



## Instructions on Completing 2025 MA Health Insurance Responsibility Disclosure (HIRD) Filing

The Health Insurance Responsibility Disclosure (HIRD) form must be completed electronically from **November 15 to December 15** each year. The HIRD reporting is administered by MassHealth and the Department of Revenue (DOR) through the MassTaxConnect web portal.

**This annual filing is required by state law for all Massachusetts employers with 6 or more employees. This includes all parishes, regardless of size.**

The HIRD form collects information about your employer-sponsored health insurance offerings and will be used to assist MassHealth in identifying its members with access to qualifying insurance who may be eligible for the MassHealth Premium Assistance Program. The Premium Assistance Program helps eligible working individuals and families pay for qualifying employer-sponsored insurance. For more information, please reference the [HIRD FAQs](#).

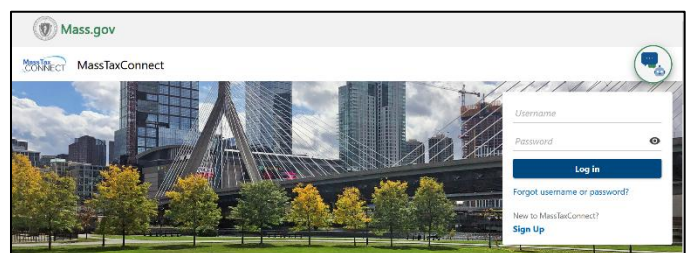
Instruction documents for all of the processes noted below along with a recorded presentation are available on the Administrator Toolkit page of the Benefits Department website:

[catholicbenefits.org/administrators](https://catholicbenefits.org/administrators)

- First-time user, need to set up online access
- Already have set up online access but need help retrieving your Username or Password

**Important Note!** Before you begin, find the cost sharing for your location for the Enhanced, Basic and High-Deductible Plans, **even if you have no employees enrolled in those plans**. The HIRD filing process should take approximately 15 minutes once you have that information. You can copy/paste responses from this document into the HIRD form. The module does allow you to save once you start. You should see a link for “continue editing” on the Summary page where you started the Disclosure if you need to log in later to finish a partially completed HIRD filing.

1. Log into your MassTaxConnect Account at <https://mtc.dor.state.ma.us/mtc/>



You may be asked to verify your account with a Security Code.

**Verify Security Code**

A text message with your MassTaxConnect security code was sent to

Security Code <sup>\*</sup>

Required

☐ Trust this device

Didn't receive your code? [Resend](#)

[More options](#)

2. Scroll down to the **Withholding Tax** section of the Summary page and select the “File a Health Insurance Responsibility Disclosure” link under the HIRD subsection.

Withholding Tax  
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HIRD

> File a Health Insurance Responsibility Disclosure

3. Review general information and click “Next.”

Requirements for Filing Form  
HIRD

🔖 Employer Health Insurance Responsibility Disclosure (HIRD) Form - General Information

Per guidelines set forth by the Executive Office of Health and Human Services, you are required to file the HIRD form on MassTaxConnect if

1. You are an employer who currently has (or had) six or more employees in any month during the past 12 months preceding the due date of this form (December 15th of filing year).
2. You must complete this Form only for a plan(s) offered to Massachusetts employees for the employer's next upcoming Plan Year (a.k.a. Rate Year), if available. If plan information for the upcoming Plan Year is not available, employers must provide information only for a plan(s) offered to Massachusetts employees for the employer's current Plan Year. The employer's Plan Year (a.k.a. Rate Year) is defined as the effective date of any changes in a group Health Insurance plan during the Open Enrollment Period. If the employer's current Plan Year ends on or before December 31st of the filing year, you must report plan information for the upcoming Plan Year.
3. Employers must complete all sections of this Form, unless otherwise specified in the instructions.

