



# Preparing for the Health Connector's Open Enrollment for Plan Year 2025

MA Health Care Learning Series Presentation

October 2024

# What to expect during this MTF meeting

## The Health Connector team will:

- Review the Health Connector's Open Enrollment timeline and special considerations for the upcoming plan year.
- Review the available health and dental plans and any changes to be aware of for plan year 2025.
- Explain Health Connector enrollment policy changes for those with DACA status
- Show you where to find online shopping tools and updated resources.



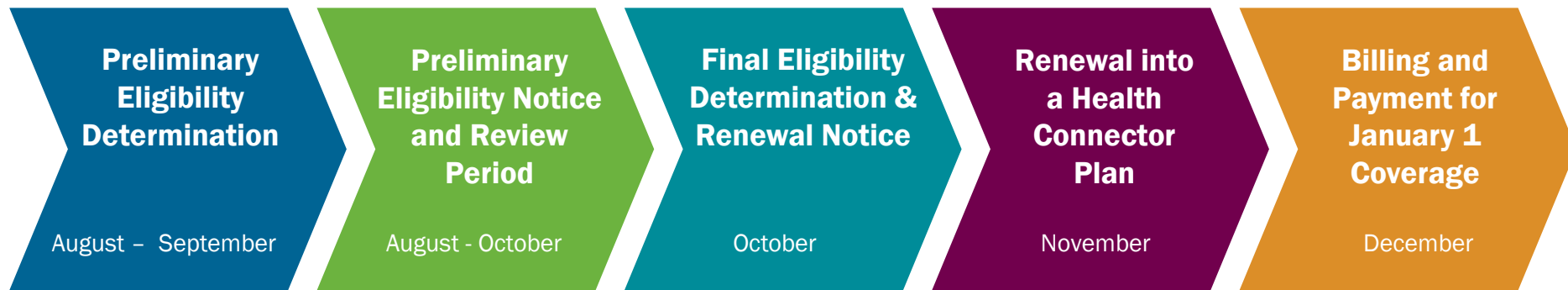


# **Health Connector Open Enrollment Timeline**

# Health Connector Annual Redeterminations & Renewals Processes for Open Enrollment 2025

The Health Connector's Redetermination and Renewal Processes are activities that happen each year before and during the Health Connector's Open Enrollment period.

- Individuals with health insurance coverage through the Health Connector have their eligibility redetermined so that they can be renewed into coverage for the upcoming year.



# Preliminary Eligibility Notices

Preliminary Eligibility notices ask members to update their eligibility application for 2025 or the current year if needed.

Remember, if the member has changes for this year, make sure to update their 2024 application. If the member expects that information to also be true next year, apply the changes to their 2025 application and submit them as well.

*Assisters can see samples of subsidized and unsubsidized member notices by logging in to the [Learning Management System \(LMS\)](#) and reviewing the items in the **Open Enrollment 2025 folder**.*

Health Connector Processing Center  
P.O. Box 4404  
Taunton, MA 02780



Sample Member  
123 Sample Road  
Sometown, MA 00000

July 07, 2023  
XXXXXXXXXX

Notice Name: Preliminary Eligibility Determination  
Notice ID: ELG\_REN  
Member ID: XXXXXXXXXXXXX  
Ref ID: RefID\_XXXXXXXXXXXX

## Important 2024 Eligibility Information

Dear Sample Member,

**We need to make sure all of the information we have about you is right for next year.**

It will be time to renew your Health Connector health insurance coverage for 2024 soon. Before we can renew your coverage, we need to make sure we have the right information about your household.

**Please read this information carefully and follow all steps in this letter, so that you can get the right health coverage for 2024.**

### Step 1

Check your household income range to see if it looks right

For privacy reasons, we can't show the exact dollar amount for your income. Instead, we show your expected income as a range, and as a percentage of the Federal Poverty Level (FPL). Compare the Expected 2024 Income Range and Federal Poverty Level (FPL) listed below.

# Final Eligibility and Renewal

In October, a Final Eligibility and Renewal notice is sent to all households with at least one eligible and enrolled Health Connector health plan member that continues to be eligible for a Health Connector plan the following year.

- This notice includes the health plan name and premium (monthly cost) for the upcoming year, and their APTC amount.
- The Health Connector follows guidelines to place members into their dental and medical plans each year.
- Members who were determined eligible, who were not enrolled, and who got a 2025 application will get a 2025 eligibility notice during this timeframe. It will not include any renewal information.

## **Open Enrollment begins on November 1st.**

- For coverage effective January 1, 2025, payment is due on December 23, 2024.

# Final Eligibility Notice

Final Eligibility notices tell members that it's time to renew their insurance coverage for the next year.

- Someone can stay in the same plan they are currently enrolled in or they can shop for a new plan.
- The eligibility notice includes steps a member should take and important dates for them to be aware of.

**It's time to renew your insurance coverage for 2023.** If you want to stay enrolled in your current plan or a similar plan that we've chosen for you, just pay your monthly premium when you get your bill for January coverage.

