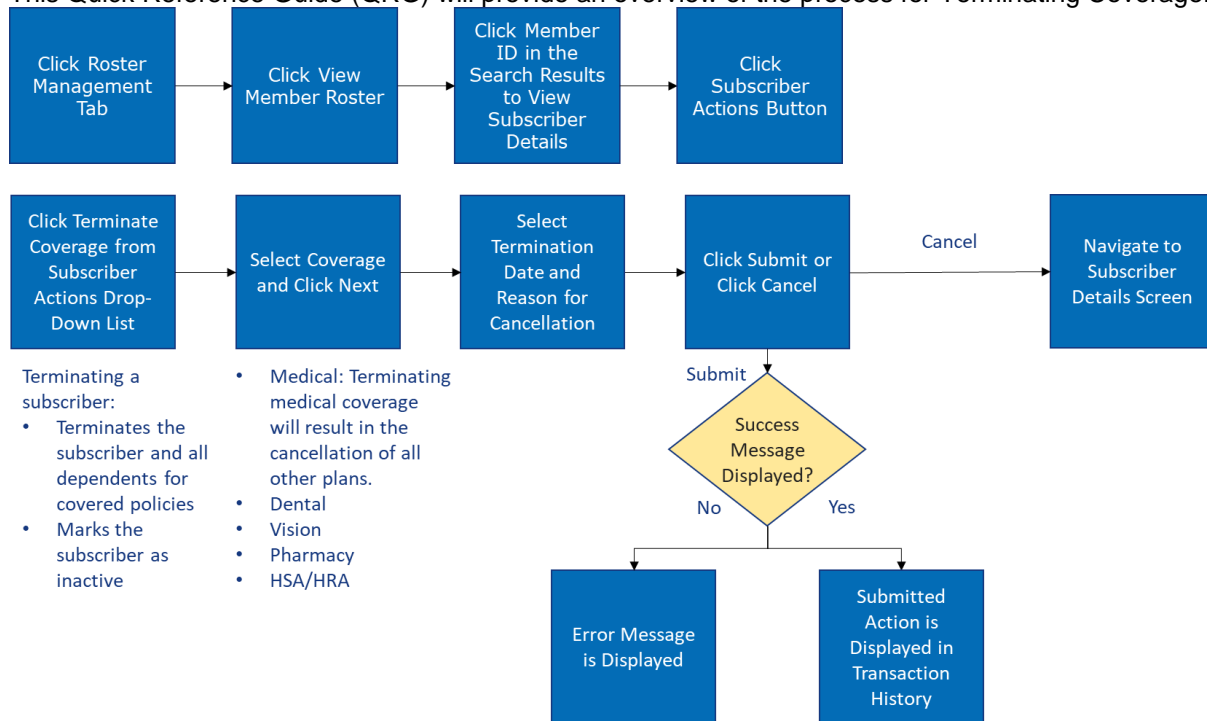


Terminate & Reinstatement Coverage

Quick Reference Guide (QRG)



This Quick Reference Guide (QRG) will provide an overview of the process for Terminating Coverage:



Let us look at the steps in detail for Terminating Coverage:

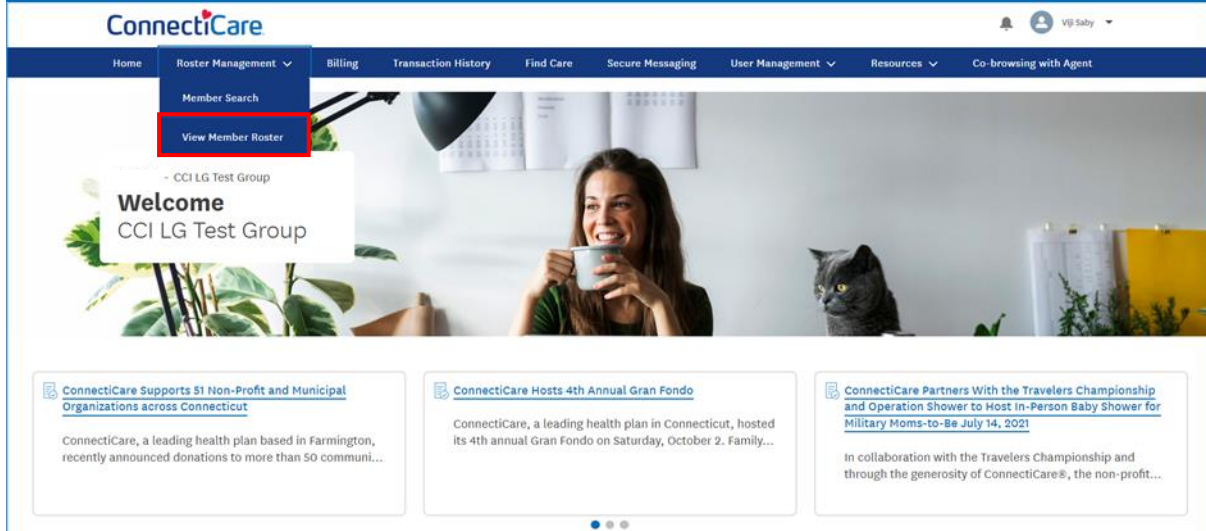
Purpose: Terminate Coverage.

