MEMBER BOOKLET

FOR HEALTH AND DENTAL COVERAGE AND HELP PAYING COSTS

— AUGUST 2026 —

This is your member booklet for MassHealth, ConnectorCare plans and Advance Premium Tax Credits, the Children's Medical Security Plan, and the Health Safety Net.

Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth | Massachusetts Health Connector

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Please remember the following.

- This member booklet is available in other languages.
- MassHealth can help you by telephone or email. We can also provide some publications in the following formats.
  - » Large print
  - » Electronic
  - » Braille
- You can always get help in person at a MassHealth Enrollment Center (MEC).

If you have questions about this booklet, or if this booklet is not for you, please call (800) 841-2900. If you are deaf, hard of hearing, or speech disabled and have a TDD/TTY device, please call 711.

If you are **not a US citizen**, please see pages 20-21 for more information about immigration status and benefits.

MassHealth Disability Accommodation Ombudsman

MassHealth has an ombudsman to help members and applicants with disabilities get the accommodations they need. This office can also provide personal assistance by

- explaining MassHealth processes and requirements; and
- helping you fill out forms over the telephone.

MassHealth Disability Accommodation Ombudsman
1 Enterprise Drive, 4th Floor
Quincy, MA 02171
Phone: (617) 847-3468 TTY: (617) 847-3788
Email: adaaccommodations@state.ma.us

Need Help? My Ombudsman

If you need help getting benefits or services from MassHealth or your health plan, you can call My Ombudsman. My Ombudsman is a program that is separate from MassHealth and your health plan. The program can do the following.

- Give you information about your health plan benefits and rights.
- Help you with any concerns.
- Help explain how to file a grievance (complaint) or an appeal (a review of a decision).

You can get more information about My Ombudsman the following ways.

- Visit their website at myombudsman.org.
- Call (855) 781-9898 or videophone (VP) at (339) 224-6831.
- Email them at info@myombudsman.org

Please visit the My Ombudsman website or contact them directly for updated information about location and walk-in hours.

MyServices

MyServices is an online tool where you can access helpful information, including eligibility status, enrollment status, and alerts about important events and actions you need to take. MyServices also allows you to review certain MassHealth notices and voter registration information online. For more information, go to myservices.mass.gov.

You can also find more details in Section 12 of this booklet.

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INTRODUCTION

This booklet makes it easier for you to understand health coverage available in Massachusetts. Please keep your booklet. It contains important information you may want to look up about health benefits.

This booklet answers important questions that you may have about how to get health care benefits under MassHealth or the Massachusetts Health Connector. If you have any questions after reading this booklet, call us at (800) 841-2900, TDD/TTY: 711.

Further details can also be found in the following places: MassHealth regulations 130 CMR 501.000–508.000, 522.000, 450.000, and 610.000; Health Safety Net (HSN) regulations at 101 CMR 613.00; and the federal regulations for Health Connector programs at 45 CFR ss. 155.305–155.430.

MassHealth provides health care benefits to certain people living in Massachusetts. MassHealth offers these benefits to you directly or by paying part or all of your other health insurance premiums.

In addition to MassHealth and related MassHealth programs, health care benefits are also provided through the Massachusetts Health Connector, as described in Section 4 of this booklet.

This booklet describes benefits for people who are younger than 65 and who are

- not living in nursing homes or other long-term-care facilities; and
- not receiving home-and community-based waiver services.

Note: If you want to apply for benefits for long-term services and supports, you must complete The Application for Health Coverage for Seniors and People Needing Long-Term-Care Services. You can find it online at mass.gov/lists/masshealth-member-applications.

This booklet also describes benefits for certain people who are

- 65 and older if they are parents or caretaker relatives of children younger than 19; or
- disabled immigrant children younger than 18 years old who live in nursing homes or other long-term-care facilities.

MassHealth applications can be used to apply for the Supplemental Nutritional Assistance Program (SNAP). SNAP is a federal program that helps you buy healthy food each month. If you want to also apply for SNAP, check the SNAP checkbox on the first page of the MassHealth application, read the rights and responsibilities, and sign the application. Your application will then be automatically sent to the Department of Transitional Assistance. You do not have to apply for SNAP to be considered for MassHealth.

Residency Requirements

You must be a resident of Massachusetts to get MassHealth or other health care benefits that are funded by the Commonwealth of Massachusetts. Unless otherwise specified in the MassHealth regulations, you are a resident of Massachusetts if you live in Massachusetts and either intend to reside in Massachusetts, with or without a fixed address, or have entered Massachusetts with a job commitment or are seeking employment. If you are visiting Massachusetts for personal pleasure, such as for vacation, or for the purposes of receiving medical care in a setting other than a nursing facility, you do not meet residency requirements for MassHealth.

A person's residency will be considered proven if they have self-declared as a Massachusetts resident, and the residency has been confirmed by electronic data matching with federal or state agencies, or information services, or the individual has provided any of the following documents.

- A copy of the deed and record of the most recent mortgage payment (if the mortgage was paid in full, a copy of the property tax bill from the most recent year)
- A current utility bill or work order dated within the past 60 days
- A statement from a homeless shelter or homeless service provider

- School records (if the school is private, additional documentation may be requested)
- Nursery school or day care records (if the school is private, additional documentation may be requested)
- A Section 8 agreement
- A homeowners' insurance agreement
- Proof of enrollment of custodial dependent in public school
- A copy of the lease AND record of the most recent rent payment

If you cannot give us any of the documents listed above, you may submit an affidavit to prove your residency. It must state that you are not visiting Massachusetts for personal pleasure (for example, vacation) or for the purpose of receiving medical care in a setting other than a nursing facility. It must be signed under the pains and penalties of perjury.

You can find more specific information about MassHealth residency rules in MassHealth regulation 130 CMR 503.000.

If you are 65 or older and are not described in the following paragraph, or if you are any age and applying for benefits that cover nursing facility or similar care and are not described in the following paragraph, you should call us at one of the telephone numbers in Section 13 to find out about other benefits that you may be able to get.

Basic Rules

There are some basic rules for getting MassHealth. Even if you or your household already have other health insurance (see Section 10), you may be eligible if your household Modified Adjusted Gross Income (MAGI) is low or medium. (See the inside back cover for a chart that shows the income limits.) MassHealth offers different types of coverage based on whether

- you are a parent living with your children younger than 19;
- you are an adult caretaker relative living with children younger than 19 to whom you are related by blood, adoption, or marriage, or are a spouse or former spouse of one of those relatives, and you are the primary caretaker of these children when neither parent is living in the home;
- you are younger than 19;
- you are a young adult 19 or 20 years old;
- you are pregnant;
- you are an adult 21 through 64 years old;
- you are disabled;
- you work for a small employer;
- you are HIV positive; or
- you have breast or cervical cancer.

To get MassHealth, ConnectorCare plans and Advance Premium Tax Credits, the Children's Medical Security Plan (CMSP), or the Health Safety Net, you must fill out an application, which is included in an application packet. If you do not have an application packet and would like to get an application, call one of the telephone numbers listed in Section 13.

MassHealth Coverage Types

MassHealth provides health care benefits through the following coverage types and programs.

- MassHealth Standard
- MassHealth CommonHealth
- MassHealth CarePlus
- MassHealth Family Assistance
- MassHealth Limited

The Massachusetts Health Connector

The Massachusetts Health Connector is the state's marketplace for health and dental insurance. The Health Connector can help you and your household shop for and enroll in insurance plans from leading health and dental insurers in the state. You can also find out through the Health Connector if you qualify for any programs that help you pay for health insurance premiums and lower your out-of-pocket health care costs.

Programs through the Health Connector that can help you pay for health insurance include Advance Premium Tax Credits and ConnectorCare. For more information about programs through the Health Connector and who can qualify for them, see Section 4.

Children's Medical Security Plan

The Children's Medical Security Plan (CMSP) is a program for children younger than 19 who are Massachusetts residents at any income level, do not qualify for MassHealth (except MassHealth Limited), and are uninsured.

For more details, see Section 5.

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. Effective June 1, 2016, the HSN pays for services provided to Massachusetts residents with Modified Adjusted Gross Income (MAGI) household income at or below 300% of the federal poverty level.

The rules for each coverage type and program are described in this booklet. The type of MassHealth coverage you might get may depend on your immigration status. (See Section 11.)

People Living at Home Needing Long-Term-Care Services

People living at home who need more help than family members can give may be able to get certain long-term-care services to help them live at home, instead of in a long-term-care facility.

MassHealth has three types of programs that allow certain MassHealth Standard members to get these needed long-term-care services at home.

- Kaileigh Mulligan Program (Home Care for Disabled Children)
- Program of All-inclusive Care for the Elderly (PACE)
- Home- and Community-Based Services (HCBS) Waiver programs

Detailed information about these programs and how to apply can be found in the Senior Guide (SACA-1) at mass.gov/info-details/senior-guide-and-application-for-health-care-coverage.

SECTION 1

HOW TO APPLY

Apply faster online! Go to www.MAhealthconnector.org. You can create a secure online account and will find out quickly which programs you may qualify for.

To apply in person or to schedule an appointment with a MassHealth representative, please visit mass.gov/masshealth/appointment. The following MassHealth Enrollment Centers (MECs) are open Monday–Friday, 8:45 a.m.–5:00 p.m. Do not mail an application to any of these MECs. Drop boxes are available after business hours at the Charlestown and Tewksbury Enrollment Centers.

MassHealth Enrollment Centers

- 529 Main Street
  Charlestown, MA 02120
- 45 Spruce Street
  Chelsea, MA 02150
- 1 Enterprise Drive,
  3rd Floor
  Quincy, MA 02171
- 243 Cottage Street
  Springfield, MA 01104
- 21 Spring Street, Suite 4
  Taunton, MA 02780
- 367 East Street
  Tewksbury, MA 01876
- 50 SW Cutoff, Suite 1A
  Worcester, MA 01604

How to apply for MassHealth, ConnectorCare plans and Advance Premium Tax Credits, the Children's Medical Security Plan, or the Health Safety Net

You can apply online at MAhealthconnector.org. By applying online, you can submit your application immediately, get much of your information verified electronically, and have your eligibility determined much faster. You can also apply for benefits in other ways: by filling out a paper application; by coming in person to a MassHealth Enrollment Center (MEC) or authorized hospital; or by telephone. If you fill out a paper application, be sure to read the instructions.

To get the benefits you are entitled to as quickly as possible, you may include any documentation you have that verifies all household income. When the application is filled out, send or fax it to

Health Insurance Processing Center
PO Box 4405
Taunton, MA 02780
Fax: (857) 323-8300

To apply by telephone, call us at (800) 841-2900, TDD/TTY: 711. We use the information collected on the online and paper applications, as well as proof of this information, to determine your eligibility for benefits and if you are eligible, to make sure you get the most complete coverage you qualify for. We may also use it for other purposes related

to the administration of the MassHealth program. We may also contact you to give you information about other health and welfare benefits you may be able to get.

We perform information matches with other agencies and information sources when an application is submitted, at annual review, and periodically to update or prove eligibility.

These agencies and information sources may include, but are not limited to, the following agencies: the Federal Data Services Hub, Department of Unemployment Assistance, Department of Public Health's Bureau of Vital Statistics, Department of Industrial Accidents, Department of Veterans' Services, Department of Revenue, Bureau of Special Investigations, Social Security Administration, Systematic Alien Verification for Entitlements (SAVE), Department of Transitional Assistance, health-insurance carriers, and banks and other financial institutions. Information about people listed on your application may be shared with the Department of Unemployment Assistance and their employers as necessary to administer the Employer Medical Assistance Contribution requirements of M.G.L. c. 149, s. 189A.

We will get income information through an electronic data match. Income is considered proven if the income data received through an electronic data match is reasonably compatible with the income amount you stated on your application. If we can't verify your income electronically, we will request proof of your income.

We need the Modified Adjusted Gross Income (MAGI) for every person in your household. In most cases, this income can be proved through electronic data matches.

If electronic data sources can't prove attested information or are not reasonably compatible with attested information, we will ask you for more documentation.

You will get a Request for Information that will list all the required forms of proof and the deadline for submitting them. (See Section 8 for information about MAGI.)

You must give us a Social Security number (SSN) or proof that one has been applied for, for every household member who is applying, including applying for premium assistance, unless one of the following exceptions applies.

- You or any household member has a religious exemption as described in federal law.
- You or any household member is eligible only for a nonwork SSN.
- You or any household member is not eligible for an SSN.

See "How we use your Social Security number" in Section 7 for an explanation of our authority to use your SSN.

To get the type of health care that gives the best coverage, we need to prove the US citizenship/national status or immigration status of every household member who is applying. We will conduct a data match with federal and state agencies to try to prove your US citizenship/national

status or immigration status. If electronic data sources can't prove your declared information, we will ask you for additional documentation. You will receive a Request for Information notice that will list all the required forms of proof and the deadline for submitting them. See Section 11 for information about immigration status, eligibility for benefits, and acceptable forms of proof.

As soon as we get the information we need, we will decide what benefits, if any, you are eligible for. We base our decision on state and federal law.

To get interpreter services or a MassHealth member booklet in another language, call us at (800) 841-2900, TDD/TTY: 711.

Provisional eligibility

MassHealth will send a Request for Information notice if MassHealth will send a Request for Information notice if we need any additional information or proof to make an eligibility decision. If we send a Request for Information notice, you have 90 days to send the requested proof. MassHealth may provide provisional benefits during this 90-day period to eligible applicants younger than 21 and to those who tell us they are pregnant, HIV positive, or have breast or cervical cancer. MassHealth may not provide benefits to applicants 21 or older until all income in the MAGI household is verified, unless they are pregnant, have HIV, or are in active treatment for breast or cervical cancer.

