

MassHealth Small Business Employee Premium Assistance

Who is eligible

MassHealth offers premium assistance to uninsured adults with income between 133% and 300% of the federal poverty level who work for small employers, and are ineligible for any other MassHealth coverage type. These individuals must be ineligible to get premium tax credits through the Health Connector because they have access to qualifying employer-sponsored insurance.

Eligibility requirements

You may be eligible to get MassHealth Small Business Employee Premium Assistance if you are a resident of Massachusetts and

- ◆ are a citizen or qualified noncitizen,
- ◆ are aged 19 or older,
- ◆ have income greater than 133%, but no more than 300% of the federal poverty level,
- ◆ are ineligible for any other MassHealth coverage type,
- ◆ are ineligible to get premium tax credits through the Health Connector because you have access to employer-sponsored insurance that is considered affordable (meets the Minimum Essential Coverage (MEC) requirements under section 1401 of the Patient Protection and Affordable Care Act (ACA)),
- ◆ work for an employer with 50 or fewer full-time employees,
- ◆ have an offer of employer-sponsored insurance for which your premium contribution is greater than the state's affordability schedule, but the cost of an individual plan is less than 9.5% of your household income, and
- ◆ have not enrolled in your employer's insurance in the six months before the date of application or, in 2014 only, are a former Insurance Partnership member.

Enrollment cap

MassHealth may limit the number of individuals who can be enrolled in Small Business Employee Premium Assistance. When MassHealth sets such a limit, applicants will be placed on a waiting list when their eligibility has been determined. When MassHealth is able to open enrollment for Small Business Employee Premium Assistance, MassHealth will process the applications in the order they were placed on the waiting list.

To find out more about the MassHealth Small Business Employee-Premium Assistance, see the regulations at 130 CMR 505.000.

MassHealth Limited

This coverage type provides emergency health services to people who, under federal law, have an immigration status that keeps them from getting more services. (See pages 36-39 for the U.S. citizenship and immigration rules.)

Who can get benefits

You may be able to get MassHealth Limited if you are a resident of Massachusetts and are

- ◆ pregnant, or
- ◆ younger than age 19, or
- ◆ a young adult aged 19 or 20, or
- ◆ an adult aged 21-64, or
- ◆ a parent living with your children younger than age 19*, or
- ◆ an adult caretaker relative living with children younger than age 19 to whom you are related and for whom you are the primary caretaker when neither parent is living in the home*, or
- ◆ disabled according to the standards set by federal and state law. This means you have a mental or physical condition that limits or keeps you from working for at least 12 months. MassHealth decides if you meet the disability standards.

* These benefits are also available for parents and caretaker relatives who are aged 65 or older.

Income standards

For information about income, see pages 26-28, Modified Adjusted Gross Income (MAGI). See the chart on page 28 for the federal poverty levels.

For pregnant women and children younger than age one

The Modified Adjusted Gross Income (MAGI) of your MassHealth MAGI household can be no more than 200% of the federal poverty level. If you are pregnant, your unborn child (or children) is counted in your household size, so there are at least two people in your household.

Children younger than age one who meet these standards may also get services through the Children's Medical Security Plan. (See page 18.)

For children younger than age one through 18

The Modified Adjusted Gross Income (MAGI) of your MassHealth MAGI household can be no more than 150% of the federal poverty level. These children may also get services through the Children's Medical Security Plan. (See page 18.)

For young adults younger than age 19 or 20

The Modified Adjusted Gross Income (MAGI) of your MassHealth MAGI household can be no more than 150% of the federal poverty level.

A more detailed description of the services or benefits included for each MassHealth coverage type can be found in the MassHealth regulations at 130 CMR 450.105.

For parents or caretaker relatives of children younger than age 19 and adults aged 21-64

The Modified Adjusted Gross Income (MAGI) of your MassHealth MAGI household can be no more than 133% of the federal poverty level.

For disabled adults

Your household income can be no more than 133% of the federal poverty level.

✕ Covered services

For MassHealth Limited, covered services include the ones listed below. You can get care only for medical emergencies (conditions that could cause serious harm if not treated).

