UnitedHealthcare Regulatory Summary

June 25, 2025

Summary applies to UnitedHealthcare National Accounts, Key Account and Public Sector businesses. Non-integrated UnitedHealthcare business may vary in their approach.

Regulatory Summary 2025/2026 – Affordable Care Act (ACA)

Name	Summary	Effective Date	Customer Action	UHC Action
Health Savings Account (HSA) Dollar Maximums	Minimum deductible, maximum out-of-pocket and maximum contribution limits apply. Catch up contributions for ages 55+ remain $1,000 **Limits and Maximums** / **Self Only** / **Family** Minimum Deductible: $1,700 / $3,400 Annual Contribution Limit: $4,400 / $8,750 Annual Out of Pocket Maximum: $8,500 / $17,000	01/01/2026	➢ Ensure plans do not exceed limits and – maximums.	➢ Continue to monitor. ➢ Update plan design, upon request.
Out-of-Pocket Maximums	All in-network member cost-sharing, including flat-dollar copayments, must accumulate to a plans out-of-pocket maximum (OOPM). ➢ 2026 in-network out-of-pocket maximum is $10,150 individua l/ $20,300 family ➢ 2025 in-network out-of-pocket maximum is $9,200 individual / $18,400 family	01/01/2025 01/01/2026	➢ Ensure plans do not exceed in-network out-of-pocket limits.	➢ Continue to monitor ➢ Update plan design, upon request.
Non-Discrimination in Health Programs and Activities (ACA Section 1557) Final Rule	Implements Section 1557 of the Affordable Care Act prohibiting discrimination by "any health program or activity, any part of which is receiving Federal financial assistance, including credits, subsidies, or contracts of insurance, or under any program or activity that is administered by an Executive Agency or any entity established under Title I [of the ACA]." We are aware of and are monitoring developments tied to recent court decisions. Most effective dates are 7/7/2024 except as follows: ➢ Nondiscrimination Notice – 11/4/2024 ➢ Section 1557 Coordinator – 11/4/2024 ➢ Patient care decision support tools use – 5/1/2025 ➢ Policies and Procedures – 7/7/2025 ➢ Internal Training – 7/7/2025 ➢ Language Assistance/Auxiliary Aid Notice – 7/7/2025	Effective date is 7/7/24* Language Assistance and Notice 7/7/25 * Dates may be impacted by court case	➢ Notify enrollees of any changes to plan design. Notices (including language assistance) were sent to groups to provide to members in Q1. ➢ Update plan documents as appropriate. ➢ Make the combined Nondiscrimination, Accessibility, and Languages Notice available to members.	➢ UnitedHealthcare is actively engaged and updating strategy and documentation. ➢ Nondiscrimination notices are updated for 11/4/24. ➢ Combined Nondiscrimination Notice, Accessibility, and Languages Notice sent to groups to provide to members; posted on uhc.com – 1/20/25 – 2/12/25 ➢ Notice to go with key documents ➢ Notice posted on uhc.com ➢ 1557 coordinator is in place. ➢ Planning for training, policies and procedures for 2025 effective dates is underway.

Regulatory Summary 2025/2026 –ACA

Name	Summary	Effective Date	Customer Action	UHC Action
The Patient-Centered Outcomes Research Institute – **PCORI Fees update**	Employers and plan sponsors are responsible for submitting IRS Form 720 and paying the PCORI fee by July 31, 2025. Instructions for reporting and paying the fee are posted on the IRS website. For plan and policy years that end on or after Oct. 1, 2024, and before Oct. 1, 2025, the fee is $3.47 per covered life. For plan/policy years that end on or after Oct. 1, 2023, and before Oct. 1, 2024, the PCORI fee is $3.22 per covered life.	07/31/2025	➢ ASO clients are responsible to complete the forms posted on IRS site.	➢ UHC submits the fee for fully insured groups. ➢ Note: the group would need to submit the fee for an employer funded HRA.
Expanded Preventive Services for breast cancer screening and domestic abuse	HRSA – 2026 recommendation expanded coverage for ACA Preventive Care Services to include: 1. Breast cancer screening for women of average risk; additional imaging; pathology evaluation when indicated. • Includes MRI, ultrasound and mammography. • No earlier than age 40, no later than age 50. At least biennially; and as frequently as annually. 2. Screening adolescent and adult women for intimate partner and domestic violence at least annually and when needed providing or referring to intervention services. 3. Included in UHC standard preventive medical policy.	1/1/2026 ➢ Applies to all fully insured, level funded and ASO plans with Preventive Care Services at no cost share.	➢ No action needed	➢ UnitedHealthcare will expand coverage for breast cancer screening is included in ACA Preventive Care Services at no cost share. ➢ Coverage beginning on and after 1/1/2026. Not available for earlier effective dates. ➢ Screening for domestic violence in the standard preventive medical policy. ➢ Coverage will be added to the UHC Preventive Care Services Medical Policy.