**You can choose to shop for a new plan during Open Enrollment.** The Open Enrollment period starts November 1. You may be able to save money on your health coverage for next year if you shop and compare your options during Open Enrollment.

## What you need to do:

1. **Review your information for 2023.** Please look at your program eligibility, renewal plan information, and the amount of any monthly tax credit you will receive next year. If any of this information doesn't look right to you, please let us know as soon as possible
2. **Compare any plan changes** for 2023 with our online Plan Compare tool at: [www.MAhealthconnector.org/compare-plans](http://www.MAhealthconnector.org/compare-plans)
3. **Shop during Open Enrollment.** You may be able to save on the cost of your health plan for next year by comparing your available options for 2023
4. **Keep paying your monthly premium bill** by the 23<sup>rd</sup> of every month
5. **Send us documents as proof** of your information. Please follow the instructions in the letter that we sent you and send in your proof by its due date

## Important Dates:

- **November 1, 2022.** First date to start shopping and comparing plans at MAhealthconnector.org.
- **December 23, 2022.** Pay your premium by this date to enroll in the plan you want for January.
- **January 1, 2023.** The first day of your new 2023 coverage. If there have been any changes to your program eligibility, January 1 is the date when those changes will start.

# Medicare Reminders

Health Connector members who are identified **as enrolled in Medicare eligible in their 2025** application will lose access to State and Federal subsidies.

- They can remain in an unsubsidized Health Connector plan through the end of the calendar year.
- They will not be renewed for the upcoming year (they will lose their Health Connector health plan at the end of the calendar year).
- If they are enrolled in a Health Connector Dental plan, they will be eligible to stay enrolled in Dental for the next year.

**When a Health Connector member is found to be enrolled in Medicare they are no longer eligible for the same Health Connector benefits.**

As a best practice, once someone is *eligible* for Medicare, they should take action to enroll as soon as possible. They also need to disenroll from Health Connector coverage as this does not happen automatically. Taking these actions will help them avoid paying Medicare penalties for late enrollment and also help avoid being responsible for paying back any Advance Premium Tax Credits (APTCs) used for Health Connector coverage. Individuals do not qualify for APTCs once they become eligible for Medicare.

There is an exception to this rule. People who must pay for Medicare Part A have the option to stay enrolled in a Health Connector plan and continue receiving any subsidies they qualify for or to take Medicare and leave Health Connector coverage. Continue on to read the Health Connector's general guidance about helping someone newly enrolled in Medicare. There are also more details about Health Connector policies, procedures, some basic Medicare information, including where to direct people for more help and you can learn more about those who may be in an exception situation.

### **Health Connector policies and processes:**

**Subsidized Health Connector coverage.** If someone is enrolled in health insurance coverage that meets Minimum Essential Coverage (MEC) standards, such as Medicare Part A, they are not eligible for subsidized Health Connector coverage. If someone is found to be enrolled in Medicare during the calendar year, they will lose eligibility for subsidies through the Health Connector for the rest of the year.

**Unsubsidized Health Connector coverage.** Individuals enrolled in Medicare Part A cannot sign up for new coverage through the Health Connector, including unsubsidized coverage. In addition, those enrolled in Medicare can no longer renew their unsubsidized coverage through the Health Connector. This is because Medicare rules prohibit selling Medicare enrollees coverage that duplicates the benefits they receive from Medicare.

Both subsidized and unsubsidized Health Connector members who are identified as enrolled in Medicare during the Health Connector Redeterminations and Renewals process, or Health Connector members who update their application to report that they have Medicare, can expect to:

- Stay enrolled in a Health Connector health plan (QHP) through the end of current benefit year only
  - Those found to be eligible for Medicare for the upcoming year are able to keep their subsidies through the end of the current calendar year.
  - Those who update their current year application with Medicare will lose their access to subsidies sooner.
- Lose their Health Connector coverage for the upcoming year
- Continue their enrollment in Dental plans
- Potentially renew coverage in their same unsubsidized plan directly through their carrier, if the carrier offers the same policy off-Exchange (outside of the Health Connector)

Medicare beneficiaries can also purchase a Medicare Supplement or Medicare Advantage plan to supplement Medicare coverage. Medicare Supplement plans are continuously open while Medicare Advantage plans are open for enrollment at specific times. These plans are available through insurance carriers; the Health Connector does not offer these types of plans.



# More Considerations

## Failure to Reconcile (FTR)

For Open Enrollment 2025, FTR can be a reason that a consumer is found ineligible for tax credits.

If they don't properly file taxes and reconcile their tax credits for **two years in a row**, they will not be eligible for tax credits for the upcoming year.

For example, if a consumer did not properly file for tax years 2022 and 2023, they will be ineligible for tax credits in coverage year 2025.

## Mixed Households

Members of mixed households (households with both Health Connector & MassHealth members) will get a preliminary eligibility notice from the Health Connector and may get a renewal form from MassHealth.

Encourage members to:

- Update their applications for 2024 and 2025
- Submit requested documents, and
- Respond to Health Connector or MassHealth notices they receive.



