



ConnectorCare Expansion Pilot Report to the Legislature

Expansion pilot continues to deliver affordable, accessible health coverage to Massachusetts residents in its third year.

July 2026



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Executive Summary

The Health Connector's ConnectorCare expansion pilot, launched in 2024, continues to provide a reliable and affordable source of health insurance coverage for tens of thousands of Massachusetts residents. Since 2007, Massachusetts's flagship ConnectorCare program (previously named Commonwealth Care) —which combines standardized private insurance with federal and state subsidies for households with income up to 300 percent of the federal poverty level (FPL) — has enabled Massachusetts to meaningfully reduce the costs of Marketplace coverage beyond what has been achievable through Affordable Care Act (ACA) subsidies alone. This program provides a critical pathway to affordable coverage and better health outcomes for those who are in between jobs, self-employed, early retirees not yet eligible for Medicare, or not offered coverage by their employers. In 2024, ConnectorCare was expanded by the Massachusetts General Court and Governor Healey on a pilot basis to be available to individuals up to 500 percent FPL. (Of note: Since Congress did not extend federal enhanced premium tax credits at the end of 2006, and ConnectorCare eligibility is preconditioned on eligibility of ACA tax credits, eligibility for the expansion pilot is now just available to those up to 400 percent of FPL in 2026.)

This report highlights how access to affordable coverage through the expansion pilot leads to improved access to health care services and material gains in the health and financial security of the more than 155,000 unique individuals who have enrolled in the pilot at some point in the past three years. Pilot enrollees contribute to the fabric of their Massachusetts communities; they are preschool teachers, artists, pastors, home health workers, and therapists. Through the expansion pilot, enrollees can access health coverage that would not have been affordable to them without this groundbreaking expansion of subsidies enabled by the state legislature and Governor Healey. Along with more affordable premiums, enrollees in the expansion pilot have plans with no deductibles, low or \$0 cost-sharing, and access to medications for the most prevalent chronic conditions at no cost.

Throughout this report, data from enrollee surveys and Health Connector administrative data tell the story of how residents rely on this coverage, facilitating access to routine or preventive medical care that would otherwise be postponed, and supporting critical chronic condition management that enables residents to thrive and attain their highest level of health. Enrollees consistently cite the peace of mind and financial protection this pilot offers. This expansion of ConnectorCare supports the Commonwealth's lasting commitment to near-universal health coverage, filling important gaps in the coverage landscape—particularly critical at this moment when the federal policy environment continues to threaten the historic coverage gains Massachusetts has experienced over the last two decades.

About the Health Connector

The Massachusetts Health Connector is the country's first and longest-running state-based health insurance Marketplace. This year, the Health Connector celebrated the 20th anniversary of Chapter 58, the landmark Massachusetts health reform law that established the Health Connector and created the infrastructure to achieve near universal coverage across the Commonwealth, including the subsidy program that is now ConnectorCare.

Massachusetts residents can use the Health Connector to enroll in coverage, and those without another source of affordable coverage may qualify for subsidies to help pay their premiums. Through the ConnectorCare program, income-qualifying residents can access coverage with lower premiums and co-pays, and no deductibles.

The Health Connector currently provides coverage to more than 412,000 individuals and small employer enrollees with health and dental insurance.



20th Anniversary Chapter 58 Event, Faneuil Hall, Boston, MA, April 13, 2026.

This report provides details on the impact of the ConnectorCare Expansion Pilot to date and examines trends over the first two and a half years of the pilot period. As of June 2026, more than 155,000 people have received coverage through the ConnectorCare Expansion Pilot at some point over the 30 months it has been in place. The Commonwealth's commitment to the flagship ConnectorCare program has enabled the Health Connector to continue to build on its 20-year history of delivering more affordable and accessible health care to Massachusetts residents and helping the Commonwealth maintain the highest rate of health coverage in the nation.

Background on ConnectorCare

ConnectorCare was launched in 2014, following the passage of the Affordable Care Act (ACA), to combine federal advance premium tax credits (APTC) with additional state premium and cost-sharing subsidies. This combination of federal and state dollars enhanced access to affordable health plans that provide first-dollar coverage for thousands of residents with low- and moderate-income across the Commonwealth. ConnectorCare was the successor to the Commonwealth Care program, initially created in 2006 as part of Chapter 58.

Health Care Reform in
MA: 20 Years of Impact



<https://malink.co/20years>

The state-financed portion of ConnectorCare is funded through the Commonwealth Care Trust Fund (CCTF), established in 2006 as part of Massachusetts health reform.¹ The CCTF has four revenue streams: tobacco taxes, individual mandate assessments, Employer Medical Assistance Contribution (EMAC), and, as required, transfers from the general fund.

From 2014 through 2023, ConnectorCare was available to eligible individuals with income up to 300 percent of the federal poverty level (FPL). Starting in 2021, the federal government authorized enhanced premium tax credits, which increased the generosity of federal ACA premium tax credits, eliminated the cap on eligibility at 400 percent FPL, and reduced the ConnectorCare program's cost to the state. This created a surplus in the CCTF and an opportunity to expand coverage.

The ConnectorCare Expansion Pilot was initially authorized in the fiscal year 2024 state budget for calendar years 2024 and 2025, to provide ConnectorCare to individuals with income between 300 and 500 percent FPL. Last year, the state legislature and Governor Healey extended the pilot for an additional year, through the end of 2026.

State law authorizes the ConnectorCare Expansion Pilot for people with household income between 300 and 500 percent FPL. However, because ConnectorCare requires eligibility for federal APTC, and federal enhanced premium tax credits expired on December 31, 2025, ConnectorCare eligibility now ends at 400 percent FPL. As a result, for plan year 2026, ConnectorCare Plan Type 3D is no longer available, and the expansion pilot only includes ConnectorCare Plan Type 3C for people with income between 300 and 400 percent FPL.

1 - The CCTF is for programs administered by the Commonwealth Health Insurance Connector Authority pursuant to Chapter 176Q that are designed to increase health coverage for residents of the Commonwealth. See General Law - Part I, Title III, Chapter 29, Section 2000, retrieved June 15, 2026 from, <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleIII/Chapter29/Section2000>

Following the expiration of federal enhanced premium tax credits at the end of 2025, the ConnectorCare program buffered enrollees from significant premium increases. The program’s design keeps enrollee contributions relatively consistent year over year, helping enrollees with low and moderate income to manage their budgets and stay covered.²

In 2026, due to federal policy changes, eligibility for the ConnectorCare program retracted for the first time ever, stopping at \$62,600 for individuals and \$128,600 for families of four.

Table 1. ConnectorCare Expansion Pilot Eligibility, 2024 to 2026

Plan Year	Individuals	Family of Four
2024	\$43,740 to \$72,900	\$90,000 to \$150,000
2025	\$45,180 to \$75,300	\$93,600 to \$156,000
2026	\$46,950 to \$62,600	\$96,450 to \$128,600

As of June 2026, the ConnectorCare Expansion Pilot provides more affordable health insurance coverage for 48,791 people, delivering lower premiums and co-pays, no deductibles, and access to important benefits like \$0 co-pays for prescriptions for chronic diseases including diabetes and hypertension that disproportionately impact Black and Latino communities. With significantly lower cost-sharing, ConnectorCare enrollees continue to access the care they need and save thousands of dollars on their annual health care costs relative to Marketplace plans available in other states with federal premium tax credits alone.



