

A group of five business professionals are gathered around a table in a meeting. A man with glasses and a beard is smiling and gesturing with his hands. A woman with long dark hair is also smiling. Other people are visible in the background, some looking at a laptop. The setting appears to be a modern office with a brick wall.

# 2026 Open Enrollment Checklist

Presented by Parrott Benefit Group

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# Note on Employee Disclosures

- Inform employees of any plan changes ahead of open enrollment.
- Disclose changes using:
  - A summary plan descriptions (**SPD**) or;
  - A summary of material modifications (**SMM**)

# Meeting Topics

- Plan Design Changes
- Open Enrollment Notices
- Wellness Program Notices
- Additional Resources





# Plan Design Changes

# ACA Affordability Standard

For applicable large employers (ALEs):

- “Pay or play” rules still in effect
- Affordability percentages
  - 2025 plans: 9.02%
  - 2026 plans: **9.96%**



# ACA Affordability Standard – Action Steps

- ALEs should confirm that at least one of the health plans offered to full-time employees satisfies the ACA's affordability standard.

# Out-of-Pocket Maximum

2026 limits:

- **\$10,600** for self-only coverage
- **\$21,200** for family coverage



# Out-of-Pocket Maximum – Action Steps

- Review plans to ensure compliance with 2026 limits.
- Determine if the OOPM for family coverage is greater than the ACA's OOPM for self-only coverage (**\$10,600** for 2026 plan years).
  - If it is greater, make sure the health plan embeds an individual OOPM for family coverage that is not more than \$10,600.
- If the health plan is an HDHP, confirm that it complies with the lower limits on OOPMs. For the 2026 plan year, the OOPMs for HDHPs are **\$8,500** for self-only coverage and **\$17,000** for family coverage.



# Preventive Care Benefits

- Non-grandfathered plans must cover certain services without cost sharing (e.g., deductibles, copayments and coinsurance).



# Preventive Care Benefits – Action Steps

- Confirm plans cover the latest recommended preventive care services without imposing any cost sharing when the care is provided by in-network providers.



# Health FSA Contributions

- Health flexible spending account (FSA) limits:
  - 2025: **\$3,300**
  - 2026: **Not released yet**



# Health FSA Contributions – Action Steps

- Monitor for the release of 2026 limits.
- Once released, ensure compliance for the 2026 plan year.
- Disclose any changes to employees.

# HDHP and HSA Limits for 2026

Type of Limit		2025	2026	Change
HSA Contribution Limit	Self-only	\$4,300	\$4,400	Up \$100
	Family	\$8,550	\$8,750	Up \$200
HSA Catch-up Contributions (not subject to adjustment for inflation)	Age 55+	\$1,000	\$1,000	No change
HDHP Minimum Deductible	Self-only	\$1,650	\$1,700	Up \$50
	Family	\$3,300	\$3,400	Up \$100
HDHP Maximum Out-of-pocket Expense Limit (deductibles, copayments and other amounts, but not premiums)	Self-only	\$8,300	\$8,500	Up \$200
	Family	\$16,600	\$17,000	Up \$400



# HDHP and HSA Limits – Action Steps

- Adjust plan cost sharing limits as needed.
- Communicate changes to employees.

# HDHPs: Permanent Extension of Telehealth Option

- The One Big Beautiful Bill Act **permanently extends** the ability for HDHPs to offer telehealth and remote care services before deductibles are met without compromising HSA eligibility.
- Starting with plan years beginning in **2025 and beyond**, HDHPs may continue to waive deductibles for telehealth and remote services while maintaining participants' HSA eligibility.
  - This provision is **optional**—HDHPs may choose to apply telehealth services (excluding preventive care) toward the deductible if they prefer.



# HDHPs: Permanent Extension of Telehealth Option – Action Steps

- Determine whether the HDHPs will waive the deductible for telehealth services for the plan year beginning in 2026.
- Notify plan participants of any cost-sharing changes for telehealth services through an updated SPD or SMM.

# EBHRA Limit

- Only employers can contribute to HRAs, including excepted benefit health reimbursement arrangements (EBHRAs).
- EBHRAs are subject to a maximum amount that may be made newly available for the plan year.
  - 2025: \$2,150
  - 2026: **\$2,200**

# EBHRA Limit – Action Steps

- Confirm whether their health plans' prescription drug coverage for 2025 is creditable or noncreditable as soon as possible to prepare to send the appropriate Medicare Part D disclosure notices.
- Continue to utilize the simplified determination method for determining whether prescription drug coverage is creditable for 2025, if applicable.

# Wellness Surcharges/Rewards

- Health plans that impose a surcharge (or provide a reward) based on a health-related standard (e.g., not using tobacco or meeting a specific exercise target) must comply with HIPAA's nondiscrimination requirements.
- Health-contingent wellness programs must provide a reasonable alternative standard for qualifying for the full reward (or avoiding the surcharge) and must disclose the alternative standard in all plan materials describing the surcharge or reward.



# Wellness Surcharges/Rewards – Action Steps

- Decide whether to impose a surcharge (or provide a reward) based on any health-related standard
- If a surcharge is imposed (or a reward offered), ensure it is provided through a wellness program that satisfies HIPAA's nondiscrimination requirements, including explaining to participants that a reasonable alternative standard is available for avoiding the surcharge (or qualifying for the reward).

