

## Administrative Information Bulletin 01-26

### Guidance Regarding Minimum Creditable Coverage (MCC) Regulations

For Calendar Year 2027

May 7, 2026

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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 2027 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.

The premium adjustment percentage for 2027, was published by the Department of Health and Human Services, Centers for Medicare and Medicaid Services (HHS) in sub-regulatory guidance on January 29, 2026.<sup>1</sup> HHS had previously issued the Final 2025 Marketplace Integrity and Affordability rule which changed the formula for calculating premium growth by including, for the first time, individual coverage premiums in the calculation of premium growth, in addition to employer-sponsored coverage premiums.<sup>2</sup> This methodology change produced the higher premium adjustment percentage and, as a result, higher indexed cost-sharing than would have been expected had the original methodology, that excluded individual coverage premium growth, had been used.

If indexed using the 2027 premium adjustment percentage, 2027 MCC deductible limits would be 17.2 percent higher than the 2026 MCC limits. See, Administrative Information Bulletin 01-25: Guidance

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<sup>1</sup> CMS. January 29, 2026. Premium Adjustment Percentage. Available at <https://www.cms.gov/files/document/2027-papi-parameters-guidance-2026-01-29.pdf>

<sup>2</sup> CMS. Marketplace Integrity and Affordability Rule. Available at <https://public-inspection.federalregister.gov/2025-04083.pdf>

Regarding Minimum Creditable Coverage (MCC) Regulations For Calendar Year 2026, published February 24, 2025.<sup>3</sup> An increase of that size would be significantly higher than in past years. The average year to year increase in MCC deductible limits since 2020 is about 3.6 percent. Therefore, for calendar year 2027, the Health Connector Board exercised its discretion and voted to maintain MCC deductible limits from 2026. The applicable deductibles adopted by the Board are as follows:

Individual Coverage Deductible	\$3,200
Individual Coverage Separate Prescription Deductible	\$400
Family Coverage Deductible	\$6,400
Family Coverage Separate Prescription Deductible	\$800

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 2027, the application of this indexing methodology results in the following amounts for MOOP:

Self-Only Coverage Maximum Out of Pocket	\$12,000
Family Coverage Maximum Out of Pocket	\$24,000

To calculate the Self-only Coverage MOOP, \$6,350 was multiplied by the premium adjustment percentage for 2027 of 1.8916224814, totaling \$12,011. Rounding down to the nearest multiple of \$50 results in a MOOP of \$12,000.

To calculate the Family Coverage MOOP, the individual MOOP of \$12,000 was multiplied by two, resulting in a MOOP of \$24,000.

<sup>3</sup> <https://www.mahealthconnector.org/wp-content/uploads/AdminBulletin01-25.pdf>