

Health Connector Policy: Premium Rating and Re-Rating - Qualified Health Plan and Qualified Dental Plan

Policy #: NG-13	Effective date: 9/1/2019
Category: Enrollment	Date revised: 9/1/2019
Approved by: Andrew Egan	Date Reviewed: 9/1/2019

This policy applies to all non-group health and dental products

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 their eligible dependent(s):^{1,2}

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 and county for individual

Premium rates for family coverage under Health Connector health and dental plans are developed by adding up the rate for each covered family member age 21 or older and the rate for no more than the three oldest covered children under the age of 21.

Enrollment

Any change to an individual's account that includes a change to a factor listed above prior to their initial effective date of coverage may cause re-rating.³

Renewal

Please see the policy *NG-12: Renewal of Coverage* for information regarding renewal of coverage for non-group medical and dental products.

¹ Please reference the policy *NG-8: Enrollment Groups*

² Please reference the policy *NG-1: Eligibility for Individual/Family Plan*

³ Please reference the policy *NG-5: Mid-year Life Events*