- ◆ Inpatient hospital emergency services including labor and delivery
- ◆ Outpatient hospital emergency services, and emergency visits to emergency rooms
- ◆ Certain services provided by doctors and clinics outside of a hospital
- ◆ Pharmacy services used to treat an emergency medical condition
- ◆ Ambulance transportation for an emergency medical condition

Note: The Health Safety Net may be able to pay for certain services not covered by MassHealth Limited when services are received at Massachusetts acute hospitals and community health centers. (See Section 4: The Health Safety Net on pages 22-23.)

✕ Some of the services not covered

Nonemergency medical services, including care and services related to an organ transplant procedure

✕ Coverage begins

If you are eligible, your health care coverage may begin 10 calendar days before the date MassHealth gets your application, if we get all needed information within 90 days.

Pregnant MassHealth Limited members are eligible through the end of their pregnancy and for 60 days postpartum.

A more detailed description of the MassHealth eligibility requirements can be found in the MassHealth regulations at 130 CMR 501.000 through 508.000 and 522.000.

Children's Medical Security Plan

The Children's Medical Security Plan (CMSP) provides health insurance for primary and preventive care for children and teenagers who do not have health care coverage. Eligibility for this program is determined by MassHealth. If you are eligible, you will get a separate CMSP card.

✕ Who can get benefits

You may be able to get coverage through the Children's Medical Security Plan if you are a resident of Massachusetts and are

- ◆ younger than age 19,
- ◆ uninsured, and
- ◆ not eligible for enrollment in any MassHealth coverage type. However, you may be enrolled in both MassHealth Limited and CMSP.

✕ Income standards

There is no income limit for CMSP. If your household MAGI is above 200% of the federal poverty level, you may have to pay a premium. For more information about MassHealth/CMSP premiums, see pages 29-32. See the chart on page 28 for the federal poverty levels.

Information about premiums can be found in the MassHealth regulations at 130 CMR 506.000.

✕ Covered services

For the Children's Medical Security Plan, covered services include the ones listed below. There may be some limits and copays. Your health care provider can explain them.

- ◆ Outpatient services including preventive and sick visits
- ◆ Outpatient mental health services and substance abuse treatment services up to 20 visits per fiscal year
- ◆ Outpatient surgery and anesthesia that is medically necessary for the treatment of inguinal hernia and ear tubes
- ◆ Prescription drugs up to \$200 per state fiscal year
- ◆ Eye exams and hearing tests

- ◆ Durable medical equipment up to \$200 per fiscal year. Asthma-, diabetes-, and epilepsy-related durable medical equipment may be available up to an additional \$300 per state fiscal year
- ◆ Dental services – maximum \$750 per fiscal year (This includes exams, X rays, cleanings, fluoride treatment, sealants, fillings, extractions, full or partial root canals, crowns, and space maintainers.) (Frequency limits apply to certain dental services.)

✕ Coverage begins

If you are eligible, your health care coverage begins on the date MassHealth makes your final eligibility determination.

✕ Enrollment cap

MassHealth may limit the number of children who can be enrolled in CMSP. When MassHealth sets such a limit, applicants will be placed on a waiting list when their eligibility has been determined. When MassHealth is able to open enrollment for CMSP, MassHealth will process the applications in the order they were placed on the waiting list.

Note: The Health Safety Net may be able to pay for certain services not covered by CMSP when services are received at Massachusetts acute hospitals and community health centers for enrolled children up to and including 400% of the federal poverty level. If the child's household income is above 200% of the federal poverty level and at or below 400% of the federal poverty level, an annual deductible based on income will apply. (See Section 4: The Health Safety Net on pages 22-23.)

A more detailed description of the MassHealth eligibility requirements can be found in the MassHealth regulations at 130 CMR 522.000.

SECTION 4

The Health Safety Net

The Health Safety Net (HSN) pays Massachusetts acute hospitals and community health centers for certain health care services provided to low-income patients (Massachusetts residents with household income at or below 400% of the federal poverty level). Eligibility for the Health Safety Net is determined by MassHealth.

