

Health Connector Policy: Mid-Year Life Events

Policy #: **NG-1E**

Date revised: **8/2/2013**

Category: **Eligibility**

Effective date: **1/1/2014**

Approved by: **Ed DeAngelo**

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

The Health Connector will allow qualified individuals, enrollees, and any dependent(s) to enroll in or make changes to their plan selection during a plan year within 60 days of any of the following mid-year life events (unless otherwise noted):

A qualified individual, enrollee or his/her dependent(s):

1. Gains a dependent or becomes a dependent as a result of:
 - a. Marriage;
 - b. Birth, adoption or placement for adoption or foster care; or
 - c. Court-ordered care of a child.
 2. Loses minimum essential coverage (as defined by §5000A of the Internal Revenue Code) for a reason other than failure to pay premiums (including COBRA premiums prior to expiration of COBRA coverage) or situations allowing for a rescission as specified in 45 CFR §147.128 (such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan). This includes loss of coverage due to:
 - a. In the case of an employee or dependent who has coverage that is not COBRA, termination as a result of loss of eligibility (regardless of whether the individual is eligible for or elects COBRA);
 - b. The individual becomes eligible for Medicare;
 - c. Legal separation, divorce, or cessation of dependent status;
 - d. Death of an employee, termination of employment, reduction in the number of hours of employment;
 - e. An individual no longer residing, living, or working in the issuer's service area;
 - f. An individual incurring a claim that would meet or exceed a lifetime limit on all benefits;
 - g. A plan no longer offering any benefits to the class of similarly situated individuals that includes the individual or a plan that was decertified by the Health Connector;
 - h. Exhaustion of COBRA continuation coverage.
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3. Gains access to new Health Connector Plans (Qualified Health Plan or QHP)/Health Connector Dental Plans (Qualified Dental Plan or QDP) as the result of a permanent move;
4. Is an Indian, as defined by section 4 of the Indian Self-Determination and Education Assistance Act. See Indian Self-Determination and Education Assistance Act, 25 U.S.C. §450b(d). Such individual may enroll in a QHP/QDP or change from one QHP/QDP to another one time per month.
5. Becomes a citizen, national, or lawfully present individual;
6. Was erroneously enrolled (or not enrolled) in a QHP/QDP due to an error, misrepresentation, or inaction on the part of the Health Connector or HHS, or its instrumentalities, as determined by the Health Connector;
7. Adequately demonstrates to the Health Connector that the QHP/QDP in which s/he is enrolled substantially violated a material provision of its contract in relation to the enrollee;
8. Is determined newly eligible for advance payments of the premium tax credit (Advance Premium Tax Credit or APTC) based, in part, on a finding that s/he will no longer be eligible for affordable employer-sponsored coverage that meets minimum value standards in the next 60 days; ¹
9. Is enrolled in an employer-sponsored plan that is either not affordable or does not meet minimum value requirements; ¹
10. The qualified individual or enrollee, or his or her dependent, demonstrates to the Health Connector, in accordance with guidelines issued by the U.S. Department of Health and Human Services, that the individual meets other exceptional circumstances as the Health Connector may provide.

A qualified enrollee or his/her dependent(s):

1. Is determined newly eligible or newly ineligible for APTCs or has a change in eligibility for cost-sharing reductions.³

Reporting requirement:

Mid-year life event(s) must be reported to the Health Connector within 60 days of the event. The Health Connector may require documents proving that the qualified individual, enrollee or his/her dependent(s) meets one or more of the above criteria.

Effective dates:

Changes to plan enrollment will be effective in accordance with the Enrollment in Individual/Family (Non-Group) Plan policy² except in the case of birth, adoption or placement for adoption or foster care, coverage will be effective on the date of birth, adoption, or placement for adoption or foster care.

Any APTCs or cost sharing reductions will only become effective on the first day of the first full month during which the individual is enrolled in a QHP/QDP and not enrolled in other minimum essential

coverage.

¹ Please reference the policy *Eligibility for Federal and State Financial Support for Individual/Family Plan (NG-1B)*

² Please reference the policy *Enrollment in Individual/Family Plan (NG-3)*

³ Please reference the policy *Special Enrollment Periods-Newly Eligible or Newly Ineligible for Advance Premium Tax Credit or Change in Eligibility for Cost Sharing Reduction (NG-1F)*