

# Eligibility and Enrollment

This section summarizes the rules and guidelines that apply to the eligibility and enrollment of ConnectiCare Subscribers and dependents. More detailed information is contained in the Membership Agreement or other Plan documents.

## Employees

Employees are eligible for coverage if they work full-time, live or work in the service area and meet their employer's requirements for eligibility.

## Adding a New Hire

If your company is a Small Group with 50 or less eligible employees/lives, your Small-Group Sales Representative has set up the new hire eligibility rules in our system to reflect your company's policy. The new hire eligibility rules determine when a new hire's coverage can become effective. If you want to confirm these rules or discuss any other eligibility concerns, you may call your Group Account Service Representative or Group Sales Representative (Small Groups only) or Group Account Manager (Large Groups), during regular business hours — 8:00 a.m. to 5:00 p.m., Monday through Friday.

If your company is a Large Group with 51 or more eligible employees/lives, we will enroll new hires on the Effective Date stated on the Enrollment/Change Form, provided that:

- The Effective Date is the day your new employees become eligible for coverage.
- The Enrollment Application is completed and signed within 31 days of the date your new employee(s) became eligible for coverage. To help expedite this process you can go online at [www.connecticare.com](http://www.connecticare.com) and order new enrollment packets (see page 18). Also, your Group Account Manager, (Large Group), Group Account Service Representative or Group Sales Representative (Small Group) can provide you with a supply of updated new hire packets to distribute to new employees.

Just call or write to us at:

ConnectiCare, Inc.  
Sales & Marketing Department  
175 Scott Swamp Road  
P.O. Box 4050  
Farmington, CT 06034-4050

# ➤ Eligibility and Enrollment

Wondering who is eligible for membership? Besides you, your plan can cover eligible members of your immediate family.

## Who's eligible for membership under plans issued in Connecticut?

Subject to the Employer's rules, here is a brief summary of who is eligible to enroll in the plan:

Connecticut employers may decide to offer benefits to part-time employees working 20 or more hours a week. When an employer chooses to extend benefits to part time employees, all employees must be treated equally with respect to:

- Participation
- Eligibility
- Contribution

If an employer does not extend benefits to part-time employees, then only those employees working 30-hours or more are eligible. ConnectiCare must be made aware of an employer's decision to extend coverage to part-time employees. This decision can be made at the initial effective date or upon renewal.

### Employees

- If enrolling in a HMO Plan, you must live or work in the Service Area.
- If enrolling in a POS, FlexPOS or PPO Plan, you do not have to live or work in the Service Area.

### Spouses

- The spouse of an employee is also eligible for coverage if the employee and spouse are in a legally valid existing marriage and the spouse resides with the employee, or in the service area.
- A partner under a legally valid civil union recognized by the State of Connecticut who resides with the employee.

### Children

Children under age 26 who meet one of the conditions/criteria below. Some plans may end dependent child eligibility if a child age 26 has his/her own employer-sponsored coverage.

- Natural children
- Adopted children who are legally adopted by the employee and meet the requirements for natural children once the adoption is final. Before the adoption is final, the children are eligible for coverage when you become legally responsible for at least partial support.
- Stepchildren who are natural or adopted children of your spouse, or for whom your spouse is appointed legal guardian.
- Children for whom the employee or spouse are appointed legal guardians.

**Coverage for dependent children will end on the policy anniversary date that is on or after the date the child turns 26.**

For example, if a dependent turns age 26 in July and the parent's policy renews on January 1st, the dependent child is covered until the policy renewal date and the coverage will be terminated on December 31st.

**Coverage for handicapped children may be extended beyond the age when it would normally end if the children:**

- Reside in the Service Area or with the employee;
- Are unable to support themselves by working because of a mental or physical handicap as certified by the children's physician;
- Are chiefly dependent on the employee or spouse for support and maintenance due to the mental or physical handicap; and
- Have become and continuously remained handicapped while they would have been eligible for dependent children coverage if they were not disabled.