2 - Press release: Governor Healey details strongest plan in the country to protect against President Trump’s ACA cost hikes. 1/08/2026. Retrieved May 28, 2026, from <https://www.mass.gov/news/governor-healey-details-strongest-plan-in-the-country-to-protect-against-president-trumps-aca-cost-hikes>



Quick Facts on the ConnectorCare Expansion Pilot

The ConnectorCare Expansion Pilot is in its third year and continues to provide access to more affordable coverage and care for thousands of Massachusetts residents.

Between January 2024 and June 2026, 155,694 people received coverage through the ConnectorCare Expansion Pilot.

Due to federal policy changes, ConnectorCare Expansion Pilot enrollment decreased by 24 percent, from December 2025 to January 2026.

16 percent of the ConnectorCare expansion enrollees in April 2026 have been enrolled in the pilot since its inception.

7 out of 10 pilot enrollees agree that it was easy to find a health care provider that accepted their insurance.

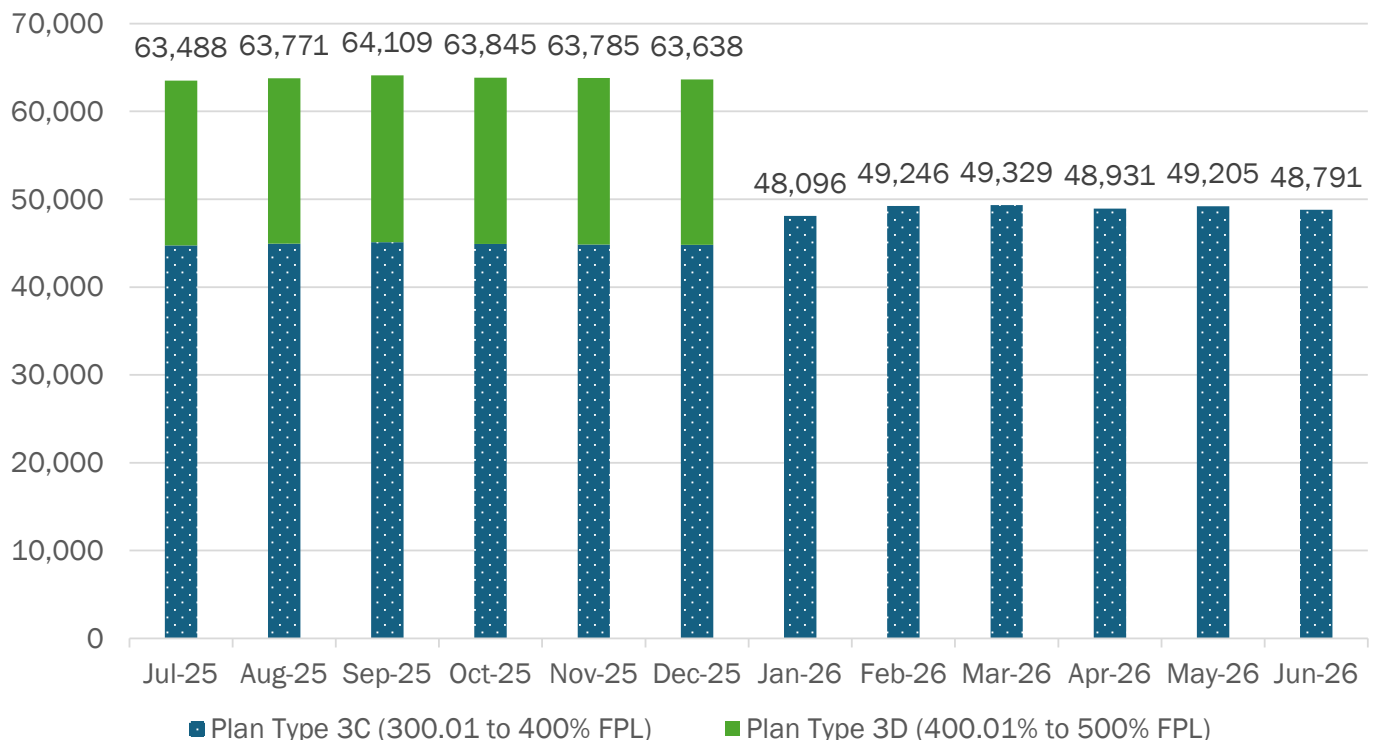
Impact of the ConnectorCare Expansion Pilot

Federal Policy Changes

ConnectorCare remains strong, largely withstanding federal policy changes.

Between December 2025 and January 2026, enrollment in the ConnectorCare Expansion Pilot decreased by 15,542, from 63,638 to 48,096, because of the elimination of ConnectorCare Plan Type 3D for households with income between 400 and 500 percent FPL. This drop in enrollment was due to the expiration of enhanced premium tax credits which reinstated the cap on federal eligibility for APTC at 400 percent FPL. However, during the same period, enrollment in ConnectorCare Plan Type 3C, for those with incomes between 300 and 400 percent FPL, increased by 7.3 percent, or 3,286 people.

Figure 1. Enrollment in the ConnectorCare Expansion, July 2025 to June 2026



Source: Health Connector administrative data.



Data for Enrollment in the ConnectorCare Expansion, July 2025 to June 2026

Month	Plan Type 3C (300.01 to 400% FPL)	Plan Type 3D (400.01 to 500% FPL)	Total
July 2025	44,741	18,747	63,488
August 2025	44,929	18,842	63,771
September 2025	45,112	18,997	64,109
October 2025	44,906	18,939	63,845
November 2025	44,852	18,933	63,785
December 2025	44,810	18,828	63,638
January 2026	48,096	0	48,096
February 2026	49,246	0	49,246
March 2026	49,329	0	49,329
April 2026	48,931	0	48,931
May 2026	49,205	0	49,205
June 2026	48,791	0	48,791

Enrollee Demographics

The ConnectorCare Expansion Pilot serves a diverse population across the Commonwealth.

The people served by the ConnectorCare Expansion Pilot in 2026 represent the diversity of the Massachusetts population.

Table 2. Self-Reported Race, ConnectorCare Expansion vs. Massachusetts Overall

Self-Reported Race	ConnectorCare Expansion	Massachusetts Overall
American Indian or Alaska Native (only)	0.1%	0.6%
Asian (only)	12.2%	8.3%
Black or African American (only)	8.2%	9.9%
Native Hawaiian or Other Pacific Islander (only)	0.1%	0.1%
White (only)	77.5%	78.1%
Two or More Races	1.9%	3.0%

Source: Health Connector administrative data. Massachusetts numbers are from the 2025 US Census. Note: Among ConnectorCare expansion enrollees, about 23 percent chose not to report their race.

Nearly two out of ten ConnectorCare expansion enrollees identify as Hispanic, slightly higher than the rate in Massachusetts overall.

