

## 9. MANAGING YOUR EXISTING BUSINESS

### Rescissions

In making a determination whether to issue a policy to an applicant, ConnectiCare will review and rely on the statements made on the application and health statement. Any material omission, misrepresentation or misstatements about medical or pharmacy history, planned treatment or surgeries, weight/height or other information on the application or health statement will result in rescission of the policy, denial of an otherwise valid claim, or other corrective action.

In addition, such omissions, misrepresentations or misstatements may result in rescission of the policy back to the policy effective date, and the client would be responsible for reimbursing ConnectiCare for any paid claims. The premium paid and collected at the point of rescission would be credited toward the claims paid by ConnectiCare. This could result in either a refund owed to the client, or claim payments owed by the client.

### Premium Payments

The monthly premium payment is due on the 1st of every month. There is a grace period of one calendar month, which is explained on the invoice (back of first page). If premium is not received by the 15th of the month, the producer will be notified via e-mail and past due accounts will be available on the broker portal. Monthly premium payments can be made by choosing one of the following options:

- **Electronic funds transfer (EFT)** – a member can automatically enroll in EFT with the invoice stub when making a monthly premium payment.
- **Online credit card payment** – available to registered users on the “Members” section of [www.connecticare.com](http://www.connecticare.com) by following these links:

- “Managing Your Account,”
- “Get Information About Your Plan,”
- “Billing Invoice & Credit Card Payment (SOLO Subscribers Only)”
- **Personal check/money order** – in-force premium payments should be mailed to:

ConnectiCare, Inc. & Affiliates  
P.O. Box 416191  
Boston, MA 02241-6191

For answers to your ConnectiCare SOLO billing questions, please call **1-800-333-1733**.

**Note:** *ConnectiCare SOLO is an individual plan and is not offered to groups. ConnectiCare SOLO is medically underwritten and policyholders are required to pay the monthly premiums within the grace period or their policies may be terminated.*

### Dependents

Dependents are defined as the spouse/partner and children of the applicant. Children are defined as a natural child, adopted child, stepchild, or other child for whom the applicant or applicant’s spouse has been appointed legal guardian by a Probate Court. “Child” also includes the insured’s mentally or physically handicapped, child – if the disability began before age 26 and while the child still was eligible for dependent coverage – and as a result of the disability, the child is unable to support himself/herself. In the case of a natural child or stepchild, the child is not required to live with the applicant. However, in the case of “other child” (i.e., foster child, grandchild), the child is required to live with the applicant in a “natural parent/child setting”.

Please submit legal guardianship documentation with the Individual Application/Change Form anytime the dependent falls into the “other child” category.

**ELIGIBLE CHILDREN MUST ALSO BE:**

- Age 26
- Not able to support himself/herself due to mental or physical handicap that began before age 26 and while the child was still eligible for dependent coverage. Verification of Dependent Disability Form must be submitted and approved.

**Adding Dependents**

An Individual Application/Change Form, Individual Health Statement and Underwriting Authorization Form (Parts 1-3) must be completed to add dependents to a ConnectiCare SOLO policy.

The application is subject to medical underwriting, except in the case of newborn or adopted children under age 19 if added within the first 31 days of eligibility. The effective date for additional dependents is determined in the same manner as effective dates for applicants – except for an additional newborn or adopted child.

**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.

For those individuals with policies issued March 1, 2010, or prior, ConnectiCare will allow the policyholder to apply to add a dependent anytime, and we will accept or deny the dependent application based on medical underwriting.

The policyholder must complete an Individual Application and pay any additional premium within 61 days of birth or legal placement of the child. Otherwise, the newborn’s or adopted child’s coverage ends on the 62nd day. Requests to enroll a dependent outside of the 61-day period are subject to medical underwriting and may be denied.

Exception: For policies issued 4/1/10 or beyond dependents under age 19 may be added for a 9/1 effective date but are subject to possible rate up.

