

# UnitedHealthcare Regulatory Summary

June 1, 2026

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



# Regulatory Summary 2026/2027 – Affordable Care Act (ACA)

Name	Summary	Effective Date	Customer Action	UHC Action		
<b>Health Savings Account (HSA) Dollar Maximums</b>	Minimum deductible, maximum out-of-pocket and maximum contribution limits apply. Catch up contributions for ages 55+ remain \$1,000	01/01/2027	➤ Ensure plans do not exceed limits and maximums.	<ul style="list-style-type: none"> <li>➤ Continue to monitor.</li> <li>➤ Update plan design, upon request.</li> </ul>		
	<b>Limits and Maximums</b>				<b>Self Only</b>	<b>Family</b>
	<b>Minimum Deductible</b>				\$1,750	\$3,500
	<b>Annual Contribution Limits</b>				\$4,500	\$9,000
	<b>Annual OOP Maximum</b>	\$8,700	\$17,400			
<b>Out-of-Pocket Maximums</b>	<p>All in-network member cost-sharing, including flat-dollar copayments, must accumulate to a plans out-of-pocket maximum (OOPM).</p> <ul style="list-style-type: none"> <li>➤ 2027 in-network out-of-pocket maximum – 13.2% increase \$12,000 individual / \$24,000 family</li> <li>➤ 2026 in-network out-of-pocket maximum \$10,600 individual / \$21,200 family</li> </ul>	01/01/2026 01/01/2027	➤ Ensure plans do not exceed in-network out-of-pocket limits.	<ul style="list-style-type: none"> <li>➤ Continue to monitor</li> <li>➤ Update plan design, upon request.</li> </ul>		
<b>The Patient-Centered Outcomes Research Institute – PCORI Fees update</b>	<p>Employers and plan sponsors are responsible for submitting IRS Form 720 and paying the PCORI fee by July 31, 2026.</p> <p>Instructions for reporting and paying the fee are posted on the IRS website.</p> <p>For plan and policy years that end on or after Oct. 1, 2025, and before Oct. 1, 2026, the fee is \$3.84 per covered life.</p> <p>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.</p>	07/31/2026  PCORI fee required annually and is set to end with plan and policy years on or after Oct. 1, 2028, and before Oct. 1, 2029.	➤ ASO clients are responsible to complete the forms posted on IRS site.	➤ UHC submits the fee for fully insured groups. Note: the FI group would need to submit the fee for an employer funded HRA.		



# Regulatory Summary 2026/2027 – CAA and HIPAA

Name	Summary	Effective Date	Customer Action	UHC Action
<p>Consolidated Appropriations Act (CAA) No Surprises Act – <b>Gag Clause Prohibition Compliance Attestation (GCPCA)</b></p>	<p>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).</p> <p>UnitedHealthcare submits the Gag Clause Attestation for fully insured plans and for Level Funded plans.</p> <p>Confirmation number for 2025 is 105125 Confirmation number for 2026 will be provided in late December</p>	<p>Submit annually by 12/31</p>	<ul style="list-style-type: none"> <li>➤ ASO client should attest by 12/31 each year.</li> <li>➤ UnitedHealthcare will attest for UHC administered business, upon request when the ASO customer completes a Letter of Direction and a Gag Clause data template.</li> </ul>	<ul style="list-style-type: none"> <li>➤ UnitedHealthcare reviews and ensures removal of all Gag clauses from existing contracts each year.</li> <li>➤ UnitedHealthcare provides self funded customers with Confirmation of Compliance by Sep. 1.</li> <li>➤ UHC will attest for clients that request UHC to attest and provide the signed documents.</li> </ul>
<p><b>Prescription Drug Data Collection (RxDC) and Reporting</b></p>	<p>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).</p> <p>Information to support brokers and customers for current year submission is on <a href="#">uhc.com</a> under <a href="#">CAA Pharmacy Benefits and Costs Reporting</a>.</p>	<p>6/1/26 for 2025 Reference Year - complete</p>	<ul style="list-style-type: none"> <li>➤ Complete RFI or confirm submission approach</li> <li>➤ The RFI requested information that UnitedHealthcare does not have in UHC systems.</li> <li>➤ Customers not providing data requested in RFI, must submit the requested data to CMS based on CMS instructions.</li> </ul>	<ul style="list-style-type: none"> <li>➤ UnitedHealthcare submits the required data for business administered by UnitedHealthcare for all employers who had active coverage during the 2025 reference year who completed the 2026 request for information (RFI).</li> <li>➤ UHC submission 6/1/26 – Confirmation # <b>46572</b> is for the 2025 reference year.</li> </ul>