# **Health Connector Health and Dental Plans for Plan Year 2025**

# Seal of Approval

**Each year the Health Connector reviews health and dental plans to be sold in the upcoming year on MAhealthconnector.org. This review is known as the Seal of Approval process.**

- The Health Connector works closely with the MA Division of Insurance, who is responsible for reviewing the rates (premiums) for each plan sold through the Health Connector, among other responsibilities related to ensuring that health insurance plans are acceptable to sell on Exchange.
- As part of the Seal of Approval, the Health Connector is responsible for:
  - Designing the cost sharing requirements of plans
  - Policies to improve equity, including removing cost-sharing on certain prescriptions
  - Making sure all service regions of the Commonwealth have access to a variety of plans
  - Confirming all plans meet DOI's requirements for health insurance

# 2025 Qualified Health Plan Rates

Rates for 2025 reflect challenging provider dynamics and rising prescription drug costs.

- Merged market rates increases were higher than last year
- These rate increases are consistent with national trends

Merged Market Total <sup>1</sup>	Unsubsidized & APTC-only Medical Plans <sup>2</sup>	ConnectorCare Base Silver Medical Plans <sup>3</sup>	Dental Plans <sup>4</sup>
Member Numbers	53,004 members <sup>5</sup>	278,662 members	148,382 members
7.9%	8.1%	7.2%	1.8%

<sup>1</sup> For 2025, the total Division of Insurance merged market enrollment-weighted base rate change without member aging for 2025 non-group and Q1 2025 small group, inclusive of the Health Connector, is 7.9%

<sup>2</sup> Enrollment-weighted non-group premium change without member aging, assumes mapping to 2025 renewal plan

<sup>3</sup> Enrollment-weighted non-group premium change from 2024 base silver plan to 2025 base silver plan without member aging; premium increases not directly reflected in ConnectorCare enrollee contributions.

<sup>4</sup> Enrollment-weighted non-group average premiums without member aging

<sup>5</sup> Enrollment data as of August 2024

# Unsubsidized & APTC-only Non-Group Premium Changes

**Average unsubsidized and APTC-only non-group members will experience an 8.1 percent increase before aging.**

Unsubsidized & APTC-only Average Changes in Premium by Tier, before Subsidies: 2024 to 2025 <sup>1,2</sup>

	Platinum	Gold	Silver	Bronze	Catastrophic	Total
Members	2,453	8,301	16,276	25,613	361	53,004
All Plans without “aging”	6.7%	7.8%	6.3%	9.9%	8.4%	8.1%
All Plans with “aging”	8.5%	9.5%	7.9%	11.7%	10.0%	9.8%
Average 2025 per member per month premium after aging	\$1,004	\$795	\$596	\$508	\$365	\$602

<sup>1</sup> Non-group enrollment data from August 2023

<sup>2</sup> Enrollment-weighted premium change with and without member aging (1.7%); assumes mapping to 2024 renewal plan

# Overview of Non-Group Qualified Health Plans

## Non-Group 2025\*

Issuers	Platinum	Gold	Silver	Bronze	Catastrophic*	Totals 2025	Totals 2024 for Comparison
Blue Cross Blue Shield	1	2	1	1	1	6	6
Fallon Health	1	2	1	1	0	5	5
Health New England	1	2	1	2	0	6	6
Harvard Pilgrim Health Care	1	2	1	2	0	6	6
Mass General Brigham Health Plan	2	3	2	2	0	9	7
Tufts Health Plan - Direct	1	2	1	1	1	6	6
United	1	2	1	1	0	5	5
WellSense Health Plan	1	2	1	1	0	5	5
<b>Totals 2025</b>	<b>9</b>	<b>17</b>	<b>9</b>	<b>11</b>	<b>2</b>	<b>48</b>	<b>46</b>
<b>Totals 2024 for Comparison</b>	<b>8</b>	<b>17</b>	<b>9</b>	<b>10</b>	<b>2</b>	<b>46</b>	