✦ Who can get benefits

The Health Safety Net may be able to pay for certain services you receive from an acute hospital or a community health center if you are a resident of Massachusetts and you are uninsured or underinsured (your health insurance does not cover all medically necessary services).

✦ Income standards

You must give us proof of your MAGI income for every person in your household. The Health Safety Net covers individuals with household MAGI at or below 400% of the federal poverty level. If your MAGI income is above 200% and at or below 400%, an annual deductible based on income may apply. The deductible is a certain amount of health care costs you are responsible for. Both paid and unpaid bills can count towards your deductible. Only services that the Health Safety Net can pay for will count towards your deductible. Private doctor and private lab or radiology bills do not count towards the deductible, even if you get these services in a hospital. Ask your provider which bills can count towards your deductible.

✦ Covered services

For the Health Safety Net, services must be provided by a Massachusetts acute hospital or community health center. The Health Safety Net will generally pay for the same services that are covered by MassHealth Standard.

The Health Safety Net pays for some pharmacy services, but you must fill your prescription at a pharmacy associated with the doctor who wrote your prescription.

There may be some limits, so you should always check with a provider to see if they offer the service. You may be charged copays and deductibles.

Some of the services not covered

Some noncovered services are listed below. You should check with your provider to find out the full list of what is and is not covered.

- Physicians who are not **employed** by the hospital, even if they work at the hospital
- Ambulance services

- Lab charges that are not billed by a Massachusetts acute care hospital or community health center
- Radiology services that are not billed by a Massachusetts acute care hospital or community health center
- Durable medical equipment, except for crutches and canes provided during a medical visit
- Nonmedical services (social, educational, vocational)
- Nonmedically necessary services
- Experimental or unproven services

A more detailed description of the services covered and any limitations can be found in the Health Safety Net regulations at 101 CMR 613.000.

✕ **Coverage begins**

If you are eligible, your Health Safety Net eligibility may begin up to six months before the date MassHealth gets your application, if we get all the needed information within 90 days. Ask your provider if you have retroactive Health Safety Net eligibility.

✕ **Deductible income standard**

If your MAGI income is above 200% of the federal poverty level, you may be responsible for a deductible. A Health Safety Net deductible is calculated as 40% of the difference between the lowest MAGI in your Premium Billing Family Group and 200% of the federal poverty level. See pages 29-32.

✕ **Grievance process**

Patients may request that the Health Safety Net conduct a review of an eligibility determination, or of provider compliance with the Health Safety Net regulation. To file a grievance with the HSN, send a letter to:

Health Safety Net Office
Attn.: HSN Grievances
100 Hancock Street, 6th floor
Quincy, MA 02171.

The letter should include your name and address, and, if possible, information about the situation, the reason for the grievance, the provider's name (if a provider is involved), and any other relevant information. Questions about filing a grievance should be directed to the HSN Help Line at 1-877-910-2100.

SECTION 6

How income is counted

✕ Who is counted in your household for MassHealth and the Health Safety Net

MassHealth determines household size or household composition at the individual member level in one of two ways.

To calculate financial eligibility for an individual, a household will be constructed for each individual who is applying for or renewing coverage. Different households may exist within a single family, dependent on the family members' familial and tax relationships to each other.

Income of all household members forms the basis for establishing an individual's eligibility. A household's countable income is the sum of the MAGI-based income of every individual included in the individual's household with the exception of children and tax dependents who are not expected to be required to file a tax return.

1. MassHealth MAGI household composition.

- a. MassHealth will use the MassHealth MAGI household composition rules to determine members eligible for one of the following benefits.
 - MassHealth Standard, except for disabled adults
 - MassHealth CommonHealth for disabled children younger than age 19
 - MassHealth CarePlus
 - MassHealth Family Assistance
 - Small Business Employee Premium Assistance
 - MassHealth Limited
 - Children's Medical Security Plan
- b. The household consists of
 - taxpayers not claimed as a tax dependent on his or her federal income taxes:
If the individual expects to file a tax return for the taxable year in which an initial determination or renewal of eligibility is being made, and does not expect to be claimed as a tax dependent by another taxpayer, the household consists of
 - the taxpayer,
 - the taxpayer's spouse (if living with him or her),
 - all persons who the taxpayer expects to claim as a tax dependent, and
 - the number of expected children