Self-attestation is not accepted for disability, citizenship, or immigration status during the provisional period.* Applicants must provide all outstanding information and proof within 90 days of getting MassHealth's Request for Information. Each applicant can get only one provisional eligibility approval in a 12-month period. MassHealth members must enroll in a managed care plan during the provisional period if they are otherwise required to enroll. MassHealth members who have been assessed a premium will have to pay the premium during the provisional period. Premium assistance will not be provided during the initial provisional period until all forms of proof have been submitted and the health insurance investigation is complete.

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* You can also get benefits during a reasonable opportunity period, while you are working on getting any required forms of proof of US citizenship and identity or immigration status.

Hospital-determined presumptive eligibility

A qualified hospital may make presumptive eligibility determinations for its patients. Presumptive eligibility will be determined based on self-declared information. Qualified hospitals may determine presumptive eligibility for the following.

1. MassHealth Standard
    - » Children younger than 19

- » Young adults 19 or 20 years old
- » Pregnant people
- » Parents or caretaker relatives
- » People with breast or cervical cancer
- » People who are HIV positive
- » Independent foster care children up to 26 years old

2. MassHealth CarePlus for adults 21–64 years old
3. MassHealth Family Assistance, for people who meet the categorical and financial requirements of MassHealth Family Assistance and are
   - » HIV positive; or
   - » children with incomes up to 300% of the federal poverty level (FPL) who have a nonqualified Permanently Residing Under Color of Law (PRUCOL) immigration status. (See page 43.)

A member can have only one hospital-determined presumptive eligibility period within a 12-month timeframe, starting with the effective date of the initial presumptive eligibility period. An individual who has been eligible for MassHealth Standard, CarePlus, CommonHealth, or Family Assistance benefits in the previous 12 months may not be determined presumptively eligible by a hospital.

Benefits provided through the hospital-determined presumptive eligibility process will begin on the date that the hospital-determined presumptive eligibility and will continue until

- the end of the month following the month of the presumptive eligibility determination, if the individual has not submitted a complete application by that date; or
- an eligibility determination is made based on the individual's submission of a complete application, if the complete application was submitted before the end of the month following the month of the presumptive eligibility determination.

Note: MassHealth will not charge a premium during the hospital-determined presumptive eligibility period.

For more information about hospital determined presumptive eligibility, see 130 CMR 502.000.

The MassHealth card

Each eligible household member will get a MassHealth card. You must show your card to your doctor or other health care provider whenever you get medical care. If you have a MassHealth card and have other health insurance, be sure to show all cards. If you are eligible only for payment of health insurance premiums (for example, some MassHealth Family Assistance members who only get premium assistance), you will not get a MassHealth card.

Print or view your card

Log in to MyServices and navigate to the "My Benefits" tab. There, you will find a link to view, download, and print

your card. Other ways to get your MassHealth identification (ID) include the following.

- Checking mailed notices from MassHealth
- Calling the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711

People who get health insurance through a Massachusetts Health Connector plan will get a health insurance card from the health plan they choose. Those determined to be low-income for the purposes of the Health Safety Net (HSN) will not get a card. If you are eligible for HSN services, hospitals and community health centers will check to determine if they can get reimbursement for services provided to you and your household.

Our decision and your right to appeal

We will send you a notice to let you know if you can or cannot get one of the MassHealth coverage types or programs, ConnectorCare plans and Advance Premium Tax Credits, or the Health Safety Net (HSN). If you do not agree with our decision, you have the right to ask for a fair hearing to appeal our decision.

Notices have information that explains how to ask for a fair hearing and how much time you have to ask for one. See Section 13 to find out where to send your fair hearing request.

If you have questions about a MassHealth notice or how to ask for an appeal, call us at (800) 841-2900, TDD/TTY: 711. If you have questions about a Health Connector appeal that is about services or premiums, call the Health Connector at (877) 623-6765. If you have questions about an HSN grievance, call the HSN Customer Service Center at (877) 910-2100. HSN determinations are conducted through MassHealth.

More specific information about your right to appeal can be found in the MassHealth regulations at 130 CMR 610.000: MassHealth: Fair Hearing Rules.

What US citizens/nationals need to know about applying for MassHealth and ConnectorCare plans and Advance Premium Tax Credits

Verification of US citizenship/national status and identity is required for all US citizens/nationals applying for MassHealth and ConnectorCare plans and Advance Premium Tax Credits. See Section 11 for more information about proof of US citizenship/national status and identity.

The most common forms of proof for both US citizenship/national status and identity are a US passport, a Certificate of US Citizenship, a Certificate of US Naturalization, or a document issued by a federally recognized American Indian tribe showing membership or enrollment in, or

affiliation with, this tribe. US citizenship/national status may also be proved with a US public birth certificate or a Report of Birth Abroad of a US Citizen. You can also prove your identity with a state driver's license containing your photo, a government issued identity card containing your photo, or a US military ID card.

For more detailed information about proving citizenship and identity, see Section 11. We may be able to prove your identity through the Massachusetts Registry of Motor Vehicles if you have a Massachusetts driver's license or a Massachusetts ID card. Once you give us proof of your US citizenship/national status and identity, you will not have to give us this proof again. You must give us proof of identity for all household members who are applying. Seniors and disabled people who get or can get Medicare or Supplemental Security Income, or disabled people who get Social Security Disability Insurance, do not have to give proof of their US citizenship/national status and identity. A child born to a mother who was getting MassHealth on the date of the child's birth does not have to give proof of US citizenship/national status and identity. (See Section 11 for complete information about acceptable forms of proof.)

For help getting proof, like a Massachusetts birth record or information about how to get a birth record from another state, please call us at (800) 841-2900, TDD/TTY: 711.

What non-US citizens need to know about applying for MassHealth and ConnectorCare plans and Advance Premium Tax Credits

To get the type of health care that gives the best coverage, or to get a ConnectorCare plan and Advance Premium Tax Credits, each household member who is applying must prove their eligible immigration status.

We will perform information matches with federal and state agencies to prove immigration status. If electronic data sources can't prove an individual's declared information, we will ask for additional documentation. We will send a Request for Information notice that will list all the required forms of proof and the deadline for submitting them. Immigration status information is listed in Section 11 of the application. You can also find it at mass.gov/masshealth.

What non-US citizens need to know about applying for MassHealth Limited, MassHealth coverage for pregnant people, the Children's Medical Security Plan, and the Health Safety Net

Non-US citizens who are not eligible for an SSN or who do not have documentation of their immigration status may still qualify for MassHealth Limited, MassHealth coverage for pregnant people, the Children's Medical Security Plan (CMSP), or the Health Safety Net (HSN). However, they do have to give us the following to be eligible for the HSN.

- Proof of income
- Proof of identity

If you are a non-US citizen, you do not have to submit your immigration documents with the application if you are applying only for your children, not for yourself.

If you do not have pay stubs or tax records, you can prove your income in other ways, like giving us a signed statement from your employer containing the gross (before taxes and deductions, except for pretax deductions) pay and hours worked.

We will keep applications and the information on them confidential. This means that

- we will not send names and addresses to immigration enforcement officials; and
- we will not match information with other agencies if individuals do not have Social Security numbers.

Note: As of October 1, 2026, due to recent federal legislation in Public Law (P.L.) 119- 21, otherwise known as the "Working Families Tax Cut" (WFTC), or the "One Big Beautiful Bill Act" (OB3), the federal government will no longer allow certain immigrants who are legally in the United States to remain enrolled in full MassHealth benefits. Affected immigrants may include refugees, asylees, parolees, and victims of abuse and trafficking. Noncitizens who are not a Legal Permanent Resident (LPR), Compact of Free Association (COFA) migrant, or Cuban-Haitian Entrant

(CHE) may see a change in benefits based on this new federal legislation. Full MassHealth benefits may remain available for certain individuals who are younger than 21 or older than 64, disabled, pregnant, or postpartum. Otherwise, MassHealth members who are subject to changes based on this updated legislation may be eligible for Emergency Services Only, Health Safety Net, or the Children's Medical Security Plan.

What visitors need to know about applying

If you are not a Massachusetts resident, you are not eligible for MassHealth or other health care benefits that are funded by the Commonwealth of Massachusetts. If you are visiting Massachusetts for personal pleasure, such as for vacation, or for the purposes of receiving medical care in a setting other than a nursing facility, you do not meet residency requirements for MassHealth.

Note: See Section 13 for information about free and low-cost legal services.

SECTION 2

MASSHEALTH COVERAGE TYPES AND PROGRAMS

This section of the booklet will help you learn about the coverage types and programs and if you might be eligible for any. For each of the coverage types and programs, this section tells you the following.

Who can get benefits
What the income standards are
What health services are covered
When coverage begins

If you don't find your situation under one coverage type, you might find it under another. If you apply, you will get a notice from us. The notice will tell you if you can get benefits and, if so, when they will begin. We will give you the most complete coverage you qualify for.

Continuous Coverage

Some members may be eligible to keep their coverage for a certain period of time, even if there are changes in their circumstances. You may be able to get continuous coverage if you are any of the following.

- 18 or younger
- Unhoused
- Recently released from jail or prison

MASSHEALTH STANDARD

This coverage type offers a full range of health care benefits.

Who can get benefits

You may be able to get MassHealth Standard if you are a resident of Massachusetts and are one of the following.

- Pregnant.
- Younger than 19.
- A young adult 19 or 20 years old.
- A parent living with your children who are younger than 19.*****
- An adult caretaker living with children younger than 19 to whom you are related and for whom you are the primary caretaker when neither parent is living in the home.*
- Younger than 65 and have breast or cervical cancer.
- Younger than 65 and HIV positive.
- 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.)
- Eligible based on special rules, which may let you keep these benefits for up to 12 months after you have gone back to work or gotten a raise, no matter the amount of your new earnings.*****

- Up to 26 years old and were formerly in foster care (no income limit).
- Otherwise eligible for MassHealth CarePlus, have been determined to be medically frail, and have chosen to be enrolled in MassHealth Standard.
- Younger than 65 and getting services or are on a waiting list to get services from the Department of Mental Health.

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

Income standards

For information about income, see Section 8.

For pregnant people and children younger than 1 year old, the Modified Adjusted Gross Income (MAGI) of your MassHealth MAGI household can be no more than 200% of the FPL. If you are pregnant, your unborn child (or children) is counted in your household size, which means there are at least two people in your household.

For children 1 through 18 years old, the MAGI of your MassHealth MAGI household cannot be more than 150% of the FPL.

For young adults 19 or 20 years old, the MAGI of your MassHealth MAGI household can be no more than 150% of the FPL.

For parents or caretaker relatives of children younger than 19, the MAGI of your MassHealth MAGI household can be no more than 133% of the FPL.

For individuals with breast or cervical cancer, the MAGI of your MassHealth MAGI household can be no more than 250% of the FPL.

For individuals who are HIV positive, the MAGI of your MassHealth MAGI household can be no more than 133% of the FPL.

For individuals with special health care needs and those under the care of the Department of Mental Health, the MAGI of your MassHealth MAGI household can be no more than 133% of the FPL.

For disabled adults, your household income can be no more than 133% of the FPL.

For immigrants, certain immigrants cannot get MassHealth Standard, but they may be able to get health care benefits under other MassHealth coverage types and programs. This includes some immigrants who entered the United States on or after August 22, 1996, or who have lived in the United States under color of law. (See “US citizenship and immigration rules” in Section 11.)

Premiums

Certain individuals with breast or cervical cancer who are eligible for MassHealth Standard may be charged a premium for their coverage. If you must pay a premium, we will tell you the amount and send you a bill every month.

Anyone else who is eligible for MassHealth Standard will not be charged a premium for their coverage.

Other health insurance

If you have or have access to other health insurance, MassHealth may pay part of your household's health insurance premiums. See Section 10, MassHealth and Other Health Insurance.

MassHealth premium assistance under MassHealth Standard

MassHealth regulations require members to get and keep available health insurance, including health insurance available through an employer. To determine whether you and members of your household are still eligible, we may request additional information from you and your employer about whether you can get employer-sponsored health insurance coverage. MassHealth may investigate whether an individual who is receiving MassHealth Standard either is enrolled in or has access to qualifying employer-sponsored health insurance. You must cooperate in providing information necessary to maintain eligibility,

including evidence of obtaining or maintaining available health insurance, or your MassHealth benefits may end.

To find out more about the premium assistance rules under MassHealth Standard, see 130 CMR 505.000.

Covered services

For MassHealth Standard, covered services include the following. There may be some limits. Your health care provider can explain them.

- Inpatient hospital services*
- Outpatient services: hospitals, clinics, doctors, dentists, family planning, and vision care
- Medical services: lab tests, x-rays, therapies, pharmacy services, eyeglasses, hearing aids, medical equipment and supplies, adult day health, and adult foster care. (For more information about choosing and enrolling in a Medicare prescription drug plan, see Section 10.)
- Acupuncture services†
- Behavioral health (mental health and substance use disorder) services
- Well-child screenings (for children younger than 21 years old), including medical, vision, dental, hearing, behavioral health (mental health and substance use disorder), and developmental screens, as well as shots
- Long-term-care services at home or in a long-term-care facility, including home health services

- Transportation services‡
- Quit-smoking services

* *Certain restrictions can be found in the MassHealth regulations at 130 CMR 415.000.*

† *Certain restrictions can be found in the MassHealth regulations at 130 CMR 447.000.*

‡ *Certain restrictions can be found in the MassHealth regulations at 130 CMR 407.000.*

Note: For disabled adults who also get Medicare Part B, MassHealth will pay the Medicare premium and, if applicable, the coinsurance and deductibles.

Important information for children and young adults with significant mental health needs, including autism spectrum disorder or serious emotional disturbance

MassHealth offers certain behavioral health services for eligible children and young adults younger than 21 who are enrolled in MassHealth Standard or MassHealth CommonHealth. If your child is ineligible for MassHealth Standard, and a behavioral health assessment or other evaluation shows that your child has significant mental health needs, including autism spectrum disorder (ASD) or serious emotional disturbance (SED), they may be disabled and eligible for MassHealth CommonHealth.