# 2025 QHP Standardized Designs

Plan Feature/ Service <i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>	2025 Platinum	2025 High Gold	2025 High Silver	2025 Low Silver (HSA compatible, Small Group Only)	2025 Bronze #1	2025 Bronze #2 (HSA compatible) Option 1
Annual Deductible – Combined	\$0	<b>\$1,000</b>	\$2,000	\$2,000	\$2,850	\$3,600
Annual Deductible – Combined	\$0	<b>\$2,000</b>	\$4,000	\$4,000	\$5,700	\$7,200
Annual Deductible – Medical	N/A	N/A	N/A	N/A	N/A	N/A
Annual Deductible – Medical	N/A	N/A	N/A	N/A	N/A	N/A
Annual Deductible – Prescription Drugs	N/A	N/A	N/A	N/A	N/A	N/A
Annual Deductible – Prescription Drugs	N/A	N/A	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	\$3,000	\$6,000	<b>\$9,200</b>	\$7,050	<b>\$9,200</b>	\$8,000
Annual Out-of-Pocket Maximum	\$6,000	\$12,000	<b>\$18,400</b>	\$14,100	<b>\$18,400</b>	\$16,000
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services	\$20	<b>\$20</b>	\$25	Deductible then \$30	Deductible then \$30	Deductible then \$60
Specialist Office Visits	\$40	<b>\$40</b>	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Urgent Care	\$40	<b>\$40</b>	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Emergency Room	\$150	<b>\$250</b>	Deductible then \$350	Deductible then \$300	Deductible then \$400	Deductible then \$875
Emergency Transportation	\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Inpatient Hospitalization	\$500	<b>Deductible then \$200</b>	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500
Skilled Nursing Facility	\$500	<b>Deductible then \$200</b>	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500
Durable Medical Equipment	20 percent	20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	<b>\$40</b>	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Laboratory Outpatient and Professional Services	\$0	<b>Deductible then \$25</b>	Deductible then \$25	Deductible then \$60	Deductible then \$50	Deductible then \$55
X-rays and Diagnostic Imaging	\$0	<b>Deductible then \$35</b>	Deductible then \$50	Deductible then \$75	Deductible then \$100	Deductible then \$135
High-Cost Imaging	\$150	<b>Deductible then \$150</b>	Deductible then \$350	Deductible then \$500	Deductible then \$350	Deductible then \$750
Outpatient Surgery: Ambulatory Surgery Center	\$250	<b>Deductible then \$100</b>	Deductible then \$500	Deductible then \$500	Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services	\$0	<b>Deductible then \$0</b>	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Prescription Drug Retail Tier 1	\$10	<b>\$25</b>	\$30	Deductible then \$30	\$30	Deductible then \$30
Prescription Drug Retail Tier 2	\$25	<b>\$45</b>	\$55	Deductible then \$60	Deductible then \$65	Deductible then \$120
Prescription Drug Retail Tier 3	\$50	<b>Deductible then \$75</b>	Deductible then \$75	Deductible then \$105	Deductible then \$100	Deductible then \$200
Prescription Drug Mail Tier 1	\$20	<b>\$50</b>	\$60	Deductible then \$60	\$60	Deductible then \$60
Prescription Drug Mail Tier 2	\$50	<b>\$90</b>	\$110	Deductible then \$120	Deductible then \$130	Deductible then \$240
Prescription Drug Mail Tier 3	\$150	<b>Deductible then \$225</b>	Deductible then \$225	Deductible then \$315	Deductible then \$300	Deductible then \$600
Federal Actuarial Value Calculator	<b>90.51 percent</b>	<b>81.56 percent</b>	<b>71.34 percent</b>	71.66 percent	<b>64.64 percent</b>	<b>64.41 percent</b>

# ConnectorCare Program Design

## ConnectorCare in 2025:

- Robust options with ~4 to 8 available carriers in each region
- Fallon has expanded to several additional zip codes in Bristol, Hampden and Plymouth counties
- Member Monthly Premium Contributions:

Subgroups	Plan Type 1	Plan Type 2A	Plan Type 2B	Plan Type 3A	Plan Type 3B	Plan Type 3C	Plan Type 3D
Income range (% FPL)	0-100%	100.01-150%	150.01-200%	200.01-250%	250.01-300%	300.01-400%	400.01-500%
2024 Minimum enrollee contribution	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2025 Minimum enrollee contribution	\$0	\$0	\$51	\$99	\$147	\$226	\$264



# PY 2025 ConnectorCare Region Map and Enrollee Contributions

The **ConnectorCare Region Map** showing the breakout of regions in Massachusetts and the **Enrollee Contributions** tables showing enrollee contributions and plan choices by region can be accessed from the Health Connector's website along with detailed information about the Health Connector's Seal of Approval process for plan year 2025: [Final Award of the 2025 Seal of Approval Vote](#).

If you are a Navigator or Certified Application Counselor, you can also access the map in the **Resources** section of the Learning Management System.

# ConnectorCare: Plan Designs

Plan Type	Plan Type 1	Plan Types 2A & 2B	Plan Types 3A, 3B, 3C, & 3D
Medical Maximum Out-of-Pocket (Individual/ Family)	\$0	\$750/\$1,500	\$1,500/\$3,000
Prescription Drug Maximum Out-of-Pocket (Individual/ Family)	\$250/\$500	\$500/\$1,000	\$750/\$1,500
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care visit to treat injury or illness (exc. Well Baby, Preventive and X-rays)	\$0	\$0	\$0
Specialist Office Visit	\$0	\$18	\$22
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$0	\$0	\$0
Rehabilitative Speech Therapy	\$0	\$10	\$20
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$0	\$10	\$20
Emergency Room Services	\$0	\$50	\$100
Urgent Care	\$0	\$18	\$22
Outpatient Surgery	\$0	\$50	\$125
All Inpatient Hospital Services (including Mental/Behavioral Health and Substance Abuse Disorder Services)	\$0	\$50	\$250
High-Cost Imaging (CT/PET Scans, MRIs, etc.)	\$0	\$30	\$60
Laboratory Outpatient and Professional Services	\$0	\$0	\$0
X-Rays and Diagnostic Imaging	\$0	\$0	\$0
Skilled Nursing Facility	\$0	\$0	\$0
Retail Prescription Drugs: Generics	\$0	\$10	\$12.50
Retail Prescription Drugs: Preferred Brand Drugs	\$0	\$20	\$25
Retail Prescription Drugs: Non-Preferred Brand Drugs	\$0	\$40	\$50
Retail Prescription Drugs: Specialty High-Cost Drugs	\$0	\$40	\$50

# Overview of Qualified Dental Plans

The standardized 2025 dental shelf is consistent with 2024.

