



## Eligibility Operations Memo 25-19

**DATE:** December 2025

**TO:** MassHealth Eligibility Operations Staff

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

**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: Bronze, Sapphire, and Core. In addition, approval has been received for the Hearing and Vision 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, 2026.

### Rate Changes

The Medex plans, 2025 and 2026 quarterly rates, and 2026 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](#): *Long-term-care General Income Deductions*. 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.

<b>Medex Plan</b>	<b>2025 Quarterly Rate</b>	<b>2026 Quarterly Rate</b>	<b>2026 Monthly Premium</b>
<b>Bronze</b>	\$783.75	\$861.57	\$287.19
<b>Sapphire</b>	\$636.69	\$696.24	\$232.08
<b>Core</b>	\$387.60	\$425.94	\$141.98
<b>Hearing and Vision Rider (V2)</b>	\$7.83	\$8.61	\$2.87
<b>Bronze with H&amp;V (V2)</b>	\$791.58	\$870.18	\$290.06
<b>Sapphire with H&amp;V (V2)</b>	\$644.52	\$704.85	\$234.95

Medex Plan	2025 Quarterly Rate	2026 Quarterly Rate	2026 Monthly Premium
<b>Core with H&amp;V (V2)</b>	\$395.43	\$434.55	\$144.85
<b>Choice*</b>	\$577.59	\$634.86	\$211.62
<b>Gold*</b>	\$3,010.29	\$3,306.78	\$1,102.26
<b>Silver*</b>	\$1,085.43	\$1,192.35	\$397.45
<b>Standard*</b>	\$1,447.08	\$1,590.33	\$530.11
<b>Basic*</b>	\$1,377.51	\$1,514.13	\$504.71
<b>Core Plus*</b>	\$584.94	\$642.54	\$214.18
<b>Basic without Rx*</b>	\$472.77	\$519.72	\$173.24
<b>Core Plus without Rx*</b>	\$561.21	\$617.04	\$205.68

\*Medex Choice, Gold, Silver, Standard, Basic, Core Plus, Basic without Rx (pharmacy), Core Plus without Rx (pharmacy), Hearing and Vision Rider (V1), Bronze with H&V (V1), Sapphire with H&V (V1), and Core with H&V (V1) are closed to new members.

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