Additional services for children younger than 21 years old

Children, teens, and young adults younger than 21 years old who are determined eligible for MassHealth Standard are also eligible for early and periodic screening, diagnostic and treatment (EPSDT) services, which include all medically necessary services covered by Medicaid law. See 42 U.S.C. §§1396a(a)(10), 1396d(a), and 1396d(r). This means that MassHealth pays for any medically necessary treatment that is covered by Medicaid law, if it is delivered by a provider who is qualified and willing to provide the service. If the service is not already covered by the child's MassHealth coverage type, the prescribing clinician can ask MassHealth for prior approval (PA) to determine if the service is medically necessary. MassHealth pays for the service if PA is given.

A complete listing and a more detailed description of the services covered can be found in the MassHealth regulations at 130 CMR 450.105.

Coverage begins

If we get all needed information within 90 days, with the exception of proof of disability (or if you are pregnant or a child or a young adult younger than 21 who is eligible for provisional health care coverage as described on page 6), your coverage may begin on the first day of the month MassHealth gets your application.

If you have bills for medical services that you received in the three months before applying, we may be able to pay them if you were eligible during those three months. You may need to give us proof of income, family size, address, disability, pregnancy, or health insurance.

If you are eligible for health care coverage based on a disability, your coverage may begin 10 calendar days before the date MassHealth gets your application.

Pregnant MassHealth Standard members are eligible through the end of their pregnancy and for 12 months after (postpartum).

If you are eligible for premium assistance, you will begin to get payments in the month in which you are determined eligible for premium assistance, or in the month your health insurance deductions begin, whichever is later.

Extended eligibility through Transitional Medical Assistance

Certain MassHealth Standard members may be eligible for up to 12 months of benefits after their income has gone above 133% of the FPL. MassHealth will give transitional medical assistance to parents and caretaker relatives (of children younger than 19) and their children.

MASSHEALTH COMMONHEALTH

MassHealth CommonHealth offers health care benefits similar to MassHealth Standard to disabled adults and disabled children who cannot get MassHealth Standard.

Who can get benefits

You may be able to get MassHealth CommonHealth if you are a resident of Massachusetts and are one of the following.

- A disabled child younger than 19
- A disabled young adult 19 or 20 years old
- A disabled adult 21 or older

MassHealth decides if you are disabled according to the standards set by federal and state law. For an adult, this generally means you have a mental or physical condition that severely limits your ability to work or to do certain activities for at least 12 months.

Income standards

If your household income is above 133% of the FPL, you may have to pay a premium. See the chart on the inside back cover for the FPLs.

Disabled individuals 19–20 years old who are nonqualified Permanently Residing Under Color of Law (PRUCOL)s and have income at or below 150% of the FPL will not be assessed a premium.

Disabled adults 19 or older

If your household income is above 150% of the FPL, you will have to pay monthly premiums. The amount of the premium is based on

- your monthly income, as it compares to the FPL;
- your household size; and
- if you have other health insurance.

If you must pay a premium, we will tell you the amount and send you a bill every month. For more information about MassHealth/Children's Medical Security Plan (CMSP) premiums, see Section 9.

Premiums

Based on your income, you may be charged a premium.

Other health insurance

If you have or have access to other health insurance, MassHealth may pay part of your household's health insurance premiums. See Section 10, MassHealth and Other Health Insurance.

MassHealth premium assistance under MassHealth CommonHealth

MassHealth regulations require members to get and keep available health insurance, including health insurance available through an employer. To determine continued

MassHealth eligibility for you and members of your household, we may request additional information from you and your employer about your access to employer-sponsored health insurance coverage. MassHealth may investigate whether an individual who is receiving MassHealth CommonHealth either is enrolled in or has access to qualifying employer-sponsored health insurance. You must cooperate in providing information necessary to maintain eligibility, including evidence of obtaining and maintaining available health insurance, or your MassHealth benefits may end.

To find out more about the premium assistance rules under MassHealth CommonHealth, see 130 CMR 505.000.

Covered services

For MassHealth CommonHealth, covered services include the following. There may be some limits. Your health care provider can explain them.

- Inpatient hospital services*****
- Outpatient services: hospitals, clinics, doctors, dentists, family planning, and vision care
- Medical services: lab tests, x-rays, therapies, pharmacy services, eyeglasses, hearing aids, medical equipment and supplies, adult day health, and adult foster care. (For more information about choosing and enrolling in a Medicare prescription drug plan, see Section 10.)

- Acupuncture services†
- Behavioral health (mental health and substance use disorder) services
- Well-child screenings (for children younger than 21 years old), including medical, vision, dental, hearing, behavioral health (mental health and substance use disorder), and developmental screens, as well as shots
- Long-term-care services at home or in a long-term-care facility, including home health services
- Transportation services‡
- Quit-smoking services

* *Certain restrictions can be found in the MassHealth regulations at 130 CMR 415.000.*

† *Certain restrictions can be found in the MassHealth regulations at 130 CMR 447.000.*

‡ *Certain restrictions can be found in the MassHealth regulations at 130 CMR 407.000.*

Important information for children and young adults with significant mental health needs, including ASD or SED

MassHealth offers certain behavioral health services for eligible children and young adults younger than 21 who are enrolled in MassHealth Standard or MassHealth CommonHealth. If your child is ineligible for MassHealth Standard, and a behavioral health assessment or other evaluation shows that they have significant mental health needs, including ASD or SED, they may be disabled and eligible for MassHealth CommonHealth.

Additional services for children younger than 21 years old

Children, teens, and young adults younger than 21 years old who are determined eligible for MassHealth CommonHealth are also eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, which include all medically necessary services covered by Medicaid law. See 42 U.S.C. §§1396a(a)(10), 1396d(a), and 1396d(r). This means that MassHealth pays for any medically necessary treatment that is covered by Medicaid law, if it is delivered by a provider who is qualified and willing to provide the service. If the service is not already covered by the child's MassHealth coverage type, the prescribing clinician can ask MassHealth for PA to determine if the service is medically necessary. MassHealth pays for the service if PA is given.

A complete listing and a more detailed description of the services covered can be found in the MassHealth regulations at 130 CMR 450.105.

Coverage begins

If we get all needed information within 90 days, with the exception of proof of disability (or if you are pregnant or a child or a young adult younger than 21 who is eligible for provisional health care coverage as described on page 6), your coverage may begin on the first day of the month MassHealth gets your application.

If you have bills for medical services that you received in the three months before applying, we may be able to pay them if you were eligible during those three months. You may need to give us proof of income, family size, address, disability, pregnancy, or health insurance.

If you are eligible for health care coverage based on a disability, your coverage may begin 10 calendar days before the date MassHealth gets your application.

Pregnant MassHealth CommonHealth members are eligible through the end of their pregnancy and for 12 months after (postpartum).

If you are eligible for premium assistance, you will begin to get payments in the month in which you are determined eligible for premium assistance, or in the month your health insurance deductions begin, whichever is later.

MASSHEALTH CAREPLUS

MassHealth CarePlus offers a broad range of health care benefits to adults who are not otherwise eligible for MassHealth Standard.

Who can get benefits

You may be able to get MassHealth CarePlus if you are a resident of Massachusetts and a US citizen or qualified noncitizen and

- you are an adult 21–64 years old; and
- you are not eligible for MassHealth Standard.

Income standards

The Modified Adjusted Gross Income (MAGI) of your MassHealth MAGI household can be no more than 133% of the federal poverty level (FPL). See the chart on the inside back cover for the FPLs.

Premiums

There are no premiums for MassHealth CarePlus.

Other health insurance

If you have or have access to other health insurance, MassHealth may pay part of your household's health insurance premiums. See Section 10, MassHealth and Other Health Insurance.

MassHealth premium assistance under MassHealth CarePlus

MassHealth regulations require members to get and keep available health insurance, including health insurance available through an employer. To determine continued MassHealth eligibility for you and members of your household, we may request additional information from you and your employer about your access to employer-sponsored health insurance coverage. MassHealth may investigate whether an individual who is receiving MassHealth CarePlus either is enrolled in or has access to qualifying employer-sponsored health insurance. You must cooperate in providing information necessary to maintain eligibility, including evidence of obtaining or maintaining available health insurance, or your MassHealth benefits may end.

To find out more about the premium assistance rules under MassHealth CarePlus, see 130 CMR 505.000

Covered services

For MassHealth CarePlus, covered services include the following. There may be some limits. Your health care provider can explain them.

- Inpatient hospital services*****
- Outpatient services: hospitals, clinics, doctors, dentists, vision care, and family planning

- Medical services: lab tests, x-rays, therapies, pharmacy services, eyeglasses, hearing aids, and medical equipment and supplies
- Acupuncture services†
- Behavioral health (mental health and substance use disorder) services
- Home health services
- Transportation services‡
- Quit-smoking services
- Long-term nursing facility services for no more than 100 days. If you need more than 100 days of long-term nursing facility services, you must apply for MassHealth Standard.

* *Certain restrictions can be found in the MassHealth regulations at 130 CMR 415.000.*

† *Certain restrictions can be found in the MassHealth regulations at 130 CMR 447.000.*

‡ *Certain restrictions can be found in the MassHealth regulations at 130 CMR 407.000..*

Some of the services not covered

The following are examples of services not covered when you are enrolled in a health plan through MassHealth CarePlus.

- Day habilitation services
- Personal care services
- Private duty nursing services

A complete listing and a more detailed description of the services covered can be found in the MassHealth regulations at 130 CMR 450.105.

If you need these services, you may be medically frail and eligible to enroll in MassHealth Standard. Please call us at (800) 841-2900, TDD/TTY: 711.

Coverage begins

If we get all needed information within 90 days, with the exception of proof of disability, your coverage may start on the first day of the month MassHealth gets your application.

If you have bills for medical services that you received in the three months before applying, we may be able to pay them if you were eligible during those three months. You may need to give us proof of income, family size, address, disability, pregnancy, or health insurance.

If you are eligible for premium assistance, you will begin to get payments in the month in which you are determined eligible for premium assistance, or in the month your health insurance deductions begin, whichever is later.

Individuals who are medically frail

Individuals who are medically frail may be able to get more benefits. You may be medically frail if you

- have a medical or mental health condition that limits your ability to work or go to school;

- have a substance use disorder;
- need help with daily activities, like bathing or dressing;
- regularly get medical care, personal care, or health services at home or in another community setting, like adult day care; or
- are terminally ill.

If you are medically frail, please call us at (800) 841-2900, TDD/TTY: 711. You can tell us at any time if you are medically frail. If you tell us that you are medically frail, you may choose to enroll in MassHealth Standard. MassHealth Standard covers all the same benefits as MassHealth CarePlus, as well as additional health benefits like community long-term services and supports such as personal care attendants, adult day health programs, and more. There are no monthly premiums for MassHealth CarePlus or for CarePlus members who enroll in MassHealth Standard.

If you move to MassHealth Standard, you may need to take additional steps to get some of MassHealth Standard's added benefits. For example, MassHealth may need additional information or may need to check to make sure the benefits are necessary and appropriate for you. Your doctor and MassHealth Customer Service can help explain these additional steps to you. Even if you are medically frail, you can choose to stay enrolled in MassHealth CarePlus instead of moving to MassHealth Standard. If you want to stay in MassHealth CarePlus, you do not have to do anything else.

MASSHEALTH FAMILY ASSISTANCE

Who can get benefits

You may be able to get MassHealth Family Assistance if you are a resident of Massachusetts and are not eligible for MassHealth Standard.

Income standards

For children

- A child younger than 19 is eligible if the Modified Adjusted Gross Income (MAGI) of the MassHealth MAGI household is at or below 300% of the FPL and the child is a US citizen/national or lawfully present immigrant.
- A child younger than 19 is eligible if the MAGI of the MassHealth MAGI household is at or below 300% of the FPL and the child is a nonqualified PRUCOL. (See Section 11.)

For young adults

- A young adult 19 or 20 years old is eligible if the MAGI of the MassHealth MAGI household is at or below 300% of the FPL and the young adult is a nonqualified PRUCOL (see Section 11) and does not have access to employer-sponsored insurance that is considered affordable (meets the minimum essential coverage requirements

under Section 1401 of the Patient Protection and Affordable Care Act [ACA]).

For adults

- An adult is eligible if the MAGI of the MassHealth MAGI household is at or below 300% of the FPL and the adult is a nonqualified PRUCOL and does not have access to employer-sponsored insurance that is considered affordable (meets the minimum essential coverage requirements under section 1401 of the Patient Protection and Affordable Care Act [ACA]).
- An adult who is HIV positive is eligible if the MAGI of the MassHealth MAGI household is greater than 133%, but at or below 200% of the FPL, and they are a US citizen/national or a qualified noncitizen.
- A disabled adult is eligible if the household income is at or below 100% of the FPL and they are a qualified noncitizen barred, a nonqualified individual lawfully present, or a nonqualified PRUCOL.

Premiums

Based on your income, you may be charged a premium. See Section 9.

Other health insurance

If you have or have access to other health insurance, MassHealth may pay part of your household's health insurance premiums. See Section 10.

MassHealth premium assistance under MassHealth Family Assistance

MassHealth regulations require members to get and keep available health insurance, including health insurance available through an employer. To determine continued MassHealth eligibility for you and members of your household, we may request additional information from you and your employer about your access to employer-sponsored health insurance coverage. MassHealth may investigate whether an individual who is receiving MassHealth Family Assistance either is enrolled in or has access to qualifying employer-sponsored health insurance. You must cooperate in providing information necessary to maintain eligibility, including evidence of obtaining or maintaining available health insurance, or your MassHealth benefits may end.

To find out more about the premium assistance rules under MassHealth Family Assistance, see 130 CMR 505.000.