Plan Year 2025

Carriers	Non-Group	Small Group	High	Low	Pedi	Total
<i>Altus Dental</i>	✓	✓	1	1	1	3
<i>Delta Dental of MA</i>	✓	✓	2	3	4	9
TOTAL			3	4	5	12



# **DACA Policy and Identity Proofing Updates**

# DACA Rule Overview

**In May 2024, the Centers for Medicare and Medicaid Services (CMS) published a rule that Deferred Action for Childhood Arrivals (DACA) recipients, along with certain other non-citizens, will newly be considered "lawfully present" for Marketplace coverage as of November 1, 2024.**

- Other non-citizen statuses include employment authorized, Family Unity beneficiaries, pending applications for adjustment of status, and the removal of the 180-day waiting period for certain applicants under the age of 14.

# Impacted Population

**Approximately 5,000 individuals in Massachusetts receive DACA.**

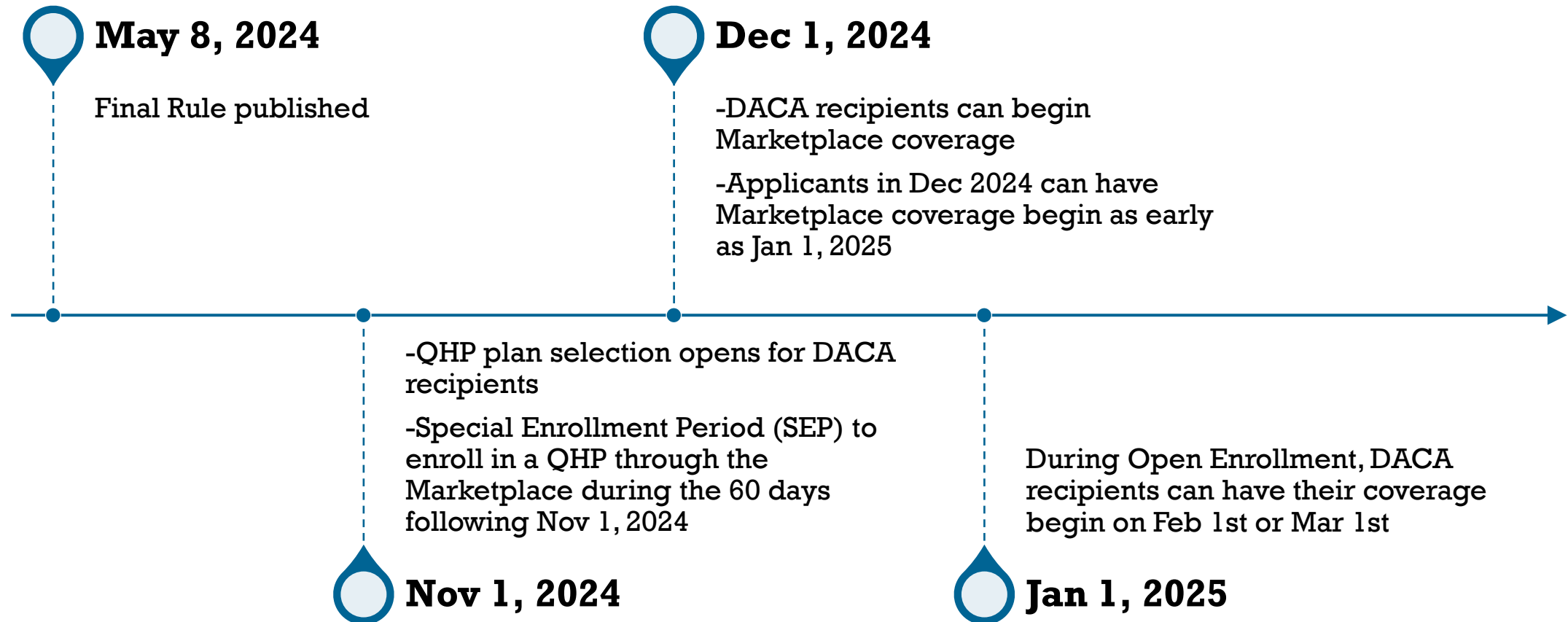
- About 350 individuals currently in the HIX may be eligible for Health Connector plans because they attested to receiving DACA.
- These changes for DACA recipients do not apply to MassHealth eligibility.
  - DACA recipients with income under 300% FPL may currently be eligible for MassHealth.
  - DACA recipients with incomes above 300% FPL will be able to access coverage through the Health Connector (either with subsidies or unsubsidized plans) as of November 1, 2024 for an effective date as early as December 1, 2024.

