



## 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](#).