

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

Policy #: **NG-8**

Date revised: **1/14/2016**

Category: **Rating**

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

Approved by: **Ed DeAngelo**

Applicable to all Non-Group Qualified Health Plan (QHP) products

Information on the following factors are 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 an individual's account that includes a change to a factor listed above prior to his/her initial effective date of coverage may cause re-rating.²

Renewal

Please see the policy Renewal of Coverage for Non-Group products.

¹ Please reference the policy [Domestic Partner Eligibility \(CM-1\)](#)

² Please reference the policy [Midyear Life Events \(NG-1E\)](#)