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MEDICAL SCHOOL

Eunice Kennedy
Shriver Center

Insurance Resource Center for
Autism and Behavioral Health

LUNCH AND LEARN SERIES

Premium Assistance Open Enrollment

Presented by: Suzi Jervinis, Insurance Navigation Manager

September 10, 2026

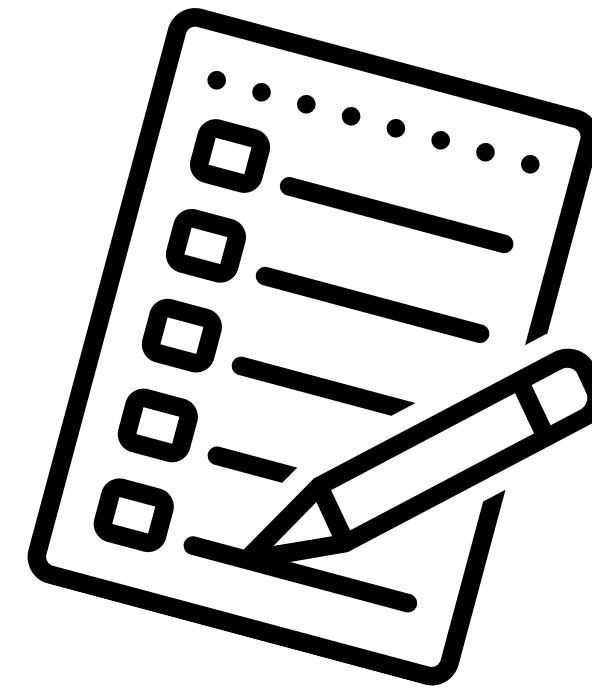


About Us

- The Insurance Resource Center for Autism and Behavioral Health
UMass Chan Medical School, E.K. Shriver Center
www.massairc.org 774-455-4056 airc@umassmed.edu
- A Resource for Consumers, Providers, Employers, and Educators on Issues Related to Medical Insurance for Autism and Behavioral Health Treatments
 - Information and technical assistance by phone/e-mail
 - Assistance with issues related to accessing coverage for treatment, including MassHealth questions and issues.
 - Access to documents including Legislation, FAQ's, Agency Bulletins, etc.
 - Webinars and Trainings on Insurance Laws and Related Topics

Today's Agenda

- What is Premium Assistance?
- What is Needed During Employer Open Enrollment?
- Review Form
- Reminders



What is Premium Assistance?

Premium Assistance (PA) is a program offered through MassHealth that is designed to reduce costs for members while allowing them to maintain or obtain private insurance coverage. PA reimburses eligible MassHealth members for some or all the premium cost of eligible private insurance on a monthly basis.

Today's presentation focuses on members continuing PA. If you are looking to enroll in PA for the first time, you'll want to:

- *Review our PA Fact Sheet - <https://massairc.org/wp-content/uploads/2025/12/2026-MassHealth-Premium-Assistance-.pdf-1.pdf>*
- *Watch our PA Lunch & Learn <https://vimeo.com/1172577984?share=copy&fl=sv&fe=ci>*
- *Reach out to the IRC for information*

Open Enrollment at Work?

If yes...

- 1) You'll want to make sure that the plan you are currently on or the one you are looking to enroll into for 2027 meets criteria for PA.
 - Family in-network deductible no more than \$6,400
 - Family in-network out-of-pocket max no more than \$20,300
- 2) Shop! Remember MassHealth will typically match your portion of the employer sponsored plan costs, so perhaps you want to look at that more expensive options available.
- 3) Ask for assistance. The IRC team is happy to review plans.

Then what?

PA needs the updated 2027 plan year information

- PA will reach out to your employer and ask for this information. If they don't hear from the employer, then they will reach out to you the employee.
- They are looking for a completed PA Review Form and 2027 Summary of Benefits. The Review Form can be found here:
<https://www.mass.gov/doc/premium-assistance-compliance-form/download>
- Ideally, you want PA to have all the necessary information before Thanksgiving.

Look at the Review Form

- One page
- Left Column is your current 2026 plan information
- Right Column is only looking for changes
- Sign and Dated by HR Rep
- Summary of Benefits
- Copy of Insurance Bill or Statement – for plans outside of an employer



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
MassHealth Premium Assistance Program
 519 Somerville, Ave #372
 Somerville, MA 02143

PREMIUM ASSISTANCE REVIEW FORM

Please review the information below to ensure it is accurate. If the information is not correct, please write in the correct information so we may update our files. If any of the health insurance information for this individual is not populated, please report the correct information

	INFORMATION ON FILE	UPCOMING PLAN INFORMATION – (IF DIFFERENT)
Policy Holder/Member		
Employer Name		
Employer’s Human Resource Address		
Insurance Company		
Type of Plan	☐ HMO ☐ PPO ☐ POS ☐ EPO ☐ Major Medical ☐ Indemnity	☐ HMO ☐ PPO ☐ POS ☐ EPO ☐ Major Medical ☐ Indemnity
Plan Tier	☐ Individual ☐ Dual ☐ Couple ☐ Family	☐ Individual ☐ Dual ☐ Couple ☐ Family
Policy Number		
Group Number		
Policy Start Date: (MM/DD/YYYY)		
Total Monthly Premium		
Monthly Employer Contribution		
Monthly Employee Contribution		
Rate Year (dates premium rates are effective):		
Individuals covered by Policy (MassHealth ID)		
Other Notes:		

Name of Human Resources/Benefits Person Completing Form _____

Phone Number: _____ Date: _____

- All Premium Assistance Review Forms must include a copy of the Summary of Benefits (which describes the coverage, deductible, out of pocket max, etc. for the health insurance plan you are enrolled in).
 - ☐ Summary of Benefits attached
- If this plan is not through your employer, please provide a copy of a bill or statement from your insurance company indicating your monthly premium cost.
 - ☐ Copy of Insurance Bill or Statement is Attached (only applies to policies not provided by employer or COBRA plans)

If you have any questions on how to complete this form please call 1-800-862-4840 | Fax (617) 451-1332

Reminders & Tips

- Your November PA check is the last one for plan year 2026!
- This is PA's busiest time of year!
- Be proactive! Bring the Review Form to your HR when you make your 2027 decisions, even if you are staying with the same plan!
- Email the Review Form and Summary of Benefits
MassPremAssistance@accenture.com

PA Contact Information

- Phone: (800) 862-4840
 - Monday – Friday 8:00 am to 5:00 pm
- Fax: (617) 451-1332
- TTY: (617) 886-8102
- Mailing Address: 519 Somerville Ave, #372 Somerville, MA 02142
- Email: MassPremAssistance@accenture.com

Contact Us

- Email: airc@umassmed.edu
- Phone: 774-455-4056
- Website: www.massairc.org
- Facebook: @IRCABH

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Thank you!