Regulatory Summary 2025/2026 – ACA and CAA

Name	Summary	Effective Date	Customer Action	UHC Action
Consolidated Appropriations Act (CAA) No Surprises Act – **Prescription Drug Data Collection (RxDC) and Reporting**	Under the Consolidated Appropriations Act - 2021 (CAA), health insurers offering individual or group health coverage, and self-funded group health plans are required to report data annually each June 1 regarding prescription drugs and health care spending to the Departments of Health and Human Services, Labor, and the Treasury (Tri-Agencies).	6/1/2025 for 2024 Reference Year	➢ Complete RFI or confirm submission approach ➢ The RFI requested information that UnitedHealthcare does not have in UHC systems.	➢ UnitedHealthcare submitted the required data for business administered by UnitedHealthcare for all employers who had active coverage during the 2024 reference year who completed the 2025 request for information (RFI). ➢ UHC submission – May 28, Confirmation # 42399.
Consolidated Appropriations Act (CAA) – **Mental Health Parity NQTL** (including recent litigation and government agency response)	Non-Quantitative Treatment Limitations (NQTL): ➢ Beginning February 11, 2021, per the CAA an NQTL analysis must be made available to regulators, upon request. ➢ ASO customer are required to analyze their plans to be compliant with the NQTL regulations. ➢ Provide NQTL analysis when requested federal (DOL, HHS) regulators. ➢ Important: On 5/9, the DOJ said it will issue a "non-enforcement policy" for portions of the rule that went into effect this year and will "reexamine the Departments' current Mental Health Parity and Addiction Equity Act enforcement program more broadly." ➢ As a result, HHS, DOL, and Treasury will not enforce the new 2024 final rules during the lawsuit and for a period of at least 18 months after the litigation decision is made. ➢ This decision only applies to requirements that were new in the 2024 final rule and not requirements for the earlier Mental Health Parity and Addiction Equity Act (MHPAEA). ➢ Both the MHPAEA statue and the 2013 Final Rule remain in effect.	2/11/2021 Final Rule was released 9/9/24 with effective dates of 1/1/25 and 1/1/26	➢ When requested, ASO customers should be prepared to produce a comparative analysis report of non-quantitative treatment limitations (NQTL) on its group health plan design – both written and in operation. ➢ Request UHC engagement to support DOL audit.	➢ Continue to provide support for customers who have a DOL audit.. ➢ NQTL documentation typically includes a side-by-side analysis of medical/surgical and mental health/substance use disorder NQTLs. To streamline documentation issuance updated HP NQTL templates are available. ➢ As updates are available, we will communicate to impacted parties. ➢ Once agency provides guidance based on 5/9 decision, UHC will update information on requirement and our UHC approach.

Regulatory Summary 2025/2026 – CAA and HIPAA

Name	Summary	Effective Date	Customer Action	UHC Action
Consolidated Appropriations Act (CAA) No Surprises Act – **Gag Clause Prohibition Compliance Attestation (GCPCA)**	Plans and issuers must annually submit to CMS an attestation that the plan or issuer is complying with the gag clause prohibition. This is referred to as the Gag Clause Prohibition Compliance Attestation (GCPCA). UnitedHealthcare submits the Gag Clause Attestation for fully insured plans required each year. UnitedHealthcare also attests for Level Funded groups beginning in 2024. Confirmation number for 2024 is 66375**.**	Submit annually by 12/31	➢ ASO client should attest by 12/31 each year. ➢ UnitedHealthcare will attest for UHC administered business, upon request when the customer completes a Letter of Direction and a Gag Clause data template.	➢ UnitedHealthcare reviews and ensures removal of all Gag clauses from existing contracts each year. ➢ UnitedHealthcare provides self funded customers with Confirmation of Compliance Sep. 1. ➢ UHC will attest for clients that request UHC to attest and provide the signed documents.
HIPAA Reproductive Privacy	➢ HHS's Office for Civil Rights strengthened HIPAA privacy requirements. ➢ Prohibits the use or disclosure of PHI for purposes of investigating lawful reproductive health care in certain circumstance. ➢ Introduces a requirement to obtain a signed attestation beginning 12/23/24, prior to sharing PHI potentially related to reproductive health care for certain purposes. ➢ Regulated entities may disclose health information related to reproductive health care only if an attestation is obtained confirming the information is not intended to be used for one of the prohibited purposes. ➢ Other requirements include updating policies and Notice of Privacy Practices (NPP) (2/26/26) and training employees on the new rules to avoid data breaches.	Attestation Template - 12/23/24 NPP – 2/16/26	➢ Employers must obtain a signed attestation before disclosing PHI for certain reproductive health care activities. ➢ Employers must keep reproductive health information about their employees private.	UHC will require the attestation prior to releasing any data covered under the regulation.