# Who's eligible for membership under plans issued in Massachusetts?

Subject to the Employer's rules, here is a brief summary of who is eligible to enroll in the plan:

## Employees

- If enrolling in a HMO Plan, you must live or work in the Service Area
- If enrolling in a POS Plan, you do not have to live or work in the Service Area

## Spouses

- The spouse of an employee is also eligible for coverage if the employee and spouse are in a legally valid existing marriage and the spouse resides with the employee or in the Service Area.

## Children

Children under age 26 who meet one of the conditions/criteria below. Some plans may end dependent child eligibility if a child age 26 has his/her own employer-sponsored coverage.

- Natural children.
- Adopted children who are legally adopted by the employee and meet the requirements for natural children once the adoption is final. Before the adoption is final, the children are eligible for coverage when you become legally responsible for at least partial support.
- Stepchildren who are natural or adopted children of your spouse, or for whom your spouse is appointed legal guardian.
- Children for whom the employee or spouse are appointed legal guardians.

**Coverage for children enrolled in Massachusetts Group Plans will end on the last day of the month in which the child turns 26.**

**Grandchildren.** Your eligible dependent children's natural children may be covered, as long as your dependent children continue to be covered as eligible dependents under your plan.

**Coverage for handicapped children may be extended beyond the age when it would normally end if the children:**

- Reside in the service area or with the employee;
- Are unable to support themselves by working because of a mental or physical handicap as certified by the children's physician;
- Are chiefly dependent on the employee or spouse for support and maintenance due to the mental or physical handicap; and
- Have become and continuously remained handicapped while they would have been eligible for dependent children coverage if they were not disabled.

Court-ordered child support: the employer must decide whether an employee or spouse may enroll a child for whom health insurance is court-ordered.

# > Eligibility and Enrollment

## Renewal/Open Enrollment

Your large-group account manager starts the renewal/enrollment process about 120 days before your renewal date, working closely with you to determine which plan is best for your employees and coordinating a smooth implementation.

### Large Group

ConnectiCare wants to make sure the enrollment process goes smoothly for your company and its employees. This is why your Account Manager and/or your broker starts the renewal/enrollment process well in advance of your renewal date, working closely with you to determine which plan is best for your employees and coordinating a smooth implementation.

### For Large-Group Open Enrollment:

All applications must be received approximately 30 days before the Plan's effective date for timely receipt of ID Cards.

### Electronic Enrollment:

If you are interested in receiving information on Electronic Data Interchange (EDI), please contact your Large-Group Account Manager.

### COBRA Participants:

Remember, it is your responsibility to notify any COBRA participants about your annual open enrollment.

### The Enrollment Form:

We've included an enrollment form, with information on completing each section.

### Small Group

Renewal packages are mailed to each employer/broker 45 days prior to the effective renewal date. Your broker/Small-Group Sales Representative will work with you to recommend alternative plan options if needed and to ensure that your open enrollment is a smooth process.



### COVERAGE FOR THE COLLEGE STUDENT

ConnectiCare has made it easier for college students to receive certain services while out of ConnectiCare's service area. In addition to emergency services, students are covered for allergy shots, behavioral health services, and physical therapy, even when provided out-of-network. However, members will need to be sure to receive necessary pre-authorization prior to obtaining these out-of-network services.

# Sample Enrollment Form

**ConnectiCare, Inc. & Affiliates**  
 P.O. Box 4058, Farmington, CT 06034-4058  
 www.connecticare.com ■ 1-800-251-7722

**Enrollment/Change Form**

Please print clearly, complete in full using ballpoint pen.

**EMPLOYEE: Complete the following two sections, sign at bottom and read information on reverse side.**

Please check appropriate item:  New Enrollment  Terminate Enrollment  Add Dependent  Remove Dependent  Change Provider  Change Division  
 COBRA Election  Other (Name change, address change, etc. Indicate reason for change.)

Plan type:  HMO  High Deductible Health Plan (HDHP)  Point-of-Service (POS)  PPO  FlexPOS  Other

Plan Name: (from Benefit Summary)

ConnectiCare, Inc. = HMO, HDHP, POS Benefit Plans and ConnectiCare Insurance Company, Inc. = PPO and FlexPOS Benefit Plans. MA employers cannot purchase CCI or CICI products.