📞 Contact and Support Information

For questions regarding the HIRD reporting requirement, please contact the Department of Revenue's customer service center at 617-466-3940, and choose the option to speak with an HIRD representative. Note that any questions submitted in writing directly to the HIRD form web portal itself cannot be responded to.

Cancel Save Draft

< Previous Next >

4. Confirm the Company's Profile information is correct and click “Next.”

✎ Return Information

Form Year

👤 Company's Profile

ID Type

Federal Employer Identification Number

Legal Name

Trade name(s) (doing business as), if applicable (enter one DBA per line for multiple trade names)

5. Enter your contact information as the person completing the form. Click “Next.”

👤 Direct Contact - Individual Responsible for Completing This Form

Guidance on Direct Contact

Name \*

Phone Number \*

Phone Extension

Email Address \*

Mailing Address - Street Name \*

Mailing Address - City Name \*

Mailing Address - State \*

Mailing Address - Zip Code \*

6. Complete the **Company's Insurance Profile – Health Plan Eligibility** page.  
Suggested responses are outlined below.

Question	Suggested Response
Does the employer offer group health insurance?	Yes
What is the minimum number of scheduled hours per week that the employer requires an employee to work to be considered eligible for health plan benefits?	20 for RCAB parish locations; 24 for parish schools; or a higher number (up to 30 per week) if your separately-incorporated location requires more hours to be worked for benefit eligibility.

What is the time period (in months) that a new employee must work before he or she is eligible for health plan benefits?	Enter 1 for any RCAB location; if your separately-incorporated location has a longer waiting period, enter the correct number of months.
Does employer determine employee eligibility for health plan benefits according to employment-based categories for different groups of employees?	No
Does employer offer different health plan benefits / rates for health plan benefits according to employment-based categories for different groups of employees?	No, unless your location has different cost sharing for current and newly eligible employees (more on that topic below, if applicable).
Does employer offer health plan(s) which use Massachusetts Health Connector Employee Choice Models?	No
Select the employment-based categories that the employer utilizes.	No, unless your location has different cost sharing for current and newly eligible employees (more on that topic below, if applicable).
Select the employment-based categories that the employer utilizes. (Select as many employment-based categories as necessary).	Click No for all unless your location has multiple cost shares. See additional information below.*
Does the employer employ any union members who receive Group Health Insurance through a union rather than through the employer?	No. Then leave next box blank. Click "Next."

\*If your location has multiple cost shares for groups of employees, choose "YES" under "Other" and then add text to describe the categories. For example, if your location has employees who pay less for health coverage based on date of hire, choose "YES" under "Other" and then add the following under both boxes:

"The employer offers less expensive health insurance to employees who were hired on or before \_\_\_\_\_[date]. All employees are eligible for the RCAB Health Plans through Blue Cross if they are scheduled to work at least 1,000 [for separately-incorporated locations requiring more hours, insert correct data here] hours/year."


Alternatively, if you have an employee who is offered coverage with lower cost-sharing than other employees as an exception (*i.e.*, on a "grandfathered" basis), and no other employees would be offered this cost-sharing in the future, this cost share does not need to be reported through HIRD. Thus, the "NO" answers above should be left as is.

<p>If the employer answered Yes to "other", describe the "other" employment-based category(ies) and indicate which specific health plan(s) the employees in each "other" category have access to.</p>     <p>If applicable, describe how the employer defines each employment-based category and the employer's eligibility requirements for health plan benefits according to each category.</p>     
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Click "Next."


7. Complete the **Company's Insurance Profile – Open Enrollment and Plan Year Dates** page.  
Suggested responses are outlined below.

Open Enrollment period: Start Date	05/12/2025
Open Enrollment period: End Date	06/16/2025
Plan year's (a.k.a. rate year) Start date	07/01/2025
Plan year's (a.k.a. rate year) End date	06/30/2026



**Company's Insurance Profile - Open Enrollment and Plan Year Dates**


[Guidance on Employer's Open Enrollment Period](#)

Open enrollment period: Start Date  

Open enrollment period: End Date  

[Guidance on Employer's Plan Year \(a.k.a. Rate Year\)](#)

Plan year's (a.k.a rate year) Start date  


Plan year's (a.k.a rate year) End date  


Click “Next.”

