



# Helping ConnectorCare Plan Type 1 Members

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# Agenda



- ConnectorCare Plan Type 1 transition
- ConnectorCare Plan Type 1 Members
- How to help
- Resources
- Questions/Discussion





# ConnectorCare Plan Type 1 Transition

# ConnectorCare Coverage Ending for Plan Type 1 & 3D



***Effective January 1, 2026***

## **Ending Subsidies under 100% FPL (ConnectorCare Plan Type 1)**

- Subsidies are eliminated for people under 100% FPL (~36,000 members)
- These are immigrants that do not qualify for comprehensive MassHealth coverage based on their immigration status

## **Ending Subsidies over 400% FPL (ConnectorCare Plan Type 3D + APTC only)**

- Expiration of enhanced APTCs - reverts to ACA max of 400% FPL

# The Transition



- Beginning January 1<sup>st</sup> people under 100% FPL will no longer qualify for ConnectorCare because of a provision of OB3
- If not found eligible for other coverage these members will be moved to MassHealth Limited and HSN only
- They are still eligible to purchase Connector coverage without any financial assistance (no APTCs)
- What about immigrants over 100% FPL? No change in 2026 if they are below 400% FPL, but many will lose coverage in 2027

# Communications and Renewal Timeline



- Preliminary eligibility notices went out in August/September
- Targeted communications will go out to people losing subsidies (Plan Type 1, 3D and APTC only)
- Eligibility notices sent in October with January premium information

# The Transition



## 2026 income eligibility for ConnectorCare due to Federal changes

You may qualify for help paying for coverage through the Health Connector if your household income falls into these ranges:

| Household size | Eligible income range |
|----------------|-----------------------|
| 1              | \$15,650 – \$62,600   |
| 2              | \$21,150 – \$84,600   |
| 3              | \$26,650 – \$106,600  |
| 4              | \$32,150 – \$128,600  |

- If outside this range, you will no longer qualify for ConnectorCare
- You will still qualify for unsubsidized insurance

# Plan Type 1 Eligibility Notices



## Important 2026 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 2026 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 2026.

### 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 2026 Income Range and Federal Poverty Level (FPL) listed below.

| Household Member | Date of Birth      | Current Program Eligibility                               | Expected 2026 Program Eligibility         | Current Income Range and FPL                        | Expected 2026 Income Range and FPL                  |
|------------------|--------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| Sample Member    | September 05, 1976 | ConnectorCare Plan Type 1 with Advance Premium Tax Credit | Health Connector Plan (No financial help) | Between \$0 and \$15,650<br><br>(79.68% of the FPL) | Between \$0 and \$15,650<br><br>(76.68% of the FPL) |

- Current– CC Plan Type 1 with APTC transition to Health Connector Plan (No financial help)



# ConnectorCare Plan Type 1 Members



# Who is on ConnectorCare Plan Type 1

**Approximately 36,000 ConnectorCare members under 100% FPL**

- Lawfully present immigrants not qualified for full MassHealth coverage

| Plan Type 1 enrollment by county for October |        |
|----------------------------------------------|--------|
| Middlesex                                    | 9,249  |
| Suffolk                                      | 8,558  |
| Essex                                        | 5,354  |
| Worcester                                    | 3,120  |
| Norfolk                                      | 3,035  |
| Plymouth                                     | 2,330  |
| Bristol                                      | 1,990  |
| Hampden                                      | 1,109  |
| Barnstable                                   | 752    |
| Hampshire                                    | 214    |
| Berkshire                                    | 170    |
| Nantucket                                    | 154    |
| Dukes                                        | 129    |
| Franklin                                     | 56     |
| Total                                        | 36,220 |

