Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

Eligibility Operations Memo 25-18

DATE: December 2025

TO: MassHealth Eligibility Operations Staff

FROM: Heather Rossi, Deputy Chief Operating Officer, Eligibility Policy and Implementation

RE: **Increase in Premium Billing Amounts for 2026 and Future Annual Premium Billing Amount Changes Beginning in 2027**

Background

MassHealth is updating Premium Billing amounts and outlining its policy on reactivating coverage after termination when an individual has a past due balance.

Beginning January 2026, MassHealth will increase Premium Billing amounts by 10% for MassHealth members with countable income over 150% of the Federal Poverty Level (FPL).

In March 2027, MassHealth will increase the Premium Billing Amounts each year in accordance with the increase of the FPL. Due to the annual change, MassHealth will publish the Premium Billing Amount tables online. The tables will no longer be reflected in regulations 130 CMR 506.011(B): *MassHealth and Children's Medical Security Plan (CMSP) Premium Formulas* and 130 CMR 506.012(D): *Required Member Contribution*.

An individual terminated from MassHealth due to delinquent premium payments may file a new MassHealth application, as described below.

Please note: MassHealth is not changing the supplemental premium amount percentage (described below in the table titled "Supplemental Premium Formula"). The supplemental premium amount percentage applies when a MassHealth member has private health insurance that MassHealth does not contribute toward (such as Premium Assistance or a Medicare Savings Program).

Updated Premium Amount Tables

Standard Breast and Cervical Cancer Premium Formula	
% of Federal Poverty Level (FPL)	**Monthly Premium Cost**
Above 150% to 160%	$16.50
Above 160% to 170%	$22.00
Above 170% to 180%	$27.50
Above 180% to 190%	$33.00

Above 190% to 200%	$38.50
Above 200% to 210%	$44.00
Above 210% to 220%	$52.80
Above 220% to 230%	$61.60
Above 230% to 240%	$70.40
Above 240% to 250%	$79.20

CommonHealth and Family Assistance Full Premium Formula Children between 150% and 300%	
% of Federal Poverty Level (FPL)	**Monthly Premium Cost**
Above 150% to 200%	$13.20 per child (39.60 PBFG maximum)
Above 200% to 250%	$22.00 per child ($66 PBFG maximum)
Above 250% to 300%	$30.80 per child ($92.40 PBFG maximum)

CommonHealth Full Premium Formula Young Adults and Adults above 150% of the FPL and Children above 300% of the FPL		
Base Premium	**Additional Premium Cost**	**Range of Monthly Premium Cost**
Above 150% FPL—start at $16.50	Add $5.50 for each additional 10% FPL until 200% FPL	$16.50 to $38.50
Above 200% FPL—start at $44	Add $8.80 for each additional 10% FPL until 300% FPL	$44.00 to $123.20
Above 300% FPL— start at $132.00	Add 8.80 for each additional 10% FPL until 400% FPL	$132.00 to $211.20
Above 400% FPL—start at $220	Add $11 for each additional 10% FPL until 600% FPL	$220.00 to $429
Above 600% FPL—start at $440	Add $13.20 for each additional 10% FPL until 800% FPL	$440.00 to $690.80
Above 800% FPL—start at $704	Add $15.40 for each additional 10% FPL until 1000%	$704.00 to $996.60
Above 1000% FPL—start at $1012	Add $17.60 for each additional 10% FPL	$1,012.00 + greater

Family Assistance for HIV+ Adults Premium Formula	
% of Federal Poverty Level (FPL)	**Monthly Premium Cost**
Above 150% to 160%	$16.50
Above 160% to 170%	$22.00
Above 170% to 180%	$27.50
Above 180% to 190%	$33.00
Above 190% to 200%	$38.50

Family Assistance for Nonqualified PRUCOL (NQP) Adults	
% of Federal Poverty Level (FPL)	**Monthly Premium Cost**
Above 150% to 200%	$44.00
Above 200% to 250%	$85.80
Above 250% to 300%	$129.80

CMSP Premium Schedule	
% of Federal Poverty Level (FPL)	**Monthly Premium Cost**
Above 300% to 400%	$36.45
Above 400%	$70.40

The supplemental premium formula has not changed but can be found in the table below.

Supplemental Premium Formula	
% of Federal Poverty Level (FPL)	**Monthly Premium Cost**
Above 150% to 200%	60% of full premium
Above 200% to 400%	65% of full premium
Above 400% to 600%	70% of full premium
Above 600% to 800%	75% of full premium
Above 800% to 1000%	80% of full premium
Above 1000%	85% of full premium

Annual Premium Increases tied to FPL Increases

In March 2027, MassHealth will annually increase Premium Billing Amounts by the same percentage that the annual FPL limits increases. For example, the percentage increase between the annual 2024 and 2025 FPL rates was approximately 2.9%, so under the new policy, MassHealth's Premium Billing Amount would have also increased by 2.9%. Members will have their premiums redetermined annually and will be sent advance notice of the new amount. Premium Billing Amount tables will be updated each year at MassHealth Premium Schedule – For Members and in the ACA-1 and SACA-1 member booklets when new editions are published.

Reactivating Coverage After Termination When an Individual has a Past Due Balance

Under federal law, individuals may be terminated from MassHealth coverage due to delinquent premium payments. However, any such individuals may file a new MassHealth application, even if they continue to have a past-due balance with MassHealth. Except for certain CommonHealth

Members, federal law at 42 CFR 447.55 prohibits MassHealth from denying applications for coverage—otherwise known as a "lock out"—due to a past due premium balance.

Questions?

Have your MEC designee contact the Policy Hotline.