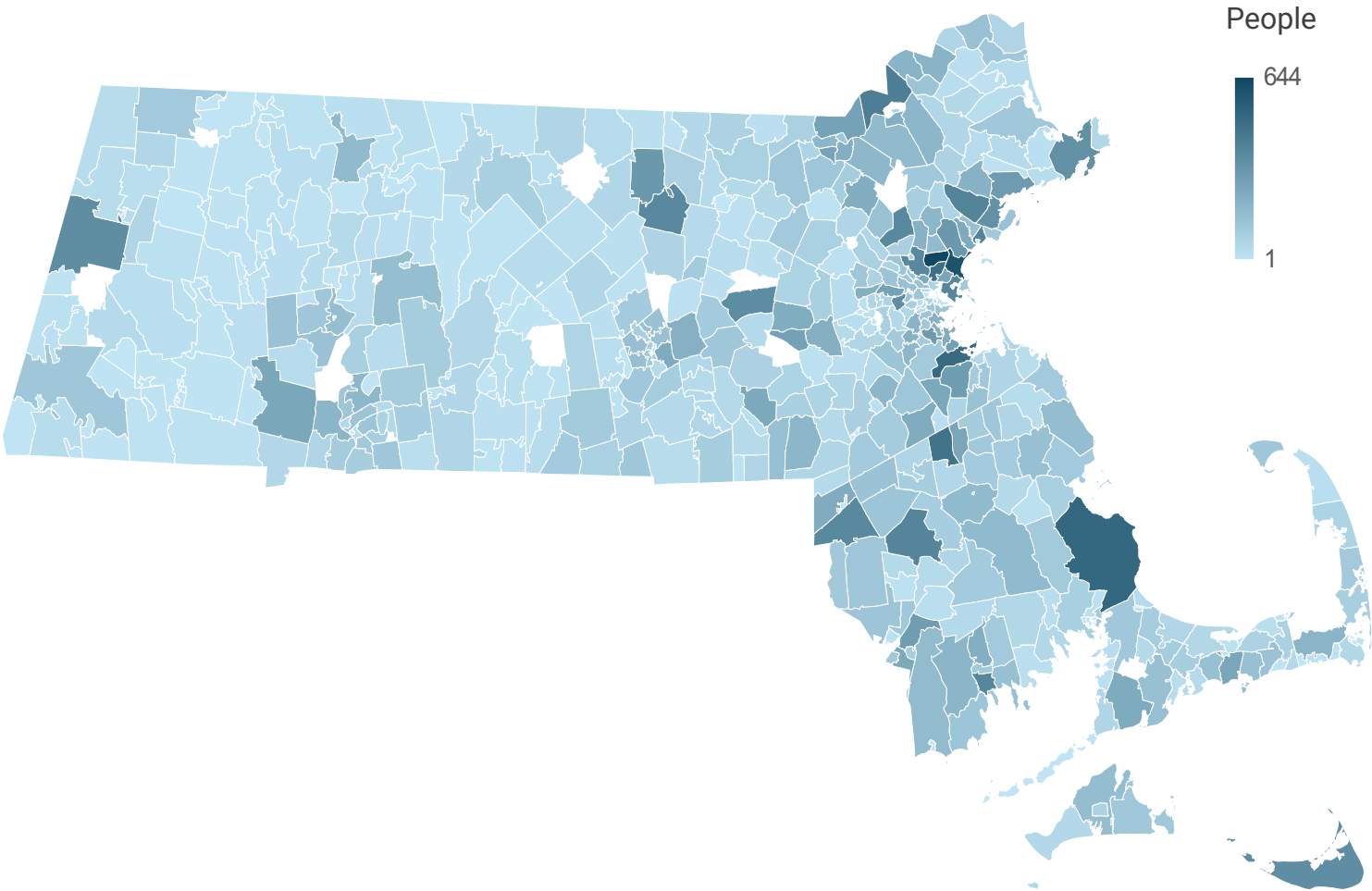
Table 3. Self-Reported Hispanic Ethnicity, ConnectorCare Expansion vs. Massachusetts Overall

Self-Reported Ethnicity	ConnectorCare Expansion	Massachusetts Overall
Hispanic	18.9%	14.0%
Not Hispanic	81.1%	86.0%

Source: Health Connector administrative data. Massachusetts numbers are from the 2025 US Census. Note: Among ConnectorCare expansion enrollees, about 14 percent chose not to report their ethnicity.

The ConnectorCare Expansion Pilot serves residents statewide, consistent with the general population distribution of Massachusetts residents.

Figure 2. Geographic Distribution of ConnectorCare Expansion Enrollees



Source: Health Connector administrative data.

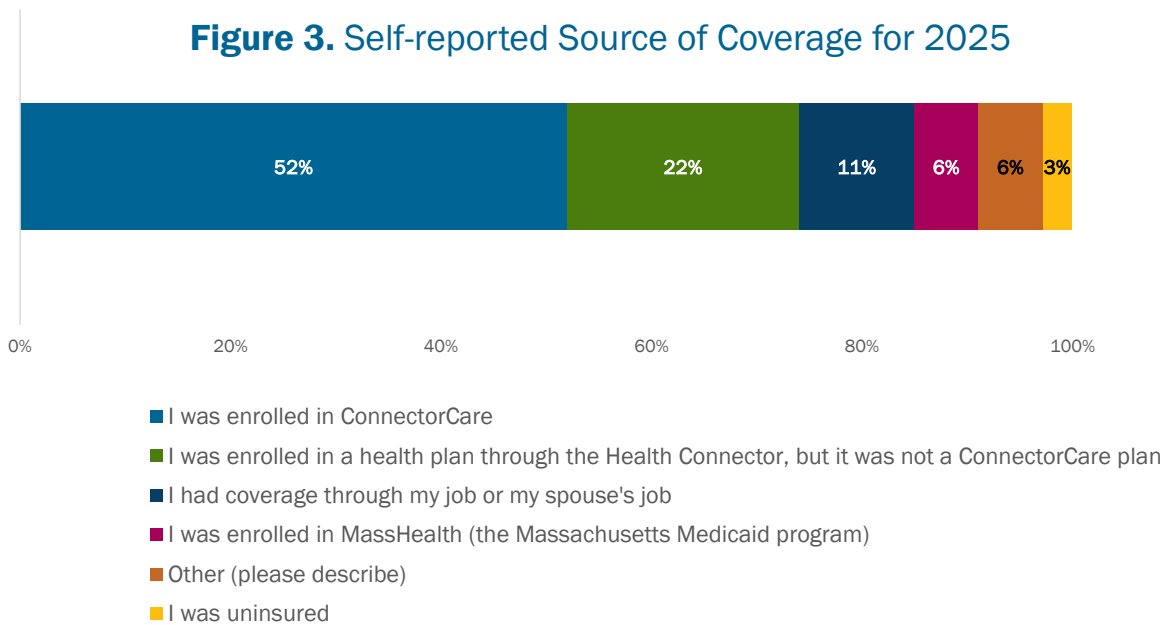
Continuity of Coverage

ConnectorCare provides continuity of coverage for Massachusetts residents without other health insurance options.

Individuals and families come to the Health Connector seeking coverage for a variety of reasons. Some are seeking short-term coverage after a job loss with a plan to return to employer-sponsored insurance after securing new employment. Others may have an injury or illness that makes it difficult to work and may require Health Connector coverage until they become eligible for other public programs. Those who are self-employed or are not offered coverage through work tend to use the Health Connector for their coverage and remain enrolled for several years.

Nearly three-quarters of 2026 enrollees who responded to the 2026 ConnectorCare Expansion Pilot survey reported they were enrolled in Health Connector coverage in 2025.

Figure 3. Self-reported Source of Coverage for 2025



Coverage source	Enrollee percentage
I was enrolled in ConnectorCare	52%
I was enrolled in a health plan through the Health Connector, but it was not a ConnectorCare plan	22%
I had coverage through my job or my spouse's job	11%
I was enrolled in MassHealth (the Massachusetts Medicaid program)	6%
Other (please describe)	6%
I was uninsured	3%
Total	100%

Source: ConnectorCare Expansion Pilot survey, April 2026.



