What is ConnectorCare?

• Insurance through private HMO plans with the government helping pay for much of the costs of coverage
• You can only get it from the Massachusetts Health Connector
Health Connector

The Massachusetts Health insurance marketplace determines eligibility for state subsidized and unsubsidized insurance for the under 65 population living in the community.

- Qualified health plans offered through the Health Connector go through an annual seal of approval process after Division of Insurance rate review.

- Overseen by a board
Role of Health Connector

• Health insurance “marketplace” for private Qualified Health Plans

• Determines who qualifies for state subsidized and unsubsidized insurance for the under 65 population living in the community.

• Sets rules for state individual mandate that requires Massachusetts residents over 18 to health credible health insurance
Individual Mandate

- Massachusetts residents over 18 years old can be penalized on their state taxes if uninsured/underinsured.
- Coverage must meet Minimum Creditable Coverage standards.
- Some insurance automatically meets MCC criteria.
- Health Connector sets an affordability schedule each year.

If the insured health plan meets MCC standards:
This health plan meets Minimum Creditable Coverage standards and will satisfy the individual mandate that you have health insurance. Please see page # for additional information.

If the plan does not meet MCC standards:
This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance. Please see page # for additional information.
Health Connector Locations

- **Boston Walk-in Center** located at 133 Portland Street, Boston
- **Springfield Walk-in Center** is located at 88 Industrial Avenue, Suite D, Springfield
- **Worcester Walk-in Center** is located at 146 Main Street, Worcester

Customer Service Phone Number:
1-877-MA-ENROLL (1-877-623-6765)

Website: [www.mahealthconnector.org](http://www.mahealthconnector.org)
Health Connector Offerings

Individual Coverage

- Subsidized health coverage
  - ConnectorCare for those with income of 500% FPL or less
  - Authorized through 2025: additional tax credits for eligible Health Connector members where coverage would cost over 8.5% of income

- Unsubsidized health plans

- Stand-alone dental plans

Health Connector for Business

- Health & dental plans for small employers who want to offer insurance to their employees
Health Connector Eligibility Factors

Criteria for shopping on the Health Connector:

- Immigration status – must be "lawfully present"
- MA residency
- Not be in jail or prison

Factors used for qualifying for subsidized coverage:

- Tax filing status
  - If married must file jointly
- Tax household
- Annual income
- No affordable health insurance access:
  - Work insurance must be unaffordable, or not meet minimum value.
  - Not be enrolled in Medicare or VA
  - Not eligible for MassHealth other than MassHealth Limited
Why tax filing matters

• The cost assistance for premiums comes from Advance Premium Tax Credit (APTC) based on income eligibility
• Based on estimated annual tax income for the year
• Paid in advance by US Treasury directly to insurance company each month
• Must file taxes for year in which APTC received
  • Must “reconcile” advanced credit based on estimated income with actual credit due based on actual income on tax return
Financial eligibility for APTC

• Health Connector coverage would cost over 8.5% for a benchmark plan

• Income 500% FPL or less for ConnectorCare (affordable coverage)

• Income at least 100% FPL unless
  • Lawfully present non-citizen is not eligible for MassHealth due to immigration status
  • Even though income under filing threshold, APTC creates tax filing obligation
Modified Adjusted Gross Income

• Household includes tax filers & tax dependents
• Income is expected annual “adjusted gross income” on federal tax return plus
  • Nontaxable Social Security Income
  • Nontaxable Interest Income
  • Nontaxable Foreign Income
• Tax dependents’ income doesn’t count unless high enough to require filing a return
  • Earnings over $12,000 for the year requires a return
  • Nontaxable Social Security & child support not counted
No other coverage

• Not eligible for Medicaid/MassHealth (except MassHealth Limited) or enrolled in Medicare Part A
  • Eligible if an applicant would need to pay for Medicare Part A

• Not eligible for affordable Employer-Sponsored insurance

  • “Affordable” ESI means that your plan:
    – Costs less than 8.39% (2024) of family income for the employee contribution for either individual or family plan
ConnectorCare Expansion

• Pilot program passed through the state budget for two years
• Starting in 2024, eligibility increased from 300% to 500% FPL
• For an individual, that means going from a $43,000 cutoff to a $72,000 cutoff.

