

Administrative Information Bulletin 03-23

Guidance Regarding Minimum Creditable Coverage (MCC) Regulations

For Calendar Year 2024

August 23, 2023

The purpose of this Administrative Bulletin is to provide annual guidance regarding certain provisions of the Commonwealth Health Insurance Connector Authority’s (Health Connector) Minimum Creditable Coverage (MCC) regulation, 956 CMR 5.00. Specifically, this Bulletin describes the calculation of the deductible limits and Maximum Out-of-Pocket for 2024 and provides those respective dollar amounts. This Bulletin takes effect immediately.

I. Deductible Limits – 956 CMR 5.03(2)(b)

A Health Benefit Plan that imposes any Deductible for in-network Covered Services is subject to the baseline deductible limits in subdivision 956 CMR 5.03(2)(b)2 (\$2,000 for an individual and \$4,000 for a family) as modified by the indexing methodology prescribed by subdivision 956 CMR 5.03(2)(b)3. If the indexing methodology yields an Individual Coverage Deductible amount that is not a multiple of \$50, that amount will be rounded down to the nearest multiple of \$50. A Health Benefit Plan that imposes a separate Deductible for prescription drug coverage is still subject to the overall Deductible limit set by 956 CMR 5.03(2)(b), but the separate Deductible for prescription drug coverage cannot exceed the amount determined by the methodology prescribed by subdivision 956 CMR 5.03(2)(b)4. If this methodology yields an amount that is not a multiple of \$10, that amount will be rounded down to the nearest multiple of \$10. The Connector Board may, pursuant to 956 CMR 5.03(2)(b)3. & 4., elect to adopt different limits than those that would otherwise result from the application of the foregoing methodologies. For calendar year 2024, the Connector Board did not exercise this discretion, and, therefore, the applicable deductibles are as follows:

Individual Coverage Deductible	\$2,950
Individual Coverage Separate Prescription Deductible	\$360
Family Coverage Deductible	\$5,900
Family Coverage Separate Prescription Deductible	\$720

To calculate the Individual Coverage Deductible, the baseline deductible of \$2,000 was multiplied by the premium adjustment percentage for 2024 of 1.4899877401, totaling \$2,980. Rounding down to the nearest multiple of \$50 results in a deductible of \$2,950.

To calculate the Individual Coverage Separate Prescription Deductible, 12.5% of the Individual Coverage Deductible \$2,950, or \$367, was rounded down to the nearest multiple of \$10, resulting in an Individual Coverage Separate Prescription Deductible of \$360.

To calculate the Family Coverage Deductible the Individual Coverage Deductible of \$2,950 was multiplied by two, resulting in a limit of \$5,900. To calculate the Family Coverage Separate Prescription Deductible,

the Individual Coverage Separate Prescription Deductible was multiplied by two, resulting in a limit of \$720.

II. Maximum Out-of-Pocket (MOOP) – 956 CMR 5.03(2)(c)

As previously noted in Administrative Bulletin 02-17, a Health Benefit Plan that imposes any deductibles, Co-payments, or Co-insurance for in-network covered Core Services must set MOOP for in-network Covered Services equal to the dollar amounts in effect under § 223(c)(2)(A)(ii) of the Internal Revenue Code in 2014 (\$6,350 for self-only and \$12,700 for family coverage) as modified by the indexing methodology prescribed by subsection 5.03(2)(c). If the resulting amount for Self-Only Coverage MOOP is not a multiple of \$50, then it will be rounded down to the nearest multiple of \$50. This is the same methodology used by the Centers for Medicare and Medicaid Services in their calculation of MOOP amounts, as published annually in the Federal Register.

For calendar year 2024, the application of this indexing methodology results in the following amounts for MOOP:

Self-Only Coverage Maximum Out of Pocket	\$9,450
Family Coverage Maximum Out of Pocket	\$18,900

To calculate the Self-only Coverage MOOP, \$6,350 was multiplied by the premium adjustment percentage for 2024 of 1.4899877401, totaling \$9,461. Rounding down to the nearest multiple of \$50 results in a MOOP of \$9,450.

To calculate the Family Coverage MOOP, the individual MOOP of \$9,450 was multiplied by two, resulting in a MOOP of \$18,900.