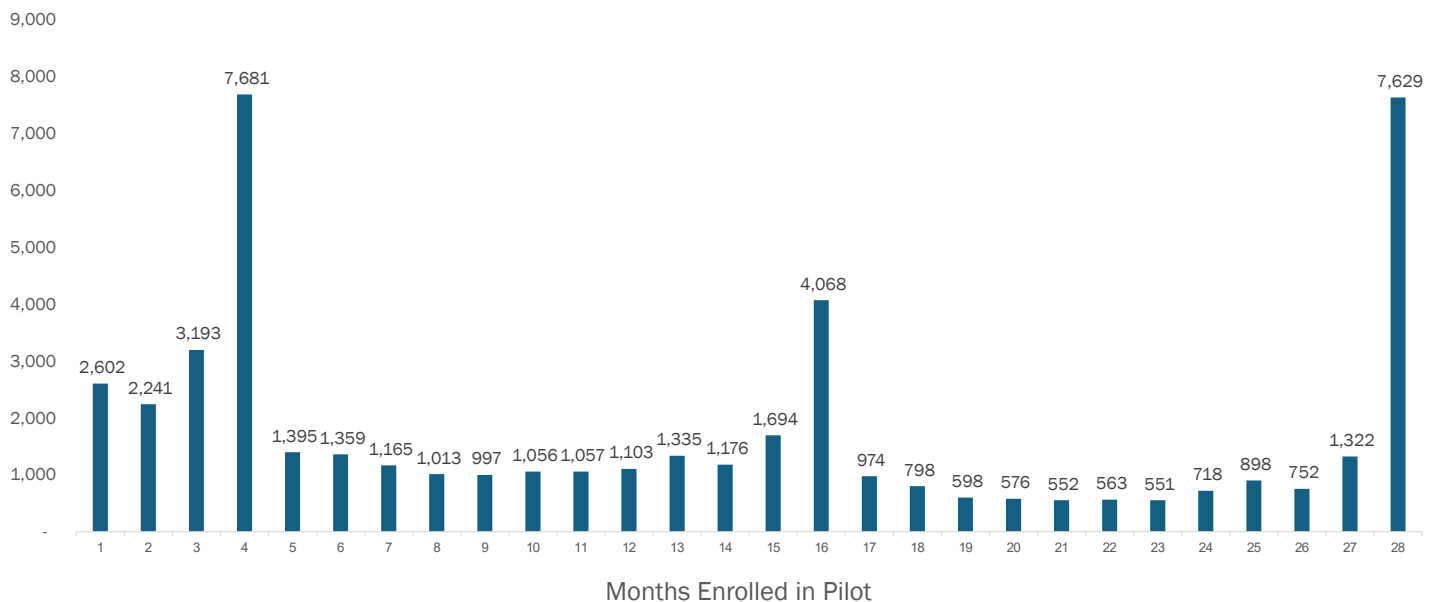
“ConnectorCare is a godsend since I was laid off from my full-time employment in December 2025.”



“I have an illness and lost my insurance when I could no longer work. I am very grateful to be able to purchase insurance with [the] Massachusetts Health Connector.”

Notably, 16 percent of current ConnectorCare Expansion Pilot enrollees (approximately 7,600 people) have been enrolled in the pilot for 28 months – since its inception on January 1, 2024, suggesting the pilot serves as a vital and persistent source of affordable coverage for these enrollees. The start of a plan year is a common time for people to enroll, as indicated by the spikes in the count of enrollees who have been enrolled for 4 months, 16 months, or 28 months. Still, new enrollments are steady throughout the year, enabling individuals to access coverage when they need it.

Figure 4. Total Number of Months Enrolled in ConnectorCare Expansion Pilot Among April 2026 Enrollees



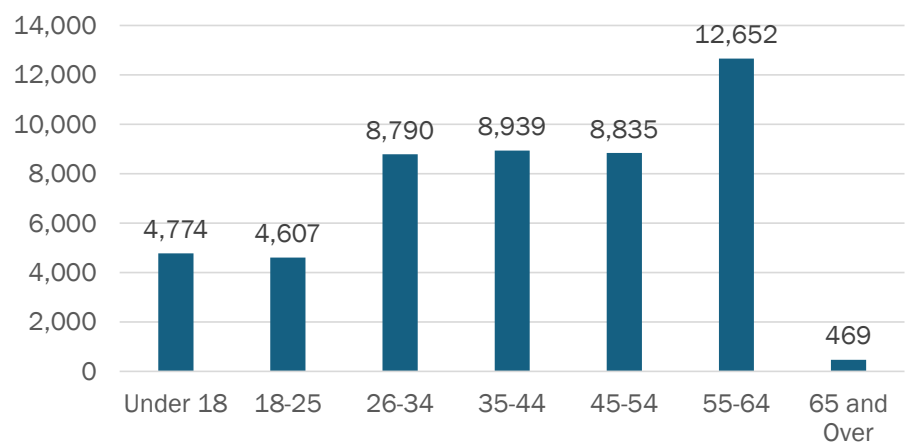
Source: Health Connector administrative data.

Almost half of those enrolled in the expansion pilot as of April 2026, or nearly 24,000 individuals, have been enrolled in the expansion pilot for less than a year. This suggests that people benefiting from the ConnectorCare Expansion Pilot may come to the Health Connector for shorter periods, seeking continuity of care when they need it, in between other sources of coverage.

- "We are happy with each of our plans; there were no gaps in coverage, and therefore we were able to continue to get care as needed."
- "I am very thankful that it was available to me after losing my job. I was able to keep my appointments that I had previously scheduled prior to losing my other insurance."

The ConnectorCare expansion disproportionately serves adults nearing retirement age: just over one-quarter of ConnectorCare expansion enrollees are between 55 and 64, while only 13 percent of Massachusetts residents are in this age range.

Figure 5. ConnectorCare Expansion Enrollees by Age, April 2026



Source: Health Connector administrative data.

“[ConnectorCare] is filling the gap between former employer insurance and Medicare.”

Among the ConnectorCare Expansion Pilot survey respondents who reported currently working, 35 percent reported that they work for a small business with fewer than 50 employees, 19 percent reported they are self-employed or they own a small business, and 13 percent reported that they work for a non-profit organization.

- " I am a 62 [year-old], self- employed female, with several very minor pre-existing conditions. [...] Cost-effective preventative health care is essential to our aging population. I wouldn't have [had] health insurance for 3 more years without the [Health] Connector. Thank you."

Enrollees in the ConnectorCare expansion have a variety of jobs across the Commonwealth. They are preschool teachers, educators, and aides for students with disabilities. They drive vans and buses to pick up schoolchildren or seniors. They work multiple part-time jobs at home health agencies and community recovery centers. They operate and maintain museums and are pastors at the local church. They nanny for the family down the street and own local fitness studios. They are contractors, artists, health care professionals, dental hygienists, and librarians in the local public libraries.

- "I've been with Health Connector for a while now. The customer service is great. It has greatly helped [me,] being a self-employed photographer, and I'm very grateful. I hope it lasts."

"I freelance as a fiction editor and an IT consultant."

"I am an arts administrator, violin teacher, and freelance musician."

"I work as a cashier at a food market and also as a personal care attendant for my son."

"I'm a social worker and provide outpatient psychotherapy to adults."

"Yo tengo un Daycare. Estoy trabajando desde casa."
"I have a daycare. I am working from home."