Marital Status:  Single  Married/Civil Union  Domestic Partner  Legally Separated  Separated  Widowed  Divorced

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_ Primary Language (optional) \_\_\_\_\_

MEMBER(S):	First Name/Middle Initial/Last Name	Age	Sex	Date of Birth (mm/dd/yy)	Primary Care Provider	ConnectiCare Provider ID Number (optional)	Existing Patient
Employee			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse/Civil Union/Domestic Partner			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent 1			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent 2			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent 3			<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently using tobacco?  
 Employee  Yes  No Spouse/Civil Union/Dom. Partner  Yes  No Dependent 1  Yes  No Dependent 2  Yes  No Dependent 3  Yes  No

**Race/Ethnicity (optional):**  
 This information is designed for the purpose of data collection and will not be used to determine eligibility, rating or claim payment.

Employee:  
 White  Black/African American  Hispanic/Latino  Asian  Amer. Indian/Alaska Native  Native Hawaiian/Pacific Islander  Other \_\_\_\_\_  Unknown

Spouse/Civil Union/Domestic Partner:  
 White  Black/African American  Hispanic/Latino  Asian  Amer. Indian/Alaska Native  Native Hawaiian/Pacific Islander  Other \_\_\_\_\_  Unknown

Dependent 1:  
 White  Black/African American  Hispanic/Latino  Asian  Amer. Indian/Alaska Native  Native Hawaiian/Pacific Islander  Other \_\_\_\_\_  Unknown

Dependent 2:  
 White  Black/African American  Hispanic/Latino  Asian  Amer. Indian/Alaska Native  Native Hawaiian/Pacific Islander  Other \_\_\_\_\_  Unknown

Dependent 3:  
 White  Black/African American  Hispanic/Latino  Asian  Amer. Indian/Alaska Native  Native Hawaiian/Pacific Islander  Other \_\_\_\_\_  Unknown

Check if enrolling a disabled dependent age 26 or over and contact ConnectiCare to obtain a form for submitting proof of disability.

**Other health care coverage:**  
 Will you have other health insurance under this ConnectiCare plan, under a Group, HMO or Medicare plan?  Yes  No

If yes, name of person covered \_\_\_\_\_ Employer \_\_\_\_\_

Insurance Co. Name and Address (Please attach a copy of your group medical insurance card.) \_\_\_\_\_ Policy Number \_\_\_\_\_ Medicare (Please attach a copy of your Medicare card.)  
 Part A  Part B  Retired

**EMPLOYER: Complete this section. Form cannot be processed without this information.**

COBRA  Yes  No Length of coverage: \_\_\_\_\_ Date of Hire (mm/dd/yy) \_\_\_\_\_ Coverage Effective Date (mm/dd/yy) \_\_\_\_\_ Coverage End Date (mm/dd/yy) \_\_\_\_\_

Employee Work Location \_\_\_\_\_ Group Name \_\_\_\_\_ Plan Name \_\_\_\_\_ Group Number/Division \_\_\_\_\_

Employer Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Important:** By signing here you are indicating that you have read and understand the information on the back of this form. This authorization is valid as long as you are enrolled in a ConnectiCare health plan, and for one year after enrollment in the plan ends. I certify that the information supplied in the form is correct. I agree to the consent on the reverse side of this form.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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- A** At the top of the form, in the “Employee” section, the subscriber checks the type of plan for which he/she is enrolling.
- B** Also in the “Employee” section, the subscriber provides information needed to process enrollment.
- C** In the “Member(s)” section, the subscriber selects a PCP for each family member and fills in the PCP names, provider ID numbers and other information requested. The information is required for each covered family member. PCPs are listed in the Provider Directory and in Find a Doctor, our online directory at [www.connecticare.com](http://www.connecticare.com).
- D** If the subscriber or any covered family members have other medical coverage — including Medicare or Medicaid — this must be indicated in the “Other health care coverage” section.
- E** In the “Employer” section, specific information must be filled out and the signature of the employer is required. The employer submits the white copies.
- F** The subscriber reads the section marked “Important” as well as the back of the form, signs and dates the form, tears off the pink copy of the form and keeps it until he/she receives a ConnectiCare ID card. (This form may also be used as evidence of coverage if members need to seek services from a provider, but they have not yet received their ID card. Or, upon the effective date the employee/member may register and print a temporary ID card.)



