

Health Connector Policy: Rating and Re-Rating – Qualified Dental Plans

Policy #: **NG-9**

Date revised: **5/6/2016**

Category: **Rating**

Effective date: **1/1/2016**

Approved by: **Ed DeAngelo**

Applicable to all Non-Group Qualified Dental Plan (QDP) products

Rating

Information on the following factors is collected prior to initial enrollment or upon renewal in order to calculate the rate for an eligible individual and his/her eligible dependent(s):¹

1. Family composition
2. Date of birth for individual and eligible dependent(s)
3. Effective date of coverage for the plan year
4. Zip code for individual

Premium rates for family coverage are developed by adding up the rate for each covered family member over the age of 21 and the rate for no more than the three oldest covered children under the age of 21.

Enrollment

Any change to a rating factor prior to the enrollee's initial effective date of coverage will require re-rating.

Renewal

The Health Connector will notify enrollees of rate changes prior to renewal.

Changes to rating factors may result in a change in premium amount. In the event a renewing individual or family experiences a change in premium amount after the initial renewal invoice has been mailed, a new invoice will be generated reflecting the new, adjusted renewal rate.

¹ Please reference the policy [Eligibility for Individual/Family Plan \(NG-1A\)](#)