8. The following page will ask you to enter the Plan and cost share information for each of the three Health Plan options offered by RCAB; Enhanced, Basic and High-Deductible.  
You must enter all three even if you do not have anyone currently enrolled in any one plan.


To begin, click “+ Add a Plan”


HIRD Plans

 Add a Plan

Name Of The Insurance Plan 


Plan Name


 Add a Plan

 Add a Plan

Cancel

Save Draft

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Enter the below for the **Enhanced PPO** Health Plan:

Name of the Health Insurer	Blue Cross Blue Shield of MA
Name of Health Plan	<b>Enhanced PPO</b> Health Plan
Plan group numbers (these can be copy and pasted):	002370423    002370425 002370427    002370428 002370429    002370430

Do the benefits provided under the health insurance plan satisfy the minimum creditable coverage requirements of 956 CMR 5.03(1)(a)?	Yes
Does the employer offer its employees wellness credits that may reduce the employee contribution to the premium for this plan?	No
Enter the date on which the following costs and coverage information became or will become effective for this plan.	07/01/2025

If you answered YES to the question “Does employer offer different benefits / rates for health plan benefits, then the question “Indicate the employment-based categories that have access...” will appear, followed by the category which you selected. Answer YES, which will then require you to fill out two plan profiles for the Enhanced Plan—one for each of the different cost-sharing splits. These pages will be identical except for the dollar amounts for the cost-sharing.

If this question does not appear, continue to the next section.

Indicate the employment-based categories that have access to this plan (Select as many employment-based categories as necessary).
  
[Guidance on Employment-based categories](#)
  
Other .....

No
Yes

Under the **Levels of Coverage** section, select the following.

Individual = Yes

Employee Plus One = Yes

Employee Plus Children = No

Family = Yes

☒ Levels Of Coverage
  
Which levels of coverage are offered by this plan? [Guidance on Levels of coverage](#)
  
Individual .....

No
Yes

Employee Plus One .....

No
Yes

Employee Plus Children .....

No
Yes

Family .....

No
Yes

Next you will see three sections to input the Employee’s Monthly Contribution, Employer’s Monthly Contribution and the Plans Total Monthly Costs.

The recommended cost shares are included in the examples below however cost shares vary from location to location. The [Health Plan Cost Share/Budget Calculator \(7/1/2025-6/30/2026\)](#) found on [catholicbenefits.org/administrators](#) can assist with these calculations.

Complete this section based on your locations cost sharing for the **Enhanced PPO** Health Plan.

**Example:** If your cost sharing is **Enhanced (25% Individual/40% Ind +1/Family)** Basic (15% Individual/35% Ind+1/Family) (recommended cost-sharing):

Enhanced Plan	Monthly Employee		Monthly Employer		Monthly Rate/Total Monthly Premium
	Cost	%	Cost	%	
Individual	\$249.01	25%	\$747.02	75%	\$996.02
Individual + 1 (spouse or child)	\$896.12	40%	\$1,344.19	60%	\$2,240.31
Family	\$1,115.16	40%	\$1,672.75	60%	\$2,787.91

You may need to round the contributions up/down by a penny if the total monthly costs do not match the employee plus employer contribution amounts. A red message will appear if this is needed.

