



REPORT TO THE MASSACHUSETTS LEGISLATURE

2025

DECEMBER

**Activities and Accomplishments of the
Massachusetts Health Connector**

Acknowledgements

The work of the Health Connector and the sustained success of health reform in Massachusetts have benefited from the support and assistance of the Legislature and many state agencies. The Health Connector would like to thank the Office of the Governor, the General Court, the Executive Office of Health and Human Services, MassHealth, the Executive Office for Administration and Finance, the Division of Insurance, the Group Insurance Commission, the Department of Revenue, the Executive Office of Technology Services and Security, the Center for Health Information and Analysis, the Department of Public Health, the Division of Unemployment Assistance, the Health Policy Commission, the Office of the Attorney General, the Executive Office of Labor and Workforce Development, and the Massachusetts Office of Business Development. Collaboration across these entities enriches Massachusetts health reform, and the Health Connector appreciates these partnerships.

The Health Connector is governed by a Board of Directors consisting of 11 members. The staff of the Health Connector wishes to extend its deepest gratitude to all past and current Directors

for their commitment to health reform. Directors who served in Fiscal Year 2025 (FY25) included:

- **Kathleen E. Walsh**, Chair of the Board, Secretary of the Executive Office of Health and Human Services;
- **Nancy Turnbull**, Vice Chair of the Board, Senior Associate Dean at Harvard T.H. Chan School of Public Health;
- **Matthew Gorzkowicz**, Secretary of the Executive Office for Administration and Finance;
- **Michael Caljouw**, Commissioner of the Division of Insurance;
- **Matthew Veno**, Executive Director of the Group Insurance Commission;
- **Michael Chernew, Ph.D.**, Leonard D. Schaeffer Professor of Health Care Policy at Harvard Medical School;
- **Filaine Deronnette**, succeeded by **Rebecca Gutman** (April 2025) Union Vice President at 1199 SEIU United Healthcare Workers East;
- **Eric Gulko**, President of Innovo Benefits Group;
- **Robyn Olson**, Partner, Boston Benefit Partners;
- **Dimitry Petion**, President and CEO of Mulberry Systems, Inc.; and
- **Bela Gorman**, Actuary, Founder of Gorman Actuarial.

Message from the Director

Dear Senate President Karen Spilka, House Speaker Ronald Mariano, Members of the Massachusetts Legislature,

It is my pleasure to present the Massachusetts Health Connector's Report to the Massachusetts Legislature, which details the Health Connector's work to maintain the Commonwealth's rank as the state with the highest coverage rates in the nation and the strongest Marketplace enrollment in our nearly 20-year history.



During FY25, the Health Connector continued to experience additional enrollment growth beyond the significant increase in membership that had resulted from the Medicaid redetermination process in 2023 and 2024. At the end of the Fiscal Year, more than 377,000 people were enrolled in individual or family health insurance plans. In all, more than 424,000 people had health or dental coverage through the Health Connector's individual and small group offerings. The Health Connector now covers more Massachusetts residents than ever.

Helping fuel that growth is the availability of both federal enhanced premium tax credits and the Commonwealth's pilot expansion of ConnectorCare, delivering plans with low premiums, no deductibles, and access to a range of no-cost care like annual physicals, vaccines, and prescriptions for chronic conditions that makes health care more affordable to more than 63,000 people.

As we look ahead, this progress is threatened by federal policy changes on the horizon. These changes will impact eligibility for financial help and affordability of coverage for hundreds of thousands of Massachusetts residents – and have the potential to erode the coverage gains we have made over the last two decades.

In the face of these potential changes, the Health Connector remains resolute in providing access to affordable coverage to as many Massachusetts residents as possible, with our continued goal of universal coverage in the Commonwealth. Our progress in FY25 proves that, when able to work on behalf of the people of Massachusetts with a full policy and programmatic toolbox, the Commonwealth's culture of coverage endures. We look forward to working with you through the challenges ahead and collaborating to ensure that Massachusetts remains a leader in health coverage and health care access in the United States.

Sincerely,

Audrey Morse Gasteier
Executive Director

Quick Facts

424,000

At the end of FY25, the Health Connector enrolled more than 424,000 members in health and/or dental coverage across the individual and small group markets

**18
percent**

The Health Connector continued to experience historic enrollment levels over the last fiscal year, growing 18 percent over the last fiscal year

63,488

More than 63,000 individuals were enrolled in the ConnectorCare expansion pilot, offering affordable coverage, no deductibles, and low copays for individuals with income up to \$75,300 and families of four with income up to \$156,000

\$98

Average premiums for ConnectorCare members were less than \$100 per enrollee per month in FY25

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Introduction

The Massachusetts Health Connector has served as a marketplace offering comprehensive health insurance coverage to residents and small business employees of the Commonwealth for almost 20 years, since the passage of landmark health reform law in 2006 (see page 24). Throughout FY25, the Health Connector continued to experience significant enrollment growth. The Health Connector's total enrollment in health and dental coverage increased by 18 percent, from about 358,000 members to more than 424,000 members, driven in part by the availability of federal enhanced premium tax credits.

These enhanced premium tax credits enabled the Commonwealth to launch the first-ever expansion of the ConnectorCare program through a two-year pilot, expanding ConnectorCare eligibility from 300 percent to 500 percent of the federal poverty level, starting January 1, 2024.

The Health Connector continued to provide a pathway to affordable coverage for many residents without access to other coverage – including individuals losing MassHealth as part of the nationwide Medicaid redeterminations effort and thousands of lawfully present immigrant residents across the Commonwealth. As of June 2025, one in three ConnectorCare members reported a lawfully present immigration status.