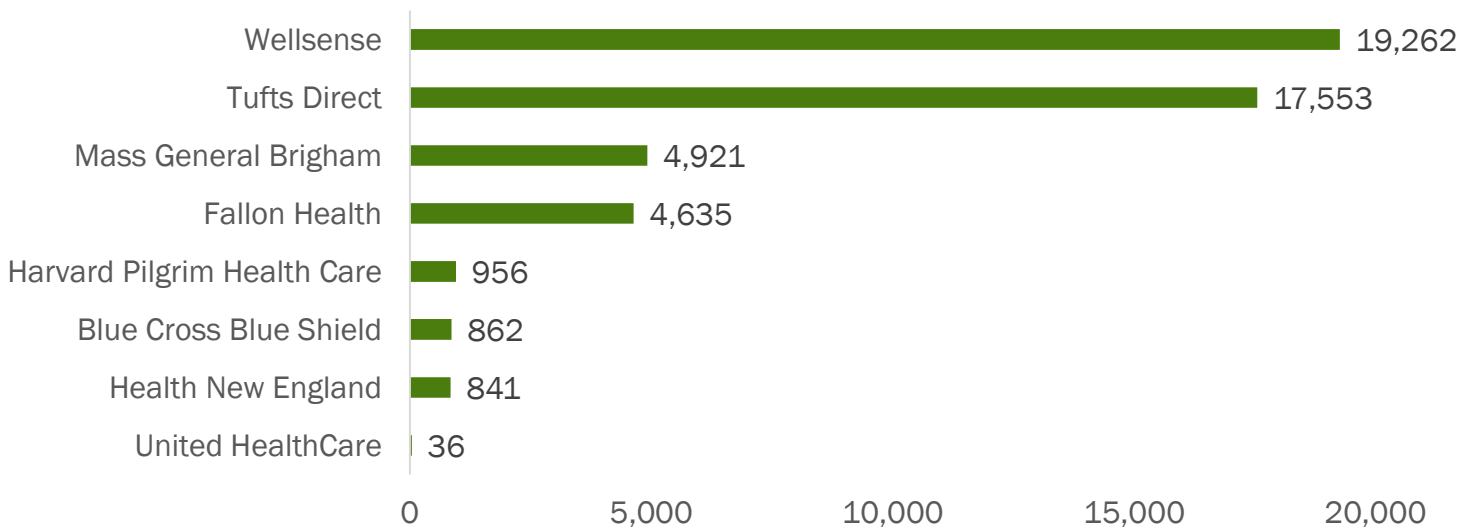
"I own an automotive repair business."

Carrier Choice

ConnectorCare expansion enrollees typically choose lower-cost carriers.

As in 2025, three-quarters of ConnectorCare expansion enrollees continue to choose Tufts Direct (40 percent) or WellSense (36 percent) for their coverage in 2026—two of the lowest cost carriers of the eight carriers available through the Health Connector.

Figure 6. ConnectorCare Expansion Enrollment by Carrier, April 2026



Source: Health Connector administrative data.

The inclusion of eight carriers among the ConnectorCare plan options enables enrollees to choose the plan that best meets their needs.

- **“Having the opportunity to choose a plan that covered my providers was great. I don't like having to change providers.”**

However, several respondents noted the tension between accessing a broader network of providers and enrolling in a lower-premium plan.

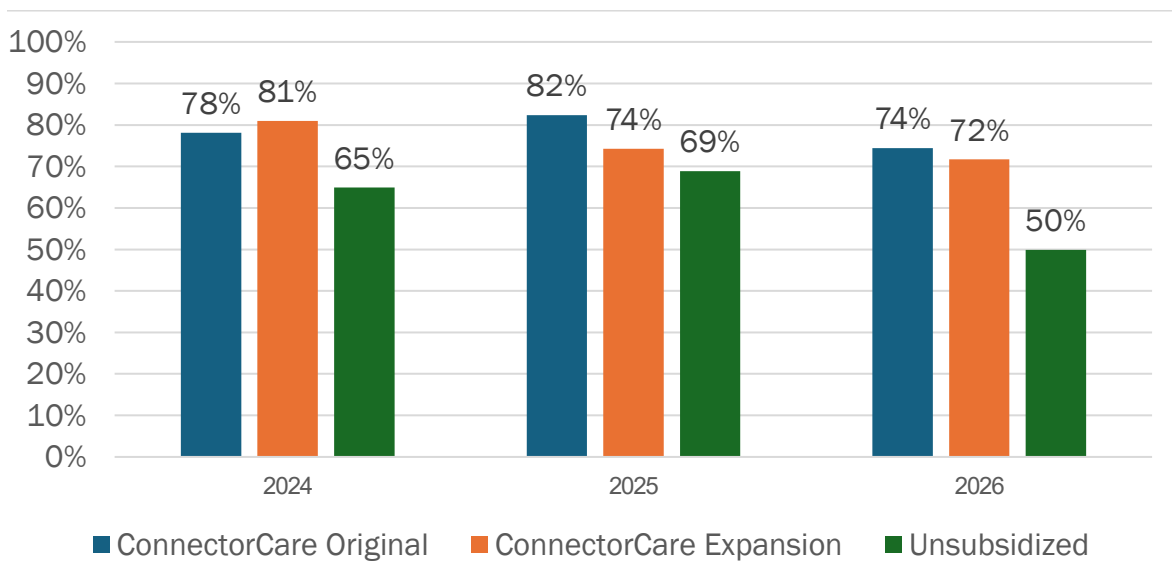
- **“I have found it very difficult to find providers that have [my health plan] in their network, especially with finding mental health specialists and nutritionists.”**
- **“I find it is almost impossible to find a primary care doctor in-network.”**

Satisfaction with Coverage

ConnectorCare expansion enrollees are grateful for their coverage and the peace of mind it provides.

ConnectorCare expansion enrollees share a similarly high level of satisfaction to that of the original ConnectorCare population, and much higher levels of satisfaction compared to enrollees without any financial assistance.

Figure 7. Percentage of Enrollees Who Found a Health Plan They Are Happy With, 2024-2026, by Program



Source: Health Connector annual enrollee satisfaction survey, 2024, 2025, 2026.

Program Type	2024	2025	2026
ConnectorCare Original*	78%	82%	74%
ConnectorCare Expansion**	81%	74%	72%
Unsubsidized	65%	69%	50%

Notes: *ConnectorCare Original included households with income 0 to 300% FPL in 2024 and 2025 but was modified due to federal policy changes in 2026 to include households with income 100 to 300% FPL.

**ConnectorCare Expansion included households with income 300.01 to 500% FPL in 2024 and 2025 but was modified due to federal policy changes in 2026 to include households with income 300.01 to 400% FPL.

Overall, most ConnectorCare expansion enrollees report that their coverage is meeting their needs:

- **86 percent** agree that the health care services received addressed their or their family member's health care needs
- **82 percent** agree that it was easy to find a health care provider that speaks their or their family member's language, respects their or their family member's culture, or both
- **70 percent** agree that it was easy to find a health care provider that accepted their insurance

- "Having ConnectorCare has made a big difference for me. I feel more comfortable seeking medical care when I need it because the costs are affordable. It has reduced my stress about unexpected health expenses and helped me better manage my budget. Overall, it has improved my quality of life and given me peace of mind."



