**Section 4500.200 Termination of Coverage and Grace Periods**

a) At any time upon request, an enrollee may voluntarily terminate coverage or enrollment in a QHP through the Exchange, including an SADP, including as a result of the enrollee obtaining other minimum essential coverage. (see 45 CFR 155.430(b)(1) (April 15, 2024) (no later editions or amendments))

1) At the time of plan selection, an enrollee may remain enrolled in a QHP even if the enrollee becomes eligible for other minimum essential coverage. If the enrollee does not actively elect to remain enrolled in a QHP, the Exchange must terminate enrollment in the QHP upon completion of the process specified in 45 CFR 155.330(e)(2) (April 15, 2024) (no later editions or amendments).

2) An individual, including an enrollee's authorized representative, may report the death of an enrollee to initiate termination of the enrollee's Exchange enrollment.

3) An enrollee may terminate coverage within 10 days of receipt of the QHP contract for the plan year and receive a full refund of the premium paid for the same plan year to the extent provided by 50 Ill. Adm. Code 2007.80(a)(7) or 50 Ill. Adm. Code 4521.110(n), as applicable.

4) An enrollee may retroactively terminate or cancel the enrollee's coverage or enrollment in a QHP under the circumstances described in 45 CFR 155.430(b)(1)(iv).

b) The Exchange will involuntarily terminate an enrollee's enrollment in a QHP through the Exchange and will permit a QHP issuer to terminate the coverage or enrollment under 45 CFR 155.430(b)(2) in any of the following circumstances:

1) The enrollee is no longer eligible for coverage in a QHP through the Exchange;

2) Premiums have not been paid for the enrollee's coverage and all applicable grace periods have been exhausted, including, but not limited to, the three-month grace period in 45 CFR 156.270(d) and (g), as well as the grace period in Section 357.4 of the Code or 50 Ill. Adm. Code 4521.110(l);

3) The QHP issuer demonstrates to the Exchange that rescission of the enrollee's coverage is appropriate under 45 CFR 147.128 (November 18, 2015) (no later editions or amendments). A rescission also must comply with Section 154 of the Code;

4) The QHP terminates or is decertified as described in Section 4500.70;

5) The enrollee changes from one QHP to another during an annual open enrollment period or special enrollment period as permitted under Section 4500.180;

6) The enrollee had been enrolled in a QHP without the enrollee's knowledge or consent by a third party, including by a third party with no connection with the Exchange; or

7) Any other reason for termination of coverage described in 45 CFR 147.106.

c) An issuer must not involuntarily terminate dependent coverage of a child before the end of the plan year in which the child attains age 26 on the basis of the child's age, unless otherwise permitted by this Section. (see 45 CFR 155.430(b)(3))

d) Coverage or enrollment must be terminated consistent with the effective dates in 45 CFR 155.430(d).

e) For plan years when Illinois operates a State-based Exchange on the Federal Platform, the Illinois Exchange will rely on HHS to permit or initiate terminations of coverage or enrollment and to conduct all appeals related to terminations arising from ineligibility for coverage in a QHP through the Exchange.

(Source: Added at 49 Ill. Reg. 420, effective December 26, 2024)