# Mental Health Parity

## Mental Health Parity and Addiction Equity Act (MHPAEA):

- MHPAEA requires health plans and issuers to conduct comparative analyses of the nonquantitative treatment limitations (NQTs) used for medical/surgical benefits compared to mental health or substance use disorder benefits.
- Plans and issuers must make their comparative analyses available upon request.
  - In 2024, federal agencies released a [final rule](#) under MHPAEA that would have imposed stricter standards for comparative analyses for the plan year beginning in 2026.
  - Enforcement of this final rule has been [put on hold](#) by the Trump administration. Although the final rule's requirements are not being enforced, MHPAEA's statutory requirement to conduct comparative analyses remains in effect.




# Mental Health Parity – Action Steps

- Confirm that comparative analyses of NQTLs will be updated, if necessary, for the plan year beginning in 2026.



# Open Enrollment Notices



# Summary of Benefits and Coverage (SBC)

- Health plans and issuers are required to use the SBC template provided by federal agencies.
- Employers should include an updated SBC with open enrollment materials.
- **Self-funded plans:** Plan sponsor is responsible for SBC distribution.
- **Insured plans:** The issuer usually prepares the SBC.



# Medicare Part D Notices

- Notice of creditable or non-creditable prescription drug coverage to Medicare Part D-eligible individuals
- Must be given to participants upon enrollment and each year prior to **Oct. 15** (Medicare annual open enrollment)



# Annual CHIP Notices

## **Children's Health Insurance Program (CHIP):**

- Group health plans must send an annual CHIP notice about the available assistance to all employees residing in that state.
- Employers should confirm that they're using the most recent model notice.



# Initial COBRA Notices

## **Consolidated Omnibus Budget Reconciliation Act (COBRA):**

- Applies to employers with 20+ employees that sponsor group health plans.
- COBRA notice must be given to new participants within 90 days after coverage begins.



# Summary Plan Descriptions (SPDs)

- Provided within 90 days after plan coverage begins
- Must be updated with any new plan changes



# Notice of Patient Protections

- For plans requiring designation, plan participants may designate any available primary care provider.
- If designation is required, a notice must be included in benefits documentation.



# Grandfathered Plan Notices

- Grandfathered status must be noted in plan materials.
  - e.g., SPDs and open enrollment documents



# Notice of HIPAA Special Enrollment Rights

## Health Insurance Portability and Accountability Act (HIPAA):

- Notice must be given to participants **before** or **at** the time of group health plan enrollment.



# HIPAA Privacy Notices

- Notice must be given to new enrollees at the time of enrollment.
- Self-insured health plans are required to maintain and provide their own Privacy Notices.
- Fully insured plans have their own rules (*following slide*).

# Special HIPAA Privacy Notice Rules for Fully Insured Plans

- If the sponsor of a fully insured plan has access to protected health information (PHI) for plan administrative functions, **it is required** to maintain a Privacy Notice and to provide the notice upon request.
- If the sponsor of a fully insured plan does not have access to PHI for plan administrative functions, **it is not required** to maintain or provide a Privacy Notice.

**Self-insured plans**

Must maintain and provide their own Privacy Notices

**Fully insured plans**

Health insurance issuers have primary responsibility for Privacy Notices



# WHCRA Notices

## **Women's Health and Cancer Rights Act (WHCRA):**

- Notice of participants' rights to mastectomy-related benefits



# Summary Annual Reports (SARs)

- Applies to plan administrators who file Form 5500



# ICHRA Notices

## **Individual coverage health reimbursement arrangements (ICHRA):**

- Employers may use to reimburse eligible employees for insurance policies purchased in the individual market or for Medicare premiums.
- Employers with ICHRAs must provide a notice to eligible participants at least 90 days before the beginning of each plan year.



# Wellness Program Notices



# HIPAA Wellness Program Notice

- Notice is required for health-contingent wellness programs that are offered under group health plans.
  - e.g., a program that rewards employees for not smoking
- The notice must disclose the availability of a reasonable alternative standard to qualify for the reward.



# Americans with Disabilities Act (ADA) Wellness Program Notice

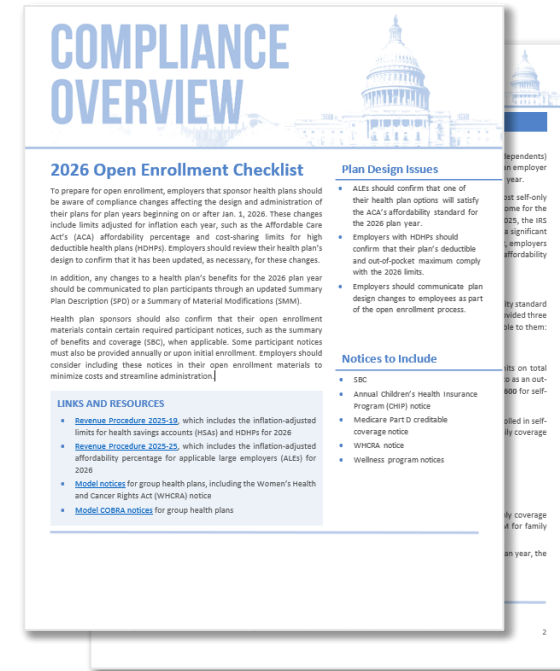
- Employers with 15+ employees are subject to ADA.
- Wellness programs that include health-related questions or medical exams subject to ADA notice requirements.



# **Additional Resources**

# For More Information

- Reach out for a print version of the **2026 Open Enrollment Checklist**.
- It includes links to model notices and other government resources.



Questions?