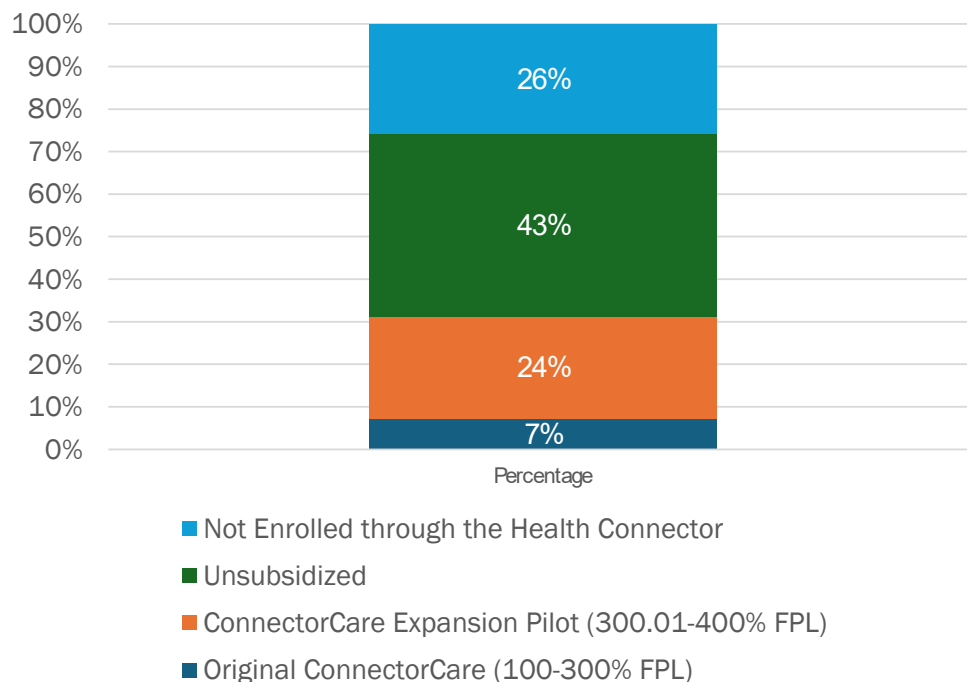
Impact of Federal Policy Changes

The elimination of ConnectorCare Plan Type 3D due to federal policy changes negatively impacted Massachusetts residents.

Due to Congress failing to extend federal enhanced premium tax credits at the end of 2025, households with income greater than 400 percent FPL no longer qualify for APTC and, consequently, ConnectorCare through the expansion pilot.

In December 2025, more than 18,000 individuals were enrolled in ConnectorCare Plan Type 3D, for households with incomes between 400.01 and 500 percent FPL. For individuals at this income level, their 2025 ConnectorCare plan included federal premium tax credits together with state premium subsidies and cost-sharing reductions to provide a health plan with lower premiums, no deductibles, and lower co-pays. In 2026, individuals in that same income bracket only qualify for a health plan without any financial assistance.

Figure 8. 2026 Coverage Status of Former ConnectorCare Plan Type 3D Enrollees as of April 2026



2026 Enrollment Status	2024
ConnectorCare Original ConnectorCare (100 to 300% FPL)	7%
ConnectorCare Expansion Pilot (300.01 to 400% FPL)	24%
Unsubsidized	43%
Not Enrolled	26%

Source: Health Connector administrative data.

Among the more than 18,000 people who lost ConnectorCare Plan Type 3D, the majority remained enrolled in Health Connector coverage, but most of those enrolled no longer receive federal APTC or ConnectorCare. About a quarter chose to disenroll in Health Connector coverage all together.

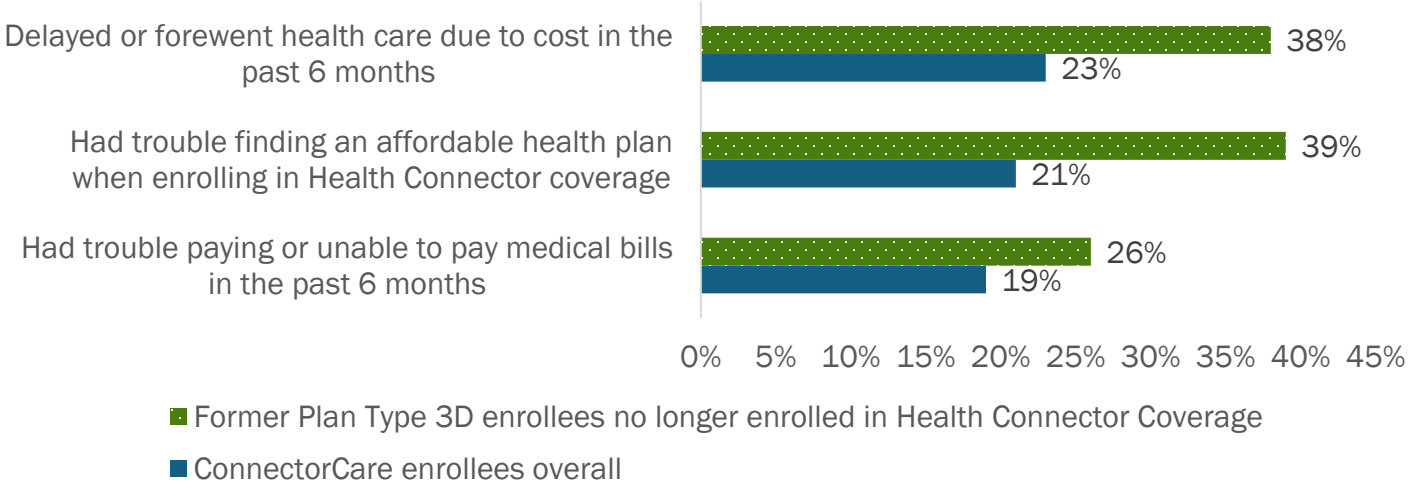
On average, the more than 7,800 people who lost ConnectorCare Plan Type 3D and in 2026 enrolled in a Health Connector plan without any financial assistance, experienced a premium increase of 77 percent or \$262 per member per month (PMPM), increasing from \$342 PMPM in ConnectorCare Plan Type 3D in late 2025, to \$604 PMPM in early 2026 for their unsubsidized plan. On top of that, they no longer have access to the cost-sharing reductions offered through ConnectorCare and instead face a significant deductible and higher out-of-pocket costs.

Those who disenrolled cited stark premium increases and a lack of affordable coverage options:

- **"It wasn't a choice I wanted to make. I simply do not have the financial resources. Health care insurance has become a luxury I can no longer afford."**
- **"My monthly cost more than doubled from \$250 to over \$500."**
- **"When the subsidies were available to me, the plan was great. Without the subsidies, it was unaffordable. My husband's employer now offers a plan that is over \$900/month with a \$6,000 deductible, so now I just don't go to the doctors. I'll be eligible for Medicare in 7 months. I need a surgery, but I'm really trying to wait. The [Health] Connector plan wasn't perfect, but it was much better than what I have now."**

While those who chose to retain their Health Connector coverage faced steep premium increases, those who disenrolled reported delaying or forgoing care, taking prescription medication less often than prescribed or taking a smaller dose, and having trouble paying medical bills compared to ConnectorCare enrollees overall.

Figure 9. Former ConnectorCare Plan Type 3D Enrollees Report Greater Affordability and Access Challenges



Challenge	Former Plan Type 3D Enrollees no Longer Enrolled in Health Connector Coverage	ConnectorCare Enrollees
Delayed or forewent health care due to cost in the past 6 months	38%	23%
Took prescription medication less often than prescribed, or took a smaller dose due to cost	39%	21%
Had trouble paying or unable to pay medical bills in the past 6 months	26%	19%

Source: Health Connector annual disenrollee satisfaction survey, 2026.