How you get your benefits

If you are enrolled with your employer's health insurance, MassHealth may be able to help you pay for this insurance by sending you a monthly check for the amount of your premium assistance benefit. See Section 10 for more information about Premium Assistance.

Covered services

People enrolled in a health plan through MassHealth Family Assistance get the following applicable services. There may be some limits. Your health care provider can explain them.

- Inpatient hospital services*
- Outpatient services: hospitals, clinics, doctors, dentists, family planning, and vision care
- Medical services: lab tests, x-rays, therapies, pharmacy services, eyeglasses, hearing aids, and medical equipment and supplies
- Acupuncture services†
- Home health services
- Behavioral health (mental health and substance use disorder) services
- Well-child screenings (for children younger than 21), including medical, vision, dental, hearing, behavioral health (mental health and substance use disorder), and developmental screens, as well as shots
- Ambulance services (emergency only)
- Quit-smoking services

* *Certain restrictions can be found in the MassHealth regulations at 130 CMR 415.000.*

† *Certain restrictions can be found in the MassHealth regulations at 130 CMR 447.000.*

Some of the services not covered

The following services are examples of services not covered when you are enrolled in a health plan through MassHealth Family Assistance.

- Day habilitation services
- Personal care services
- Private duty nursing services
- Nursing facility services

A complete listing and a more detailed description of the services covered can be found in the MassHealth regulations at 130 CMR 450.105.

Coverage begins

If we get all needed information within 90 days, with the exception of proof of disability (or if you are a pregnant person or a young adult younger than 21 who is eligible for provisional health care coverage as described on page 6), your coverage may begin on the first day of the month MassHealth gets your application.

If you have bills for medical services that you received in the three months before applying, we may be able to pay for these bills if you were eligible during those three months. You may need to give us proof of income, family size, address, disability, pregnancy, or health insurance.

Pregnant MassHealth Family Assistance members are eligible through the end of their pregnancy and for 12 months after (postpartum).

If you are eligible for health care coverage, your coverage may begin 10 calendar days before the date MassHealth gets your application.

If you are eligible for premium assistance, you will begin to get payments in the month in which you are determined eligible for premium assistance, or in the month your health insurance deductions begin, whichever is later.

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 Section 11 for the US 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.
- Younger than 19.
- A young adult 19 or 20 years old.
- An adult 21–64 years old.
- A parent living with your children younger than 19.*
- An adult caretaker relative living with children younger than 19 to whom you are related and for whom you are the primary caretaker when neither parent is living in the home.*
- 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.

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

Income standards

For information about income, see Section 8. See the chart on the inside back cover for the federal poverty levels (FPLs).

For pregnant people and children younger than 1 year old the MAGI of your MassHealth MAGI household cannot be more than 200% of the FPL. If you are pregnant, your unborn child (or children) will be counted in your household size, so there are at least two people in your household.

Children younger than age 1 who meet these standards may also get services through CMSP. (See Section 5.)

For children 1 through 18 years old, the MAGI of your MassHealth MAGI household cannot be more than 150% of the FPL. These children may also get services through CMSP. (See Section 5.)

For young adults 19 or 20 years old, the MAGI of your MassHealth MAGI household cannot be more than 150% of the FPL.

For parents or caretaker relatives of children younger than 19 and adults 21–64 years old, the MAGI of your MassHealth MAGI household cannot be more than 133% of the FPL.

For disabled adults, household income can be no more than 133% of the FPL.

Covered services

For MassHealth Limited, covered services include the following. 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 in settings other than 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 6.

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 on the first day of the month MassHealth gets your application, if we get all needed information within 90 days.

If you have bills for medical services that you received in the three months before applying, we may be able to pay for them if you were eligible during those three months. You may need to give us proof of income, family size, address, disability, pregnancy, or health insurance.

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.

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.

SECTION 3

MASSHEALTH HEALTH PLAN ENROLLMENT

You can enroll in a plan in several ways.

- Visit mass.gov/how-to/enroll-in-a-masshealth-health-plan-individuals-and-families-younger-than-65 to enroll online.
- Print the online form at mass.gov/how-to/enroll-in-a-masshealth-health-plan-individuals-and-families-younger-than-65, fill it out, and mail it to us at the address on the form.
- Call us Monday–Friday, 8:00 a.m.–5:00 p.m. at (800) 841-2900. TDD/TTY: 711.

The following members can change health plans at any time for any reason.

- Children who are in the care or custody of the Department of Children and Families
- Children and young adults who are in the care or custody of the Department of Youth Services
- Newborns and children who are younger than 1 year old
- Members enrolled in the Primary Care Clinician Plan

Choosing a health plan

A health plan is a group of providers, hospitals, and other professionals who work together to help meet your health care needs. Most MassHealth members get their health care services through a health plan.

If you are eligible to enroll in a MassHealth health plan, we will notify you and send you the MassHealth Enrollment Guide. Choosing a health plan and doctor for yourself and your household is an important decision. If you need help making this decision, you can do one or both of the following.

- Review the MassHealth Enrollment Guide. To get a copy, go to mass.gov/lists/masshealth-member-guides-and-handbooks.
- Call us at (800) 841-2900, TDD/TTY: 711.

If you are **required** to join a health plan, you must enroll in a health plan **within 14 days** from the date we mailed you the MassHealth Enrollment Guide. **If you do not choose a health plan, MassHealth will choose one for you.** You have MassHealth coverage while you complete your enrollment in a health plan. If you need help choosing a health plan, visit masshealthchoices.com.

MassHealth Plan Selection and Fixed Enrollment Periods

MassHealth members enrolled in a health plan can change their health plans during their annual Plan Selection Period. Once you are enrolled in a health plan, MassHealth will send you a letter confirming your enrollment. This letter will also tell you the dates for your Plan Selection Period.

If you have a **Plan Selection Period**, you will have 90 days to change your health plan for any reason. Your 90-day Plan Selection Period will begin on the date you choose a health plan or MassHealth assigns you to one.

After 90 days, you will be in your **Fixed Enrollment Period**. During this time, you cannot change your health plan unless certain reasons apply. A list of these reasons can be found in the following places.

- On our website at mass.gov/info-details/fixed-enrollment-period
- In the MassHealth Enrollment Guide. To get a copy, go to mass.gov/lists/masshealth-member-guides-and-handbooks or call (800) 841-2900, TDD/TTY: 711
- In the MassHealth regulations at 130 CMR 508.004

You will have a new 90-day Plan Selection Period every year.

SECTION 4

MASSACHUSETTS HEALTH CONNECTOR

The Massachusetts Health Connector provides access to health and dental insurance plans for individuals, families, and small businesses.

Health coverage through the Health Connector is not the same as MassHealth.

Generally, you can qualify to buy a health and/or dental insurance plan through the Health Connector if you meet the following requirements.

- You are a resident of Massachusetts.
- You are a US citizen/national or are lawfully present in the United States.
- You are not in prison, unless you are awaiting trial.

Health Connector plans

All of the following Health Connector health plans provide full health benefits, including visits to the doctor or hospital, and prescriptions.

- Platinum plans have the highest premium, but the lowest copays and deductibles.
- Gold and Silver plans have lower premiums, but higher copays and deductibles.

- Bronze plans have the lowest premiums, but the highest copays and deductibles.

Doctors, hospitals, and other providers may vary by network.

Premium Tax Credits

Premium Tax Credits are a way to lower the cost of your insurance premiums. The amount of your tax credit depends on your household size, your income, and the cost of health plans available to you. You can find out whether you qualify for a tax credit, and how much the credit will be, after you submit an application.

If you qualify for a Premium Tax Credit, you can choose to get it at the end of the year when you file your taxes, or you can apply it toward your insurance premium each month, as an Advance Premium Tax Credit. Advance Premium Tax Credits are sent directly to your insurance company so that you pay less each month.

ConnectorCare plans

In addition to Advance Premium Tax Credits from the federal government, you may also be able to get help paying for health insurance from Massachusetts through a ConnectorCare health insurance plan.

ConnectorCare plans are health insurance plans with lower monthly premiums, no deductibles, and lower copays.

Special cost sharing for American Indians and Alaska Natives

American Indians and Alaska Natives may be able to get additional help paying for care. If you are an American Indian and you get services directly from an Indian Health Service facility, from a tribal or urban Indian organization, or through the Contract Health Service program, you will not have to pay any out-of-pocket costs at the time you get care. You can also enroll in or change health plans on a monthly basis throughout the year. American Indians and Alaska Natives with income at or below 300% of the FPL will not have to pay for out-of-pocket costs, such as copays, deductibles, and coinsurance.

Eligibility for Advance Premium Tax Credits and ConnectorCare

- ConnectorCare plans and Advance Premium Tax Credits (APTCs) may be available for households with income between 100% and 400% of the federal poverty level (FPL).

To qualify for Advance Premium Tax Credits and ConnectorCare, you will also need to meet the following requirements.

- You can’t buy health insurance through an employer that meets “minimum value” requirements and is affordable.
- You are not eligible for coverage under a government sponsored plan, such as MassHealth, Medicare, and TRICARE.

- You agree to file federal income taxes for each year that you get benefits.
- You agree to file taxes jointly if you are married.
- For plan years 2027 and later, you must be a Lawful Permanent Resident (LPR), Compact of Free Association (COFA) migrant, or Cuban-Haitian Entrant (CHE).

How do I know if my employer's plan meets minimum value standards?

"Minimum value" standards mean that the health plan will pay at least 60% of the total cost of medical services for a standard population. The other 40% of costs would be paid by members through deductibles, copays, and coinsurance. Most employer plans meet the minimum value standards. To find out if your employer's plan meets these standards, talk to your human resources department or the health plan.

Which employer plans are considered "affordable"?

Under the Patient Protection and Affordable Care Act (ACA), your employer's plan is considered affordable in 2026 if the lowest-cost plan costs less than 9.96% of your household's income.

Tax filing requirements

To get tax credits and ConnectorCare plans, you need to file federal income taxes for the year when you got tax

credits or a ConnectorCare plan. If you are married, you need to file your income taxes jointly, unless you are a victim of domestic abuse or have been abandoned by your spouse. You do not have to file taxes to get MassHealth, Children's Medical Security Plan, or Health Safety Net benefits.

If you've ever received an Advance Premium Tax Credit (APTC) in the past or had a ConnectorCare plan, you are required to "reconcile" the tax credit you received with the IRS. To reconcile, you need to file IRS Form 8962 with your federal income tax return. Form 8962 has information the IRS uses to see if you got the right amount of tax credit to lower your health insurance premiums throughout the year.

If you received too much tax credit in advance, you could owe some or all of it back to the IRS. If you received too little tax credit, you could get back the amount you overpaid.

You will need to file Form 8962 with your federal income taxes every year you receive an APTC.

Premiums

If you have a monthly premium, it must be paid by the 23rd of every month. When you enroll in a plan through the Health Connector, you will need to pay your first premium by the 23rd of the month before your coverage can start.

Coverage begins

After you qualify for a health or dental insurance plan through the Health Connector, you must complete your enrollment before your coverage can begin. To finish enrolling, you must choose a health and/or dental insurance plan and pay your first premium bill by the 23rd of the month. Once you have chosen a plan and paid your first bill, your coverage will begin on the first day of the following month.

SECTION 5

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.

Who can get benefits

You may be able to get coverage through CMSP if you are a resident of Massachusetts and are:

- younger than 19;
- uninsured; and
- not eligible for any MassHealth coverage type other than MassHealth Limited. You may be eligible for both CMSP and MassHealth Limited at the same time.

Income standards

There is no income limit for CMSP. If your household Modified Adjusted Gross Income is above 200% of the FPL, you may have to pay a premium. For more information about MassHealth/CMSP premiums, see Section 9. See the table on the inside back cover for the federal poverty levels (FPLs).

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

Covered services

For the CMSP, covered services include the following. There may be some limits. Your health care provider can explain them.

- Outpatient services including preventive and sick visits
- Office visits, first aid, and follow-up care
- Urgent care visits, not including emergency care in a hospital outpatient or emergency department
- Outpatient mental health services and substance use disorder 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 fiscal year
- Annual eye exams and hearing tests
- Lab and radiology diagnostic services
- 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 fiscal year.
- Dental services—maximum $750 per fiscal year—excluding cosmetic or surgical dentistry. Frequency limits apply to certain dental services.

Some of the services not covered:

- Emergency room services
- Ambulance or other medical transportation
- Inpatient hospital care
- Cosmetic or orthodontic dentistry

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. If MassHealth sets such a limit, applicants who are determined eligible will be placed on a waiting list. When MassHealth can open enrollment for CMSP, we will process the applications in the order in which 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. See Section 6.

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

SECTION 6

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 300% of the FPL). Eligibility for HSN is determined by MassHealth.

Who can get benefits

The HSN 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 Modified Adjusted Gross Income (MAGI) income for every person in your household. (See Section 8.) The HSN covers individuals with household MAGI at or below 300% of the FPL. If your MAGI income is above 150% and at or below 300%, 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 toward your deductible. Only services that the HSN can pay for will count toward your deductible. Private doctor and private lab or radiology bills do not count toward the deductible, even if you get these services in a hospital. Ask your provider which bills can count toward your deductible.

Covered services

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

The HSN 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 a deductible.

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 crutches and canes provided during a medical visit
- Nonmedical services (social, educational, vocational)
- Nonmedically necessary services
- Experimental or unproven servic

A more detailed description of the services covered and any limitations can be found in the HSN regulations at 101 CMR 613.00.

Coverage begins

If we get all needed information within 90 days and you are eligible, your HSN eligibility will begin 10 days before the date MassHealth gets your application.

Deductible income standard

If your MAGI income is above 150% of the FPL, you may be responsible for a deductible. An HSN deductible is equal to either the current annual cost of the lowest ConnectorCare monthly premium ($636 as of the publication date of this member booklet), or 40% of the difference between the lowest MAGI in your Premium Billing Family Group and 200% of the FPL, whichever is higher. (See Section 9.)