- individuals claimed as a tax dependent on federal income taxes:
If the individual expects to be claimed as a tax dependent by another taxpayer for the taxable year in which an initial determination or renewal of eligibility is being made and who does not otherwise meet the Medicaid exception rules as described in 130 CMR 506.000, the household consists of
 - the individual person claimed as a dependent,
 - the dependent's spouse (if living with him or her),
 - the taxpayer claiming the individual as a tax dependent,
 - any of the taxpayer's tax dependents, and
 - the number of expected children
- c. Household size must be determined in accordance with nontax filer rules if any of the following exceptions apply:
 - individuals other than a spouse or a biological, adopted, or step child who expects to be claimed as a tax dependent by another taxpayer,
 - individuals younger than 19 years of age who expect to be claimed by one parent as a tax dependent, and are living with both parents but whose parents do not expect to file a joint tax return, and
 - individuals under 19 years of age who expect to be claimed as a tax dependent by a noncustodial parent.
- d. For an individual who neither files a federal tax return or is not claimed as a tax dependent on a federal tax return, or when any of the exceptions apply as described in 1.c. above, the household consists of the individual and if living with the individual:
 - the individual's spouse,
 - the individual's natural, adopted, and step children younger than age 19,
 - individuals younger than 19 years of age, the individual's natural, adopted, and stepparents and natural, adoptive, and step siblings younger than age of 19, and
 - the number of expected children

2. Disabled adult MassHealth household composition.

- a. MassHealth will use the Disabled Adult MassHealth household composition rules to determine members eligible for one the following benefits.
 - MassHealth Standard for disabled adults aged 21-64
 - MassHealth CommonHealth for disabled adults aged 21-64
 - MassHealth CommonHealth for certain disabled young adults aged 19-20
 - MassHealth Family Assistance for certain disabled individuals
- b. The household consists of
 - the individual,
 - the individual's spouse,
 - the individual's natural, adopted and step children younger than age 19, and
 - the number of expected children.

✕ Who is counted in your household for ConnectorCare Plans and premium tax credits

The Health Connector determines household size or household composition by applying tax filing rules. The household consists of

- ◆ the primary taxpayer,
- ◆ the spouse, and
- ◆ all tax dependents.

Additional tax filing requirements are the following.

- ◆ Married taxpayers are required to file jointly.
- ◆ Recipients of premium tax credits are required to file taxes for the year in which they receive credits.

✕ Modified Adjusted Gross Income (MAGI)

Financial eligibility is based on Modified Adjusted Gross Income (MAGI). MAGI is the income reported on line 22 on the personal 1040 income tax return after the deductions from lines 23-35 have been deducted. Then tax-exempt interest and foreign earned income exclusions are added back in.

Countable Income

- ◆ MAGI methodology includes earned income, such as wages, salary, tips, commissions, and bonuses.
- ◆ MAGI methodology does not count pre-tax contributions to salary reduction plans (of up to \$2,500 or \$5,000 depending on filing status) for payment of dependent care, transportation, and certain health expenses.

- ◆ Self-employment income is included in adjusted gross income, but the tax code allows deductions for various business-related travel and entertainment expenses (up to a limit), and business use of a personal home. If the deductions exceed the income earned from self-employment, the losses can be used to offset other income.
- ◆ An amount received as a lump sum is counted as income only in the month received.

Exception: for plans through the Health Connector, income received as a lump sum is countable for the **year** in which it is received.

Deductions

The following are allowable deductions from countable income when determining MAGI: educator expenses; expenses for reservists; performance artist, or fee-based government officials; health savings account; moving expenses; self-employment taxes; self-employment retirement accounts; penalties on early withdrawal of savings; alimony paid to a former spouse; individual retirement accounts (IRAs); student loan interest; and higher education tuition and fees.