# Regulatory Summary 2026/2027 - CAA

Name	Summary	Effective Date	Customer Action	UHC Action
<p><b>Consolidated Appropriations Act (CAA)</b>  <b>No Surprises Act – Independent Issue Resolution (IDR)</b></p>	<p>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.</p> <p>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).</p> <p>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.</p> <p>IDR admin fee and arbiter fee ranges remain the same for 2026.</p> <p>NSA/IDR Final Rule released end of May – updates requirements for how plans, issuers, providers, facilities, and certified IDR entities exchange information and process payment disputes.</p> <p>For more information go to <a href="#">CMS IDR Process</a> site and for fees for <a href="#">specific IDR entities</a>.</p>	<p>January 2022</p> <p>Fees for 2026 did not change.</p> <p>Admin fee remains \$115.</p> <p>IDR entity fee ranges remain what they were in 2025.</p>	<ul style="list-style-type: none"> <li>➤ Awareness</li> <li>➤ ASO customer is responsible for the administrative fee and any IDR entity fees, when required.</li> <li>➤ Client specific reporting available through Employer eServices.</li> <li>➤ 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.</li> </ul>	<ul style="list-style-type: none"> <li>➤ UnitedHealthcare manages the IDR process.</li> <li>➤ 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.</li> <li>➤ FAQs are available.</li> <li>➤ Information on the 5/28/26 IDR Operations Final Rule will be shared soon.</li> </ul>
<p><b>Women's Preventive - Services for breast cancer screening and domestic violence</b></p>	<p><b>HRSA</b> – 2026 recommendation expanded coverage for ACA Preventive Care Services to include:</p> <ol style="list-style-type: none"> <li>1. Breast cancer screening for women of average risk; additional imaging; pathology evaluation when indicated. <ul style="list-style-type: none"> <li>• MRI, ultrasound and mammography including 3-D..</li> </ul> </li> <li>2. Screening adolescent and adult women for intimate partner and domestic violence at least annually and when needed providing or referring to intervention services.</li> <li>3. 4/1/26 – Updated Osteoporosis screening</li> <li>4. Coming 1/1/27 – Cervical Cancer screening updates.</li> </ol>	<p>1/1/2026</p> <p>Applies to all fully insured, level funded and ASO plans with Preventive Care Services at no cost share.</p>	<ul style="list-style-type: none"> <li>➤ No action needed for plans that follow UHC standard .</li> </ul>	<ul style="list-style-type: none"> <li>➤ UnitedHealthcare expanded coverage for breast cancer screening to include MRI, ultrasound, mammogram including 3D. <ul style="list-style-type: none"> <li>• UHC does not have age limits.</li> </ul> </li> </ul>

