***Commonwealth of Massachusetts***

**Executive Office of Health and Human Services
*Office of Medicaid***

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# Eligibility Operations Memo 23-26

# December 2023

TO: MassHealth Eligibility Operations Staff

FROM: Heather Rossi, Director of Eligibility Policy [Signature of Heather Rossi]

RE: **Medex Premium Rate Changes**

## Introduction

Blue Cross Blue Shield of Massachusetts has received approval from the state’s Division of Insurance for the following premium rates for all of its non-group Medex plans: Basic, Bronze, Sapphire, Gold, Standard, Core Plus, Core, Silver, Basic without Rx (pharmacy), Core Plus without Rx (pharmacy), and Choice. In addition, approval has been received for the Vision and Hearing optional riders: Hearing & Vision rider, Bronze with Hearing & Vision, Sapphire with Hearing & Vision, and Core with Hearing & Vision. These rates are effective January 1, 2024.

## Rate Changes

The Medex plans, 2023 and 2024 quarterly rates, and 2024 monthly premiums appear in the tables below. The new monthly premium is the amount allowed as a patient-paid amount (PPA) deduction after other deductions that receive priority under MassHealth regulations at 130 CMR 520.026. Fees for special billing arrangements that cause a premium to exceed these amounts are not allowable PPA deductions. Workers may enter an amount that is less than the current maximum premium amount to calculate retroactive PPA.

| **Medex Plan** | **2023 Quarterly Rate** | **2024 Quarterly Rate** | **2024 MonthlyPremium** |
| --- | --- | --- | --- |
| **Basic** | $1347.09 | $1345.71 | $448.57  |
| **Bronze** | $687.21 | $715.74 | $238.58  |
| **Sapphire** | $576.78 | $587.88 | $195.96  |
| **Gold** | $2814.96 | $2940.81 | $980.27  |
| **Standard** | $1363.62 | $1413.69 | $471.23  |
| **Core Plus** | $571.74 | $571.44 | $190.48  |
| **Core** | $349.77 | $354.99 | $118.33  |
| **Silver** | $1089.57 | $1060.38 | $353.46  |
| **Basic without Rx** | $495.39 | $461.88 | $153.96  |
| **Core Plus without Rx** | $501.51 | $515.34 | $171.78  |
| **Choice** | $511.59 | $527.99 | $176.00  |

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| **Medex Plan** | **2023 Quarterly Rate** | **2024 Quarterly Rate** | **2024 Monthly Premium** |
| --- | --- | --- | --- |
| **Hearing and Vision Rider** | $7.35 | $7.41 | $2.47  |
| **Bronze with H&V** | $695.19 | $723.15 | $241.05  |
| **Sapphire with H&V**  | $584.76 | $595.29 | $198.43  |
| **Core with H&V** | $357.75 | $362.40 | $120.80  |

Medex Choice, Gold, Silver, Standard, Basic, Core Plus, Basic without Rx (pharmacy), Core Plus without Rx (pharmacy), and Hearing and Vision Rider are closed to new members.

**Community MassHealth cases** with Medex coding have been updated with the new premium amounts for MA21.

**Long-term-care MassHealth cases** with Medex coding have been updated with the new premium amounts by the system. MassHealth has recalculated the PPAs for these cases.

## Questions

If you have questions about this memo, please have your MEC designee contact the Policy Hotline.