Noncountable Income

- ◆ Scholarships, awards, or fellowship grants used for education purposes and not for living expenses*
- ◆ Distributions to American Indians and Alaska Natives (AI/AN)*
- ◆ Child support received
- ◆ Income received by a Transitional Assistance to Families with Dependent Children (TAFDC), Emergency Aid to the Elderly, Disabled and Children (EAEDC), or Supplemental Security Income (SSI) recipient
- ◆ Sheltered workshop earnings
- ◆ Nontaxable federal veterans' benefits
- ◆ Certain income-in-kind
- ◆ Certain room and board income derived from persons living in the applicant's or member's principal place of residence
- ◆ Any other income that is excluded by federal laws other than the Social Security Act
- ◆ Income received by an independent foster care adolescent

* Exception: for plans through the Health Connector, income received is countable income.

Federal Poverty Levels (Monthly)

Household Size	100%	5%	133%	150%	200%	250%	300%	400%
1	\$981	\$50	\$1,305	\$1,472	\$1,962	\$2,453	\$2,943	\$3,924
2	\$1,328	\$67	\$1,766	\$1,992	\$2,655	\$3,319	\$3,983	\$5,310
3	\$1,675	\$84	\$2,227	\$2,512	\$3,349	\$4,186	\$5,023	\$6,697
4	\$2,021	\$102	\$2,688	\$3,032	\$4,042	\$5,053	\$6,063	\$8,084
5	\$2,368	\$119	\$3,149	\$3,552	\$4,735	\$5,919	\$7,103	\$9,470
6	\$2,715	\$136	\$3,610	\$4,072	\$5,429	\$6,786	\$8,143	\$10,857
7	\$3,061	\$154	\$4,071	\$4,592	\$6,122	\$7,653	\$9,183	\$12,244
8	\$3,408	\$171	\$4,532	\$5,112	\$6,815	\$8,519	\$10,223	\$13,630
Additional Persons	\$347	\$18	\$462	\$520	\$694	\$867	\$1,040	\$1,387

MassHealth updates the federal poverty levels each year based on changes made by the federal government. The income levels above reflect the standards as of March 1, 2015.

SECTION 7

Premiums and copays

✕ Copay and premium information for American Indians/Alaska Natives

American Indians and Alaska Natives who have received or are eligible to receive a service from an Indian health care provider or from a non Indian health care provider through referral from an Indian health care provider are exempt from paying copays and premiums, and may get special monthly enrollment periods as MassHealth members.

A more detailed definition of who is considered to be an American Indian or Alaska Native can be found in the MassHealth regulations at 130 CMR 501.000.

✕ MassHealth/CMSP premiums

MassHealth may charge a monthly premium to certain MassHealth members who have incomes above 150% of the federal poverty level. MassHealth may also charge a monthly premium to members of the Children's Medical Security Plan (CMSP) who have incomes at or above 200% of the federal poverty level. MassHealth and CMSP premium amounts are calculated based on a member's household MAGI and household size as described in the Premium Billing Family Group (PBFG) rules in Part B of this section.

If you have to pay a monthly premium, MassHealth will send you a notice with the premium amount. You will also get a bill every month. If you do not pay your premium payments, your benefits may end.

If MassHealth decides you must pay a premium for benefits, you are responsible for paying these premiums unless you tell MassHealth to close your case within 60 days from the date your eligibility was determined or a premium hardship waiver was approved.

MassHealth may refer past due premium balances (delinquent accounts) to the State Intercept Program (SIP) for recovery.

State Intercept Program regulations can be found at 815 CMR 9.00.