[www.connecticare.com](http://www.connecticare.com)

**NOTE:**  
 All enrollment forms are available online at [www.connecticare.com](http://www.connecticare.com)

For Connecticut-based Small-Group Employers, a Family Health Statement must be completed for each new hire, and must accompany the enrollment form. For Massachusetts-based Small-Group Employers, a Family Health Statement is not required for new hire employees.

# Eligibility and Enrollment

## Enrollment Materials

You can go online and order a variety of materials to fulfill your needs, including:

- enrollment kits;
- enrollment/change forms;
- provider directories; and
- out-of-plan reimbursement forms.

## Subscriber/Member Materials

Once your employees have enrolled in the plan, they'll receive the following materials at home:

- Identification Card(s)
- Benefit Summary
- The ConnectiCare Guidebook
- HouseCall, ConnectiCare's member newsletter
- Membership Agreement and applicable Riders, Evidence of Coverage or other Plan documents
- Prescription drug information and mail order forms

Employees also may obtain an updated Participating Provider Directory by calling Member Services at **(860) 674-5757** or **1-800-251-7722**. For members covered under self-funded plans, call **(860) 674-2075** or **1-800-846-8578**. You can also visit our online provider directory Find a Doctor, at our website, [www.connecticare.com](http://www.connecticare.com).

## Changes in Coverage

We know that change is inevitable in a member's life, so we've made it easy to add or delete dependents from the plan. Here are the important points to remember:

- Members complete an enrollment form and submit it to you for all additions and deletions, even in cases where their payroll deduction will not be affected.
- If a dependent's coverage ends automatically because he or she has become ineligible (for example, if the dependent attains the maximum age for coverage under your plan), we will send a notice of termination directly to the member. We also will send you a copy of the dependent's notice of termination.
- Membership terminations can be processed retroactively for up to 60 days, subject to ConnectiCare's approval.

## Changes that Affect Eligibility

Members are required to notify ConnectiCare, in writing, within 31 days of any change that could affect coverage. Examples include, but are not limited to, the following situations:

- a subscriber or dependent child marries;
- a subscriber gets divorced;
- a member gives birth;
- a dependent child reaches the maximum age for coverage under the plan;
- a member moves outside the service area; or
- a subscriber's employment is terminated or his/her work hours are reduced.



## Adding Dependents to the Plan

We know that change is inevitable in a member's life, so we've made it easy to add or delete dependents from the plan.

### **Adding a New Spouse, Civil Union Partner, or Domestic Partner**

If a subscriber marries or enters into a civil union, he/she must add the new spouse to the plan within 31 days of the marriage or civil union date. Then, the new spouse's/partner's coverage becomes effective on the date of the marriage/civil union. If the subscriber misses this deadline, he/she must wait until the next Annual Enrollment Period or the Special Enrollment Period\*.

### **Adding a New Child**

The following are general rules, some plans may vary. Check with your Account Representative if you have additional questions.

- Newborn natural children must be added within 31 days of the birth date. If the subscriber misses this deadline, the children must be added during the next Annual Enrollment Period or Special Enrollment Period\*.
- Newly adopted children must be enrolled within 31 days of the adoption date or, if the adoption isn't final, the date the children start living with the subscriber or depending on him/her for support. If the subscriber misses this deadline, he/she must wait until the next Annual Enrollment Period or the Special Enrollment Period\*.
- Children newly under the subscriber's legal guardianship must be added within 31 days of the date guardianship becomes effective, or wait until the next Annual Enrollment Period or the Special Enrollment Period\*.
- Stepchildren must be added within 31 days of the date the subscriber marries their parent, or wait until the next Annual Enrollment Period or the Special Enrollment Period\*.

