



**TO: Our Valued Clients and Brokers**  
**FROM: Health Plans, Inc.**  
**DATE: December 10, 2025**  
**RE: Compliance eBlast: Plan Changes For 2026**

Health Plans, Inc. (HPI) is issuing this Compliance eBlast to notify you of regulatory updates for the upcoming 2026 plan year, as well as global changes HPI will be applying to some or all clients' plans as part of our ongoing enhancements to our administrative practices. Please note the following:

#### **REGULATORY UPDATES**

- For Affordable Care Act (ACA) and Internal Revenue Service (IRS) Qualified High-Deductible Health Plans (QHDHPs), Medical Care Reimbursement Account (MCRA) and Qualified Transportation Expense Plan (QTEP): changes are effective for plan years beginning on or after January 1, 2026.
- For Massachusetts Creditable Coverage, changes are effective on January 1, 2026.

#### **2026 STATUTORY LIMITS**

- **Massachusetts Minimum Creditable Coverage (MCC)**

***MCC Maximum Deductibles*** (except IRS QHDHPs, see below)

Individual:	\$3,200	(changed from \$2,950 in 2025; \$250 increase)
Family:	\$6,400	(changed from \$5,900 in 2025; \$500 increase)

***MCC Maximum Prescription Deductibles*** (when the prescription benefit plan has a separate prescription deductible)

Individual:	\$400	(changed from \$360 in 2025; \$40 increase)
Family:	\$800	(changed from \$720 in 2025; \$80 increase)

#### ***MCC Out-of-Pocket Maximums (OOPM)***

Individual:	\$10,150	(changed from \$9,200 in 2025; \$950 increase)
Family:	\$20,300	(changed from \$18,400 in 2025; \$1,900 increase)

- **Affordable Care Act (ACA)**

***ACA Out-of-Pocket Maximums (OOPM)*** (applies to all plans except IRS QHDHPs, see below)

Individual:	\$10,600	(changed from \$9,200 in 2025; \$1,400 increase)
Family:	\$21,200	(changed from \$18,400 in 2025; \$2,800 increase)
Individual Embedded OOPM:	\$10,600	(changed from \$9,200 in 2025; \$1,400 increase)

- **IRS QHDHPs**

#### ***Minimum Deductibles***

IRS HSA-QHDHP Minimum Deductible Amounts:

Individual:	\$1,700	(changed from \$1,650 in 2025; \$50 increase)
Family:	\$3,400	(changed from \$3,300 in 2025; \$100 increase)
Minimum Embedded Individual Deductible:	\$3,400	(changed from \$3,300 in 2025; \$100 increase)

- **IRS QHDHPs (contd.)**

***Out-of-Pocket Maximums (OOPM)***

IRS HSA-QHDHP Out-of-Pocket Maximums:

Individual:	\$8,500	(changed from \$8,300 in 2025; \$200 increase)
Family:	\$17,000	(changed from \$16,600 in 2024; \$400 increase)
Individual Embedded OOPM:	\$10,600	(changed from \$9,200 in 2025; \$1,400 increase)

- **Medical Care Reimbursement Accounts**

Maximum Elective Contribution Limit:	\$3,400	(changed from \$3,300 in 2025; \$100 increase)
Maximum Carryover Limit:	\$680	(changed from \$660 in 2024; \$20 increase)

- **Dependent Care Reimbursement Accounts**

Maximum Elective Contribution Limit:		
Single	\$7,500	(changed from \$5,000 in 2025; \$2,500 increase)
Family	\$3,750	(changed from \$2,500 in 2025; \$1,250 increase)

- **Qualified Transportation Expense Plan Accounts**

Maximum Elective Contribution Limit:	\$340/month	(changed from \$325 in 2025; \$15 increase)
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**UNITED STATES PREVENTIVE SERVICES TASK FORCE (USPSTF) AND HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) RECOMMENDATIONS**

- The Health Resources and Services Administration (HRSA) has published new guidance on preventive services for women's health which includes updated guidelines that expand the preventive services recommendations for breast cancer screenings, as well as new guidelines for patient navigation services related to breast and cervical cancer screening
- Plan Sponsors must cover additional imaging and pathology evaluations for breast cancer screening without cost-sharing and provide patient navigation services for both breast and cervical cancer screening. These HRSA-guided changes are mandatory for non-grandfathered group health plans and issuers starting with 2026 plan year beginning on or after January 1, 2026. Patient navigation includes person-centered assessment, health system navigation, referrals to support services like transportation, and patient education.