Health Connector applicants and enrollees are supported by 24 Navigator organizations. Funded by the Health Connector, and located across the Commonwealth, these community-based organizations provide in-person, multilingual support to help individuals apply for and enroll in Health Connector coverage.

The past fiscal year was a period of relative stability, continuing to grow Health Connector enrollment, while managing federal policy uncertainty on the horizon.

This report details the work that continues to drive historic enrollment growth at the Health Connector and supports the Commonwealth's goal to provide affordable coverage options to Massachusetts residents.

Policy Updates from 2025



The ConnectorCare expansion pilot facilitated access to affordable coverage with no deductibles and low copays for more than 63,000 Massachusetts residents.



“It has seriously been a life-saver. Because of the low co-pays we were able to find out that my husband is a diabetic. He can now get treatment without breaking our budget.”

- Health Connector Member



The Health Connector continued to provide a place for people to access affordable coverage, including individuals losing MassHealth, lawfully present immigrants without access to other sources of coverage, and self-employed individuals.



“I would not have been able to afford health insurance without ConnectorCare as I am self-employed and earn a relatively small income.”

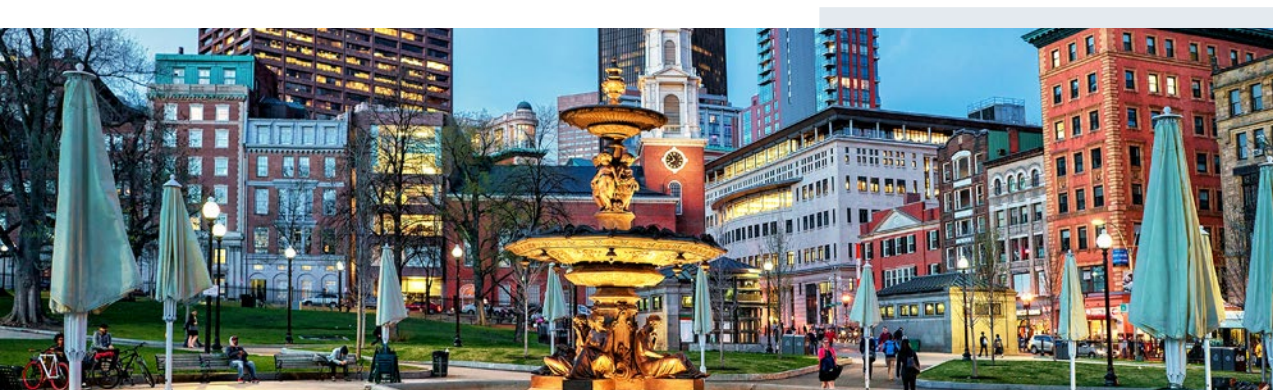
- Health Connector Member



The Health Connector engaged in strategic efforts to reduce administrative burdens to make applying and enrolling easier for eligible Massachusetts residents.



The Health Connector continued its partnership with the Department of Revenue to provide oversight of the first in the nation individual mandate for health insurance coverage.



ConnectorCare Expansion

The Health Connector experienced consistent enrollment growth over the last fiscal year. This enrollment growth continued to be driven by the availability of enhanced premium tax credits that were launched in 2021 as part of the American Rescue Plan Act (ARPA) and extended through the end of 2025 by the Inflation Reduction Act (IRA) of 2022. These enhanced premium tax credits increased the amount of federal premium tax credits available to Health Connector members with income up to 400 percent of the federal poverty level and eliminated the eligibility cliff at 400 percent of the federal poverty level, making individuals above that income eligible for help paying for Marketplace coverage.

In Massachusetts, the state savings from these enhanced federal premium tax credits led to the first-ever expansion of the ConnectorCare program. Authorized by the legislature in 2023, the two-year ConnectorCare expansion pilot launched January 1, 2024, expanding eligibility for the flagship ConnectorCare program to individuals and families up to 500 percent of the federal poverty level – equal to an annual income of \$75,300 for an individual and \$156,000 for a family of four in 2025. This program is particularly impactful for those nearing retirement age, and about one quarter of enrollees are between the ages of 55 and 64 years old. In April 2025, the Health Connector surveyed ConnectorCare expansion pilot enrollees about their experience with the program. ConnectorCare expansion enrollees are hardworking Massachusetts residents holding a variety of jobs – such as a freelance business consultant, a per diem health care worker, a yoga studio owner, and a cook at a daycare. Notably, seven out of 10 enrollees reported that they could afford the co-payments for their health care services, and several respondents highlighted the value of ConnectorCare:

- “I’m very grateful for the health care plan I have now through ConnectorCare. One of the reasons I finally went back to therapy is because my insurance pays for it.”
- “ConnectorCare has made a HUGE difference. With it and my tax credit, my premiums are almost \$600 lower than they would be. In my last insurance, my co-pay for specialists was like \$125, so I was reluctant to use them. I didn’t hesitate to go to urgent care when I sprained my thumb and needed fast attention. I am on a very effective medication now that would have been extremely hard to afford previously. Also, I LOVE the ConnectorCare Card to Culture discounts.”
- “My husband and I have a small graphic design studio, working with many non-profits, which means we cannot raise our rates as quickly as cost of living is rising. As self-employed, insurance is always a challenge. Connector helps.”



Scan Me for
July 1, 2025 Report

Providing a Stable Home for Coverage

These additional federal and state resources helped individuals who lost MassHealth as part of the nationwide Medicaid redeterminations effort following the end of the COVID-19 public health emergency to secure affordable coverage options at the Health Connector. The effort to redetermine MassHealth members continued into FY25, as individuals losing MassHealth maintained a special enrollment period to enroll in Health Connector coverage through November 23, 2024. Overall, 192,200 individuals who were redetermined by MassHealth enrolled in Health Connector coverage at some point between May 2023 and December 2024. Eighty-eight percent of those individuals enrolled in a ConnectorCare plan.