A. Premium Billing Family Groups (PBFG)

1. Premium formula calculations for MassHealth and CMSP premiums are based on the Premium Billing Family Group (PBFG). A premium billing family group consists of
 - an individual,
 - a couple—two persons who are married to each other according to the laws of the Commonwealth of Massachusetts,

- a family—a family is defined as persons who live together, and consists of
 - (a) a child or children younger than age 19, any of their children, and their parents,
 - (b) siblings younger than age 19 and any of their children who live together even if no adult parent or caretaker relative is living in the home, or
 - (c) a child or children younger than age 19, any of their children, and their caretaker relative when no parent is living in the home.
- 2. A child who is absent from the home to attend school is considered as living in the home. A parent may be a natural, step, or adoptive parent. Two parents are members of the same premium billing family group as long as they are both mutually responsible for one or more children who live with them.
- 3. MassHealth and CMSP premiums for children younger than age 19 with household income at or below 300% of the federal poverty level will have their premium amount determined using the lowest percentage of the federal poverty level of all children in the PBFG. If any child in the PBFG has a percentage of the federal poverty level at or below 150% of the federal poverty level, premiums for all children younger than age 19 in the PBFG will be waived.
- 4. MassHealth and CMSP premiums for children younger than age 19 with household income greater than 300% of the federal poverty level, and all premiums for young adults or adults are calculated using the individual's federal poverty level.

B. Individuals within a PBFG that are approved for more than one premium billing coverage type

When the PBFG contains members in more than one coverage type or program, including CMSP, who are responsible for a premium or required member contribution, the PBFG is responsible for only the higher premium amount or required member contribution.

When the PBFG includes a parent or caretaker relative who is paying a premium for and is getting a ConnectorCare plan and premium tax credits, the premiums for children in the PBFG will be waived once the parent or caretaker relative has enrolled in and begun paying for a ConnectorCare plan.

C. MassHealth Standard and Premium Formula for Members with Breast or Cervical Cancer

The premium formula for MassHealth Standard members with breast or cervical cancer whose eligibility is described in 130 CMR 506.000 is as follows.

Standard Breast and/or Cervical Cancer Premium Formula

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 160%	\$15
Above 160% to 170%	\$20
Above 170% to 180%	\$25
Above 180% to 190%	\$30
Above 190% to 200%	\$35
Above 200% to 210%	\$40
Above 210% to 220%	\$48
Above 220% to 230%	\$56
Above 230% to 240%	\$64
Above 240% to 250%	\$72

D. MassHealth CommonHealth Premium Formulas

1. The premium formula uses age, income, and whether or not the member has other health insurance.
2. The premium formula for MassHealth CommonHealth members whose eligibility is described in 130 CMR 506.000 is as follows.
 - The full premium formula for children younger than age 19 with household income between 150% and 300% of the federal poverty level is provided below.

CommonHealth Full Premium Formula

Children younger than age 19 between 150% and 300% FPL

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 200%	\$12 per child (\$36 PBFG maximum)
Above 200% to 250%	\$20 per child (\$60 PBFG maximum)
Above 250% to 300%	\$28 per child (\$84 PBFG maximum)

- The full premium formula for young adults aged 19 or 20 with household income above 150% of the federal poverty level, adults aged 21 and older with household income above 150% of the federal poverty level, and children with household income above 300% of the federal poverty level is provided below. The full premium is charged to members who have no health insurance and to members for whom the MassHealth agency is paying a portion of their health insurance premium.

**CommonHealth Full Premium Formula
Young Adults and Adults above 150% FPL and
Children above 300% FPL**

Base Premium	Additional Premium Cost	Range of Monthly Premium Cost
Above 150% FPL– start at \$15	Add \$5 for each additional 10% FPL until 200% FPL	\$15–\$35
Above 200% FPL– start at \$40	Add \$8 for each additional 10% FPL until 400% FPL	\$40–\$192
Above 400% FPL– start at \$202	Add \$10 for each additional 10% FPL until 600% FPL	\$202–\$392
Above 600% FPL– start at \$404	Add \$12 for each additional 10% FPL until 800% FPL	\$404–\$632
Above 800% FPL– start at \$646	Add \$14 for each additional 10% FPL until 1,000% FPL	\$646–\$912
Above 1,000% FPL–start at \$928	Add \$16 for each additional 10% FPL	\$928 + greater

- The supplemental premium formula for young adults, adults, and children is provided below. A lower supplemental premium is charged to members who have health insurance that the MassHealth agency does not contribute to. Members getting a premium assistance payment from MassHealth are not eligible for the supplemental premium rate.

