

## NY Individual Coverage

The following underwriting requirements apply to all individual new business applications and renewals of coverage on the CareConnect Insurance Company, Inc. license.

### OFF EXCHANGE

#### Requirements

To be eligible for individual coverage, the primary insured must live or reside in the CareConnect's service area—[Nassau, New York, Queens, Kings, Bronx, Richmond, Westchester, and Suffolk] Counties.

To qualify for a catastrophic plan, an individual must be under 30 years of age or have obtained a certificate of exemption per the individual mandate based on ACA regulations.

#### Eligibility—Guaranteed Issue with Limited Exceptions

Insurers are required to offer coverage to individuals without regard to health status. There are three exceptions:

1. The individual must live or reside within insurer's service area if the coverage is a network plan.
2. The individual must not be enrolled in Medicare.

**Exception:** A person who is eligible for Medicare but has not enrolled in it, or who has enrolled but dropped Part A and B because they:

- a. Would have to pay a premium; or
  - b. Are not collecting Social Security Benefits.
3. The individual must purchase the coverage during one of the open, limited or special enrollment periods, which are described in further detail below.
  4. Rules requiring guaranteed renewability prohibit us from terminating individuals who enroll in a plan and subsequently enroll in Medicare.
  5. Medicare-eligible individuals who are covered under a comprehensive individual policy and whose coverage is discontinued (i.e., a class discontinuance) are permitted to convert to any other individual policy being offered by us. Due to federal Medicare anti-duplication rules, Medicare enrollees are ineligible to newly purchase an individual comprehensive policy from another insurer.

#### Guaranteed Renewal

An individual contract must be renewed unless terminated because of the following:

1. Fraud or misrepresentation of material facts.
2. Non-payment of premiums within the prescribed grace period.
3. The subscriber no longer lives or resides in the service area.
4. The insurer stops offering the class of contracts to which the subscriber's contract belongs.

5. The insurer ceases offering all hospital, surgical and medical expenses coverage in the individual market in this state.

### Open Enrollment Period

Insurers must allow individuals to purchase coverage during the open enrollment period.

Open Enrollment Period for Calendar Year 2016: November 1, 2015 – January 31, 2016

### Limited Open Enrollment Periods

1. In the following circumstances, we must allow individuals to purchase insurance for 60 days prior to or following any of the events listed below. We will be able to request proof of such changes.
  - a. An individual or dependent loses or will lose minimum essential coverage. Loss of minimum essential coverage does not include loss due to:
    - Failure to pay premiums.
    - Situations allowing for rescission.
    - Voluntary disenrollment from coverage other than because the person's employer sponsored coverage is no longer considered "affordable" per IRS regulations.
  - b. An individual or dependent is or will be determined newly eligible for advanced premium tax credits because the coverage he or she is enrolled in will no longer be employer-sponsored minimum essential coverage, including as a result of an employer discontinuing or changing available coverage within the next 60 days, provided that the individual is allowed to terminate existing coverage.
  - c. An individual loses or will lose eligibility for Medicaid coverage, including Medicaid coverage for pregnancy-related services. (This does not include Medicaid coverage for primary or specialty care.)

In the following circumstances, we must allow individuals to purchase insurance for 60 days following any of the events listed below. We will be able to request proof of such changes.

1. An individual gains a dependent or becomes a dependent through marriage, birth, adoption, or placement for adoption or through child support order or other court order;
2. An individual's enrollment or non-enrollment in another health plan is unintentional, inadvertently, or erroneously, and is the result of the error, misrepresentation, or inaction of an officer, employee, or agent of the NYSOH or HHS, or its instrumentalities;
3. An individual adequately demonstrates that the insurer substantially violated a material provision of their contract with the individual;
4. An individual is determined newly eligible or newly ineligible for advance payments of the premium tax credit or has a change in eligibility for cost sharing reductions, regardless of whether such individual is already enrolled in minimum essential coverage;

5. Insurers must permit individuals whose existing coverage through an eligible employer sponsored plan will no longer be affordable or provide minimum value for his or her employer's upcoming plan year to access this limited enrollment period prior to the end of his or her coverage through such eligible employer sponsored plan;
6. An individual gains access to new health plans as a result of permanent move; and
7. An individual loses a dependent or is no longer considered a dependent through divorce, legal separation, or upon the death of the individual or his/her dependent.