Medical hardship

Medical hardship is a type of HSN assistance available to individuals or their family whose medical expenses have become so large that they can't pay their medical bills. Medical hardship applications may be completed by financial counselors at acute hospitals or community health centers. Applicants can apply no more than twice within a 12-month period.

Grievance process

Patients may ask the HSN to conduct a review of a medical hardship eligibility determination, or of provider compliance with HSN regulations. To file a grievance with the HSN, send a letter to:

Health Safety Net Office
Attn.: HSN Grievances
11 Enterprise Drive, 5th 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. If you have questions about filing a grievance, call the HSN Help Line at (877) 910-2100.

SECTION 7

YOUR RIGHTS AND RESPONSIBILITIES

Nondiscrimination

MassHealth complies with applicable state and federal civil rights laws. We do not discriminate against, exclude, or treat people differently because of race, color, national origin, age, disability, religion, sexual orientation, or sex (including gender identity, pregnancy, childbirth, and related medical conditions).

MassHealth provides free aids and services to people with disabilities to communicate effectively with us. They include the following.

- Qualified sign language interpreters
- Written information in other formats, including large print, braille, accessible electronic formats, and other formats

We also provide free language services to people whose primary language is not English. These services include the following.

- Qualified interpreters
- Information written in other languages

If you need these services, contact us at (800) 841-2900, TDD/TTY: 711.

If you believe that MassHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, religion, sexual orientation, or sex (including gender identity, pregnancy, childbirth, and related medical conditions), you can file a grievance with:

Section 1557 Compliance Coordinator
1 Ashburton Place, 11th Floor
Boston, MA 02108
Phone: (800) 368-1019, TTY/TDD: (800) 537-7697
Fax: (617) 889-7862, or
Email Section1557Coordinator@state.ma.us.

If you need help filing a grievance, the Section 1557 Compliance Coordinator can help you.

You can also file a civil rights complaint with the US Department of Health and Human Services' Office for Civil Rights in the following ways:

Electronically through the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Mail US Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201, or

Phone: (800) 368-1019, TTY/TDD: (800) 537-7697.

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Privacy and confidentiality

MassHealth and the Massachusetts Health Connector are committed to keeping your personal information confidential. All personal information we have about any applicant or member, including medical data, health status, and the personal information you give us during your application for and receipt of benefits, is confidential. This information is not used or released for purposes not related to the administration of MassHealth or the Health Connector without your permission unless required by law or a court order.

You can give us your written permission to use your personal health information for a specific purpose or to share it with a specific person or organization. You can also give us your permission to share your personal information with your authorized representative, Certified Application Counselor, or Navigator, if you have one, by filling out an Authorized Representative Designation Form (ARD), a Certified Application Counselor Designation Form, or a Navigator Designation Form.

For more information about your rights and how MassHealth and the Health Connector may use and share your information, please review the MassHealth Notice of Privacy Practices and the Health Connector's Privacy Policy. You can get a copy of the MassHealth Notice of Privacy Practices by calling (800) 841-2900, TDD/TTY: 711, or by visiting mass.gov/masshealth. You can view the Health Connector's Privacy Policy at mahealthconnector.org/site-policies/privacy-policy.

Authorized representative

An authorized representative is someone you choose to help you get health care coverage through programs offered by MassHealth and the Massachusetts Health Connector. You can do this by filling out the ARD or a similar designation form. An authorized representative may fill out your application or eligibility review forms; give proof of information given on these eligibility forms; report changes in your income, address, or other circumstances; get copies of all MassHealth or Health Connector eligibility or enrollment notices sent to you; and act on your behalf in all other matters with MassHealth or the Health Connector.

An authorized representative can be a friend, family member, relative, or other person or organization of your choosing who agrees to help you. It is up to you to choose an authorized representative, if you want one. MassHealth or the Health Connector will not choose an authorized representative for you.

You must designate in writing on the ARD or a similar designation document or authorization document the person or organization you want to be your authorized representative. In most cases, your authorized representative must also fill out this form or a similar designation document or authorization document. This form is included in the application packet, or you can call us at (800) 841-2900, TDD/TTY: 711, or visit mass.gov/masshealth to get one. Please see the instructions on the form for more details.

An authorized representative can also be someone who is acting responsibly on your behalf if you cannot designate an authorized representative in writing because of a mental or physical condition, or someone who has been appointed by law to act on your behalf or on behalf of your estate. This person must fill out the applicable parts of the ARD or provide a similar designation document. If this person has been appointed by law to represent you, either you or they must also submit to MassHealth or the Health Connector a copy of the applicable legal document stating that they lawfully represent you or your estate. This person may be a legal guardian, conservator, holder of power of attorney, or health care proxy or, if the applicant or member has died, the estate's administrator or executor.

Permission to share information

If you want us to share your personal health information, including copies of your eligibility notices, with someone who is not your authorized representative, you can give us written permission to do so. We have forms you can use for this. Call us or visit mass.gov/lists/hipaa-forms-for-masshealth-members to get a copy of the right form.

How we use your Social Security number

Unless one of the exceptions on page 12 applies, you must give us a Social Security number (SSN), or proof that one has been applied for, for every household member

who is applying. MassHealth may require you to give us the SSN, if you can get it, of any person not applying who has or who can get health insurance that covers you or any member of your household. MassHealth is allowed to ask for SSNs under the Tax Reform Act of 1976, which amended Section 205(c)(2) of the Social Security Act, and under 130 CMR 503.003.

We use SSNs to check information you have given us. We also use them to detect fraud, to see if anyone is getting duplicate benefits, or to see if others (a "third party") should be paying for services.

We match the SSN of anyone in your household who is applying and anyone who has or who can get health insurance for any such people with the files of agencies, including the following.

- Internal Revenue Service (IRS)
- Social Security Administration (SSA)
- Department of Homeland Security
- Centers for Medicare & Medicaid Services
- Registry of Motor Vehicles
- Department of Revenue (DOR)
- Department of Transitional Assistance
- Department of Industrial Accidents
- Division of Unemployment Assistance (DUA)
- Department of Veterans' Services, Human Resources Division

- Bureau of Special Investigations
- Department of Public Health, Bureau of Vital Statistics
- Banks
- Other financial institutions

If MassHealth pays part of your health insurance premiums, MassHealth may add your SSN or the SSN of the policyholder in your household to the State Comptroller's vendor file. You or the policyholder in your household must have a valid SSN before you can get a payment from MassHealth.

Files may also be matched with social service agencies in this state and other states, and computer files of banks and other financial institutions, insurance companies, employers, and managed care organizations.

Giving correct information

Giving incorrect or false information may end your benefits. It may also result in fines, imprisonment, or both.

Reporting changes

Once you start getting benefits, you must let us know about certain changes within 10 days of the changes or as soon as possible. See Section 13 for information on where to report changes. These include any changes in income, household size, employment, disability status, health insurance, and address. If you do not tell us about

changes, you may lose your benefits. MassHealth will perform information matches with other agencies and information sources when an application is submitted, at annual review, and periodically to update or prove eligibility. These agencies and information sources may include, but are not limited to, the IRS, the SSA, the DOR, the DUA, and banks and other financial institutions.

Income information will be obtained through an electronic data match and compared to the income amount you stated on your application ("attested amount") to determine if the data source amount and the attested amount are reasonably compatible. If these amounts are reasonably compatible, the attested income is considered verified for purposes of an eligibility determination.

To be reasonably compatible,

- both the attested income and the income from the data sources must be above the applicable income standard for the individual;
- both the attested income and the income from the data sources must be at or below the applicable income standard for the individual;
- the attested income is at or below the applicable standard and the income from the data sources is above the applicable standard but their difference is 10% or less; or

- the attested income is above the applicable standard and the income from the data sources is at or below the applicable standard.

When self-attested income is reasonably compatible with the electronic data, the income amount used to determine eligibility is the self-attested amount.

If electronic data sources can’t prove attested information or are not reasonably compatible with attested information, we will ask you for more documentation.

SECTION 8

HOW INCOME IS COUNTED

The federal poverty level (FPL) chart can be found on the inside back cover. For the most up-to-date charts, go to mass.gov/info-details/program-financial-guidelines-for-certain-masshealth-applicants-and-members.

Who is counted in your household for MassHealth, the Children's Medical Security Plan, 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, depending 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 Modified Adjusted Gross Income (MAGI) 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.

MassHealth MAGI Household Composition

MassHealth will use the MassHealth MAGI household composition rules below to determine who is eligible for one of the following benefits.

- MassHealth Standard, except for disabled adults
- MassHealth CommonHealth for disabled children younger than 19
- MassHealth CarePlus
- MassHealth Family Assistance
- MassHealth Limited
- Children's Medical Security Plan

The MassHealth MAGI household consists of the following.

- Taxpayers not claimed as a tax dependent on their 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 them);
  - » all people the taxpayer expects to claim as a tax dependent; and
  - » the number of expected children (if any of the household members are pregnant).

- 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 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 them);
  - » the taxpayer claiming the individual as a tax dependent;
  - » any of the taxpayer's tax dependents; and
  - » the number of expected children (if any of the household members are pregnant).

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 child, adopted child, or stepchild who expect to be claimed as a tax dependent by another taxpayer.
- Individuals younger than 19 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.
- Individuals younger than 19 who expect to be claimed as a tax dependent by a noncustodial parent.

For an individual who neither files a federal tax return nor is claimed as a tax dependent on a federal tax return, or when

any of the above exceptions apply, the household consists of the individual and, if they live with the individual,

- the individual's spouse;
- the individual's biological children, adopted children, and stepchildren younger than 19;
- individuals younger than 19; the individual's biological parents, adopted parents, and stepparents; and biological siblings, adoptive siblings, and stepsiblings younger than 19; and
- the number of expected children (if any of the household members are pregnant).

Disabled adult MassHealth Household Composition

MassHealth will use the disabled adult MassHealth household composition rules to determine members eligible for one of the following benefits.

- MassHealth Standard for disabled adults 21–64 years old
- MassHealth CommonHealth for disabled adults 21–64 years old
- MassHealth CommonHealth for certain disabled young adults 19–20 years old
- MassHealth Family Assistance for certain disabled individuals

The household consists of:

- the individual;
- the individual's spouse;

- the individual's biological children, adopted children, and stepchildren younger than 19; and
- the number of expected children (if any of the household members are pregnant).

Who is counted in your household for ConnectorCare plans and Advance Premium Tax Credits

The Massachusetts 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 Advance Premium Tax Credits (APTCs) are required to file taxes for the year in which they receive credits.

Modified Adjusted Gross Income

Financial eligibility is based on Modified Adjusted Gross Income (MAGI).

Countable Earned Income

- MAGI is the income reported on line 7 on the personal 1040 income tax return after the income from line 22 of

Schedule 1 has been added and the deductions from line 36 of Schedule 1 have been taken. Then tax-exempt interest, foreign earned income exclusions, and tax-exempt Social Security income are also added back in.

- MAGI includes earned income, such as wages, salary, tips, commissions, and bonuses.
- MAGI does not count pretax 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.

Countable Unearned Income

Unearned income is the total amount of taxable income that does not directly result from the individual's own labor after allowable deductions on the US Individual Tax Return.

Unearned income may include, but is not limited to, Social Security benefits, railroad retirement benefits, pensions, annuities, certain trusts, interest and dividend income, state or local tax refund for a tax you deducted in the previous year, and gross gambling income.

Deductions

The following are allowable deductions from countable income when determining MAGI: educator expenses; certain business expenses of reservists, performance artists, or fee-based government officials; health savings account deduction; moving expenses for members of the Armed Forces; deductible part of self-employment taxes; self-employment Simplified Employee Pension (SEP) plans, SIMPLE IRA plans, and qualified plans; self-employment health insurance deductible; penalty on early withdrawal of savings; alimony paid for a divorce, separation agreement, or court order that was finalized before January 1, 2019; individual retirement account deductions; and student loan interest deduction.

Noncountable Income

- Transitional Aid to Families with Dependent Children (TAFDC), Emergency Aid to the Elderly, Disabled and Children, or Supplemental Security Income
- Federal veteran benefits that are not taxable under IRS rules
- Income in kind

- Roomer and boarder income from people residing in the applicant's or member's principal place of residence
- Most workers' compensation income
- Pretax contributions to salary reduction plans for payment of dependent care, transportation, and certain health expenses within allowable limits
- Child support received
- Taxable amounts received as a lump sum, except in the month received*
- Income received by independent foster-care adolescents described at 130 CMR 505.002(H)
- Income from children and tax dependents who are not expected to be required to file a tax return under Internal Revenue Code, U.S.C. Title 26, § 6012(a)(1), for the taxable year in which eligibility for MassHealth is being determined, whether or not the children or tax dependents file a tax return
- Any other income that is excluded by federal laws other than the Social Security Act
- Personal Care Attendant Difficulty of Care Payments

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

SECTION 9
PREMIUMS AND COPAYS

Copay and premium information for American Indians and Alaska Natives

Except for CommonHealth members, members are responsible for MassHealth premiums and copays up to a monthly maximum of 5% of applicable monthly income. In any month, the most a member would have to pay in combined monthly premium and copays is 5% of their applicable monthly income. That 5% monthly income is broken down between premiums and copays. Their total premium can't be more than 3% of monthly income per month, and their total copays can't be more than 2% of their monthly income per month. CommonHealth members should note that the 3% monthly premium limit doesn't apply to them. Their monthly premium could be higher.

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 an American Indian or Alaska Native can be found in the MassHealth regulations at 130 CMR 501.000.

