Date revised: **08/12/2015**

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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 Non-Group products (Qualified Health Plan or QHP/Qualified Dental Plan or QDP)**

#### **For Health Connector Qualified Health Plans (QHPs):**

An eligible individual/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 1st will renew his/her membership during the subsequent annual open enrollment period.<sup>1</sup> Upon renewal, coverage will be effective January 1st of the succeeding year.

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

An eligible individual/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 his/her 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/families renew membership twelve (12) months after their effective date of coverage and every twelve (12) months thereafter. Monthly premiums may be adjusted upon renewal.

<sup>1</sup> Please reference the policy [Open Enrollment Period For Individual/Family \(NG-4\)](#)