**Renewal Process**

The renewal process for a ConnectiCare SOLO policy depends on whether its effective date is before or after October 1, 2009:

- **If the effective date is before October 1, 2009, the renewal date will be January 1st of each year.**
- **If the effective date is on or after October 1, 2009, the renewal will be 12 months later.**  
For example, a policy that is effective on November 1, 2009, will renew on November 1, 2010. This “rolling” renewal process applies to the ConnectiCare SOLO product portfolio launched on or after October 1, 2009.

In all cases, written notification is sent directly to the policyholder’s home address in advance of the renewal date. (Please be sure to report address changes to us in a timely manner so your clients will receive this notification.)

You will have online access to your clients' renewal information. Please review your renewals carefully. If no changes are requested or communicated, the policy will automatically renew as is.

*Note: Additional rate increases may be incurred due to changes in a policyholder's age-band status or change of address.*

## Requesting Plan Changes

More individuals in today's economy are dealing with the unexpected loss of their employer-based coverage. They're turning to you for guidance on affordable options, and you can turn to us for quick answers.

As part of our commitment to affordability, we have revised the process for ConnectiCare SOLO plan changes. To request such a change:

- Have your client complete the entire Individual Application/Change Form (all parts)
- Fax the form to our Intake Department at (860) 678-5274.

Our Underwriting Department will promptly review requests for plan changes and attempt to make a decision within two business days. Notification of approvals, denials or rate ups will be mailed to the policyholder, with a copy mailed to you. If an immediate decision cannot be made and medical records and/or questionnaires are needed, a request will be sent to the policyholder. The request for the plan change will be pended.

Plan change requests that are approved will be effective on the first of the month following Underwriting approval.

We will not accept applications from anyone under age 19.

- Clients must choose a plan open for new enrollment.
- If approved, a new policy will be issued along with a new renewal date.

**Retroactive effective dates are not allowed, nor are deductible credits.**

If the plan change request is denied or rated up, the notification to your client will state the reason for denial or rate up. In cases of a denial, your client's current plan will remain in force.

## Termination of Coverage

### TERMINATING A POLICY

If a member wishes to terminate his or her policy, he or she will need to provide written notification 30 days before the identified termination date. The member must submit this signed notification and include the date requested for termination of the policy.

**Non-payment of premium is NOT considered a termination request, and premiums will continue to be billed. Termination requests should be sent to:**

Mailing Address:

ConnectiCare, Inc. & Affiliates  
175 Scott Swamp Road  
P.O. Box 4058  
Farmington, CT 06034-4058

E-mail Address: [enrollfax@connecticare.com](mailto:enrollfax@connecticare.com)

Fax Number: 860-678-5255

**ConnectiCare will not process requests to make a termination effective retroactively.**

## TERMINATING DEPENDENTS

To cancel dependent coverage, an Individual Application/Change Form (or other written request) must be completed. **Non-payment of premium is NOT considered a termination request.**

If the policyholder wishes to cancel a dependent from the policy, he or she will need to provide written notification within 30 days of the termination date. If a spouse/partner is to be removed from a policy due to divorce or legal separation, legal documentation must be attached to the Individual Application/Change Form, and the Individual Application/Change Form must be signed by the policyholder.

**ConnectiCare will not process requests to make termination effective retroactively.**

Anytime we receive a request to remove an existing ConnectiCare SOLO member from his or her current policy and issue the individual a new ConnectiCare SOLO policy, medical underwriting will be required for applicants age 19 and over. We will not accept applications from anyone under age 19. Rationale: Since the member is applying for coverage under a new policy, the application is subject to the same underwriting requirements as any other new application.

In the event of a policyholder's death or divorce, or if the policyholder becomes eligible for Medicare, then a covered spouse/domestic partner, or dependent age 19 and over, can be moved to policyholder status without medical underwriting. Please note that remaining dependents must qualify as dependent children of the new policyholder to remain on the policy.

Please note that, for purposes of this section, the policyholder must be age 19 and over, except when both parents of a dependent child are deceased, and in no event will coverage continue past the last day of the plan year.

*Note: An Individual Application/Change Form is required to move the dependent to policyholder status.*

