A note on High Deductible Health Plans (HDHPs) and MCC Requirements

In order to meet MCC standards, a HDHP must comply with all federal requirements under section 223 of the Internal Revenue Code and be offered with a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA).

In addition, the HDHP must comply with MCC Regulations and (to the extent they are not inconsistent with federal requirements under section 223 of the Internal Revenue Code):

- Provide some coverage for a “broad range of medical benefits” 956 CMR 5.03(2)(a);
- Offer preventive care visits prior to the deductible 956 CMR 5.03(2)(h);
- Not impose an annual limit on covered services, core services, or prescription drug coverage 956 CMR 5.03(2)(f); and
- Not impose a dollar limit on what will be paid for core services 956 CMR 5.03(2)(g).

If the HDHP meets all of the requirements under MCC Regulation 956 CMR 5.03(2)(k)2, it may be deemed as meeting MCC standards and does not need to be submitted to the Connector for MCC Certification.

For additional information on HDHPs, see the MCC Regulations and Administrative Bulletins 01-08 and 02-10.