Regulatory Summary 2025/2026 - CAA

Name	Summary	Effective Date	Customer Action	UHC Action
Consolidated Appropriations Act (CAA) No Surprises Act – **Independent Issue Resolution (IDR)**	The federal No Surprises Act (NSA) established an Independent Dispute Resolution (IDR) process for payers (health insurers, group health plans, and Federal Employees Health Benefits carriers) and certain providers, facilities, and air ambulance carriers to resolve disputes over out-of-network (OON) reimbursement amounts. The IDR process established a Qualifying Payment Amount (QPA) for each OON item and service and the IDR decision takes into account the QPA (the reimbursement amount may be higher based on factors such as patient acuity). The federal regulators indicated that payers may continue to use the current rules for determining QPAs (those in place prior to the court decision) for any OON item or service furnished before August 1, 2025. IDR admin fee and arbiter fee ranges remain the same for 2025. Enforcement discretion regarding use of 2021 rulemaking or 2023 District Court decision to calculate QPA also applies to QPAs for purposes of patient cost sharing, providing required disclosures(initial payment or notice of denial), under the Federal IDR process. Technical guidance permits reopening certain out-of-network (OON) claims disputes under NSA where the original decision was made in error if the closed dispute is received by the Tri-Agencies on or after June 6, 2025. • Disputing parties (i.e., the provider and health plan/insurer) and IDREs, also called IDR entity or arbiter, may request the Tri-Agencies to reopen a dispute if the decision was based on a clerical, jurisdictional or procedural error. • Both disputing parties must still pay the IDR administrative fee. • The IDR entity will adjust or collect their fees based on final decision.	January 2022 Fees updated 2025	➢ Awareness ➢ ASO customer is responsible for the administrative fee and any IDR entity fees, when required. ➢ Client specific reporting available through Employer eServices. ➢ Terminated clients whose claim and bank accounts are not active when IDR final decision is made would need to pay the provider and pay the IDR arbitrator if their claim or bank account is closed.	➢ UnitedHealthcare manages the IDR process. ➢ For self-funded clients UHC will pay the CMS administrative fee and the IDR entity upfront fee and reconcile payment with the client's bank account. ➢ FAQs are available.

Regulatory Summary 2025/2026 - ACA

Name	Summary	Effective Date	Customer Action	UHC Action
Employer and Individual Mandate 6055/6056 Reporting 1095-B and 1095-C	**Fully insured customers – UHC requirement** ➢ 1/31/25 fully insured members will have their 1095-B form available on the member portal. ➢ Those members who reside in CA, DC, NJ or RI will have the forms mailed to them, unless they have indicated a preference for other method. ➢ 3/31/25 - UHC will submit the fully insured 1095-B forms to the IRS by 3/31. • Surest fully insured uses a third-party vendor to file 1095-B data with the IRS and state tax revenue departments. • And all Surest members in all states are mailed the 1095-B form via US mail by appropriate deadlines. **Large fully insured, ASO or Level Funded customers – Employer Requirement** ➢ 1/31/25 – 1095-C employer provides/posts for members ➢ 3/31/25 – 1095-C (via 1094-C transmittal) employer submits to IRS and state tax revenue departments for (CA, DC, NJ, RI)	Subscribers 1/31 each year IRS 3/31 each year State Tax Revenue Depts (when required) 3/31 each year	ASO clients must provide subscribers with 1095-C form by 1/31 and submit 1095- via 1094-C transmittal to the IRS and state tax revenue depts. (where required)	Posts and 1095-B for subscribers and sends to subscribers when requested. Submits 1095-B via 1094-B transmittal to IRS by 3/31. Submits 1095-B to CA, DC, NJ, RI tax revenue departments by 3/31 Note: Minimum Essential Coverage" (MEC) refers to health insurance plans that meet the ACA requirements, including most employer-sponsored plans, Exchange plans, Medicare Part A, Medicare Advantage, most Medicaid coverage, Children's Health Insurance Program (CHIP), TRICARE, and certain Veterans Affairs health plans; most government-sponsored health insurance programs qualify as MEC. According to CMS, any health plan offered by an employer qualifies as minimum essential coverage. “This means health insurance through a job, is MEC, including coverage for current employees, coverage for retirees, and COBRA. Coverage students get through their college also qualifies as MEC. Certain plans that provide only discounts on health services, plans that only cover dental or vision, workers’ compensation plan, or plans that provide care only for specific conditions do not qualify as MEC.

