



Minimum Creditable Coverage (MCC) Requirements

MCC-compliant plans must provide coverage for a broad range of medical services. There must be some level of coverage for:

- Ambulatory patient services, including outpatient day surgery and related anesthesia
- Diagnostic imaging and screening procedures, including x-rays
- Emergency services
- Hospitalization, including at a minimum, inpatient acute care services which are generally provided by an acute care hospital for covered benefits in accordance with the member's subscriber certificate or plan description
- Maternity and newborn care, including prenatal care, post-natal care, and delivery inpatient services for maternity
- Medical / surgical care, including preventative and primary care
- Mental health and substance abuse services
- Prescription drugs
- Radiation therapy and chemotherapy

There are requirements on what the plan can charge for in-network services:

- Annual deductibles cannot exceed the individual and family limits
- For plans with up-front deductibles or co-insurance on core services, there is an annual maximum on out-of-pocket spending
- The out-of-pocket maximum must include all co-payments, coinsurance and deductibles for in-network services, but does not include prescription drugs
- For plans that have a separate prescription drug deductible, it cannot exceed the annual limit
- Doctor visits for preventive care must be provided prior to the deductible
- Please see the most recent [administrative bulletin](#) regarding Minimum Creditable Coverage Regulations for all annually indexed limits

There can be no limits or caps on:

- Prescription drug benefits
- The total amount paid for a particular illness or for benefits in a single year
- Certain services, such as a fixed dollar amount per day or stay in the hospital, with the patient responsible for all other charges

The broad range of medical services must be available to all people covered by the plan. If a plan covers dependents, it must include maternity services for the pregnant daughter of the subscriber.

If after reviewing the plan benefit summary, you do not know whether the plan meets MCC, contact your employer or your insurer.