<b>Employee's Monthly Contribution</b>	
<a href="#">Guidance on Employee's Monthly Contribution</a>	
Individual	249.01
Employee Plus One	896.12
Family	1,115.16
<b>Employer's Monthly Contribution</b>	
<a href="#">Guidance on Employer's Monthly Contribution</a>	
Individual	747.01
Employee Plus One	1,344.19
Family	1,672.75
<b>Plan's Total Monthly Costs</b>	
<a href="#">Guidance on Plan's Total Monthly Costs</a>	
Individual	996.02
Employee Plus One	2,240.31
Family	2,787.91

Enter the following for the **In-Network Annual Deductibles** and **Annual Out-of-Pocket Max Expenses** fields for the **Enhanced PPO** Health Plan

	In-Network Annual Deductible	Annual Out of Pocket Max Expense
Individual	\$1,000	\$3,750
Employee Plus One	\$2,000	\$7,500
Family	\$2,000	\$7,500

Click “Add a Plan” to enter information for the **Basic PPO** Health Plan.

+ Add a Plan

Remove a Plan

Cancel

Save Draft

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Follow the same steps for the **Basic PPO** under Plan's Profile:

Name of the Health Insurer	Blue Cross Blue Shield of MA	
Name of Health Plan	Basic PPO Health Plan	
Group Numbers (these can be copy and pasted):	002370431	002370433
	002370435	002370436
	002370437	002370438

Do the benefits provided under the health insurance plan satisfy the minimum creditable coverage requirements of 956 CMR 5.03(1)(a)?	Yes
Does the employer offer its employees wellness credits that may reduce the employee contribution to the premium for this plan?	No
Enter the date on which the following costs and coverage information became or will become effective for this plan.	07/01/2025

If you answered YES to the question “Does employer offer different benefits / rates for health plan benefits, then the question “Indicate the employment-based categories that have access...” will appear, followed by the category which you selected. Answer YES, which will then require you to fill out two plan profiles for the Enhanced Plan—one for each of the different cost-sharing splits. These pages will be identical except for the dollar amounts for the cost-sharing.

If this question does not appear, continue to the next section.

Under the **Levels of Coverage** section, select the following.

Individual = Yes

Employee Plus One = Yes

Employee Plus Children = **No**

Family = Yes

Enter your locations Employee’s Monthly Contribution, Employer’s Monthly Contribution and the Plans Total Monthly Costs for the **Basic PPO** Health Plan. These vary from location to location.

**Example:** If your cost sharing is Enhanced (25% Individual/40% Ind +1/Family) **Basic (15% Individual/35% Ind + 1/Family)** (recommended cost-sharing)

Basic Plan	Monthly Employee		Monthly Employer		Monthly Rate/Total Monthly Premium
	Cost	%	Cost	%	
Individual	\$127.02	15%	\$719.77	85%	\$846.79
Individual + 1 (spouse or child)	\$666.63	35%	\$1,238.02	65%	\$1,904.65
Family	\$829.58	35%	\$1,540.66	65%	\$2,370.24

You may need to round the contributions up/down by a penny if the total monthly costs do not match the employee plus employer contribution amounts. A red message will appear if this is needed.

Enter the following for the **In-Network Annual Deductibles** and **Annual Out-of-Pocket Max Expenses** fields for the **Basic PPO** Health Plan.

	In-Network Annual Deductible	Annual Out of Pocket Max Expense
<b>Individual</b>	\$3,000	\$5,500
<b>Employee Plus One</b>	\$6,000	\$11,000
<b>Family</b>	\$6,000	\$11,000

Click “Add a Plan” to enter information for the Blue Cross **High Deductible Health Plan (HDHP)**.

Follow the same steps for the **High Deductible Health Plan (HDHP)** under Plan’s Profile:

Name of the Health Insurer	Blue Cross Blue Shield of MA
Name of Health Plan	<b>High Deductible Health Plan</b>
Group Number (this can be copy and pasted):	002374258
Do the benefits provided under the health insurance plan satisfy the minimum creditable coverage requirements of 956 CMR 5.03(1)(a)?	Yes
Does the employer offer its employees wellness credits that may reduce the employee contribution to the premium for this plan?	No
Enter the date on which the following costs and coverage information became or will become effective for this plan.	07/01/2025

**If** you answered YES to the question “Does employer offer different benefits / rates for health plan benefits, then the question “Indicate the employment-based categories that have access...” will appear, followed by the category which you selected. Answer YES, which will then require you to fill out two plan profiles for the Enhanced Plan—one for each of the different cost-sharing splits. These pages will be identical except for the dollar amounts for the cost-sharing.