Scan Me for
PHE Report

Nationally, the health insurance Marketplaces provide critical pathways to affordable coverage options for immigrants— offering access to affordable coverage for those who have historically been ineligible for federally-funded Medicaid. Overall, one in three Health Connector members is a lawfully present immigrant residing in Massachusetts. Additionally, over the last year, we have seen significant enrollment growth in ConnectorCare Plan Type 1, designed specifically for individuals up to 100 percent of the federal poverty level who are not eligible for MassHealth. This population grew from 23,653 in July 2024, to more than 32,930 in July 2025, in part driven by population changes across the Commonwealth.

While FY25 provided a relatively stable period of enrollment growth and stability, the Health Connector is preparing for the impact of significant federal policy changes on the horizon that will have ripple effects for residents of the Commonwealth. In the year ahead, the Health Connector will begin to see federal changes impact its members, prepare for implementation of additional policies effective in FY27 and beyond, and monitor the federal policy landscape for policy changes. These federal policy changes will impact health insurance coverage access for residents of Massachusetts. Specifically, over the next fiscal years, federal changes will restrict subsidy eligibility, particularly for lawfully present immigrants, add administrative barriers for those who continue to qualify, and increase member costs.



Addressing Administrative Burdens

Approved by the Board in January 2024, the Health Connector's 2024–2028 Strategic Plan was developed based on careful reflections of the Health Connector's work to date and opportunities for heightened impact in the years ahead. A primary focus of strategic plan efforts in FY25 was to identify and implement strategies to reduce administrative burdens experienced by applicants and members.

An internal cross-functional steering committee of Health Connector staff analyzed and implemented several improvements aimed at reducing pain points in the applicant and member experience. Assessments of administrative burdens are included in Health Connector member surveys so the Health Connector can respond to feedback and monitor user experience. For example, many applicants and members are required to submit documents to verify eligibility criteria – such as residency in Massachusetts or income – to qualify for premium tax credits and ConnectorCare. To reduce the barriers to uploading these documents, the Health Connector has launched several improvements that are in the pipeline for implementation.

1

In partnership with MassHealth, expanding the list of acceptable immigration and identity proofing documents

2

Partnering with local libraries to offer application assistance and Open Enrollment activities

3

Expanding file upload size to accommodate larger document submission by applicants and members

4

Accepting additional file types that are common to mobile devices

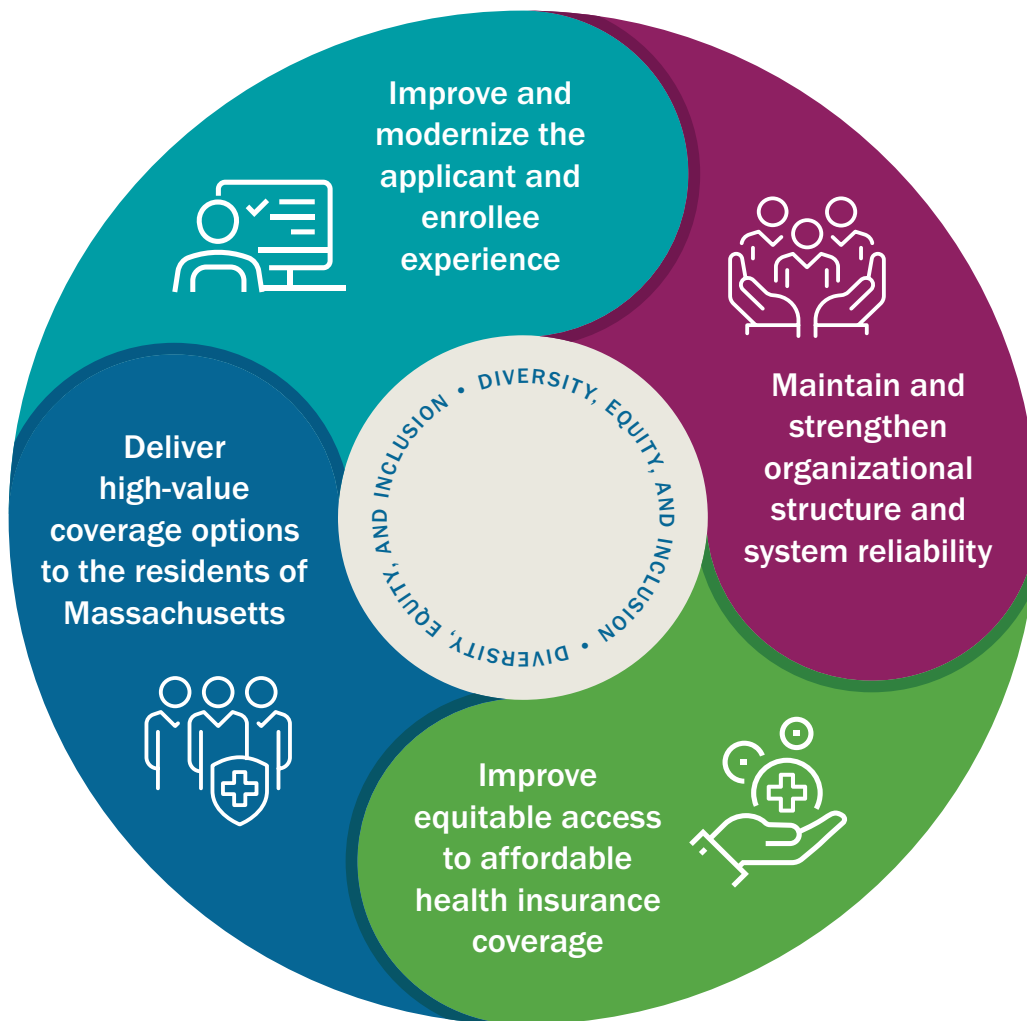
5

Providing more real-time feedback to applicants and members about the status of their submitted documents

6

Creating walk-through videos to explain how to upload a document and why timely submission of documentation is important

These efforts will enhance the Health Connector’s ability to respond thoughtfully to federal policy changes on the horizon that will increase verification requirements among applicants and members and ensure the Health Connector can continue to identify opportunities to reduce unnecessary “red tape” and other barriers to enrollment in Health Connector coverage.



