

How to disenroll from your HealthSource RI coverage

1. Login to [your account](#) (if you're locked out of your account, you can use our web chat service to unlock it)
2. Go to the **My Plans & Programs** section and select **Disenroll**. This will be for your Health Insurance Coverage.

My Plans & Programs
Expand all boxes to see all programs.

Health Insurance Coverage for 2020: # [REDACTED] Report Change

Eligible Not Eligible Pending Decision Incomplete Not applicable N/A

Medicaid		Commercial Health Insurance	
UnitedHealthcare Community Plan	Rite Smiles Medicaid	Neighborhood PLUS	Blue Cross Dental Direct Standard
Eligible since Jan 02, 2017	NA	Confirmed Jan 01, 2020 - Dec 31, 2020	Confirmed Jan 01, 2020 - Dec 31, 2020
Eligible since Jan 02, 2017	NA	Confirmed Jan 01, 2020 - Dec 31, 2020	Confirmed Jan 01, 2020 - Dec 31, 2020

For payment, use Account ID: [REDACTED]

→

3. Select the member of your household who wants to disenroll from coverage.
4. Click whether they (or you) are disenrolling from medical and/or dental coverage.
5. Select the reason they (or you) are disenrolling from coverage.

Blue Cross Dental Direct Standard

\$ 44.58

Name	Age	Gender	
[REDACTED]	39	F	<input checked="" type="checkbox"/>
[REDACTED]	41	M	<input checked="" type="checkbox"/>

Reason

-Select-

- Couldn't afford the premium
- Couldn't afford the out of pocket costs
- Couldn't afford the prescriptions I needed
- Got other coverage
- Unhappy with my plan's customer service
- Couldn't see the doctors I needed to see
- Couldn't get the care I needed
- Decided I was better off without coverage
- Other

Neighborhood PLUS

Name	Age	Gender	
[REDACTED]	39	F	<input checked="" type="checkbox"/>
[REDACTED]	41	M	<input checked="" type="checkbox"/>

Reason

-Select-

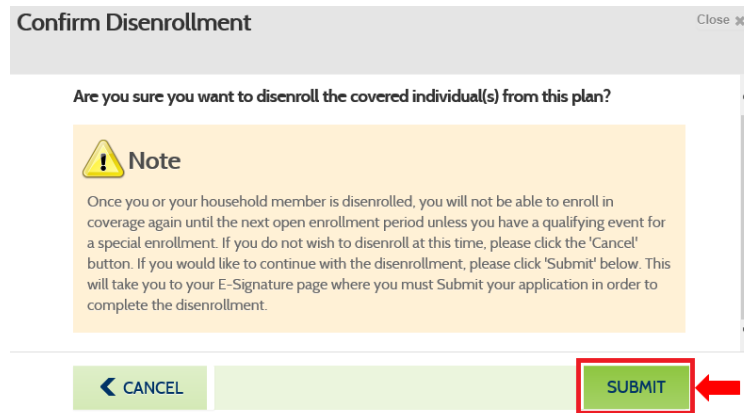
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6. Click on **Disenroll** to continue with your request.

Your coverage end date will be the last day of the month you are making the request. For example, if you make your request on May 7th, the last day of your coverage will be May 31st.

If the Primary Applicant is disenrolling from health coverage but other family members still want insurance, you will need to re-select your Health Plan.

7. Click on **Submit** to confirm your disenrollment request.



Confirm Disenrollment Close x

Are you sure you want to disenroll the covered individual(s) from this plan?

Note

Once you or your household member is disenrolled, you will not be able to enroll in coverage again until the next open enrollment period unless you have a qualifying event for a special enrollment. If you do not wish to disenroll at this time, please click the 'Cancel' button. If you would like to continue with the disenrollment, please click 'Submit' below. This will take you to your E-Signature page where you must Submit your application in order to complete the disenrollment.

← CANCEL SUBMIT →

8. Disenrolling from coverage may impact your household's eligibility for health insurance or financial help, so you will need to agree to the consents within the **eSignature Page**. Selecting **Next** will finalize your request.

If you are not registered to vote or not registered to vote where you currently live, we can help you. The decision to register to vote is up to you. It will not have an impact on your tax credit. If you would like help in filling out the voter registration application form, we will help you at 1-855-840-4774.

The decision to seek or accept help is yours. You may fill out this form by yourself.

To download a registration form click [here](#). If you would like to have a registration packet sent to you, please call (401) 222-2345 or email elections@elections.ri.gov.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the State Board of Elections at (401) 222-2345 or 50 Branch Avenue, Providence, Rhode Island 02904.

Authorization for HSRI to Request Income Data

Before you continue, we require you to acknowledge the following.

- I have read and agree to the [Consent to Share Data for Eligibility Decisions](#). *
- I have read and agree to my [Consent for Use of Income Data](#).

Years

4

Expiration Date

12/01/2023

→ NEXT →