CommonHealth Supplemental Premium Formula

% of Federal Poverty Level (FPL)	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 1,000%	80% of full premium
Above 1,000%	85% of full premium

- CommonHealth members who are eligible to get a premium assistance payment, as described in 130 CMR 506.000, that is less than the full CommonHealth premium will get their premium assistance payment as an offset to the CommonHealth monthly premium bill, and will be responsible for the difference.

E. MassHealth Family Assistance Premium Formulas

- The premium formula for MassHealth Family Assistance children whose eligibility is described in 130 CMR 506.000 is as follows.

Family Assistance for Children Premium Formula

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 200%	\$12 per child (\$36 PBFG maximum)
Above 200% to 250%	\$20 per child (\$60 PBFG maximum)
Above 250% to 300%	\$28 per child (\$84 PBFG maximum)

- The premium formulas for MassHealth Family Assistance HIV-positive adults whose eligibility is described in 130 CMR 506.000 are as follows. The premium formula uses income and whether or not the member has other health insurance.
 - The full premium formula for Family Assistance HIV-positive adults between 150% and 200% of the federal poverty level is charged to members who have no health insurance and to members for whom the MassHealth agency is paying a portion of their health insurance premium. The full premium formula is provided below.

Family Assistance for HIV+ Adults Premium Formula

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 160%	\$15
Above 160% to 170%	\$20
Above 170% to 180%	\$25
Above 180% to 190%	\$30
Above 190% to 200%	\$35

- The supplemental premium formula for Family Assistance HIV-positive adults is charged to members who have health insurance that the MassHealth agency does not contribute to. The supplemental premium formula is provided below.

**Family Assistance for HIV+ Adults
Supplemental Premium Formula**

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 200%	60% of full premium

- The premium formula for MassHealth Family Assistance Nonqualified PRUCOL adults as described in 130 CMR 506.000 is based on the MassHealth MAGI household income and the MassHealth MAGI household size as it relates to the federal poverty level income guidelines and the Premium Billing Family Group (PBFG) rules, as described in 130 CMR 506.000. The premium formula is as follows.

**Family Assistance for Nonqualified PRUCOL Adults
Premium Formula**

The premium formula can be found at 956 CMR 12.00.

**F. Children's Medical Security Plan (CMSP)
Premium Formula**

The premium formula for CMSP members whose eligibility is described in 130 CMR 506.000 is as follows.

CMSP Premium Schedule

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Greater than or equal to 200%, but less than or equal to 300.9%	\$7.80 per child per month; family group maximum \$23.40 per month
Greater than or equal to 301.0%, but less than or equal to 400.0%	\$33.14 per premium billing family group per month
Greater than or equal to 400.1%	\$64.00 per child per month

Members Exempted from Premium Payment

The following members are exempt from premium payments.

- MassHealth members who have proved that they are American Indians or Alaska Natives who have received or are eligible to receive an item or service provided by the Indian Health Service, an Indian tribe, a tribal organization, an urban Indian organization, or by a non-Indian health care provider through referral, in accordance with federal law
- MassHealth members with family group income at or below 150% of the federal poverty level
- Pregnant women
- Children younger than age one getting MassHealth Standard
- Children whose parent or guardian in the Premium Billing Family Group is eligible for a ConnectorCare plan and premium tax credits and has enrolled in and begun paying for a ConnectorCare plan.

✕ MassHealth Copayments

Certain adults may have to pay copayments (copays) for some medical services.

- Pharmacy services. There is a \$1 copay for certain prescriptions such as those used to treat hypertension, diabetes, and high cholesterol, and a \$3.65 copay for most other prescriptions.
- Nonpharmacy services. There is a \$3 copay for an acute inpatient hospital stay.

The maximum amount MassHealth members have to pay is

- \$250 for pharmacy services per calendar year;
- \$36 for nonpharmacy services per calendar year; and
- 5% of the member's MAGI of the MassHealth MAGI household or the MassHealth Disabled Adult household per calendar quarter, including both copayments and any applicable premium payments.

For more information about MassHealth copayments, see 130 CMR 506.000.