Scan Me for
the Strategic Plan

Regulatory Responsibilities

The Health Connector is responsible for designing and implementing several policies related to the Commonwealth’s requirement that adults carry health insurance if they have access to an affordable plan that meets certain coverage standards, known as the individual mandate. Since 2007, Massachusetts has maintained this policy, helping to keep Massachusetts the national leader in health coverage among residents, with an uninsured rate of 2.8 percent in 2024, as well as ensure that the coverage they have is high quality. Compliance with the individual mandate reporting requirements, as well as with the requirement to maintain coverage, remains high. Specifically, the Health Connector’s Board of Directors defines what is deemed affordable and the benefits and standards that constitute Minimum Creditable Coverage.

Table 1. Monthly and Yearly Individual Mandate Penalties by Income Level for Tax Year 2025

Income Category	150.1-200% FPL	200.1-250% FPL	250.1-300% FPL	300.1-400% FPL	400.1-500% FPL	Above 500% FPL
Per Month Penalty	\$25	\$49	\$73	\$113	\$132	\$187
Per Year Penalty	\$300	\$588	\$876	\$1,356	\$1,584	\$2,244

In FY25, 2,583 plans were sent to the Health Connector for consideration as Minimum Creditable Coverage. Of those, 2,312 were granted certification, 173 were denied, and 98 were withdrawn from consideration or incomplete.

Individuals 18 years and older who did not have compliant coverage for four or more consecutive months may have to pay an individual mandate penalty unless they qualify for an exemption. Massachusetts law sets the penalty for non-compliance at half of the minimum monthly insurance premium an individual would have qualified for through the Health Connector. As a result, there is no penalty for individuals with income at or below 150 percent FPL if they are not carrying health coverage because the lowest-cost Health Connector plan for individuals in this income range is \$0.

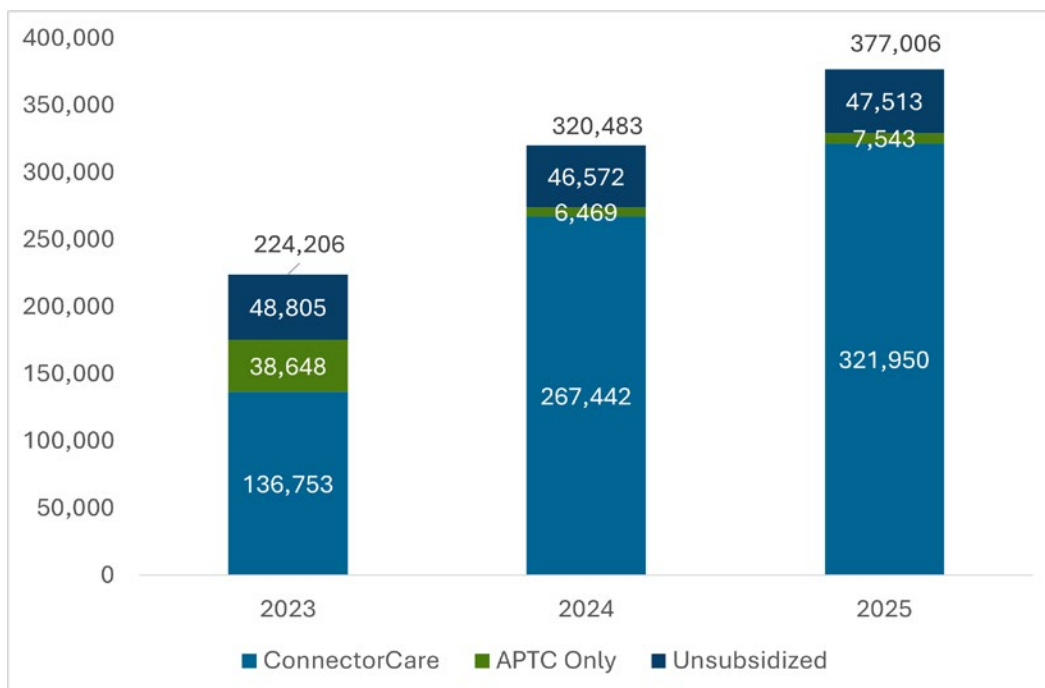
Membership

Non-group Membership

At the end of FY25, the Health Connector had over 377,000 members enrolled in individual health coverage, representing 87 percent of the overall individual, or non-group, market population in Massachusetts, according to March 2025 data from the Center for Health Information and Analysis (CHIA). Health Connector membership reached record numbers in 2025, continuing steady growth from 2023, primarily driven by increased enrollment in ConnectorCare. The ConnectorCare expansion pilot beginning in 2024 and MassHealth redeterminations primarily drove this growth. There were over 63,000 Health Connector members enrolled in the ConnectorCare expansion pilot by the end of FY25, and an overall 135 percent increase in ConnectorCare membership from the end of FY23 to the end of FY25. Heading into a period of federal policy uncertainty, the Health Connector will continue to identify strategies to bolster the ConnectorCare program and ensure sustainability over the long term to maintain the Commonwealth's commitment to coverage.