### **Adding Newborns, Adopted Children or Step-children**

Beginning January 1, 2012, a new Connecticut state mandate increases the allowable amount of time that a parent has to notify his or her health plan about a child's birth, adoption or in the case of step-children, the date of marriage to the parent, from 31 to 61 days. This mandate applies to new and renewing business on January 1, 2012. As a result, the insured's newborn natural child receives coverage for the first 61 days after birth. The adopted child receives coverage for the first 61 days from the date of placement with the insured.

Coverage for the newborn or adopted child will end at the earlier of the termination of the insured's coverage or the end of this 61-day period, unless the insured has notified us of the newborn or adopted child, and has paid us the additional premium.

\*The Special Enrollment Period is the 31-day period that follows the end of the member's coverage under another plan or the occurrence of a Life Event. Refer to the Membership Agreement, Evidence of Coverage, or other Plan document for more detailed information.

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## Electronic Enrollment

ConnectiCare makes available to employers the option to conduct enrollment electronically. Employers are encouraged to provide all additions, terminations and changes to ConnectiCare via Electronic File Transfer (EFT), diskette, or on a CD. The benefits of electronic enrollment include:

- More timely processing; the whole process takes only 24-48 hours
- Routine audits of the client's data compared to ConnectiCare's records
- Improved controls to address privacy of information

To find out more about how to get started with electronic enrollment, call your Account Manager or Account Service Representative, and make a change to an existing plan/division within a group. You can also visit our website at [www.connecticare.com](http://www.connecticare.com).

### *New online enrollment process*

ConnectiCare now provides a simple and secure self-service mechanism for employers to add new employees and their dependents to existing groups, and make a change to an existing plan/division within a group. We have developed an enhanced online enrollment system.

This new process will allow employers access to our website where they will be able to quickly and efficiently add employees and their dependents and make plan changes. It will streamline paperwork and reduce or eliminate potential delays in enrollment.

To find out more, contact your Account Manager or Account Service Representative or visit our website at [www.connecticare.com](http://www.connecticare.com).



### TERMINATING COVERAGE

When your group or any of its subscribers or members need to terminate ConnectiCare coverage, our primary concern is making the process as easy and efficient as possible. In this section, we've outlined some general termination guidelines and procedures for you to keep in mind.

# Terminating Coverage

## Group Coverage

If your group wishes to terminate its group policy, you'll need to provide written notification 30 days before the identified termination date. You must submit this signed notification on company letterhead with the signature of the authorized group representative and include the date requested for termination of the group policy. Please note that a group termination is effective the last day of the month requested. Termination requests should be sent to your Large-Group Account Manager or Small-Group Billing Department.

In addition, your group policy will terminate on the earliest day that any of the following events occur:

1. At the end of the grace period, if the employer fails to make any premium payments that are due, or at another date after the grace period that we specify in writing.
2. If the company commits fraud or willfully conceals or misrepresents any material fact or circumstance in applying for coverage with ConnectiCare.
3. In the event the employer fails to comply with:
  - service area requirements;
  - employer contribution requirements;
  - group participation rules pertaining to either the Health Insurance Portability and Accountability Act of 1996 (HIPAA), if the group has between 2 and 50 eligible employees; or state law if the group has more than 50 eligible employees.
4. In the event that we terminate coverage for all employers in accordance with applicable state law.
5. In the event the employer's membership ceases in a bona fide association through which coverage is provided.
6. On the date the company is liquidated, ceases to operate, or no longer covers or employs any eligible employees.
7. On the date agreed upon by the company and ConnectiCare. The above is a summary of group termination rules. For more detailed information, please refer to the Membership Agreement, Evidence of Coverage, or other Plan document for your plan.

## Member-Initiated Termination of Coverage

Employees or dependents that want to terminate their coverage must submit the request to their HR Department in writing within 30 days of the event effecting coverage.

The employer must:

- complete and sign an Enrollment/Change Form, or
- write a letter that indicates the member's name, identification number, termination date and reason for termination.

The employer must then submit the enrollment/change form to ConnectiCare requesting termination or submit the change on their electronic eligibility update file. Employers can also process employee terminations online at the ConnectiCare website, [www.connecticare.com](http://www.connecticare.com).