This is the largest expansion of coverage in Massachusetts since the 2006 Massachusetts health reform law!
• APTCs & added state-funded subsidies to keep costs low
  • No deductibles
  • Plans with no premium options if income 150% FPL or less
  • Copays vary by income level with 3 income tiers

• Family income ≤ 500% FPL
• As of 2024, all carriers offering insurance through the Health Connector are participating in ConnectorCare
<table>
<thead>
<tr>
<th>Family Size</th>
<th>Plan Type 1</th>
<th>Plan Type 2A</th>
<th>Plan Type 2B</th>
<th>Plan Type 3A</th>
<th>Plan Type 3B</th>
<th>Plan Type 3C</th>
<th>Plan Type 3D</th>
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<tr>
<td>1</td>
<td>$14,580</td>
<td>$21,870</td>
<td>$29,160</td>
<td>$36,450</td>
<td>$43,740</td>
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<td>$29,580</td>
<td>$39,440</td>
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<td>3</td>
<td>$24,860</td>
<td>$37,290</td>
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<td>$62,150</td>
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<td>4</td>
<td>$30,000</td>
<td>$45,000</td>
<td>$60,000</td>
<td>$75,000</td>
<td>$90,000</td>
<td>$120,000</td>
<td>$150,000</td>
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<td>5</td>
<td>$35,140</td>
<td>$52,710</td>
<td>$70,280</td>
<td>$87,850</td>
<td>$105,420</td>
<td>$140,560</td>
<td>$175,700</td>
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<td>$40,280</td>
<td>$60,420</td>
<td>$80,560</td>
<td>$100,700</td>
<td>$120,840</td>
<td>$161,120</td>
<td>$201,400</td>
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<td>7</td>
<td>$45,420</td>
<td>$68,130</td>
<td>$90,840</td>
<td>$113,550</td>
<td>$136,260</td>
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<td>8</td>
<td>$50,560</td>
<td>$75,840</td>
<td>$101,120</td>
<td>$126,400</td>
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<td>$202,240</td>
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<tr>
<td>Each addtl.</td>
<td>$5,140</td>
<td>$7,710</td>
<td>$10,280</td>
<td>$12,850</td>
<td>$15,420</td>
<td>$20,560</td>
<td>$25,700</td>
</tr>
</tbody>
</table>
### ConnectorCare Cost Sharing

#### ConnectorCare benchmark

**lowest premiums for 2024:**
- **Type 1:** $0
- **Type 2:** $0
- **Type 2B:** $49
- **Type 3A:** $96
- **Type 3B:** $142
- **Type 3C:** $219
- **Type 3D:** $255

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Plan Type 1</th>
<th>Plan Types 2A &amp; 2B</th>
<th>Plan Types 3A, 3B, 3C, &amp; 3D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Maximum Out-of-Pocket (Individual/Family)</td>
<td>$0</td>
<td>$750/$1,500</td>
<td>$1,500/$3,000</td>
</tr>
<tr>
<td>Prescription Drug Maximum Out-of-Pocket (Individual/Family)</td>
<td>$250/$500</td>
<td>$500/$1,000</td>
<td>$750/$1,500</td>
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<tr>
<td>Preventive Care/Screening/Immunization</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Primary Care visit to treat injury or illness (exc. Well Baby, Preventive and X-rays)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>Specialist Office Visit</td>
<td>$0</td>
<td>$18</td>
<td>$22</td>
</tr>
<tr>
<td>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Laboratory Outpatient and Professional Services</td>
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<td>$0</td>
<td>$0</td>
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<tr>
<td>X-Rays and Diagnostic Imaging</td>
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<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td><strong>Retail Prescription Drugs:</strong></td>
<td></td>
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<tr>
<td>Generics</td>
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<td>Preferred Brand Drugs</td>
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<td>Non-Preferred Brand Drugs</td>
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<td>$50</td>
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<tr>
<td>Specialty High-Cost Drugs</td>
<td>$3.65</td>
<td>$40</td>
<td>$50</td>
</tr>
</tbody>
</table>
Plan Selection and Premium Payments

• Must affirmatively select a plan to enroll
  • Unless eligible for a zero dollar plan and opt to be auto-enrolled via application

• Higher premium for some ConnectorCare HMO choices based on provider networks, but benefits the same