Affordability

ConnectorCare expansion enrollees value the cost savings offered by ConnectorCare, but affordability concerns increased in 2026.

Historically, ConnectorCare plans are known for their affordability, with low premiums and low (and sometimes \$0) cost-sharing for services. In 2026, two-thirds of ConnectorCare expansion enrollees agreed that they could afford the co-payment for their health care.



"Connector Care makes things financially possible for me—my finances would not work without it."



"No deductibles and very low cost-sharing for health care services make a significant difference in the financial stability of my household. This type of coverage allows me to seek medical care when I need it without worrying about high out-of-pocket costs that I could not afford. With the rising cost of rent, food, and gas, my budget is already stretched thin. If I had to meet a deductible or pay high co-pays, I would likely delay or avoid necessary medical care because it would compete directly with basic living expenses. Knowing that my health insurance is affordable and that I won't face unexpected medical bills gives me peace of mind and allows me to prioritize both my health and my essential needs."

Enrollees recognize the impact of lower premiums, no deductibles, and lower co-pays on their access to care and their overall household budget:

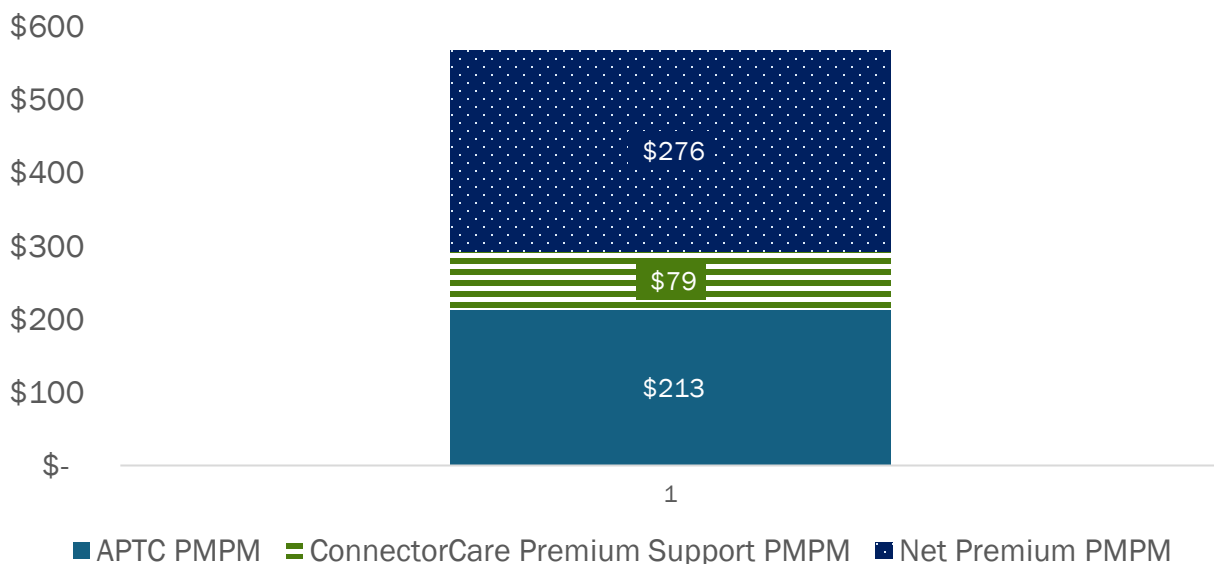
- **56 percent** are able to access health care services at a low cost
- **46 percent** report more money available for household expenses such as food, utilities, and transportation
- **31 percent** report more money available for monthly housing costs
- **22 percent** report they are able to save for the future
- **18 percent** report they are able to pay down debt
- **5 percent** report they are able to save for a down payment for a house
- **3 percent** report more money available for childcare

However, 29 percent of ConnectorCare Expansion Pilot survey respondents reported that the savings generated by the ConnectorCare program design did not have any of these positive impacts on their household budgets, as the rising cost of household goods may eclipse the positive impacts of lower health care costs.

- **"I have a mortgage, I have a car payment, I have utilities, I have to pay for oil to heat my home. That comes out to thousands of dollars a month, and I'm not making a lot of money right now, unfortunately, pretty much just barely getting by."**

On average, in 2026, enrollees in the ConnectorCare expansion pay about \$276 per member per month (PMPM) in health insurance premiums. The remainder of the total health insurance premium is paid for by federal APTC (\$213 PMPM) and state premium subsidies (\$79 PMPM).

Figure 10. Average Contributions to ConnectorCare Expansion Enrollee Premiums, Per Member Per Month (PMPM)



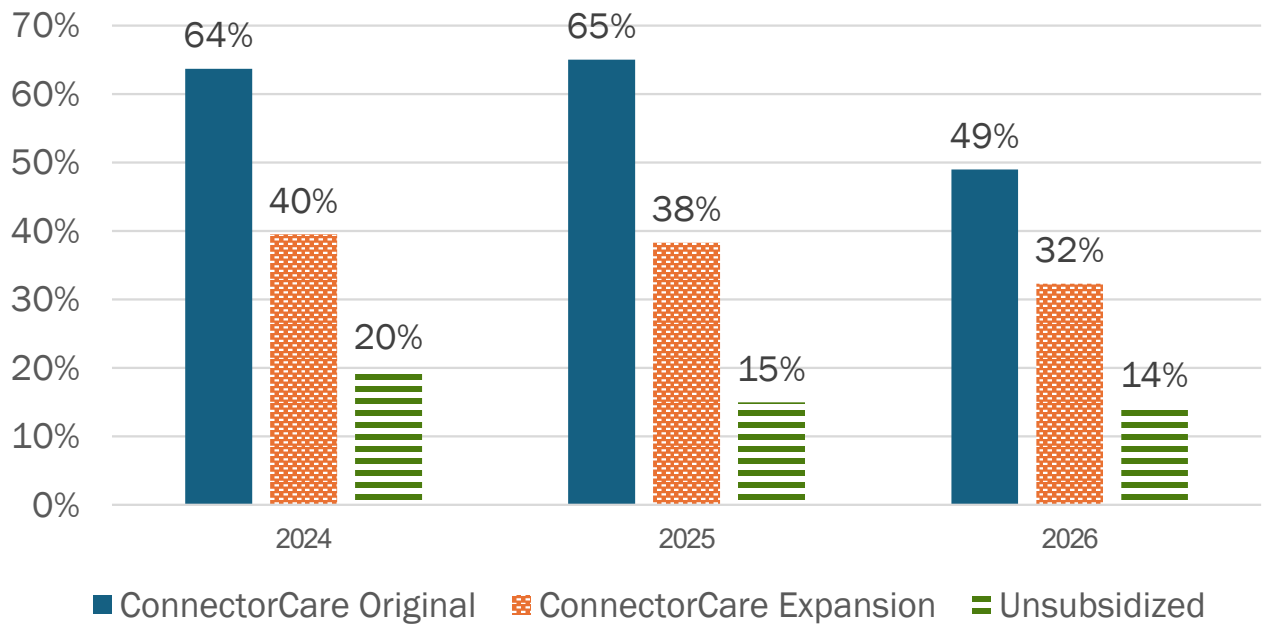
Source: Health Connector administrative data

In 2026, the perceived affordability of premiums decreased among all Health Connector program types. The primary driver of increased premiums among subsidized enrollees in 2026 relative to prior years was the expiration of federal enhanced premium tax credits, which eliminated eligibility for federal APTC above 400 percent FPL, and reduced the generosity of federal APTC up to 400 percent FPL.