MassHealth/Children's Medical Security Plan premiums

MassHealth may charge a monthly premium to certain MassHealth members who have incomes above 150% of the FPL. MassHealth may also charge a monthly premium to members of the Children's Medical Security Plan (CMSP) whose households have incomes at or above 300% of the FPL. Members, except CommonHealth members, are responsible for MassHealth premiums up to a monthly maximum of 3% of applicable monthly income. MassHealth and CMSP premium amounts are calculated based on a member's household Modified Adjusted Gross Income (MAGI) and household size as described in the Premium Billing Family Group (PBFG) 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 it unless you tell MassHealth to withdraw your MassHealth coverage within 60 days from the date your eligibility was determined or unless a premium hardship waiver was approved.

PBFG

Premium formula calculations for MassHealth and CMSP premiums are based on the PBFG. A PBFG consists of

- an individual;
- a couple, defined as two people who are married to each other according to the laws of the Commonwealth of Massachusetts;

OR

- a family, defined as people who live together, and consisting of
  - » a child or children younger than 19, any of their children, and their parents;
  - » siblings younger than 19, and any of their children, who live together even if no adult parent or caretaker relative is living in the home; or
  - » a child or children younger than 19, any of their children, and their caretaker relative when no parent is living in the home.

A child temporarily living elsewhere to attend school is still considered as living in the home. A parent may be a natural, step, or adoptive parent. Two parents are members of the same PBFG as long as they are both responsible for one or more children who live with them.

MassHealth premiums for children younger than 19 with household income at or below 300% of the FPL will be

determined using the lowest percentage of the FPL of all children in the PBFG. If any child in the PBFG has an income at or below 150% of the FPL, premiums for all children younger than 19 in the PBFG will be waived.

MassHealth and CMSP premiums for children younger than 19 with household income greater than 300% of the FPL, and all premiums for young adults or adults, are calculated using the individual's percentage of the FPL.

Individuals within a PBFG who 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 enrolled in and paying for a ConnectorCare plan with Advance Premium Tax Credits, the MassHealth or CMSP premiums for children in the PBFG will be waived.

Premium Formulas

The premium formulas use age, income, and whether or not the member has other health insurance.

The full premium is charged to members who have no private health insurance, or to members who have health insurance where MassHealth pays a portion of their health

insurance premium through the Premium Assistance Program. More information about the Premium Assistance Program can be found in Section 10.

A lower supplemental premium is charged to members who do have private health insurance but are not eligible for or did not apply for premium assistance.

Premium formulas for all MassHealth coverage types will be updated each year online at mass.gov/info-details/masshealth-premium-schedule-for-members.

MassHealth Standard Premium Formula for Members with Breast or Cervical Cancer

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 160%	$16.50
Above 160% to 170%	$22
Above 170% to 180%	$27.50
Above 180% to 190%	$33
Above 190% to 200%	$38.50
Above 200% to 210%	$44
Above 210% to 220%	$52.80
Above 220% to 230%	$61.60
Above 230% to 240%	$70.40
Above 240% to 250%	$79.20

MassHealth CommonHealth Premium Formulas

CommonHealth Full Premium Formula
Children younger than 19 between 150% and 300% FPL

% 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 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% FPL and Children Above 300% 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–$38.50
Above 200% FPL –start at $44	Add $8.80 for each additional 10% FPL until 400% FPL	$40–$192
Above 300% FPL –start at $132	Add $8.80 for each additional 10% FPL until 600% FP	$44–$123.20
Above 400% FPL –start at $220	Add $11 for each additional 10% FPL until 600% FP	$220–$429
Above 600% FPL –start at $440	Add $13.20 for each additional 10% FPL until 800% FPL	$440–$690.80
Above 800% FPL –start at $704	Add $15.40 for each additional 10% FPL until 1,000% FPL	$704–$996.60
Above 1,000% FPL –start at $1012	Add $17.60 for each additional 10% FPL	$1012 + greater

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 that is less than the full CommonHealth premium will have their monthly premium bill lowered by the amount of their premium assistance payment and will be responsible for the difference. More information about Premium Assistance can be found in Section 10.

MassHealth Family Assistance Premium Formulas

Family Assistance for Children Premium Formula

% 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 per child ($66 PBFG maximum)
Above 250% to 300%	$30.80 per child ($92.40 PBFG maximum)

Family Assistance for HIV+ Adults
Full Premium Formula

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 160%	$16.50
Above 160% to 170%	$22
Above 170% to 180%	$27.50
Above 180% to 190%	$33
Above 190% to 200%	$38.50

Family Assistance for HIV+ Adults
Supplemental Premium Formula

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

Family Assistance for Nonqualified PRUCOL
Adults Premium Formula

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 150% to 200%	$44
Above 200% to 250%	$129.80

CMSP Premium Schedule

% of Federal Poverty Level (FPL)	Monthly Premium Cost
Above 300% to 400%	$36.45 per PBFG per month
Above 400%	$70.40 per child per month

Members Exempt from Premium Payments

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 furnished by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization, or by a non-Indian health care provider through referral, in accordance with federal law

- MassHealth members with MassHealth MAGI household income or MassHealth disabled adult household income at or below 150% of the FPL
- Pregnant members getting MassHealth Standard
- Children younger than age 1 getting MassHealth Standard
- Children whose parent or guardian in the PBFG is eligible for a Qualified Health Plan (QHP) with Advance Premium Tax Credits (APTC) and has enrolled in and begun paying for a QHP
- Children for whom child welfare services are made available under Part B of Title IV of the Social Security Act on the basis of being a child in foster care and individuals receiving benefits under Part E of that title, without regard to age
- Individuals receiving hospice care
- Independent former foster care children younger than 26 years old
- Members who have reached their 3% premium cap in a given month (they do not have to pay any more MassHealth premiums during the month in which they reached their cap)

SECTION 10

MASSHEALTH AND OTHER HEALTH INSURANCE

MassHealth regulations require members to get and keep available health insurance including health insurance available through an employer. To get and keep MassHealth, you must

- apply for and enroll in any health insurance, including Medicare, that is available to you at no cost;
- enroll in health insurance when MassHealth determines it is cost effective for you to do so; and
- keep any health insurance that you already have.

You must also give MassHealth information about any health insurance that you or a household member already has or may be able to get. We will use this information to decide:

- if the services covered under your health insurance meet MassHealth's standards; and
- what we may pay toward the cost of your health insurance premium.

To determine continued MassHealth eligibility for you and members of your household, we may ask you and your employer for additional information about your access to employer-sponsored health insurance coverage. You must cooperate in providing information necessary to maintain

eligibility, including evidence of obtaining and maintaining available health insurance, or your MassHealth benefits may end.

MassHealth's Premium Assistance Program may help to pay some or all of the cost of the employer health insurance when it is cost effective. We will notify you if a plan offered through your employer meets program requirements.

Under the MassHealth Premium Assistance Program, we may pay part of your health insurance premiums if

- your employer contributes at least 50% of the cost of the health insurance premiums; and
- the health insurance plan meets the basic benefit level (that is, if it provides comprehensive medical coverage, including MassHealth-required health care benefits, to its members).

If you have questions about getting health insurance through a job, or the MassHealth Premium Assistance Program, call the MassHealth Premium Assistance Unit at (800) 862-4840.

Prior approval

For some medical services, your doctor or health care provider must first get approval from MassHealth first. This is called prior approval (PA). Medical services that are covered by Medicare do not need PA from MassHealth.

Choosing and enrolling in a Medicare prescription drug plan

If you are eligible for both Medicare and MassHealth, Medicare provides most of your prescription drug coverage through a Medicare prescription drug plan. This means you must choose and enroll in a Medicare prescription drug plan. If you do not choose a drug plan, Medicare will choose one for you. You may change plans at any time. Visit medicare.gov or call (800) MEDICARE ([800] 633-4227) for information about how to choose and enroll in a Medicare prescription drug plan that is best for you. If you are enrolled in a Program of All-inclusive Care for the Elderly (PACE) or Senior Care Options (SCO) plan, a One Care plan, a Medicare Advantage plan, or a Medicare supplement (Medigap) plan, or have drug coverage through a current or former employer, be sure to contact your plan to find out more about whether to enroll in a Medicare prescription drug plan.

Out-of-pocket expenses

In some cases, MassHealth can pay you back for medical bills that you paid before you got your MassHealth approval notice. We may do this if

- we denied your eligibility and later decided that the denial was incorrect; or
- you paid for a MassHealth-covered medical service that you got before we told you that you would get

MassHealth. In this case, your health care provider must pay you back and bill MassHealth for the service. The provider must accept the MassHealth payment as payment in full.

Out-of-state emergency treatment

MassHealth is a health care program for people living in Massachusetts who get medical care in Massachusetts. In certain situations, MassHealth may pay for emergency treatment for a medical condition when a MassHealth member is out of state.* If an emergency occurs while you are out of state, show your MassHealth card and any other health insurance cards you have, if possible. Also, if possible, tell your primary care provider or health plan within 24 hours of the emergency treatment. If you are not enrolled in a health plan through MassHealth, but instead get premium assistance, your other health insurance may also pay for emergency care you get out of state.

* *Per MassHealth regulation 130 CMR 450.109(B), MassHealth does not cover any medical services provided outside the United States and its territories.*

If you or members of your household are in an accident

If you or any members of your household are in an accident or are injured in some other way, and get money from a third party because of that accident or injury, you or they

will need to use that money to repay whoever paid the medical expenses related to that accident or injury.

1. You will have to pay MassHealth for services that were covered by MassHealth or the Children's Medical Security Plan (CMSP).
   - » If you are applying for MassHealth or CMSP because of an accident or injury, you will need to use the money to repay the costs paid by MassHealth for all medical services you and your household get.
   - » If you or any members of your household are in an accident, or are injured in some other way, after becoming eligible for MassHealth or CMSP, you will need to use that money to repay only the costs paid by MassHealth or CMSP for medical services provided because of that accident or injury.
2. You will have to pay the Massachusetts Health Connector or your health insurer for certain medical services provided.
3. You will have to pay the Health Safety Net (HSN) for medical services reimbursed for you and any household members.

You must tell MassHealth (for MassHealth, CMSP, and HSN), or your health insurer for ConnectorCare plans and Advance Premium Tax Credits, in writing within 10 calendar days or as soon as possible, if you file any insurance claim or lawsuit because of an accident or injury to you or any

household members who are applying for, or who already have, benefits.

Third parties who might give you or members of your household money because of an accident or injury include the following.

- A person or business who may have caused the accident or injury
- An insurance company, including your own insurance company
- Other sources, like workers' compensation

  For more information about accident recovery, see the MassHealth regulations at 130 CMR 503.000 and Chapter 118E of the Massachusetts General Laws.

MassHealth members turning 65 years old

If you are or will soon be 65 and do not have children younger than 19 living with you, you must meet certain income and asset requirements to keep getting MassHealth.

We will send you a new form to fill out to give us the information we need to make a decision. If you can keep getting MassHealth, you will not get your medical care through a MassHealth managed care plan. Instead, you can get your medical care from any other MassHealth health care provider.

Recovery against estates of certain members after their death

Under federal and state law, MassHealth has the right to recover money from the assets of estates of certain MassHealth members after their death, unless exceptions apply.

Estate recovery applies to the following MassHealth members.

- Members who are 55 or older and have received long-term services and supports (LTSS)
- Members of any age who are in a long-term-care or other medical facility

For MassHealth members 55 or older who receive LTSS, MassHealth has the right to be repaid for the cost of care it paid for LTSS. For members of any age who are permanently in a long-term-care or other medical facility, MassHealth has the right to be repaid for the total cost of care it paid during the period of institutionalization.

Estate recovery may apply to MassHealth members whether or not they are enrolled in a health plan. MassHealth payments eligible for estate recovery include payments made directly by MassHealth to health care providers for a member's care. For members enrolled in a health plan, such as a managed care organization, accountable care organization, or a SCO, PACE, or One Care plan, estate recovery may also include reimbursement

for the total amount in monthly premium payments made by MassHealth to the health plan.

MassHealth can only recover from assets that are in a member's probate estate. These assets may include real property such as a home, business, or income-producing property, as well as money in bank accounts. MassHealth will not seek repayment when a member leaves a probate estate with $25,000 or less in assets. There are several ways individuals or families can delay estate recovery or obtain a waiver of some or all of the recovery amount in cases of undue hardship.

- Recovery can be delayed if the member leaves behind a surviving spouse, an adult child who is blind or permanently and totally disabled, or a child younger than 21.
- If estate recovery would cause an undue hardship, MassHealth may waive all or part of the recovery amount in certain circumstances.

For members 55 or older who were eligible for both MassHealth and Medicare, MassHealth will not recover Medicare cost sharing benefits (premiums, deductibles, and copays) paid on or after January 1, 2010.

In addition, if the member, on the date of admission to the long-term-care facility, had certain long-term-care insurance***** and met the other requirements under the rules to qualify for this exception, their estate may not have to repay MassHealth for nursing facility and other long-term-care services.

* The long-term-care insurance must meet the rules of the Division of Insurance under 211 CMR 65.09 and MassHealth regulations at 130 CMR 515.000. The member must also have been living in a long-term-care facility and told MassHealth that they did not intend to return home.

For more information about estate recovery, see the MassHealth regulations at 130 CMR 501.000 and 515.000, Chapter 118E of the Massachusetts General Laws, and visit mass.gov/EstateRecovery.

Signing up to vote

This booklet includes information about voter registration. You do not need to register to vote to get health benefits.

SECTION 11

US CITIZENSHIP AND IMMIGRATION RULES

When deciding if you are eligible for benefits, we look at all the requirements of each coverage type and program. We will try to prove your US citizenship/national status and immigration status using federal and state data services to decide if you may get a certain coverage type.

US Citizens/Nationals

US citizens/nationals may be eligible for MassHealth Standard, CommonHealth, CarePlus, Family Assistance, or the Children's Medical Security Plan (CMSP). They may also be eligible for ConnectorCare plans and Advance Premium Tax Credits or the Health Safety Net (HSN). Proof of citizenship and identity is required for all US citizens/nationals.