If this question does not appear, continue to the next section.

Under the **Levels of Coverage** section, select the following.

Individual = Yes

Employee Plus One = Yes

Employee Plus Children = **No**

Family = Yes

Enter the Employee’s Monthly Contribution, Employer’s Monthly Contribution and the Plans Total Monthly Costs for the **High Deductible Health Plan**.

All locations use the following cost-sharing for the **HDHP**: 5% for individual and 25% for family (unless you do not charge employees for any Plan, in which case the employee cost share would be 0%).

High Deductible Health Plan	Monthly Employee		Monthly Employer		Monthly Rate/Total Monthly Premium
	Cost	%	Cost	%	
Individual	\$36.35	5%	\$690.74	95%	\$727.09
Individual + 1 (spouse or child)	\$408.85	25%	\$1,226.56	75%	\$1,635.41
Family	\$508.80	25%	\$1,526.39	75%	\$2,035.18

Enter the following for the **In-Network Annual Deductibles** and **Annual Out-of-Pocket Max Expenses** fields for the **High Deductible Health Plan**.

	In-Network Annual Deductible	Annual Out of Pocket Max Expense
Individual	\$4,000	\$7,000
Employee Plus One	\$8,000	\$14,000
Family	\$8,000	\$14,000

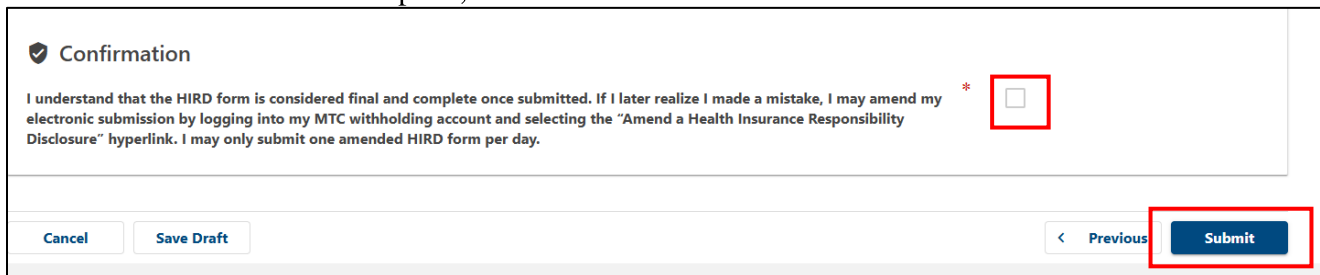
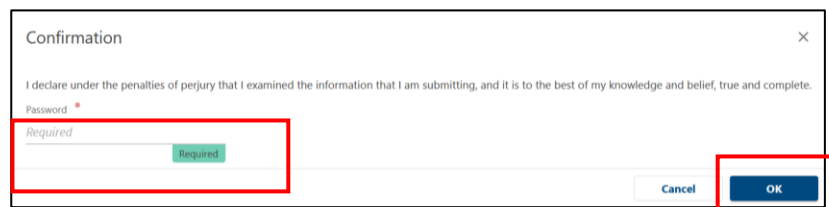
9. Click “Next.”



10. Review the Return Summary to ensure it is correct. If you need to go back to fix any data, click “Previous.” Note the tabs across the top for the three Plans. Click on the correct tab to edit data.



11. Once ready, click the “Confirmation” box, then “Submit.” Then enter your password to certify that all information is true and complete, then click “OK.”

12. Print the Submission page by clicking “Print Confirmation.” You should receive an email from the DOR confirming your submission. You can also return to the Home page and see that the HIRD filing shows as Submitted.