# DACA Eligibility Process for the Online Application

**The new CMS rule for DACA only applies to Marketplace coverage, and not MassHealth coverage.**

- As a result, individuals with a DACA status will need to go through a workaround process in the online application.
  - The workaround will be applied to applications with a DACA status and income above 300% FPL.
  - New eligibility determinations for Health Connector programs will be available the following day.
- If you are working with a DACA recipient, please advise and work them to return to the application the following day to review their eligibility.

# High-Level Timeline





# DACA Outreach

## Community outreach plans

- The Health Connector plans to send mail to the 900 DACA recipients alerting them about the new coverage opportunity.
- The Health Connector is working with community organizations to help spread awareness.

# Identity Proofing Documents (IDP)

**Starting in November, the Health Connector and MassHealth will begin accepting additional documents for IDP.**

- Additional documents will be allowed to verify applicants' Identity and Immigration status.
- Once the full list of acceptable documents becomes effective a communication will be sent via email and the Health Connector's website will be updated.
- In November, check [IDP Document Submission – Massachusetts Health Connector \(mahealthconnector.org\)](https://www.mahealthconnector.org) for an updated list of accepted documents.

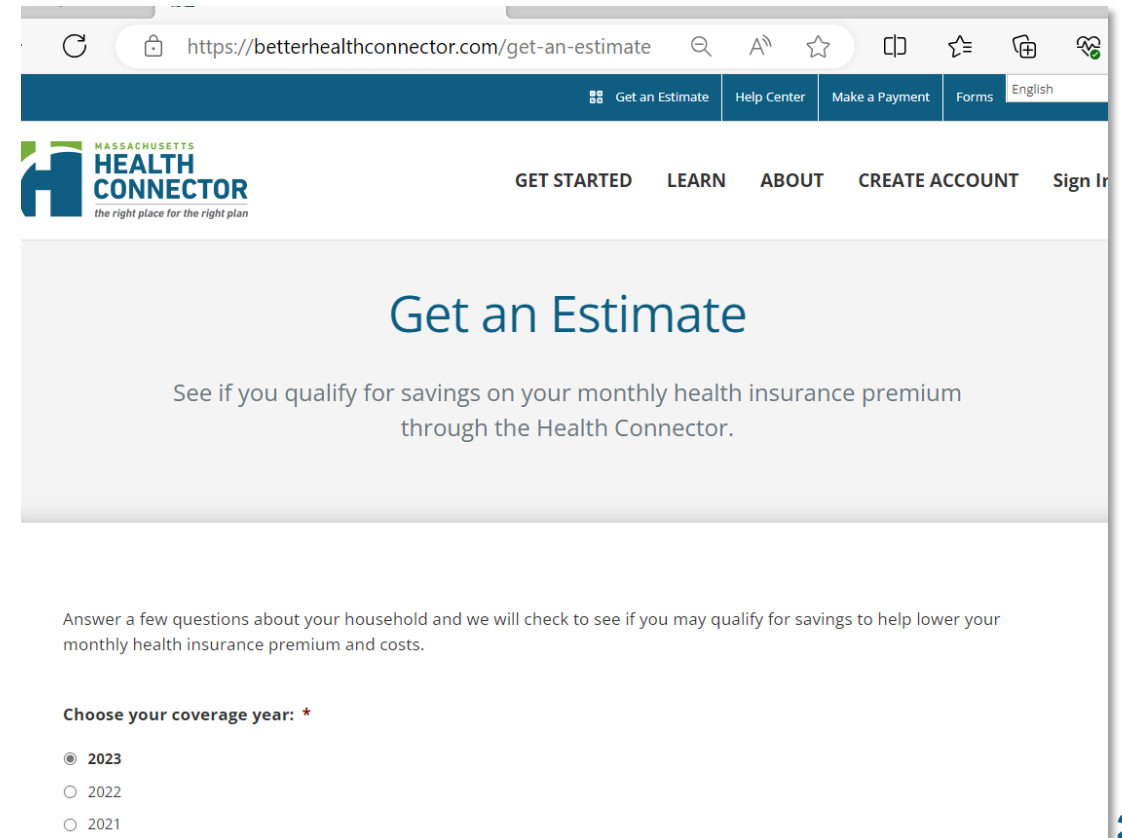
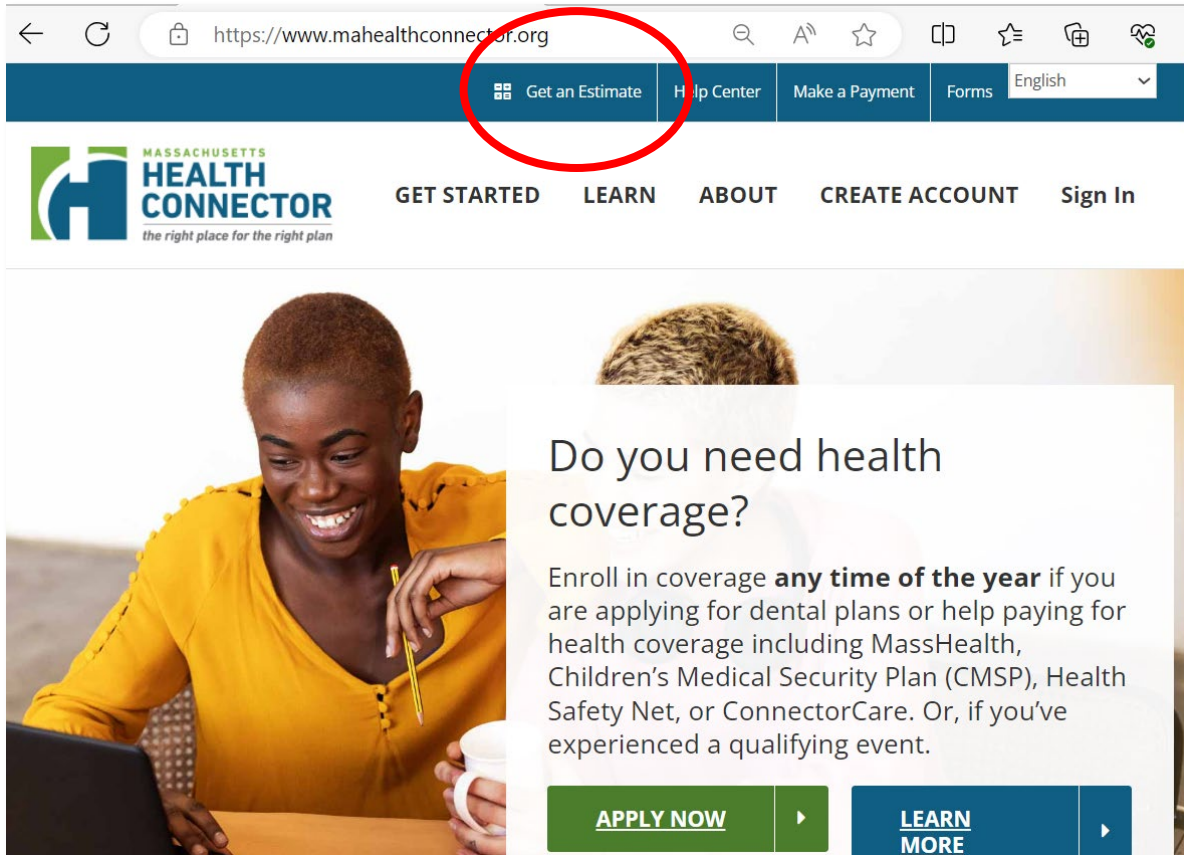