Regulatory Summary 2025/2026 - CAA

Name	Summary	Effective Date	Customer Action	UHC Action
Consolidated Appropriations Act (CAA) – **Pre-deductible Telehealth HSA-HDHP plans**	The CAA included a provision allowing HSA qualified HDHPs to cover telehealth services without first meeting the deductible. This safe harbor applies for any plan year beginning in 2023 or 2024 and is voluntary for the plan sponsor. For ASO groups with the UnitedHealthcare Virtual Visit program, the Virtual Visit may also waive deductible. UnitedHealthcare provided coverage for fully insured Virtual Visits (national program) at $0 cost share for HSA plans that included it in 2024. The telehealth $0 cost share for HSA Safe Harbor ends for plan years on and after 1/1/25. Any extension of the safe harbor will have to come from Congress.	Applies to plan years beginning in 2023 and 2024 End effective for groups with coverage on and after plan year 1/1/25	➢ Notify Sales & Account Management to implement a change in plan design. ➢ Confirm plan removes coverage for $0 cost share for plan years on and after 1/1/2025.	➢ Update plan design, upon request.
Consolidated Appropriations Act (CAA) No Surprises Act – **Air Ambulance Reporting**	The Air Ambulance Report must include data relevant to air ambulance services furnished within the reporting period, as well as data relevant to air ambulance services with payment dates that fall within the reporting period. The report will be due for two consecutive years. **Air Ambulance Reporting** Based on preliminary indications of the air ambulance reporting requirements, UnitedHealthcare plans to report on behalf of all customers (fully insured, ASO, level funded). Once the final rule is released, we will determine if any additional data would be needed from the customer.	Pending Final Rule	➢ Awareness	➢ UnitedHealthcare is waiting for additional guidance on the timing, content and submission requirements for Air Ambulance Reporting. ➢ No reporting is required until the Final Rule is released.

Regulatory Summary 2025/2026– Transparency in Coverage Rule

Name	Summary	Effective Date	Customer Action	UHC Action
Transparency in Coverage Rule (TiC) – **Consumer Price Transparency Tool (CPTT)** **REQUIREMENTS ARE COMPLETE**	The Transparency in Coverage rule requires insurers and plans to create an online consumer tool that includes personalized information regarding members' cost-sharing responsibilities for all covered items and services, more medical and prescription drugs costs. ➢ UnitedHealthcare has expanded the consumer portal to include the required capabilities for all billing codes and service estimates effective. ➢ UnitedHealthcare expanded cost comparison tools to the member apps.	All items and services 1/1/24	➢ Awareness	➢ COMPLETE —UHC continues to make improvements to the online web and app based on member input. All regulatory requirements have been met
Transparency in Coverage Rule (TiC) – **Machine-Readable Files (MRF)**	Insurers and plans are required to make available to the public — including consumers, researchers, employers, and third-party developers — machine-readable files disclosing detailed information on the costs of covered items and services including prescription drug pricing, as follows: ➢ Negotiated rates for in-network providers ➢ Historical allowed amounts and billed charges for out-of-network providers; and ➢ Negotiated rates and historic net prices for prescription **drugs (*paused pending additional rulemaking)*** **Additional guidance on Machine Readable Files is expected mid 2025.**	07/01/2022 and monthly thereafter	➢ Awareness	➢ Posted files beginning 07/01/2022. ➢ UnitedHealthcare updates files monthly, as required. ➢ COMPLETE for guidance received. ➢ Plan and team ready if or when the Rx guidance is released.