A citizen of the United States is:

- an individual who was born in the United States or its territories, including Puerto Rico, the Virgin Islands, Guam, and the Northern Mariana Islands (CNMI), unless born to a foreign diplomat, and who otherwise qualifies for US citizenship under §301 et seq. of the Immigration and Nationality Act (INA);

- an individual born of a parent who is a US citizen or who otherwise qualifies for US citizenship under §301 et seq. of the INA;
- a naturalized citizen; or
- a national (either citizen or noncitizen national)
  - » **Citizen national**: a person who qualifies as a US citizen under §301 et seq. of the INA.
  - » **Noncitizen national**: a person who was born in one of the outlying possessions of the United States, including American Samoa and Swain's Island, to a parent who is a noncitizen national.

Non-US citizens

To get the highest level of MassHealth coverage, or to get a ConnectorCare plan and Advance Premium Tax Credit, we must prove your immigration status. MassHealth will perform information matches with state and federal agencies to prove immigration statuses. If electronic sources can't prove declared status, we will ask you for more documentation.

Non-US citizens do not have to submit their immigration documents with the application if they are applying only for their children, not for themselves.

Lawfully present immigrants

The following are lawfully present immigrants.

Qualified noncitizens

As of October 1, 2026, due to recent federal legislation in Public Law (P.L.) 119- 21, otherwise known as the “Working Families Tax Cut” (WFTC), or the “One Big Beautiful Bill Act” (OB3), the federal government will no longer allow certain immigrants who are legally in the United States to remain enrolled in full MassHealth benefits. Affected immigrants may include refugees, asylees, parolees, and victims of abuse and trafficking. Noncitizens who are not a Legal Permanent Resident (LPR), Compact of Free Association (COFA) migrant, or Cuban-Haitian Entrant (CHE) may see a change in benefits based on this new federal legislation. Full MassHealth benefits may remain available for certain individuals who are younger than 21 or older than 64, disabled, pregnant, or postpartum. Otherwise, MassHealth members who are subject to changes based on this updated legislation may be eligible for Emergency Services Only, Health Safety Net, or the Children’s Medical Security Plan.

People who meet one of the following statuses may be eligible for MassHealth Standard, CommonHealth, CarePlus, Family Assistance, or CMSP. They may also be eligible for benefits through the Massachusetts Health Connector or the HSN.

There are two groups of qualified noncitizens:

1. People who are qualified regardless of when they entered the US or how long they have had a qualified status. Such individuals are
   - » people granted asylum under section 208 of the INA;
   - » refugees admitted under section 207 of the INA;
   - » people whose deportation has been withheld under section 243(h) or 241(b)(3) of the INA, as provided by section 5562 of the federal Balanced Budget Act of 1997;
   - » veterans, their spouses, and their children:
     - – veterans of the United States Armed Forces with an honorable discharge not related to their noncitizen status; or
     - – Filipino war veterans who fought under US command during WWII; or
     - – Hmong and Highland Lao veterans who are admitted for legal permanent residence (LPR) and who fought under US command during the Vietnam War; or
     - – people with noncitizen status on active duty in the US Armed Forces, other than active duty for training; or
     - – the spouse, unremarried surviving spouse, or unmarried dependent children of the noncitizen described in the four points above;

- conditional entrants under section 203(a)(7) of the INA as in effect before April 1, 1980;
- people who entered as Cuban/Haitian entrants under section 501(e) of the Refugee Education Assistance Act of 1980;
- for Medicaid, Native Americans with at least 50% American Indian blood who were born in Canada pursuant to section 289 of the INA or other tribal members born in territories outside the United States pursuant to 25 U.S.C. 450b(e);
- Amerasians as described in section 402(a)(2)(A)(i)(V) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA);
- victims of severe forms of trafficking, and the spouse, child, sibling, or parent of the victim, in accordance with the Victims of Trafficking and Violence Protection Act of 2000 (Public Law 106-386) as amended;
- Iraqi special immigrants granted special immigrant status under Section 101(a)(27) of the INA, pursuant to section 1244 of Public Law 110-181 or section 525 of Public Law 110-161; or
- Afghan special immigrants granted special immigrant status under section 101(a)(27) of the INA, pursuant to section 525 of Public Law 110-161;
- for Medicaid, migrants from the Federated States of Micronesia, the Republic of the Marshall Islands, and the

Republic of Palau who legally reside in the United States pursuant to a series of treaties with the United States known as the Compacts of Free Association (COFA).

- COFA migrants who adjust to LPR status will have a special five-year bar rule applied. Such individuals would be subject to the special five-year bar rule unless they also have or had a status listed at 130 CMR 518.003(A)(1)(a).
- COFA migrants who adjust to LPR status after the change of law on December 27, 2020, can use the date they began residing in the United States as a COFA migrant or December 27, 2020, whichever is later, as the first day for purposes of meeting the five-year bar.
- COFA migrants who adjusted to LPR status before the change of law on December 27, 2020, would have the five-year bar period begin on the date that they became an LPR.

2. People who are qualified based on having a qualified status identified at "A" below and who have satisfied one of the conditions listed in B below. Such individuals are

   A. people who have one or more of the following statuses:
      - people admitted for LPR under the INA; or
      - people granted parole for at least one year under section 212(d)(5) of the INA; or

- battered spouses, battered children, or children of battered parents or parents of battered children who meet the criteria of section 431(c) of the PRWORA, 8 U.S.C. 1641; and also

B. people who satisfy at least one of the following three conditions:
   - they have had a status listed in 2.A above for five or more years (a battered noncitizen attains this status when the petition is accepted as establishing a prima facie case);
   - they entered the US before August 22, 1996, regardless of status at the time of entry, and have been continuously present in the US until attaining a status listed in 2.A. above. For this purpose, a person is continuously present if they have been absent from the US for no more than 30 consecutive days or 90 nonconsecutive days before attaining a status listed in 2.A above; or
   - they also have or had a status listed in number 1 above.

Qualified noncitizens barred

People who have a status listed under qualified noncitizens at 2.A. above (legal permanent resident, parolee for at least one year, or battered noncitizen) and who do not meet one of the conditions listed at 2.B. above, are qualified noncitizens barred. Qualified noncitizens barred, like qualified noncitizens, are lawfully present immigrants.

People who are qualified noncitizens barred may be eligible for MassHealth Standard, CommonHealth, Family Assistance, Limited, or CMSP. They may also be eligible for benefits through the Health Connector and the HSN.

Nonqualified individuals lawfully present

People who are nonqualified individuals lawfully present and meet one of the following statuses may be eligible for MassHealth Standard, CommonHealth, Family Assistance, Limited, or CMSP. They may also be eligible for benefits through the Health Connector and the HSN. Nonqualified individuals lawfully present are as follows.

- People in a valid nonimmigrant status as otherwise defined in 8 U.S.C. 1101(a)(15) or otherwise defined under immigration laws as defined in 8 U.S.C. 1101(a)(17).
- Qualified noncitizens as defined in 8 U.S.C. 1641 (b) and (c).
- People paroled into the US in accordance with 8 U.S.C. 1182(d)(5) for less than one year, except for an individual paroled for prosecution, for deferred inspection, or pending removal proceedings.
- People who belong to one of the following classes.
  - Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively
  - Granted temporary protected status (TPS) in accordance with 8 U.S.C. 1254a, and individuals with pending applications for TPS who have been granted employment authorization

  - Granted employment authorization under 8 CFR 274a.12(c)
  - Family Unity beneficiaries in accordance with section 301 of Public Law 101-649, as amended
  - Under deferred enforced departure in accordance with a decision made by the President
  - Granted deferred action status, except for applicants or individuals granted status under United States Department of Homeland Security (DHS) Deferred Action for Childhood Arrival Process (DACA)
  - Granted an administrative stay of removal under 8 CFR part 241
  - Beneficiary of approved visa petition who has a pending application for adjustment of status
- People with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C. 1231, or under the Convention Against Torture who
  - have been granted employment authorization, or
  - are under 14 years of age and have had an application pending for at least 180 days.
- People who have been granted withholding of removal under the Convention Against Torture.
- Children who have a pending application for special immigrant juvenile status as described in 8 U.S.C. 1101(a)(27)(J).

Qualified noncitizens barred and nonqualified individuals lawfully present who are

- pregnant may be eligible for MassHealth Standard, a ConnectorCare plan and Advance Premium Tax Credits, or the HSN;
- children younger than 19 may be eligible for MassHealth Standard, CommonHealth, Family Assistance, CMSP, a ConnectorCare plan and Advance Premium Tax Credits, or the HSN;
- young adults 19 or 20 years old may be eligible for MassHealth Standard, a ConnectorCare plan and Advance Premium Tax Credits, or the HSN;
- adults 21 or older and are parents or caretaker relatives may be eligible for MassHealth Limited, a ConnectorCare plan and Advance Premium Tax Credits, or the HSN;
- adults 21–64 years old and are disabled may be eligible for MassHealth Family Assistance, Limited, a ConnectorCare plan and Advance Premium Tax Credits, or the HSN; or
- other adults 21–64 years old may be eligible for MassHealth Limited, a ConnectorCare plan and Advance Premium Tax Credits, or the HSN.

Nonqualified persons residing under color of law

Nonqualified persons permanently residing under color of law (PRUCOLs) are certain noncitizens who are not lawfully present. These individuals may permanently reside in the United States under color of law as described in 130

CMR 504.000. People who are nonqualified PRUCOLs and meet one of the following statuses may be eligible for MassHealth Standard, CommonHealth, Family Assistance, Limited, or CMSP. They may also be eligible for benefits through the HSN.

- Noncitizens living in the United States in accordance with an indefinite stay of deportation
- Noncitizens living in the United States in accordance with an indefinite voluntary departure
- Noncitizens and their families who are covered by an approved immediate relative petition, who are entitled to voluntary departure, and whose departure the DHS does not contemplate enforcing
- Noncitizens who were granted voluntary departure by the DHS or an immigration judge and whose deportation the DHS does not contemplate enforcing
- Noncitizens living under orders of supervision who do not have employment authorization under 8 CFR 274a.12(c)
- Noncitizens who have entered and continuously lived in the United States since before January 1, 1972
- Noncitizens who have been granted suspension of deportation and whose departure the DHS does not contemplate enforcing
- Noncitizens with a pending application for asylum under 8 U.S.C. 1158 or for withholding of removal under 8 U.S.C. 1231 or under the Convention Against Torture

who have not been granted employment authorization, or are under the age of 14 and have not had an application pending for at least 180 days

- Noncitizens who have DACA status or a pending application for this status
- Noncitizens who have filed an application, petition, or request to obtain a lawfully present status that has been accepted as properly filed but who have not yet obtained employment authorization and whose deportation DHS does not contemplate enforcing
- Any other noncitizens living in the United States with the knowledge and consent of the DHS whose departure the DHS does not contemplate enforcing. (These include people granted extended voluntary departure due to conditions in their home country based on a determination by the Secretary of State.)

Nonqualified PRUCOLs who are

- pregnant may be eligible for MassHealth Standard, Family Assistance, or the HSN;
- children younger than 19 may be eligible for MassHealth CommonHealth, Family Assistance, Limited, CMSP, or the HSN;
- young adults 19 or 20 years old may be eligible for MassHealth CommonHealth, Family Assistance, Limited, or the HSN;

- adults 21 or older and are parents or caretaker relatives may be eligible for MassHealth Family Assistance, Limited, or the HSN; and
- other adults 21–64 years old, including disabled people, may be eligible for MassHealth Family Assistance, Limited, or the HSN.

Other noncitizens

If your immigration status is not described above, you are considered an other noncitizen. You may be eligible for MassHealth Standard (if pregnant), Limited, CMSP, or the HSN.

Note: People who were getting MassHealth, formerly known as Medical Assistance, or CommonHealth on June 30, 1997, may continue to get benefits regardless of immigration status if otherwise eligible.

The eligibility of immigrants for publicly funded benefits is defined in the PRWORA, the federal Balanced Budget Act of 1997, and various provisions of state law. For additional details, see the MassHealth regulations at 130 CMR 504.000.

US citizenship/national status requirements for MassHealth and ConnectorCare plans and Advance Premium Tax Credits

Identity requirements for MassHealth, ConnectorCare plans and Advance Premium Tax Credits, and the Health Safety Net

Proof of both US citizenship/national status and identity*

* Exception: Seniors and disabled people who get or can get Medicare or Supplemental Security Income, and disabled people who get Social Security Disability Insurance, do NOT have to give proof of their US citizenship/national status and identity. A child born to a mother who was getting MassHealth on the date of the child's birth does not have to give proof of US citizenship/national status and identity.

The following are acceptable forms of proof of BOTH US citizenship/national status AND identity (no other documentation is required):

- US passport, including a US Passport Card issued by the Department of State, regardless of any expiration date as long as this passport or card was issued without limitation; or
- Certificate of US Naturalization; or
- Certificate of US Citizenship; or

- A document issued by a federally recognized Indian tribe, as published in the Federal Register by the Bureau of Indian Affairs within the US Department of the Interior, that identifies the federally recognized Indian tribe that issued the document; identifies the individual by name; and confirms the individual's membership, enrollment, or affiliation with the tribe. These documents include, but are not limited to, a tribal enrollment card, a Certificate of Degree of Indian Blood, a tribal census document, and documents on tribal letterhead issued under the signature of the appropriate tribal official that meet the requirements of 130 CMR 504.000.

Proof of US citizenship/national status only

If one of the documents that proves both citizenship and identity is not provided, the following documents may be accepted as proof of US citizenship/national status only.

- A US public birth certificate (including ones from the 50 states, the District of Columbia, Puerto Rico [on or after January 13, 1941], Guam, the US Virgin Islands [on or after January 17, 1917], American Samoa, Swain's Island, or the CNMI [after November 4, 1986]. The birth record may be issued by the state, Commonwealth, territory, or local jurisdiction. The individual may also be collectively naturalized under federal regulations.
- A cross match with the Massachusetts Registry of Vital Statistics that documents a record of birth.