# **Health Connector Shopping Tools & Resources**

# Shopping Tools

Anyone can check for plans and savings that may be offered in their area

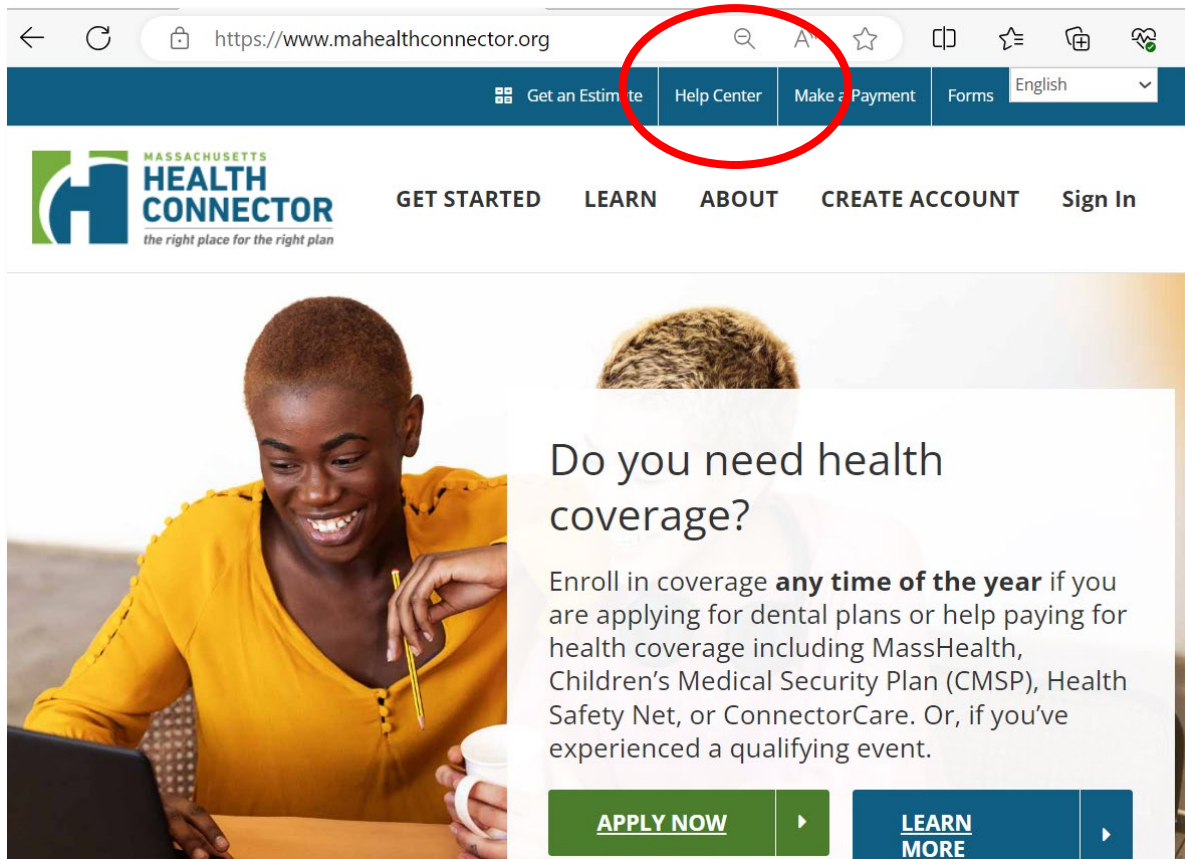
- From the Health Connector's website, select "**Get an Estimate**" from the menu bar, select Individuals and Families **OR** link directly: [MAhealthconnector.org/get-an-estimate](https://MAhealthconnector.org/get-an-estimate)