Please note your screen may look different depending on the plans for which you and your dependents (if any) are enrolled.



Step 1:

1. From the **ConnectiCare Home** page, select the **Roster Management** tab
2. From the drop-down menu, select **View Member Roster**.



Step 2:

1. Select the **Member ID** of the subscriber for whom coverage is to be terminated from the Member ID column.

Subgroup ID	Class ID	Member ID	Member Name	Date of Birth	SSN	Gender	Relationship to Subscriber	Coverage Start Date	Termination Date	Original Effective Date	Status
1001	1001	K3763839602	Abu mike	07/07/2005	XXX-XX-6789	Female	Other	08/01/2020	-	05/01/2020	Active
1001	1001	K3750019301	AKSHAY M ELVIYA	09/20/1976	XXX-XX-0321	Female	Subscriber	03/01/2021	09/01/2021	03/01/2021	Inactive
1001	1001	K3764375401	AKSHY M ELVIYA	09/20/1976	XXX-XX-8230	Male	Subscriber	03/01/2021	-	03/01/2021	Active
1001	1001	K5501122301	Alex Kim	11/09/1989	XXX-XX-6756	Male	Subscriber	02/01/2021	09/30/2021	02/01/2021	Inactive
1001	1001	K3750035502	Carriene Lucifer	09/20/1975	XXX-XX-0332	Female	Other	03/01/2021	09/30/2021	03/01/2021	Inactive



Step 3:

Subscriber Details screen displays.

1. From the **Subscriber Actions** drop-down, click **Terminate Coverage**.

Subscriber Details

Status Active	Termination Date -	Member Name AKSHY M ELVIYA	Member ID K376437540
Address Wall Street, New York, NY, 10032	Email -	Mobile Phone Number -	DOB 09/20/1976
Marital Status None	SSN XXX-XX-8230	Gender Male	Referral Re No

▼ Member Information

▼ Subscriber Actions

- Add Dependent
- Change Name
- Change Marital Status
- Change Subscriber Address
- Change Date of Birth
- Change PCP
- Change Plan
- Terminate Subscriber
- Terminate Coverage**



Step 4:

1. Select the Coverage Plan to be terminated from the **Select Coverage** drop-down menu.
2. Click **Next**.

[Home](#) > [Terminate Coverage](#)

○ — ● — ●

Select Coverage to Terminate

Select Coverage to Terminate

Select Coverage*
Medical

*Required information

Please note, terminating medical coverage will result in the cancellation of all other plans.

Next

Cancel



Step 5:

Terminate Coverage screen displays.

1. Fill in the desired fields (i.e., **First Name, Middle Name, Last Name, Suffix, Termination Date** and **Reason for Cancellation**).
Note: **Termination Date** and **Reason for Cancellation** are required fields.
2. Click **Submit**.

Terminate Coverage

First Name: Dozo

Middle Name: S

Last Name: Abel

Suffix:

Termination Date*: 12-30-2021

Reason for Cancellation*: Voluntary withdrawal

The coverage will end midnight of 2021-12-30.

Please note, canceling coverage for a subscriber will cancel coverage for all of the subscriber's dependents.

*Required information

Submit

Cancel



Step 6:

Confirmation screen displays.

Confirmation

There's something wrong with the submission. Please review your information and resubmit the request.

If you continue to experience problems with the portal, please [report the issue to us](#) so we can help.

OK



Step 1:

This is the **Reinstate Coverage** process.