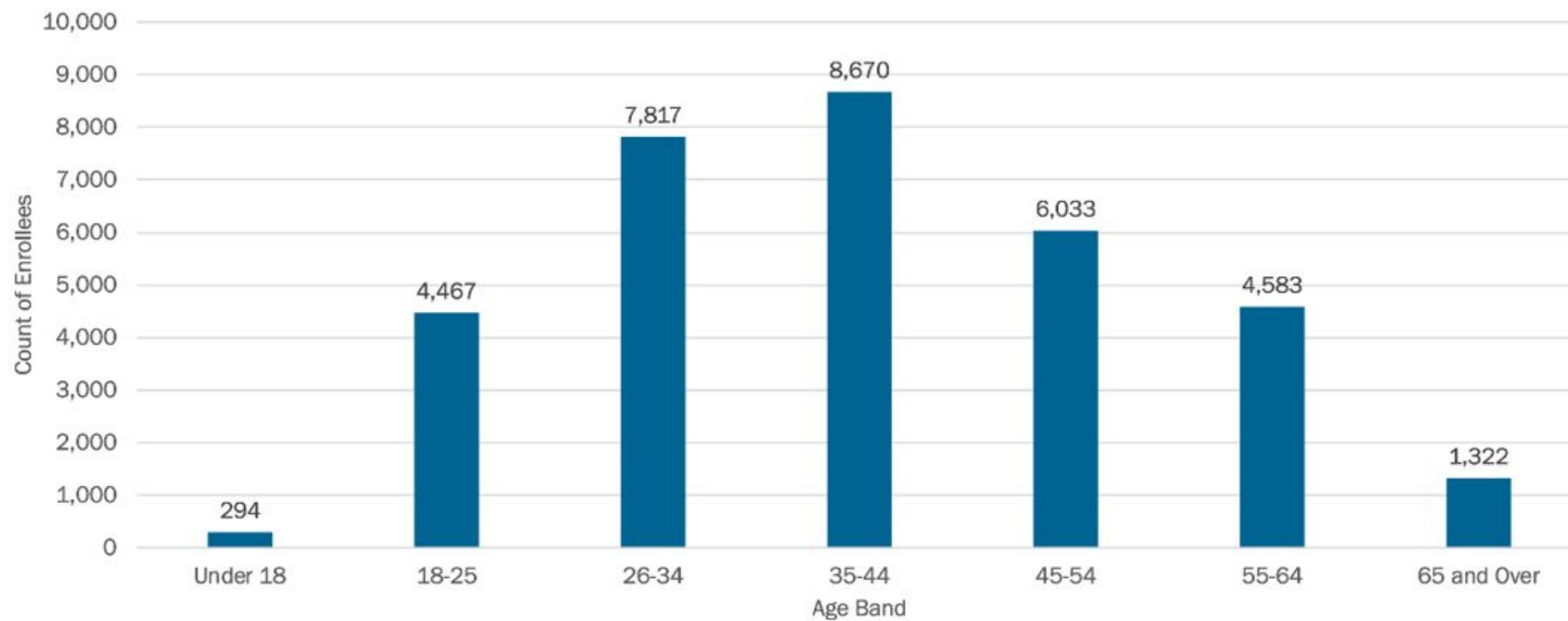
## Plan Type 1 Enrollees by Carrier, July 2025

| Carrier      | Count of Enrollees | Percentage of Enrollees |
|--------------|--------------------|-------------------------|
| Tufts Direct | 14,716             | 44.3%                   |
| Wellsense    | 14,303             | 43.1%                   |
| Fallon       | 3,131              | 9.4%                    |
| MGB          | 884                | 2.7%                    |
| HPHC         | 70                 | 0.2%                    |
| HNE          | 61                 | 0.2%                    |
| BCBS         | 17                 | 0.1%                    |
| UHC          | 4                  | 0.0%                    |
| Total        | 33,186             | 100.0%                  |

# Who is on ConnectorCare Plan Type 1



## Plan Type Enrollees by Age Band, July 2025



# Who is on ConnectorCare Plan Type 1



## Preferred Written Language, Count > 100

| Preferred Written Language | Count of Enrollees |
|----------------------------|--------------------|
| English                    | 9,017              |
| Spanish                    | 8,352              |
| <i>Blank</i>               | 7,815              |
| Portuguese - Brazilian     | 2,634              |
| Haitian Creole             | 1,479              |
| Chinese - Simplified       | 584                |
| Portuguese - European      | 433                |
| Cape Verdean Creole        | 332                |
| Other                      | 315                |
| Arabic                     | 309                |
| Vietnamese                 | 275                |
| Russian                    | 265                |
| French                     | 133                |

# Identifying Plan Type 1 Members



Plan type 1 members will have a ConnectorCare HMO card *and* a card for MassHealth Limited