Enrollees in the ConnectorCare expansion have a variety of jobs across the Commonwealth. They drive the wheelchair van to pick up schoolchildren with special needs, they work multiple part-time jobs at home health agencies and assisted living facilities. They are the cook at a local daycare, and the senior pastor at the local church. They nanny for the family down the street and own a small yoga studio. They are a secretary for a small construction company and a substitute cafeteria worker for the school in town.

Figure 1. Health Connector Membership by Program, July 2023 to July 2025



ConnectorCare Enrollment

Nearly 322,000 Massachusetts residents were enrolled in ConnectorCare as of July 2025, providing them with affordable coverage with no deductible and low copays.

Table 2. ConnectorCare Enrollment by Plan Type, July 2025

Plan Type	Federal Poverty Level (FPL) Range	Income Ranges for Individuals Enrolling in CY2025	Total Enrollment	Percent of Enrollment
Plan Type 1	Up to 100 percent	Up to \$15,650	32,930	10 percent
Plan Type 2A	100.1 – 150 percent	\$15,651 to \$22,590	43,218	13 percent
Plan Type 2B	150.1 – 200 percent	\$22,591 to \$30,120	75,086	23 percent
Plan Type 3A	200.1 – 250 percent	\$30,121 to \$37,650	64,383	20 percent
Plan Type 3B	250.1 – 300 percent	\$37,651 to \$45,180	42,845	13 percent
Plan Type 3C	300.1 – 400 percent	\$45,181 to \$60,240	44,741	14 percent
Plan Type 3D	400.1 – 500 percent	\$60,241 to \$75,300	18,747	6 percent
Total	Up to 500 percent	Up to \$75,300	321,950	100 percent



“Previous to ConnectorCare, I was not having anything done for my medical needs except my yearly exam due to not being able to afford anything.”

- ConnectorCare Member

“Having a ConnectorCare plan has truly helped me so much. The quality of health insurance has allowed me to afford care that I put off or otherwise did not get. I feel more comfortable in my health knowing that if I have a health issue, I will be able to afford the treatment I need, which is a blessing beyond measure.”

- ConnectorCare Member



Non-group Membership Demographics

Health Connector members are generally more diverse than the overall Massachusetts population with respect to race, ethnicity, spoken language, and immigration status. Approximately 21 percent of Health Connector members reported being of Hispanic, Latino, or Spanish origin, compared to 13 percent of the overall Massachusetts population according to 2024 Census data. Among Health Connector enrollees, ConnectorCare members are the most racially diverse; 36 percent of members report their race as Black, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or more than one race. Just over one-third of those in the up-to-300 percent FPL ConnectorCare population are lawfully present immigrants, compared to 19 percent of overall Massachusetts residents. Immigrants without a lawfully present status do not qualify for any Health Connector coverage. Roughly 36 percent did not identify any race on their application and are thus excluded from the denominator for these analyses.

Table 3. Demographics of Health Connector Non-Group Enrollees

	ConnectorCare < 300% FPL	ConnectorCare >300 - < 500% FPL	Non-ConnectorCare >500% FPL	
Subsidy	Federal APTC + State Subsidies	Federal APTC + State Subsidies	Federal APTC Only	No Subsidies
Age (average)	41 years old	40 years old	45 years old	39 years old
Gender	57% female	52% female	51% female	50% female
Household enrollment size	65% Individual members 35% families	51% Individual members 49% families	17% Individual members 83% families	51% Individual members 49% families
Immigration status	35% Lawfully present immigrants	14% Lawfully present immigrants	8% Lawfully present immigrants	7% Lawfully present immigrants
Language	Of those who reported spoken language, 31% speak a language other than English, with Spanish the most common (17%)	Of those who reported spoken language, 13% speak a language other than English, with Spanish the most common (7%)	Of those who reported spoken language, 8% speak a language other than English, with Spanish the most common (3%)	Of those who reported spoken language, 3% speak a language other than English, with Spanish the most common (1%)

Small Group Membership



Health Connector for Business (HCB) brings the Health Connector's competitive state-based Marketplace model to small employers seeking high-value health coverage. Serving employers with 50 or fewer employees, HCB maximizes access and affordability by offering unprecedented flexibility, choice, and savings opportunities on health coverage.

At the end of FY25, the Health Connector for Business had 14,182 members across 2,441 groups, a 14 percent increase in members and a 3 percent increase in groups compared to the end of FY24. Through the HCB choice model, employers can select a carrier or metallic tier level and grant flexibility to their employees in selecting the best plan for their health needs. Choice model enrollment continues to grow steadily over time, with 57 percent of HCB groups electing to offer a "One Level" or "One Carrier" choice model option. The remaining 43 percent continue to select one plan to offer to their employees.

Sixty-nine percent of HCB small groups take advantage of the over 500 free HCB-certified brokers to assist with enrollment and account maintenance.

HCB offers a wellness-oriented savings program called ConnectWell. ConnectWell promotes health and wellness by rewarding eligible employers and employees for completing wellness activities. Employees can earn \$100 gift cards and employers can receive a 15 percent rebate on their health plan contributions. Employees must choose one activity in one of three categories: mind, body, or money to earn the incentive gift card, and employers are eligible for a rebate if 33 percent of their employees participate. At the end of the plan year, employers will receive a rebate based on their contributions to their employees' insurance.