While the Commonwealth of Massachusetts was able to buffer much of the premium increase due to the design of the ConnectorCare program, ConnectorCare enrollees still experienced an average premium increase of about \$35 PMPM relative to 2025 – however, individual circumstances varied. While the expiration of enhanced premium tax credits was the primary driver of premium increases in 2026, individuals can choose from a variety of carriers offering ConnectorCare plans, which come with different price tags.

“This year, my health ConnectorCare plan is way higher than it used to be. It is a struggle to keep up with, but hopefully it will go back down to being affordable.”

Figure 11. Percentage of Enrollees Who Agree That Their Premium is Affordable 2024 to 2026, by Program



Program Type	2024	2025	2026
ConnectorCare Original	64%	65%	49%
ConnectorCare Expansion	40%	38%	32%
Unsubsidized	20%	15%	14%

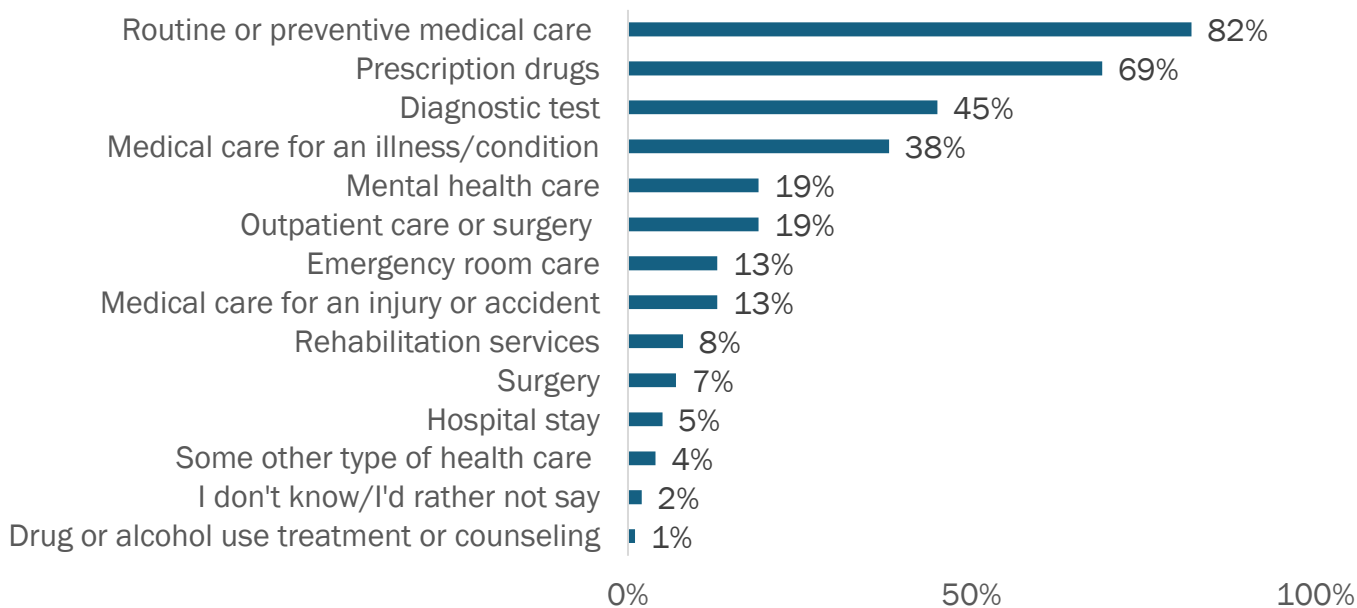
Source: Health Connector annual enrollee satisfaction survey, 2024, 2025, 2026.

Utilization of Health Care Services

ConnectorCare expansion enrollees are using their health coverage, but expressed frustration with coverage changes.

Overall, ConnectorCare expansion enrollees are using their health coverage. Eighty-eight percent of ConnectorCare expansion enrollees reported that they or a family member have used health care services since enrolling in ConnectorCare. Among those who reported using services, the most frequently reported services were routine or preventive medical care, prescription drugs, and diagnostic tests.

Figure 12. Among Users of Health Care Services, Type of Services Accessed by ConnectorCare Pilot Expansion Enrollees, April 2026



Types of Health Care Services	Percentage of ConnectorCare Expansion Enrollees who Accessed the Service
Routine or preventive medical care (such as a check-up, yearly physical, well-baby visit, or cancer screening)	82%
Prescription drugs	69%
Diagnostic test (lab work, CT scan, MRI, or X-ray)	45%

Continued
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Types of Health Care services	Percentage of ConnectorCare Expansion Enrollees Who Accessed the Service
Medical care for an illness or condition (such as for flu, asthma)	38%
Outpatient care or outpatient surgery (any service or treatment provided at a clinic, physician office, or hospital without an overnight stay)	19%
Mental health care or counseling	19%
Medical care for an injury or accident	13%
Emergency room care	13%
Rehabilitation services (such as physical or speech therapy)	8%
Surgery	7%
Hospital stay	5%
Some other type of health care (please describe)	4%
I don't know/I'd rather not say	2%
Drug or alcohol use treatment or counseling	1%

The majority of respondents who reported that they had not yet used health care services said they had no health needs requiring medical attention. However, a small subset of those who had not yet received care noted that they have been unable to find a health care provider who accepts their insurance or that they experience long wait times to get an appointment.

Several respondents noted frustration about what they have not been able to access this year. For plan year 2026, all health insurance carriers offering plans through the Health Connector decided to stop covering GLP-1 drugs for weight-loss, citing financial losses due to the high costs associated with covering these medications. Many enrollees expressed disappointment with this change, as they feel these medications were having a positive impact on their overall quality of life.



ConnectorCare Delivers on its Promise

Now in its third year, the ConnectorCare Expansion Pilot continues to deliver on its core promise: providing affordable, accessible health coverage to Massachusetts residents who would otherwise have few options. As of June 2026, nearly 49,000 people are enrolled in the pilot, representing a broad and diverse cross-section of the Commonwealth. Self-employed workers, people navigating job transitions, early retirees, and others rely on ConnectorCare as a critical bridge between other coverage sources.

The 2026 plan year brought material challenges to the Massachusetts health coverage landscape, including the expiration of federal enhanced premium tax credits and the subsequent sunsetting of ConnectorCare Plan Type 3D, as well as premium increases that stretched household budgets already under pressure from rising costs of living. Yet, the program's design absorbed much of that impact, shielding enrollees from steeper increases and keeping coverage within reach for tens of thousands of people who would have faced significantly higher costs without state support.

ConnectorCare enrollees continue to access preventive care, prescription medications, and other essential services, and consistently report that their coverage provides both financial stability and peace of mind. The expansion pilot remains a meaningful addition to and feature of the Commonwealth's enduring commitment to near-universal coverage, and one that has proven its value and resilience in a rapidly shifting federal policy environment.



A Note on Data and Methods

The data in this report includes:

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1 Health Connector administrative data
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2 Survey data from more than 2,000 ConnectorCare Expansion Pilot enrollees collected in April 2026, including open-ended responses about their experience with the program
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3 Survey data from the Health Connector's annual enrollee and disenrollee satisfaction survey from spring 2024, 2025, and 2026
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4 Survey data from people who disenrolled from Health Connector coverage, collected in April 2026
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5 Supplemental data from the US Census