## Sample ConnectorCare PT1 HMO card

|                                                                                                                  |                                                                                   |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|  <b>WellSense</b><br>HEALTH PLAN |                                                                                   |
| Member Name                                                                                                      | ConnectorCare Plan 1                                                              |
| Member ID: C00123456 00                                                                                          | Silver Network                                                                    |
| <b>Deductible:</b><br>Ind/Fam: \$0/\$0                                                                           | PCP: \$0                                                                          |
| <b>Medical Max Out-of-Pocket:</b><br>Ind/Fam: \$0/\$0                                                            | Specialist: \$0                                                                   |
| <b>Pharmacy Max Out-of-Pocket:</b><br>Ind/Fam: \$250/\$500                                                       | Preventive: \$0                                                                   |
|                                                                                                                  | ER: \$0                                                                           |
|                                                                                                                  |  |

|                                                                                                               |                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
|  <b>TUFTS</b><br>Health Plan | <b>Tufts Health Direct</b><br>A focused-network plan for individuals and small groups<br>Tufts Health Public Plans, Inc. |
| ID #: 1003C000301                                                                                             | Plan: DIRECT CONNECTORCARE 1                                                                                             |
| TEST MEMBER                                                                                                   |                                      |
| Cost sharing:                                                                                                 | <b>Optum Rx</b>                                                                                                          |
| OV: \$0 / \$0                                                                                                 | RxBIN: 610011                                                                                                            |
| Preventive: \$0                                                                                               | RxPCN: IRX                                                                                                               |
| ER: \$0                                                                                                       | RxGRP: RXHIX                                                                                                             |
| RX: \$1 / \$3.65 / \$3.65                                                                                     | Rx #: 800-799-1012                                                                                                       |
| RX Mail: \$2 / \$7.30 / \$7.30                                                                                |                                                                                                                          |
| IND Ded: \$0                                                                                                  |                                                                                                                          |
| IND MOOP: \$0                                                                                                 |                                                                                                                          |
| FAM Ded: \$0                                                                                                  |                                                                                                                          |
| FAM MOOP: \$0                                                                                                 |                                                                                                                          |

## Sample MassHealth Cards

|                                                                                      |
|--------------------------------------------------------------------------------------|
| FirstName MI LastName                                                                |
| 000000000000                                                                         |
|  |

|                                                                                      |
|--------------------------------------------------------------------------------------|
| FirstName MI LastName                                                                |
| 000000000000                                                                         |
| <b>MassHealth</b>                                                                    |
|  |
| សុខភាព                                                                               |
| saude                                                                                |
| sante                                                                                |
| saude khoe                                                                           |
| සෞඛ්‍ය                                                                               |
| 健康                                                                                   |
| health!                                                                              |

# Identifying Plan Type 1 Members



Assisters with portal access can identify ConnectorCare Plan Type 1 members on their member list by “Program Eligibility”

- Select the “Eligibility” tab

## Manage Members

Members

Eligibility

Filter

466 members found

Ref ID ↑↓

Application  
Date



Name ↑↓

Program Eligibility

RFI

Plan  
Enrollment

Actions



# How to Help Members

# Options for other Coverage in 2026



- MassHealth if –
    - Status in eligibility system is incorrect or out of date,
    - Pregnant,
    - Disabled, or
    - EAEDC eligible.
  - ConnectorCare PT 2 or 3 if annual income will be 100% FPL or more based on size of tax household in 2026
  - Student health insurance if a full-time post-secondary student
  - Premium assistance for private insurance if HIV positive
  - Unsubsidized private insurance or employer-sponsored insurance
  - Default to MassHealth Limited + full Health Safety Net
- More details on options in [MLRI Fact Sheet](#)

# How to Help



- ✓ Screen for greater coverage
- ✓ Connect impacted members that cannot get greater coverage to local community health center so they will have a pcp when they transition
- ✓ Collect stories from members about what ConnectorCare coverage has meant for them



# Income



- ConnectorCare will still be available to people between 100.1% and 400% FPL
- Encourage members to be honest but not overly conservative when they estimate income
- If their income does end up being under 100% FPL, they would not have to repay APTCs on taxes based on current IRS policies



# Household Changes



- Review household to determine if relationships are being reported properly. This may change what people qualify for based on number of family members and income level.
- Pregnancy – including three month retroactive coverage. Make sure pregnant and postpartum applicants update their status in a timely manner to be upgraded to Standard coverage.



# Immigration



Verify whether the member's immigration status will allow them greater coverage in MassHealth:

- **Example 1:** a Haitian immigrant may be listed as a work permit holder when they should be listed as a Cuban Haitian Entrant based on their circumstances (see MassHealth [memo](#) for specifics)
- **Example 2:** An asylum seeker is granted asylum status



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# Immigration (continued)



Verify whether the member's immigration status will allow them greater coverage:

- **Example 3:** A TPS holder's status has ended, however they also have an application for asylum status pending. This individual could be PRUCOL eligible and qualified for MassHealth Family Assistance.