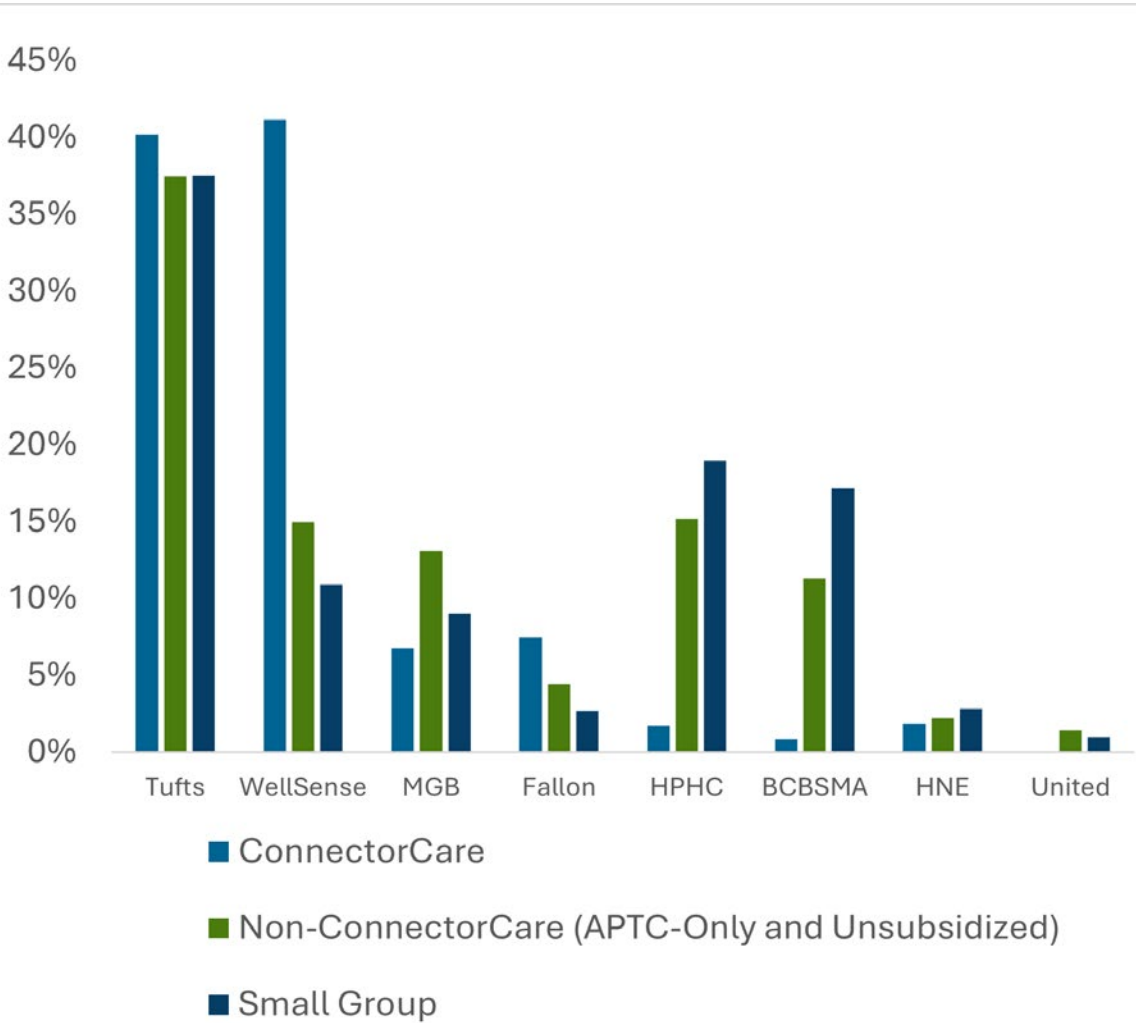
In FY25 85 HCB employer groups were eligible for wellness rebates, and 220 employees received \$100 gift cards. On average, employers receive annual rebate checks of \$4,683. However, approximately 94 percent of HCB employers did not participate in ConnectWell in FY25. To increase uptake, the Health Connector is collaborating with employers and brokers, hosting live training sessions, and conducting outreach directly to employees to help small groups take advantage of ConnectWell savings.

Membership by Health Plan

In July 2025, 391,203 members were enrolled in individual or small group Health Connector health coverage. Tufts Health Plan Direct is the most popular carrier across all member populations, encompassing just under half of membership across ConnectorCare, non-ConnectorCare individual coverage, and Health Connector for Business.

Enrollee health plan selections on the Health Connector platform differ substantially from those who purchase non-group and small group coverage outside the Health Connector, suggesting that the Health Connector’s comparison-shopping experience increases competition among carriers.

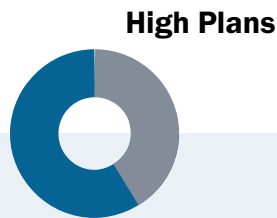
Figure 2. Percentage of Total Health Enrollment by Program and Carrier, July 2025 (n=391,203)



Dental Membership

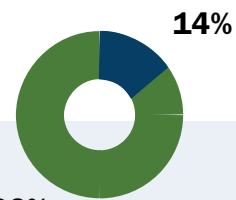
Just over one-third of non-group Health Connector program enrollees, or 176,526 individuals, are enrolled in both health and dental coverage. Eight percent of all Health Connector program enrollees are enrolled in a dental plan only.

Similar to non-group dental enrollment trends, Health Connector for Business dental membership increased over the year, with over 7,000 members.



Low Plans

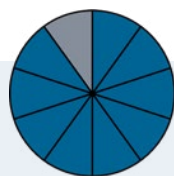
Enrollees can choose from "high plans," which have more comprehensive benefits, "low plans" with more basic coverage, or a pediatric-only plan for children under age 19. Nearly one-third of non-group dental enrollees are enrolled in high coverage, while over two-thirds of non-group dental enrollees are enrolled in low coverage.