# Updated Resources

After November 1<sup>st</sup>, Informational flyers will be updated to reflect Plan Year 2025

- From the Health Connector's website, select "Help Center" from the menu bar, then select "Resource Download Center".



## Consumer Guide to Subsidies



Can you get help paying for health insurance through the Health Connector? Download the guide to see if you may meet requirements to get help paying for health insurance.

[DOWNLOAD IN ENGLISH](#)

[DESCARGAR EN ESPAÑOL](#)

## Plan Shopping Guides



ConnectorCare Plan Shopping Guide

Follow the steps in this guide to help you choose a ConnectorCare health insurance plan through the Massachusetts Health Connector.

[DOWNLOAD IN ENGLISH](#)

[DESCARGAR EN ESPAÑOL](#)

# Additional Support Information

- The Plan Comparison tool lets someone compare plan providers, facilities, and medications. This tool is available through an individual's application or from "Help Center" then "Resource Download Center".
- Learn all about the available Dental Plans available from the Health Connector.  
[MAhealthconnector.org/dental](https://www.mahealthconnector.org/dental)



The screenshot shows the MA Health Connector website. The top navigation bar includes links for "Get an Estimate", "Help Center", "Make a Payment", and "Forms" with a language dropdown set to "English". The main header features the "MASSACHUSETTS HEALTH CONNECTOR" logo and navigation links for "GET STARTED", "LEARN", "ABOUT", "CREATE ACCOUNT", and "Sign In". The page title is "Resource Download Center" with a breadcrumb trail "Home / Help Center". The main content area is titled "Health Connector Shopping and Resource Guides" and "Plan Finder Tool". Below this is an illustration of five healthcare professionals (two men and three women) in white coats. To the right of the illustration, text reads: "The Plan Comparison Tool can help you see what providers, hospitals, health centers, and prescription drugs are covered by the health and dental plans available to you through the Massachusetts Health Connector." A blue button at the bottom of this section says "USE THE PLAN FINDER TOOL".



The screenshot shows the MA Health Connector website's "Dental Coverage" page. The top navigation bar is identical to the previous screenshot. The main header features the "MASSACHUSETTS HEALTH CONNECTOR" logo and navigation links for "GET STARTED", "LEARN", "ABOUT", "CREATE ACCOUNT", and "Sign In". The page title is "Dental Coverage" with a breadcrumb trail "Home / Learn / Plan Information". Below the title is a photograph of a smiling family (a man, a woman, and two children) with their arms raised. To the right of the photograph, text reads: "The Health Connector offers dental plans to meet most needs and budgets". Below this, text states: "There are plans for children only, and plans for families and adults. The information on this page will help you understand the different options and help you choose the best dental plan that meets your needs." Further down, text says: "Detailed information about specific plans is available by clicking on the boxes below. The plans are organized so that you can easily compare covered benefits and cost-sharing amounts, such as deductibles, co-pays, out-of-pocket maximums, and annual benefit maximums."

# Key Takeaways

## Open Enrollment begins November 1, 2024

Health Connector members receive preliminary and final eligibility notices, and can make application updates and pay up to December 23 for coverage beginning January 1, 2025.

- The ConnectorCare program continues to be available to individuals and families with incomes up to 500% FPL
- 4 to 8 ConnectorCare carriers in each region
- Member premium contributions are increasing in 2025
- Fallon has expanded to several additional zip codes in Bristol, Hampden, and Plymouth counties
- Rates for unsubsidized and APTC-only plans will increase, on average, 8.1 percent for 2025

# Key Takeaways (continued)

- DACA recipients with income above 300% FPL are eligible for Health Connector plans beginning in November for coverage starting December 1, 2024.
- Shopping Guides and Resources will be updated with 2025 information on November 1.
  - [Resource Download Center – Massachusetts Health Connector \(mahealthconnector.org\)](https://mahealthconnector.org) for updated shopping guides and resources
  - Health Connector renewal page for plan year 2025 [Health Connector Plan Renewal Information – Massachusetts Health Connector](#)



**Thank you**