• Deadlines to enroll & pay first month’s premium (if there is a premium)
  • by the 23rd of the month for coverage effective the 1st of the next month
  • after the 23rd, coverage not until the 1st of the following month
Only time individuals & families can enroll in Health Connector plan or change plans without a “qualifying event”

- Open Enrollment for 2024 coverage ran from November 1, 2023 - January 23, 2024
- After Open Enrollment has ended people cannot enroll for 2024 without a “qualifying event”
- Qualifying event (QE) allows for “special enrollment period” (SEP)
Being newly eligible for ConnectorCare is a Qualifying Event

• Applies automatically if this is first time you have qualified for ConnectorCare

• If previously eligible for ConnectorCare & failed to enroll, unable to enroll until next open enrollment unless some other Qualifying Event occurs
  • Qualifying at a different income level can create a Special Enrollment Period
Health Connector Special Enrollment Period

• A person has **60 days** from the date of a qualifying life event to enroll in a new health plan.

• **Examples:**
  • Marriage/birth/adoption
  • Loss of job
  • Moving to Massachusetts

*If the applicant does not have a qualifying event they can try to obtain a waiver from the Office of Patient Protection to purchase insurance outside of Open Enrollment*
Eligible but Unable to Enroll

• Can apply at any time, but if it is outside of Open Enrollment and…
  • You are *not* newly eligible for ConnectorCare &
  • You don’t claim any other Qualifying Event

Decision will say you are eligible but not able to enroll
• Need to claim Qualifying Event or ask for waiver through Office of Patient and Protection to enroll
Helping Eligible not able to Enroll

• Must identify Qualifying Event
• Examples of QE for those eligible for ConnectorCare who did not enroll by deadline:
  • Mistakenly enrolled or did not enroll in a Health Connector health or dental plan due to an error, misrepresentation, or inaction on the part of the Health Connector or an enrollment assister
  • Good cause waiver available from Office for Patient Protection (OPP)
• See materials online for more on Qualifying Events & Special Enrollment Periods
Health Safety Net & ConnectorCare

• People who are eligible for ConnectorCare under 300% FPL are also eligible for time-limited Health Safety Net (HSN)
  • HSN eligibility ends 90 days from date of eligibility notice
  • After 90 days, people qualify for HSN dental only

• People eligible for ConnectorCare that do not enroll in a health plan still lose HSN after 90 days

• Watch out for erroneous approval of ConnectorCare for immigrants that do not meet lawfully present guidelines
Newborn to Parent on ConnectorCare

• Having a newborn is a qualifying event BUT
• If family income is ≤300% FPL & newborn is eligible for MassHealth, baby will not be eligible for ConnectorCare
  • Newborn will not automatically get MassHealth unless mother had MassHealth Limited + ConnectorCare
  • Otherwise, newborn’s MassHealth coverage goes back 10 days prior to report of birth automatically but can request up to 3 months retroactive coverage
• Report Birth ASAP!
Non-Payment of Premiums

- 90-day grace period, but:
  - If all premiums owed are not paid within 90 days, coverage is terminated retroactively to the first unpaid month

- Health Connector has process to apply for premium hardship waivers for ConnectorCare members only
  - Request form through Customer Service
  - Grounds include:
    - Homeless
    - Shut-off notice
    - Significant, unexpected increase in essential expenses (e.g. due to domestic violence, death of spouse; new caretaking responsibilities; household/personal damage cause by fire, flood, natural disaster)
    - Filed for bankruptcy
Key Differences from MassHealth

- Differences in MAGI income calculation & household rules
- Higher upper income limit with premiums & copays varying by income level
- Different immigrant eligibility rules for adults
  - E.g. No 5 year bar for adult green card holders, must be lawfully present
- Tax filing requirement
- Requirement of no other coverage
- Most members must take action to enroll
- May be eligible but unable to enroll in some situations
- No dental, no non-emergency medical transportation, no coverage for eyeglasses
Troubleshooting

• Refer clients to enrollment assisters - they are trained to help
• Call Connector Customer Service
  • Escalate to Health Connector Ombudsman
• Appeal Connector decisions to Connector Appeals Unit
  • Information included with notice of decision
  • Have 60 days to file
• Appeal health plan decisions:
  • 1st to plan itself
  • If unresolved, then to Office of Patient Protection (same process as commercially insured)
Thank you!
Any questions?