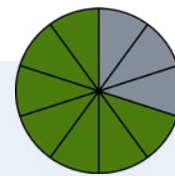
86%

Among non-group enrollees, 86 percent of enrollees in dental coverage choose Delta Dental, while 14 percent choose Altus Dental.

On Health Connector for Business, among enrollees with dental coverage:



Just over nine out of 10 enrollees in dental coverage choose Delta Dental, while just under one out of 10 choose Altus Dental.



Greater than seven out of 10 enrollees in dental coverage choose high coverage, while just under three out of 10 choose low coverage

Administration and Operations

Budget

The Health Connector programmatic budget shows actual spending for FY25. Health Connector program costs totaled \$218.5 million, net of federal financial participation.

The federal government provides matching funding to offset about half of state spending on ConnectorCare subsidies for citizens and certain lawfully present immigrants. The Commonwealth covers a larger portion of the subsidies for immigrants who do not qualify for federal financial participation yet are legally entitled to Health Connector coverage. However, the total cost to cover those members is substantially lower than the costs for members who qualify for federal financial participation because non-qualified members comprise less than 25 percent of total enrollment. See Appendix for additional detail on budget components.

Table 4. FY25 Health Connector Programmatic Budget

		July–December 2024	January–June 2025	Total
ConnectorCare Enrollees		\$74,026,000	\$98,520,000	\$172,546,000
	State Premium Wrap	\$17,138,000	\$22,748,000	\$39,886,000
	State Cost-Sharing Reductions (CSR)	\$64,056,000	\$75,772,000	\$139,828,000
Cost Sharing Reconciliation (CY23)		-\$7,168,000	\$0	-\$7,168,000
State Mandated Benefits		\$319,000	\$36,000	\$356,000
Medical Loss Ratio Rebate		-\$69,000	\$0	-\$69,000
Wellness program subsidies		\$227,000	\$136,000	\$363,000
Commonwealth Care Trust Fund Draw		\$22,500,000	\$22,500,000	\$45,00,000
Total Program Cost (Net of FFP)		\$97,179,000	\$121,405,000	\$218,585,000

Member Supports

The Health Connector implemented a new contact center vendor, Automated Health Services (AHS), starting in fall 2024, and AHS representatives began taking calls on April 1st, 2025. AHS's strengths as contact center experts are helping the Health Connector realize its vision to provide best-in-class customer service. The new contract will also allow for efficiencies and economies of scale leading to cost savings. To ensure high levels of customer service and a smooth contact center transition, the Health Connector's outgoing contact center vendor, Accenture, continued to take inbound calls and work back-office inventory through the transition period. A new contract was also completed with Accenture to manage the Health Connector's contact center technology through June 30, 2027.

The Health Connector contact center fielded 375,065 calls during Open Enrollment for 2025 coverage, compared to 353,603 calls in the 2024 Open Enrollment period, representing a 6 percent increase.

Over the last five years, visits to the Health Connector's walk-in centers declined. After careful consideration and surveys of members visiting the walk-in centers, the Health Connector decided to close all three locations (Boston, Worcester, and Springfield) as of June 2025. Health Connector members can make payments online, over the phone, and via mail. They can send in documents online, via mail, or by going in-person to a certified enrollment assister.



"I could not access my account but eventually the call center helped me after I was on the phone and was given multiple claim tickets. The people that I spoke to were very helpful and did their best to get it resolved"

- Health Connector Member



"Logging in [did not work well for me], but it was because I had 2 accounts! A quick call fixed it!"

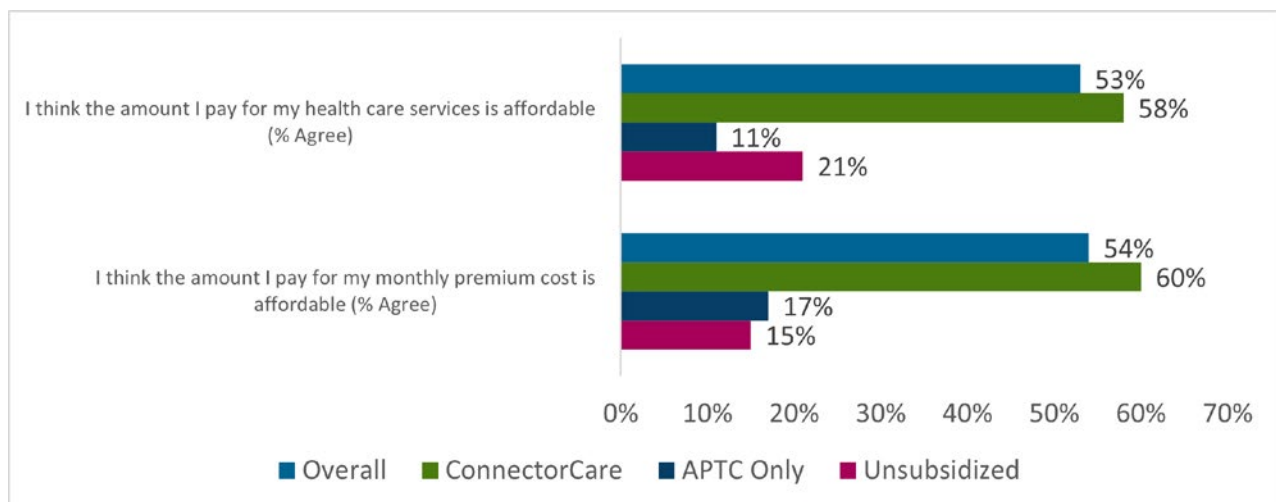
- Health Connector Member



Member Surveys and Feedback

Health Connector member surveys show high levels of satisfaction, with four out of five members reporting that they are satisfied with their Health Connector experience in 2025. Satisfaction varied among member populations, with ConnectorCare members rating their experience most highly along with members in Gold and Platinum tier plans. Members who were dissatisfied with their Health Connector experience primarily reported wanting plans with lower monthly premiums and reduced out-of-pocket costs, echoing concerns about rising health care costs experienced across Massachusetts and nationally.