Eligibility changes may not appear on your next bill if we do not receive the enrollment/change form before the next bill is produced. Membership terminations can be processed retroactively up to 60 days, subject to ConnectiCare's approval. Remember, it is your responsibility to make sure the employee submits the appropriate documentation (as described above) to you. These procedures must be used for all terminations whether or not the employee/dependent is eligible for COBRA coverage. If the employee decides to continue coverage, it will be reinstated to the date of termination once a Change Form indicating election of continuation coverage is submitted. The Small-Group employer is required to collect and remit COBRA premium payments to ConnectiCare. For Large-Group cases, where ConnectiCare handles COBRA billing, we will reinstate coverage once a COBRA election form is received. We produce the first COBRA invoice when the next COBRA billing cycle is scheduled, and we mail the invoice to the COBRA participant.

# Terminating Coverage

## Member and Provider Services

ConnectiCare's Member Services Department is dedicated to helping members and administrators with information and answers about eligibility, benefits, claims, ID cards and provider participation. They should be the first point of contact when information is needed. For help and information, call **(860) 675-5757** or **1-800-251-7722**. For members covered under self-funded plans, call **(860) 674-2075** or **1-800-846-8578**. You can also visit our website at [www.connecticare.com](http://www.connecticare.com).

## For Connecticut Employer Groups only

Under a Connecticut law effective October 1, 2009, if an employee is terminated by their employer for any reason other than a layoff, or if the employee voluntarily terminates their own employment, the employer may decide not to pay the health insurance premium for the employee and their covered dependents, starting with the day that is 72 hours after the termination of employment. Credits for any refundable premium amounts will appear on your next premium statement that is processed after we receive your timely request. You must make your request for the premium credit by completing ConnectiCare's Premium Credit for Terminated Employees form. To obtain a copy of this form, please visit our website at [www.connecticare.com/employer/OnlineForms.asp](http://www.connecticare.com/employer/OnlineForms.asp). ConnectiCare must receive this form within 72 hours of the employee's termination or you will not be eligible for the credit. When you request the credit, you will have to certify that the employee's termination falls within the legal requirements for receiving the credit. **Please note that it is your responsibility under the law to pay the former employee any part of the credited premium which they contributed for their coverage.** Also note that you are not permitted under the law to request a credit where a collective bargaining agreement requires you to pay any premium beyond the date of termination.

**Changes may not appear on your next bill if we do not receive the enrollment/change form before the next billing cycle.**