An individual who is enrolled in employer-sponsored coverage and is determined newly eligible for advance payments of the premium tax credit based in part on a finding that such individual is ineligible for qualifying coverage in an eligible-employer sponsored plan in accordance with 26 CFR 136B-2(c)(3) including as a result of his or her employer discontinuing or changing available coverage within the next 60 days, provided that such individual is allowed to terminate existing coverage.

Effective Date of Coverage: When an individual is enrolling prior to loss of coverage, coverage shall begin on the first day of the month following loss of coverage.

### Special Enrollment Periods

These are periods of time outside of open enrollment periods during which individuals may purchase coverage. If an individual loses employer-sponsored group coverage, either as an employee or as an employee's dependent, we must allow those individuals to purchase insurance for 60 days following the loss under any of the circumstances listed below.

1. A dependent loses coverage because of the death of a covered employee.
2. Termination, except for gross misconduct, or reduction in hours so that the employee is no longer eligible for the employer's group plan.
3. Divorce or legal separation from the employee.
4. Loss of dependent coverage because the employee becomes eligible for Medicare.
5. A dependent Child ceases to meet the eligibility requirement of being a dependent child.
6. A retired employee who loses coverage because the employer files Chapter 11 reorganization (bankruptcy proceedings).

An Indian, as defined by section 4 of the Indian Health Care Improvement Act, may enroll in a QHP or change from one QHP to another one time per month.

### Special Enrollment Period for Pregnant Women

A pregnant individual may enroll in coverage at any time after certification of the pregnancy by a health care professional. Coverage shall be effective retroactively to the first month the pregnant individual was certified pregnant or, at the option of the pregnant individual, coverage may be effective the first day of the month following certification.

### *Effective Date for All Enrollment Periods (Except for the Pregnancy Special Enrollment Period)*

For individuals who submit a complete application and pay their premium between the 1st and 15th of the month, coverage must begin on the 1st day of the following month. For individuals who submit a complete application after the 15th of the month, insurers may make coverage effective on the 1st of the following month thereafter.

## **Family Size**

The number of people being covered under the policy will determine the total rates.

## **Dependent Children Eligibility**

1. Insurers must cover the following children until the end of the month in which the child turns 26 years of age:
  - a. All natural children
  - b. Legally adopted children
  - c. Step children
  - d. Children for whom the insured is in the process of adopting
2. Insurers must cover unmarried dependent children, up to any age, if they are incapable of self sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined by the Mental Hygiene Law), or physical handicap, who became incapable prior to attainment of the age at which the child's coverage would have otherwise terminated.
3. Newborn infants, including newly born infants adopted by the policy holder if the policyholder take physical custody of the infant upon release from the hospital and files a petition pursuant to section 115-c of the Domestic Relations Law within 60 days of birth; and provided further that no notice of revocation to the adoption has been filed and consent to the adoption has not been revoked, effective from the moment of birth.
4. Foster children, grandchildren, and children who are under the control of a legal guardian.

## **Dependent Coverage to Age 29**

Under NY Law, dependents (except for married dependents) may be covered through age 29 through the following option.

- Make-Available Rider (Purchased at the option of the Individual)

CareConnect Insurance Company, Inc. (“CareConnect”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareConnect does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareConnect:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact CareConnect’s Senior Director, Quality Improvement.

If you believe that CareConnect has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CareConnect  
Senior Director, Quality Improvement  
2200 Northern Blvd., Suite 104, East Hills, NY 11548  
Phone: 855-706-7545  
TTY: 855-226-7318  
Fax: 844-447-2525  
Email: [CareConnectAppeals@careconnect.com](mailto:CareConnectAppeals@careconnect.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Senior Director, Quality Improvement is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building, Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-855-226-7318 (TTY: 711).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-226-7318 (TTY: 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-855-226-7318 (TTY: 711)。

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-226-7318 (TTY: 711).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-226-7318 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-226-7318 (TTY: 711) 번으로 전화해 주십시오.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-226-7318 (TTY: 711).

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-855-226-7318 (TTY: 711).

লক্ষ্য করনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করন 1-855-226-7318 (TTY: 711).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-226-7318 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-226-7318 (رقم هاتف الصم والبكم: 711).

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-226-7318 (TTY: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال کریں 1-855-226-7318 (TTY: 711)

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-226-7318 (TTY: 711).

**ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-226-7318 (TTY: 711).

**KUJDES:** Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjjuhësore, pa pagesë. Telefononi në 1-855-226-7318 (TTY: 711).