Figure 3. Health Connector Non-Group Member Perceived Affordability of Health Care Services and Premium Costs, 2025



To inform the Health Connector’s efforts to reduce administrative burdens, member survey responses have identified plan cancellations, unclear notices, and documentation approval issues as the most common member account issues. Initiatives to reduce administrative burdens are directly informed by this feedback. Over eighty percent of members reported not having had any issues with their Health Connector account in the past six months, and this percentage has increased steadily from 68 percent in 2021 with an increased focus on reducing hurdles to maintaining coverage.

HCB employers are highly satisfied with their experience, with eighty-six percent of employers reporting satisfaction with the Health Connector for Business. Employers rate benefits such as the Choice Model and free access to certified brokers highly, and one-third find the Health Connector for Business to be their best option for covering a small number of employees.

Outreach and Education

A vital part of the Health Connector's mission is to ensure that everyone who needs health insurance is aware of the Health Connector and how to use the Health Connector platform to enroll in coverage. The Health Connector uses paid media, in-community activities, events, and other tools to ensure residents know where to go when they need coverage. In FY25, the Health Connector certified 24 Navigator organizations to provide in-person, community-based support to applicants and members through June 2027. These organizations have more than 50 locations across the Commonwealth and can provide information and help in more than 30 languages. Additionally, many Health Connector members are also supported by Certified Application Counselors (CACs), a similar community-based program overseen by MassHealth, to support individuals and families with enrolling and maintaining health care coverage.

Overall, approximately one third of Health Connector members that enrolled in FY25 were assisted by a Navigator or a CAC. The Health Connector also has an internal Community Specialist Program, where staff co-locate at organizations that have fewer certified assister resources to provide outreach, application, and enrollment assistance.



"I called him, and he helped me look for insurance. He searched for the plans, only asked for my documents, and he did the rest. And when I was about to have a procedure done that I needed, and I no longer had that insurance, he immediately made all the changes to the new one, and when I called him he said, 'I have everything ready, don't worry.' He practically handled everything."

- Health Connector Member

A Commitment to Affordable Coverage



In Massachusetts, the state's 2006 landmark health reform law and the Health Connector were built on the understanding that access to affordable and comprehensive coverage is a fundamental need of all Commonwealth residents. Since its creation, the Health Connector has maintained an essential role in the Massachusetts merged non-group and small group market, including through the state's transition to the federal Patient Protection and Affordable Care Act, which became law in 2010 and was largely implemented between 2014 and 2015. Through that transition, Massachusetts continued its commitment to keeping insurance affordable for low- and moderate-income individuals and created and expanded the ConnectorCare program to supplement federal subsidies.

At the close of FY25, the Health Connector is actively preparing for how to manage federal policy changes on the horizon that will significantly impact eligibility for federal premium tax credits and ConnectorCare and are expected to threaten the Commonwealth's progress toward universal coverage over the last two decades. The Health Connector remains committed to the purpose of its founding and its mission to provide access to coverage to Massachusetts residents and looks forward to – in this moment of federal policy headwinds on health care – redoubling its efforts to lead the way nationally on health coverage and affordability.

Appendix

Health Connector Budget Glossary

State Premium Wrap – After calculating an individual’s federal advance premium tax credit (APTC), the Health Connector’s eligibility system uses that amount to determine the amount of state premium subsidies or “wrap” needed to cover the gap between the individual’s premium amount after APTCs are applied and the enrollee’s ConnectorCare premium contribution.

State Cost-Sharing Reductions (CSR) – State CSRs provide ConnectorCare’s lower out-of-pocket costs.

Cost Sharing Reduction (CSR) Reconciliation – CSR reconciliation is the process of comparing CSR advance payments paid to the carrier during the year to the actual cost paid by the carrier for providing the cost sharing in ConnectorCare. If the advance payments were higher than actual claims costs, then the carrier will need to reimburse the state for the difference, and the state would need to reimburse the carrier if the advance payments are lower than actual claims costs

State Mandated Benefits – The ACA requires states to pay for the cost of benefits required by state law that go beyond essential health benefits (EHBs) for individuals enrolled in any plan offered through a Marketplace.

Medical Loss Ratio Rebate – Medical loss ratio (MLR) is a financial measurement used to ensure carriers spend a certain percentage of premium dollars on health care and quality improvement. In Massachusetts, if an individual or small group insurer spends less than 88 percent of premiums on claims expenses, then it is required to pay members back in the form of MLR rebates. Because the state pays some premium costs through ConnectorCare, some rebate funds are sent to the Health Connector. The MLR Rebate in the table represents the state share of MLR rebates paid out through carriers.

Wellness Program Subsidies – Health Connector for Business (HCB) offers a wellness-oriented savings program called ConnectWell. ConnectWell promotes health and wellness by financially rewarding eligible employers and employees for completing wellness activities.

Commonwealth Care Trust Fund (CCTF) Draw – The CCTF is a state trust fund established through Massachusetts General Law Chapter 29, Section 2000 for the purpose of supporting Health Connector programs designed to increase health coverage for residents of the Commonwealth.



Massachusetts Health Connector

1-877-MA-ENROLL (1-877-623-6765), or TTY: 711 for people who are deaf, hard of hearing, or speech disabled.

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