

Health Connector for Business Policy: Rating

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Approved by: Andrew Egan	Date reviewed: 9/1/2019

This policy applies to small group health and dental products.

For “One Plan” products

An eligible employer group may purchase a Qualified Health Plan (QHP) by designating a single QHP for all eligible employees, dependents, and COBRA beneficiaries (“One Plan”). Factors that will be collected and used to calculate premiums charged to eligible employees, dependents, COBRA-qualified beneficiaries for “One Plan” products include:

1. The rating region associated with the eligible employer group’s primary worksite zip code;
2. The Standard Industrial Classification (SIC) code provided by the eligible employer group;
3. The size of the employer group, calculated as the number of enrolling eligible employees and COBRA-qualified beneficiaries;
4. The employer group’s participation rate;¹ and
5. The dates of birth, as of the eligible employer group’s effective date of coverage, of the eligible employees, dependents and COBRA-qualified beneficiaries.

Premiums will be calculated and displayed in composite bill format for four (4) rate basis type tiers including employee-only, employee plus spouse, employee plus dependent(s), and family. The premiums displayed to eligible employees and COBRA-qualified beneficiaries in the shopping experience and in all communications and bills to eligible employer groups, will be the composite premium associated with the rate basis type of each subscriber grouping (eligible employee and dependents).

Prior to the completion of the employer application, the composite premiums will reflect all changes made to the employer group or census of eligible employees and dependents. The composite premiums determined when the employer application is completed will be displayed for all employees during their shopping experience. The composite premiums will not be modified based on any employee selections. When all employees have completed the application process, or the employer group’s open enrollment period ends, the composite premiums will be recalculated to reflect the employer group’s actual final enrollment.

All mid-year additions, terminations and changes to eligible employees, dependents and COBRA-qualified beneficiaries will be the composite premium associated with the rate basis type of each subscriber grouping. The composite rates will not change during a given plan year, except as may be

required or permitted by law. At the time of renewal, all premiums will be recalculated based on the data available at the time of renewal quote generation.

For QHP Choice Products (also known as “One Carrier” and “One Level” products)

An employer group may purchase a QHP choice product by:

- Designating a particular level of coverage and allowing its eligible employees or COBRA beneficiaries to choose among health plans being sold at that level (“One Level”); or
- Designating a particular carrier and allowing its eligible employees or COBRA beneficiaries to choose among health plans offered by that carrier for sale (“One Carrier”).

Factors that will be collected and used to calculate premiums charged to eligible employees, dependents, COBRA-qualified beneficiaries for choice products include:

1. The rating region associated with the eligible employer group’s primary worksite zip code;
2. The Standard Industrial Classification (SIC) code provided by the eligible employer group;
3. Group size equal to one (1); and
4. The dates of birth, as of the eligible employer group’s effective date of coverage, of the eligible employees, dependents and COBRA-qualified beneficiaries.

Premiums for choice products will be calculated and displayed in a per-member list bill format.

- Premiums displayed to eligible employees and COBRA-qualified beneficiaries in the shopping experience, and in all communications and bills to eligible employer groups, will be the sum of the per-member list bill rates for each subscriber grouping (eligible employee and dependents).
- All mid-year additions, terminations and changes to subscribers and dependents will be based on per-member list bill rates for each subscriber grouping. At the time of renewal, all premiums will be recalculated based on the data available at the time of renewal quote generation.

For Dental Products

An eligible employer group may only purchase a “One Plan” dental product for all its eligible employees, dependents, and COBRA beneficiaries. Factors that will be collected and used to calculate the premiums charged to eligible employees, dependents, and COBRA-qualified beneficiaries for dental products include:

1. The rating region associated with the eligible employer group’s primary worksite zip code; and
2. The dates of birth, as of the eligible employer group’s effective date of coverage, of the eligible employees, dependents, and COBRA-qualified beneficiaries.

Premiums will be calculated and displayed in a per-member list-bill format.

- The premiums displayed to eligible employees and COBRA-qualified beneficiaries in the shopping experience, and in all communications and bills to eligible employer groups, will be

the sum of the per-member list bill rates for each subscriber grouping (eligible employee and dependents).

- All mid-year additions, terminations and changes to subscribers and dependents will be based on per-member list bill rates for each subscriber grouping. At the time of renewal, all premiums will be recalculated based on the data available at the time of renewal quote generation.

¹ Please reference the policy HCB-7: [Employer Contribution and Participation Requirements](#)