1. From the **Subscriber Actions** drop-down Menu, select **Reinstate Coverage**.

Subscriber Details

Status
Inactive

Termination Date
11/10/2021

Member Name
Apple Aria

Member ID
K55006209

▼ Subscriber Actions

Reinstate Coverage

Address
226 W 2th St, Portland, CT, 06480

Email
-

Mobile Phone Number
-

DOB
06/25/1957

Marital Status
Married

SSN
XXX-XX-1227

Gender
Male

Referral Required
No

Ask A Question

▼ Member Information

Race
Not Assigned

Ethnicity
Not Assigned

Language Preference
-

Home Phone
-

▼ Member Information

Race
Not Assigned

Ethnicity
Not Assigned

Language Preference
-

Home Phone
-

Work Phone
-

Group ID

Subgroup Name
CCI LG FF RGRESSION

Subgroup ID
5004

Original Effective Date
09/01/2020

Relationship to Insured
Subscriber

PCP Name
-

PCP ID
200000000001

PCP Effective Date
09/01/2020

Disability Status
No

Disability Type
-

Disability Termination Date
-

Medicare Id

Medicare Part A Effective Date/End Date
-

Medicare Part B Effective Date/End Date
-

Medicare Accretion Date
-



Step 2:

The Reinstate an employee's coverage screen displays.

1. Enter the **Coverage Start Date**.

Note: Coverage Start Date is also the effective date. Irrespective of when the subscriber is reinstated, the effective date is the chosen coverage start date.

2. Click **Next**.

Home > Member Roster > Subscriber Details > Subscriber Reinstate

Get Started

Reinstate an employee's coverage

Name

Apple Aria

Address

226 W 2th St, Portland, CT, 06480

Coverage Start Date*

11/10/2021

*Required information

Next



Step 3:

The Employer Census screen displays.

1. Choose an option from **Available Subgroups** dropdown list.

Employer
Census

Employer Census

Use the table below to confirm the plans you want reinstated for the employee and their dependents.

Existing Class

Existing Medical Plan

MS030544 - FLEXPOS HSA \$5,000 20% CNT 06

Existing Subgroup

5004 - CCI LG FF RGRESSION

Available Subgroups*

1321 - Omalley Chiropractic

5001 - 85TH DAY dba OYSTER CLUB

5002 - CCI CBIA LF FFS SG

5003 - CCI CBIA LF FFS SG1



Step 4:

- The Class dropdown field appears.
- 1. Choose an option from the **Class*** dropdown list.
 - 2. Click **Next**.



Employer Census

Use the table below to confirm the plans you want reinstated for the employee and their dependents.

Existing Class

Existing Medical Plan

MS030544 - FLEXPOS HSA \$5,000 20% CNT 06

Existing Subgroup

5004 - CCI LG FF RGRESSION

Available Subgroups*

1321 - Omalley Chiropractic

Class*

Required

Required

Employee

First Name	Last Name	Gender	Birth Date	Age
Apple	Aria	Male	06/25/1957	64
Marital Status	Relationship	Street Address	Zip Code	
Married	Employee	226 W 2th St	06480	
State	City	Home Phone Number	Mobile Phone Number	
CT	Portland	-	-	
Personal Email	SSN	Race	Ethnicity	Language
	XXX-XX-1227	Not Assigned	Not Assigned	
Status	Coverage Start Date			
Active	11/10/2021			

*Required information

Next

1. Verify the application details are correct and click **Next**.

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Employee

First Name	Last Name	Gender	Birth Date	Age
Apple	Aria	Male	06/25/1957	64
Marital Status	Relationship	Street Address	Zip Code	
Married	Employee	226 W 2th St	06480	
State	City	Home Phone Number	Mobile Phone Number	
CT	Portland	-	-	
Personal Email	SSN	Race	Ethnicity	
	XXX-XX-1227	Not Assigned	Not Assigned	
Language	Status	Medical Plans	Coverage Start Date	
	Active	MSO30544 - FLEXPOS HSA \$5,000	11/10/2021	

If the above information above is correct, hit "Next" to submit the application to ConnectiCare for review.

Next

Cancel

Step 6:

The Confirmation screen appears.

- Click **OK**.

Home > Member Roster > Subscriber Details > Subscriber Reinstate

Confirmation

Thank you for your submission. Your case number is 02421353. You can check the status of your request in the [Transaction History](#). It may take up to three (3) business days for your request to be reflected online.

OK

Thank You