# Eligibility Operations Memo 24-09



Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

[www.mass.gov/masshealth](https://www.mass.gov/orgs/masshealth)

**DATE:** December 2024

**TO:** MassHealth Eligibility Operations Staff

**FROM:** Heather Rossi, Deputy Chief Operating Officer, Eligibility Policy and Implementation [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 (V2), Bronze with Hearing & Vision (V2), Sapphire with Hearing & Vision (V2), and Core with Hearing & Vision (V2). These rates are effective January 1, 2025.

### Rate Changes

The Medex plans, 2024 and 2025 quarterly rates, and 2025 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** | **2024 Quarterly Rate** | **2025 Quarterly Rate** | **2025 Monthly Premium** |
| --- | --- | --- | --- |
| **Bronze** | $715.74 | $783.75 | $261.25 |
| **Sapphire** | $587.88 | $636.69 | $212.23 |
| **Core** | $354.99 | $387.60 | $129.20 |
| **Choice** | $527.99 | $577.59 | $192.53 |
| **Gold** | $2940.81 | $3,010.29 | $1,003.43 |
| **Silver** | $1060.38 | $1,085.43 | $361.81 |
| **Standard** | $1413.69 | $1,447.08 | $482.36 |
| **Basic** | $1345.71 | $1,377.51 | $459.17 |
| **Core Plus** | $571.44 | $584.94 | $194.98 |
| **Basic without Rx** | $461.88 | $472.77 | $157.59 |
| **Core Plus without Rx** | $515.34 | $561.21 | $187.07 |
| **Hearing and Vision Rider** (V2) | $7.41 | $7.83 | $2.61 |
| **Bronze with H&V** (V2) | $723.15 | $791.58 | $263.86 |
| **Sapphire with H&V** (V2) | $595.29 | $644.52 | $214.84 |
| **Core with H&V** (V2) | $362.40 | $395.43 | $131.81 |

Medex Choice, Gold, Silver, Standard, Basic, Core Plus, Basic without Rx (pharmacy), Core Plus without Rx (pharmacy), and Hearing and Vision Rider (V1) 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?

Have your MEC designee contact the Policy Hotline.

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