**PERMANENT EXTENSION OF TELEHEALTH AND REMOTE CARE SERVICE RELIEF**

- As a reminder, the "One Big Beautiful Bill" Act (OBBBA) allowed Plan Sponsors to permanently cover telehealth and remote care services under High-Deductible Health Plans (HDHPs) before the deductible is met.
- This is a plan option, it is not mandatory.
- This change has no impact on HSA eligibility, maintaining tax advantages for participants.

**DIRECT PRIMARY CARE ARRANGEMENTS**

- Effective Date: January 1, 2026, The OBBBA permits HSA-eligible individuals enrolled in Direct Primary Care Service Arrangements (DPCSAs) to make or receive HSA contributions and allows individuals to use HSA funds to pay for certain DPCSA services. For this purpose, a DPCSA is an arrangement which:
  - Provides medical care consisting solely of "primary care services" provided by primary care practitioners.
  - The sole compensation for such care is a fixed periodic fee.
  - With respect to any individual for any month, the aggregate DPCSA fixed fees are capped at \$150 per month, or twice that for DPCSA's covering more than one individual.
- For this purpose, "primary care services" do not include:
  - Procedures that require the use of general anesthesia.
  - Prescription drugs other than vaccines.
  - Laboratory services not typically administered in an ambulatory primary care setting.
  - The OBBBA also clarifies that DPCSA fees are treated as medical expenses.

## **NON-REGULATORY UPDATES**

### **UPDATES TO PRECERTIFICATION REQUIREMENTS**

- For those clients for whom HPI's Care Management Services Department provides Utilization Management services, the following updates will be made to precertification requirements under their plans:
  - Eliminate need for precertification for inpatient and outpatient sleep studies
  - Expand precertification criteria for radiation services

### **HPI'S MENTAL HEALTH PARITY NQTL AND QTL SERVICES**

- HPI will continue to offer NQTL and QTL analysis services to clients who request the analysis. The cost of the analysis will increase from \$2,000 to \$5,000 starting January 1, 2026.

### **HPI'S MEDICARE PART D CREDITABLE COVERAGE PROCESS**

- As seen in the HPI August 21, 2025 eBlast ([here](#)), as a result of these continued changes to the federal Medicare Part D creditable coverage process, HPI reevaluated our internal Medicare Part D creditable coverage determination service. HPI unitized the services of an outside vendor (MZQ/Lumelight) to conduct the determination calculation.
- HPI assisted in this process by doing the data entry and data submission to the vendor for groups who opted in to use this vendor. HPI did not conduct the determination analysis, this was done by the vendor.
- HPI has further reevaluated the Medicare Part D creditable coverage determination process. To more effectively streamline the procedure, effective immediately clients will need to work directly with a vendor of their choice for federal Medicare Part D creditable coverage analysis. HPI will not be involved in the process.
- Clients can work with MZQ/Lumelight directly (contact details [here](#)) or another vendor of their choice.

### **METHADONE ADMINISTRATION**

- As a global update for all clients who provide coverage for methadone treatment under their plans, cost sharing for the administration of methadone under non-HSA QHDHP plans will be revised to reflect no cost sharing for Covered Persons. This update will be made regardless of the place of service, whether administered in an office or clinic setting or when self-administered by a patient in a home setting). Cost sharing will still apply to an office visit as currently displayed in the Schedule of Medical Benefits contained in your Plan Document-Summary Plan Description(s). Cost sharing will continue to apply for the administration of methadone under HSA-QHDHPs as required under IRS guidelines. This change is being made to align with HPI's parent company and network practices.

### **GAG CLAUSE REMINDER**

- As a reminder from our November 11, 2025 eBlast concerning the Attestation ([here](#)), HPI cannot attest on behalf of our self-funded clients but has communicated that HPI's administrative services agreement with our clients meets the Gag Clause Requirement of the 2021 Consolidated Appropriations Act.
- Point32Health: The attached letter confirms that thePoint32Health provider network contracts comply with the Gag Clause Prohibition.
- Claritev: The attached letter confirms that Claritev provider network contracts comply with the Gag Clause Prohibition.
- Employers Health Network (EHN): The attached letter confirms that EHN provider network contracts comply with the Gag Clause Prohibition.
- Cigna: Please see Cigna's information posted to their website [here](#).
- United: Please see United's information posted to their website [here](#)
- CVS/Caremark: Caremark has advised that they will privately outreach with clients to provide the following statement: Since December 27, 2020, CVS Caremark has not entered into any agreements with health care providers, networks or associations of providers, third-party administrators or other service providers offering access to a network of providers containing language prohibited by 26 USC § 9824, 29 USC § 1185m or 42 USC § 300gg-119.

**For additional assistance, please contact your HPI Account Service Team.**

Regards,

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**The information in this *Compliance eBlast* is intended to provide a summary of our current understanding of recent regulatory developments which may affect our clients' plans. It should not be construed as specific legal advice or legal opinion.**