

Health Insurance Processing Center  
P.O. Box 4405  
Taunton, MA 02780-0419



You can get this information large print and Braille. Call 1-800-841-2900 from Monday to Friday, 8:00 A.M. to 5:00 P.M. TTY: 1-800-497-4648



John Q. Public  
100 Main Street  
Boston, MA 02118

Date: [Month DD,YYYY of Notice creation]  
Notice ID: [PA determination ID]/  
[Member MEC Number]/[Template ID]-[Timestamp of PA determination date in DDMMYY format]  
Member ID: [MMIS ID]  
SSN: [xxx-xx- last four digit]

Dear [FirstName MiddleName LastName Suffix]

**Good News!** MassHealth has determined that you are enrolled in acceptable private health insurance and has approved you and/or your family members for MassHealth Premium Assistance benefits. MassHealth will send you (the insurance policy holder) a check each month for \$[Insert PA Amt]. This is your Premium Assistance payment. The amount we pay is based on the total cost of the health insurance to you or your family, any MassHealth required member contribution and other factors.

Premium Assistance payments will begin in the month that Premium Assistance was approved, or in the month the health insurance deduction begins, whichever is later. The MassHealth Premium Assistance payment is for the following month's health insurance coverage. This check for \$[Insert PA Amt] covers all people approved to receive premium assistance on this insurance policy.

If you have already been receiving a Premium Assistance payment, you may be getting this letter because the Premium Assistance amount has changed. Call the Premium Assistance Unit if you have any questions.

Questions? Visit [www.mahealthconnector.org](http://www.mahealthconnector.org) or call 1-800-841-2900 (TTY: 1-800-497-4648)

The family members approved to receive Premium Assistance are:

Name: **[FirstName MiddleName LastName Suffix]**, Member ID: **[Member ID]**, Date of Birth: **[DOB]**

**What if I have been paying a monthly MassHealth premium(fee)?**

If you have to pay a MassHealth premium (fee), your Premium Assistance payment above has already been reduced by that amount. In most cases you will no longer get a bill from MassHealth.

If this letter says you have been approved for \$0.00, it means that that your monthly premium (fee) is higher than the amount of your Premium Assistance payment. You will receive a reduced premium bill from MassHealth for the amount you owe.

**You must report changes. How can you send us information?**

You must report any change in your information to MassHealth as soon as possible, but **no later than 10 days** from the date of the change. This includes changes to your income, address, phone number, family size, job, health insurance coverage or health insurance premiums.

- To report changes to **your health insurance (coverage or premium cost)** you can contact the Premium Assistance Unit in the following ways:
  - Call:** 1-800-862-4840
  - TTY: 1-617-886-8102 (For people who are deaf, hard of hearing or speech disabled.)
  - Fax:** 1-617-451-1332
  - Mail:** Premium Assistance Unit  
PO Box 9212  
Chelsea, MA 02150
  
- To report **all other changes**, you can contact MassHealth in the following ways:
  - Call:** 1-800-841-2900
  - TTY: 1-800-497-4648 (For people who are deaf, hard of hearing or speech disabled.)
  - Fax:** 1- 857-323-8300
  - Mail:** Health Insurance Processing Center  
P.O. Box 4405  
Taunton, MA 02780-0419

**How did we make this decision?**

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MassHealth has determined that the health insurance in the family meets MassHealth rules for Premium Assistance. This is according to MassHealth regulations at 130 CMR 506.012.

**What if you do not agree with our decision?**

You can ask for a fair hearing if you do not agree with our decision.

Read ***How to Ask for a Fair Hearing*** that came with this letter.

The Premium Assistance Unit looks forward to working with you. Please do not hesitate to call if you have any further questions. The Premium Assistance Unit can be reached by calling 1-800-862-4840.

Thank you,

MassHealth Premium Assistance Unit