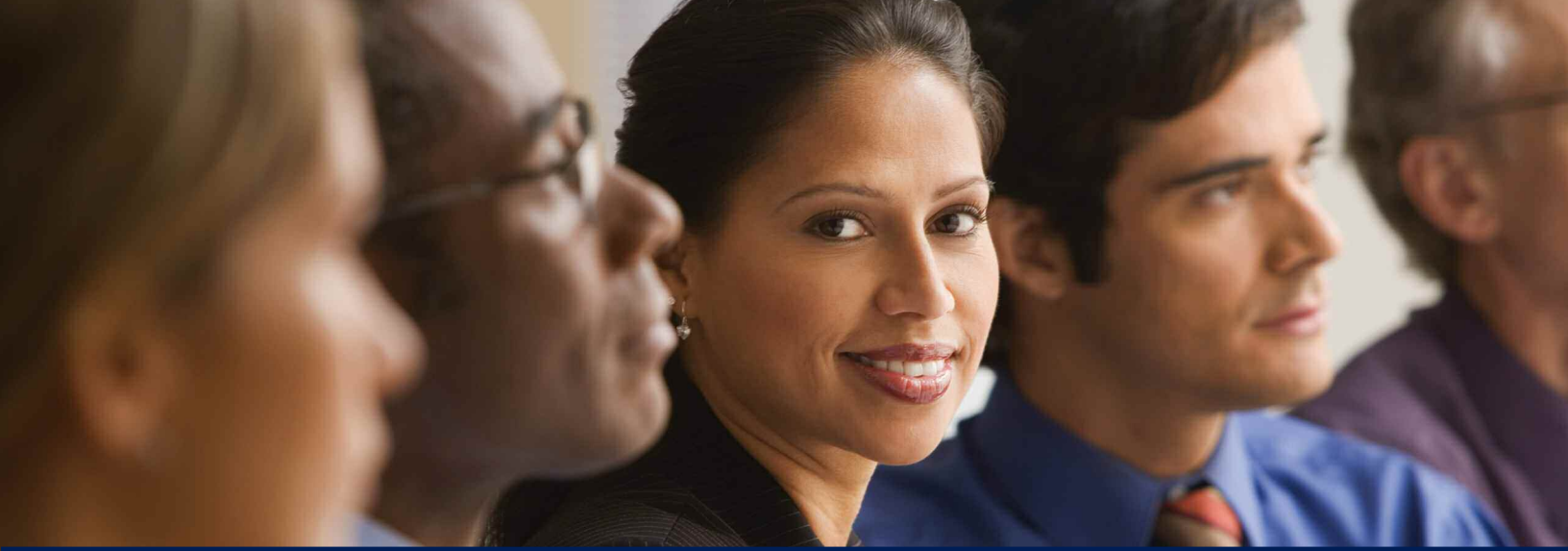
## COBRA Continuation Coverage

In accordance with the federal Consolidated Omnibus Budget Reconciliation Act of 1985 and Connecticut and Massachusetts State law (referred to here as COBRA), subscribers and members must be offered the opportunity to continue their group coverage when it ends for certain reasons. Connecticut and Massachusetts state laws also mandate that COBRA rights and privileges will apply to all employers covered by ConnectiCare, regardless of the employer size or whether the employer's plan is subject to ERISA or COBRA.

The employer is responsible for notifying members of their COBRA rights and administering the COBRA rules. Note that some large-group employers have hired ConnectiCare to perform certain billing services for COBRA premiums (see "COBRA Billing" in the Billing Procedures section.) [This is not available to small-group employers.]

We've outlined the COBRA provisions that pertain to continuing coverage. You'll find a more detailed discussion of COBRA rules and provisions in the Membership Agreement, Evidence of Coverage, or other Plan document.

**Another viable alternative to COBRA may be ConnectiCare® SOLO. For more information see the information in the Product Portfolio section on page 8.**



## The Right to Continue Coverage

COBRA gives subscribers and members the right to continue coverage when it ends due to the occurrence of a “qualifying event,” such as a layoff, reduction in work hours or termination of employment, death, or divorce. Coverage for subscribers and members may be continued for up to 18, 29 or 36 months, depending on the type of qualifying event involved.

- Coverage may be continued for up to 18 months (30 months for subscribers and members enrolled in ConnectiCare, Inc.) when it ends due to the subscriber’s reduction in work hours, leave of absence or his/her employment is terminated for reasons other than gross misconduct.
- For a disabled person, coverage may be continued from 18 to 29 months as long as that person meets certain requirements. See the appropriate Membership Agreement, Evidence of Coverage, or other Plan document for more details.
- Coverage may be continued for up to 36 months for:
  - a covered child who is no longer an eligible dependent;
  - a covered spouse and dependents if the subscriber dies;
  - a covered spouse if the subscriber and spouse divorce or separate;
  - a covered spouse and dependents if coverage ends when the subscriber becomes eligible for Medicare.
- Subscribers or members enrolled on ConnectiCare Inc., who lose group health coverage at age 62 or older who are eligible to get Social Security income at the time of termination may continue their group coverage until they are eligible for Medicare, instead of the usual COBRA continuation period.

**The employer is responsible for notifying members of their COBRA rights and administering the COBRA rules.**

### Exceptions

Continuation of group coverage with ConnectiCare is not available for:

- Newborn children who are not properly enrolled in the plan within 31 days of their birth, (61 days in Connecticut.)
- Employees or dependents who were not eligible for coverage or waived coverage on the employer’s health plan.

States may have additional continuation of coverage rules. Members should review their Membership Agreement or other Plan documents for more details.