- A Certification of a Report of Birth issued to US citizens who were born outside the US.
- A Report of Birth Abroad of a US Citizen.
- A certification of birth.
- A US citizen identification (ID) card.
- A Northern Mariana ID card issued to a collectively naturalized citizen who was born in the CNMI before November 4, 1986.
- A final adoption decree showing a child's name and US place of birth (or, if adoption is not final, a statement from a state-approved adoption agency that shows the child's name and US place of birth).
- Evidence of US civil service employment before June 1, 1976.
- An official US military record showing a US place of birth.
- A data match with the SAVE Program or any other process established by DHS to prove an individual is a citizen.
- Documentation that a child meets the requirements of section 101 of the Child Citizenship Act of 2000 (8 U.S.C. 1431).
- Medical records (including, but not limited to, hospital, clinic, or doctor records) or admission papers from a nursing facility, skilled care facility, or other institution that indicate a US place of birth.
- A life, health, or other insurance record that indicates a US place of birth.

- An official religious record recorded in the US showing that a birth occurred in the US.
- School records, including preschool, Head Start, and day care, showing the child's name and US place of birth.
- A federal or state census record showing US citizenship or a US place of birth.

If an individual does not have one of the documents listed in 130 CMR 504.000, they may submit an affidavit that is signed by another individual, under penalty of perjury, who can reasonably attest to the individual's citizenship and that contains the individual's name, date of birth, and place of US birth. The affidavit does not have to be notarized.

PLUS proof of identity only

1. The following documents are acceptable proof of identity, provided this documentation has a photograph or other identifying information including, but not limited to, name, age, sex, race, height, weight, eye color, and address.
   - Identity documents listed at 8 CFR 274a.2(b)(1)(v)(B)(1), except a driver's license issued by a Canadian government authority
   - A driver's license issued by a state or territory
   - A school ID card
   - A US military card or draft record
   - An ID card issued by the federal, state, or local government

- A military dependent's ID card
- A US Coast Guard Merchant Mariner card

2. For children younger than 19, a clinic, doctor, hospital, or school record, including preschool or day care records.
3. Two documents containing consistent information that confirms an applicant's identity. These documents include, but are not limited to, the following.
   - Employer ID card
   - High school or college diploma (including high school equivalency diplomas)
   - Marriage certificate
   - Divorce decree
   - Property deed or title
   - Pay stub from a current employer with the applicant's name and address preprinted, dated no further back than 60 days before the date the application was filed
   - Census proof containing the applicant's name and address, dated no more than 12 months before the date of the application
   - Pension or retirement statement from a former employer or pension fund stating the applicant's name and address, dated no more than 12 months before the date the application was filed
   - Tuition or student loan bill containing the applicant's name and address, dated no more than 12 months before the date of the application

- Utility bill, cell phone bill, credit card bill, doctor's bill, or hospital bill containing applicant's name and address, dated no more than 60 days before the date of the application
- Valid homeowner's, renter's, or automobile insurance policy with preprinted address, dated no more than 12 months before the date of the application, or a bill for this insurance with preprinted address, dated no more than 60 days before the date of the application
- Lease dated no more than 12 months before the date of the application, or home mortgage identifying applicant and address
- Proof of employment by W-2 forms or other documents showing the applicant's name and address submitted by the employer to a government agency as a consequence of employment

4. A finding of identity from a federal or state agency, including, but not limited to, a public assistance, law enforcement, internal revenue, tax bureau, or corrections agency, if the agency has proved and certified the identity of the individual
5. A finding of identity from an Express Lane agency, as defined in section 1902(e)(13)(F) of the Social Security Act

If the applicant does not have any document specified in point 1, 2, or 3 above, and identity is not proved through point 4 or 5 above, the applicant may submit an affidavit

signed, under penalty of perjury, by another person who can reasonably attest to the applicant's identity. This affidavit must contain the applicant's name and other identifying information, as described in the first main bullet above. This affidavit does not have to be notarized.

You may also need to prove your identity if you decide to apply online through MAhealthconnector.org or over the phone. This process is called ID proofing. This is a different process from proving your citizenship, nationality, or identity for HSN. ID proofing is used to verify your identity and is done by asking you questions based on your personal and financial history. You will not need to go through the ID proofing process to apply for coverage through the paper application. To create an online account in the future at MAhealthconnector.org, you will go through the ID proofing process at that time.

SECTION 12
MYSERVICES

MyServices Member Portal

MyServices is an easy-to-use web tool for all MassHealth members.

With MyServices, you can do the following.

- Check if you qualify for MassHealth; the Massachusetts Health Connector; or cash or food assistance.
- Read your enrollment information, such as the name of your plan and the date your plan started.
- Get alerts about important events and actions you need to take.
- Review certain MassHealth notices and voter registration information online.
- View and print a copy of your MassHealth identification (ID) card.

MyServices is available in six languages: Brazilian Portuguese, English, Haitian Creole, Simplified Chinese, Spanish, and Vietnamese.

Logging In

If you need help with logging in to MyServices, go to mass.gov/info-details/how-myservices-works.

Electronic communication preference

MyServices provides an option for members who are 19 or older to receive MassHealth eligibility notices and voter registration notices electronically (by email or text message).

The My Info tab titled MassHealth Notice Delivery type is where a member can edit their notice delivery preference.

MassHealth will send you a paper notice to confirm you have opted in to e-delivery of your MassHealth eligibility notices and voter registration notices.

If you opt in to electronic delivery, you will be notified of any new notices through your chosen delivery preference (either email or text message). You can then review your notices in the MyServices member communication portal.

If you want to opt out of e-delivery and return to receiving paper notices, you may do so at any time. You can also update your preference from email to text or vice versa at any time. To opt out of e-delivery of notices, you can do any of the following.

- Log in to your MyServices account and change your notice delivery preference back to paper.
- Call the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, to request paper notices.
- Click the unsubscribe link in an email message that alerts you to a notice.
- Reply STOP or OPT OUT to a text message that alerts you to a notice.

SECTION 13
WHERE TO GET HELP

General MassHealth Questions

- The status of your application or MassHealth renewal
- MassHealth member eligibility
- Information about eligibility factor verifications and examples of acceptable forms of proof
- General eligibility and MassHealth benefits
- Enrollment into a MassHealth health plan
- Interpreter services
- How to get forms of proof
- MassHealth and Children's Medical Security Plan premiums
- Questions about the voter registration process and help filling out the Voter Registration Form
- How to get applications and forms

Call the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711. Self-service is available 24 hours/7 days a week.

Additional help accessing benefits and services from your MassHealth health plan

Contact My Ombudsman at (855) 781-9898 or videophone at (339) 224-6831.

For more information about My Ombudsman, see the inside front cover.

Reporting changes

You can report changes to your status in any of the following ways.

- Sign on to your account at MAhealthconnector.org.

You can create an online account if you do not already have one.

- Mail your changes to us at
  Health Insurance Processing Center
  PO Box 4405
  Taunton, MA 02780.
- Fax your changes to (857) 323-8300.
- Call (800) 841-2900, TDD/TTY: 711,
  or (877) MA ENROLL, (877) 623-6765.
- Visit a MassHealth Enrollment Center (MEC).
  See Section 1 for a list of MEC addresses.

MassHealth premium assistance

- Questions about obtaining health insurance through a job
- Questions about MassHealth Premium Assistance Program

MassHealth Premium Assistance Unit: (800) 862-4840

Estate recovery

Benefit Coordination/Third Party Liability: (800) 462-1120

MassHealth appeals—fair hearings

Contact the Board of Hearings
1 Enterprise Drive, 4th Floor
Quincy, MA 02171
(617) 847-1200 or (800) 655-0338
Fax (617) 887-8797

To report MassHealth member or provider fraud

Call (877) 437-2830 ([877] 4-FRAUD-0).

Accommodations for applicants and members with disabilities

MassHealth Disability Accommodation Ombudsman
1 Enterprise Drive, 4th Floor
Quincy, MA 02171

Call (617) 847-3468, TTY: (617) 847-3788.

Email ADAAccommodations@state.ma.us.

Enrolling in a health plan

- Enrollment in a MassHealth MCO or Primary Care Clinician health plan

Call the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711.

CMSP

- Covered services and finding a provider

Call (800) 841-2900, TDD/TTY: 711.

Health Safety Net (HSN)

- Grievances with HSN
- Information about HSN, such as deductible and providers

Call the Health Safety Net Customer Service Center at (877) 910-2100.

Email hsnhelpdesk@state.ma.us.

Health Safety Net Office
Attn.: HSN Grievances
1 Enterprise Drive, 5th Floor
Quincy, MA 02171

Massachusetts Health Connector

- Reporting changes
- Information about enrollment in Health Connector health and dental plans, other program information, and appeals information
- Health Connector member eligibility
- Health Connector eligibility factor verifications and examples of acceptable forms of proof
- Health Connector premium billing and payment status

Call (877) MA-ENROLL ([877] 623-6765), TTY: 711.

Visit MAhealthconnector.org.

To apply for a Social Security number

Call the Social Security Administration at (800) 772-1213.

Visit ssa.gov.

Medicare prescription drug coverage

Call (800) MEDICARE (633-4227), TTY: (877) 486-2048. Visit medicare.gov.

Legal services

A list of free and low-cost legal services is available on the MassHealth website at www.mass.gov/masshealth.

DEPARTMENT OF TRANSITIONAL ASSISTANCE

Do you need help meeting your basic needs?

DTA can provide you and your family with:

- SNAP (Food assistance)
- TAFDC or EAEDC (Economic assistance)

Households may be eligible for:

- Referrals to education, training or career preparatory programs
- Child care and transportation payments for those working or seeking work
- Nutrition education
- Free health insurance

To Learn More About DTA

Visit our website at mass.gov/dta. Review information about the SNAP, TAFDC or EAEDC programs.

Call the DTA Assistance Line at 1-877-382-2363. Case managers are available Monday to Friday between 8:15 am to 4:45 pm. Self-service options are available through the assistance line 24/7.

Stop by a local Transitional Assistance Office. To find the nearest office, visit our website.

Apply For SNAP Today Via DTA Connect

Apply for SNAP benefits online via DTAconnect.com. You can use the website or download the DTA Connect mobile application to keep tabs on your case. To apply for TAFDC or EAEDC, visit your local Transitional Assistance Office.

This institution is an equal opportunity provider.

WIC

Good food and a whole lot more!

- Do you have a child under 5?
- Are you pregnant or breastfeeding?
- WIC offers families
- Free, healthy food
- Breastfeeding support
- Personalized nutrition consultations

Referrals for medical and dental care, health insurance, child care, housing and fuel assistance, and other services that can benefit the whole family!

To learn more about WIC Call 1-800-WIC-1007
Or visit www.mass.gov/wic

This institution is an equal opportunity provider.

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IMPORTANT INFORMATION ABOUT VOTER REGISTRATION

Dear Applicant or Member:

The National Voter Registration Act of 1993 requires MassHealth to give you the opportunity to register to vote. Your decision to register to vote will not affect your eligibility for benefits.

A mail-in voter registration form is enclosed in the middle of this booklet, if this booklet contains the MassHealth application. If you would like a mail-in voter registration form sent to you, please call us at (800) 841-2900, TDD/TTY: 711.

When you get the form, fill it out and send it to your city or town hall. If you have any questions about the voter registration process, or if you need help filling out the form, call one of the telephone numbers listed above, or visit a local MassHealth office. MassHealth office locations can be found at www.mass.gov/masshealth.

Remember: You will not be registered to vote until you send the filled-out voter registration form to your local city or town hall. Your local election department will let you know in writing when your voter registration has been processed. If you do not get written notification within a reasonable time, contact your local city or town hall election department for more information.

MassHealth updates the FPLs each year based on changes

made by the federal government. The income levels above reflect the standards as of **March 1**, **2026**. These figures are rounded and may not reflect the figures used in program determination.

Please see our website at www.mass.gov/info-details/program-financial-guidelines-for-certain-masshealth-applicants-and-members for the most recent chart.

Prescription Advantage Program

Persons who are not getting prescription drug benefits under MassHealth or Medicare, who are either younger than 65 years of age and disabled, or are 65 years of age or older, and want information about help with prescription drug costs, may call the Prescription Advantage Program at (800) AGE-INFO or (800) 243-4636, TTY: (877) 610-0241, for people who are deaf, hard of hearing, or speech disabled).

Federal Poverty Levels (Monthly)

Household Size	100%	133%	150%	200%
1	$1,330	$1,769	$1,995	$2,660
2	$1,804	$2,399	$2,705	$3,607
3	$2,277	$3,028	$3,415	$4,554
4	$2,750	$3,658	$4,125	$5,500
5	$3,224	$4,288	$4,835	$6,447
6	$3,697	$4,917	$5,545	$7,394
7	$4,170	$5,547	$6,255	$8,340
8	$4,644	$6,176	$6,965	$9,287
Additional People	**$474**	**$630**	**$710**	**$947**

Household Size	250%	300%	400%
1	$3,325	$3,990	$5,320
2	$4,509	$5,410	$7,214
3	$5,692	$6,830	$9,107
4	$6,875	$8,250	$11,000
5	$8,059	$9,670	$12,894
6	$9,242	$11,090	$14,787
7	$10,425	$12,510	$16,680
8	$11,609	$13,930	$18,574
Additional People	**$1,184**	**$1,420**	**$1,894**

Important! If you need an interpreter or translation help with any MassHealth notice or form, or if you want a booklet/guide in your language, or if you have any questions about MassHealth, please call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.

MassHealth does not discriminate on the basis of national origin.

[ITF Rev.10/12]

This booklet is also available in braille. To get a copy, please call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.

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