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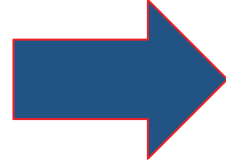
# OB3 Key Changes Timeline



## January 2026

### **ConnectorCare Plan Type 1 and 3D end**

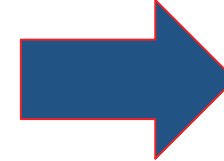
People under 100% FPL and  
over 400% will no longer qualify  
for subsidies



## October 2026

### **MassHealth Immigration Eligibility Changes**

Only qualified green card  
holders, COFA migrants, Cuban  
Haitian Entrants, pregnant  
people and lawfully present  
children will qualify for federally  
funded MassHealth  
(Medicaid/CHIP)



## January 2027

### **ConnectorCare Immigration Eligibility Changes**

Only green card holders, COFA  
migrants and Cuban Haitian  
Entrants will qualify for  
subsidized coverage

# OB3 changes to statuses eligible for federal Medicaid funding after Oct 1 2026:



- Lawful permanent residents (LPR/green card holders)- **still subject to 5-year bar**
- Cuban/Haitian entrants
- Citizens of Compact of Free Association (COFA) nations living in the U.S.
- At the state option, lawfully residing children and pregnant people as well as FCEP
- ~~Refugees~~
- ~~People granted asylum~~
- ~~People paroled into the U.S. for at least one year~~
- ~~People granted withholding of deportation or withholding of removal~~
- ~~Certain victims of domestic violence, and their children and/or parents~~
- ~~Certain victims of sex or labor trafficking, and their spouse, children, siblings, and/or or parents~~

~~United for Ukrainians~~

~~Iraqi/Afghan special immigrant visas~~

# Disability Status



- Eligible immigrants that are disabled can get MassHealth Family Assistance coverage
- Complete the updated Disability supplement (member forms)
- Disability determination can take up to **90 days**

## **MassHealth Adult Disability Supplement**

Commonwealth of Massachusetts | Executive Office of Health and Human Services



### **Instructions for Completing the Supplement**

You have indicated on your MassHealth application that you have a disability. Disability standards require that the disability has lasted, or is expected to last, at least 12 months. To ensure your MassHealth eligibility, Disability Evaluation Services (DES) will review your application, including this Disability Supplement.

To get MassHealth based on your disability, you need to tell us about

- your medical and mental health providers; and

# EAEDC



- EAEDC is a cash assistance program administered by DTA (public charge implications for some not yet LPRs).
- EAEDC recipients qualify for MassHealth FFS coverage
- Income limits are very low e.g. \$441 per mo for person living alone
- Lawfully present immigrants are eligible
- 5 categories of eligibility
  - Disabled for at least 60 days
  - Age 65 or over
  - Caring for someone disabled
  - In a MassAbility (formerly Mass Rehab) program
  - Child living with an unrelated guardian/caretaker
- [DTA EAEDC website](#)

# Helping Students



- Massachusetts colleges/universities require enrollment into qualified health insurance to be enrolled in school
- Students can get school insurance just for the part of the year they need coverage when losing insurance
- Must enroll into school insurance within 60 days of coverage loss
- MassHealth Limited/HSN does *not* meet school coverage guidelines



# Other Programs



- HDAP can cover private insurance cost for HIV patients
- Availability of other insurance like employer sponsored insurance or parent's insurance for a young adult under 26 years old
- Veterans can enroll in VA coverage with local VSO

# Resources



- [MLRI ConnectorCare Plan Type 1 Guide](#)
- Health Connector Plan Type 1 handouts: [Federal Changes Impacting ConnectorCare Plan Type 1](#), [ConnectorCare Plan Type 1 Sample Notice](#)
- Health Connector Federal Changes [Flyer](#)
- Health Connector Updates [page](#)
- Mass League [Find a CHC](#)
- MLRI Immigration [Guide](#)
- MassHealth [Pregnancy Update](#)
- MLRI [Upper Income Guidelines](#) (Connector 2026 will be available for November)
- HCFA [Guide for Assistors Helping ConnectorCare Plan Type 1 Members](#)

# Story Collection



- ConnectorCare Plan Type 1 is ending, and we need to uplift the voices of those who will bear the impact
- We need policymakers, funders, the media to know the stories you hear every day
- Take 2 minutes now – even a short paragraph makes a difference!
- [Share a story here - click me!](#)



# Questions?



## Thank you!

**MLRI**  
MASSACHUSETTS  
LAW REFORM  
INSTITUTE