# Regulatory Summary 2026/2027 - ACA

Name	Summary	Effective Date	Customer Action	UHC Action
<p>Employer and Individual Mandate  <b>6055/6056 Reporting – 1095-B and 1095-C</b></p>	<p><b>Fully insured customers – UHC requirement</b></p> <ul style="list-style-type: none"> <li>➤ 1/31/26 fully insured members will have their 1095-B form available on the member portal.</li> <li>➤ 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.</li> <li>➤ 3/31/26 - UHC will submit the fully insured 1095-B forms to the IRS by 3/31.               <ul style="list-style-type: none"> <li>• Surest fully insured uses a third-party vendor to file 1095-B data with the IRS and state tax revenue departments.</li> <li>• And all Surest members in all states are mailed the 1095-B form via US mail by appropriate deadlines.</li> </ul> </li> </ul> <p>UHC completed 2025 reporting for fully insured as required in Q1 2026.</p> <p><b>Large fully insured, ASO or Level Funded customers – Employer Requirement</b></p> <ul style="list-style-type: none"> <li>➤ 1/31/26 – 1095-C employer provides/posts for members</li> <li>➤ Date determined by states – 1095-C (via 1094-C transmittal) employer submits to IRS and state tax revenue departments for (CA, DC, NJ, RI)</li> </ul> <p>For definition of Minimum Essential Coverage (MEC), Minimum Value (MV) and affordability go to <a href="#">IRS site</a>.</p>	<p>Subscribers 1/31 each year. For 2026 date was moved to 3/1/26</p> <p>IRS 3/31 each year</p> <p>State Tax Revenue Depts (when required) based on date announce by states.</p>	<p>ASO clients must provide subscribers with 1095-C form by 3/1/26 and submit 1095-via 1094-C transmittal to the IRS and state tax revenue depts. (where required)</p>	<p>Posts and 1095-B for subscribers and sends to subscribers when requested.</p> <p>Submits 1095-B via 1094-B transmittal to IRS by 3/31.</p> <p>Submits 1095-B to CA, DC, NJ, RI tax revenue departments by state determined date.</p>



# Reference Section



# Regulatory Summary 2026/2027– Transparency in Coverage Rule

Name	Summary	Effective Date	Customer Action	UHC Action
<p>Transparency in Coverage Rule (TiC) – <b>Consumer Price Transparency Tool (CPTT)</b></p> <p><b>REQUIREMENTS ARE COMPLETE</b></p>	<p>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.</p> <ul style="list-style-type: none"> <li>➤ UnitedHealthcare has expanded the consumer portal to include the required capabilities for all billing codes and service estimates effective.</li> <li>➤ UnitedHealthcare expanded cost comparison tools to the member apps.</li> </ul>	<p>All items and services 1/1/24</p>	<ul style="list-style-type: none"> <li>➤ Awareness</li> </ul>	<ul style="list-style-type: none"> <li>➤ COMPLETE —UHC continues to make improvements to the online web and app based on member input. All regulatory requirements have been met</li> </ul>
<p>Transparency in Coverage Rule (TiC) – <b>Machine-Readable Files (MRF)</b></p>	<p>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, as follows:</p> <ol style="list-style-type: none"> <li>1) Negotiated rates for in-network providers</li> <li>2) Historical allowed amounts and billed charges for out-of-network providers; and</li> <li>3) Negotiated rates and historic net prices for prescription <b>drugs (paused pending additional rulemaking)</b></li> </ol> <p>2025 guidance required MRF Schema change to Version 2.0.0 by enforcement date 2/16/26. Updates apply to the form and structure of machine-readable files (MRFs), not the underlying clinical or billing code systems. The naming convention of the files is not impacted. UnitedHealthcare Feb 2026 will follow new Version 2.0.0.</p> <p><b>Additional guidance based on proposed rule being finalized for Machine Readable Files.</b></p>	<p>07/01/2022 and monthly thereafter</p> <p>Schema V2.0 effective date 2/16/26</p>	<ul style="list-style-type: none"> <li>➤ Awareness</li> </ul>	<ul style="list-style-type: none"> <li>➤ Posted files beginning 07/01/2022.</li> <li>➤ UHC MRF moves to Schema V2.0 for February file posting. There is no change to the naming convention or to public locations of where files are located under <a href="#">Transparency in Coverage</a>.</li> <li>➤ UnitedHealthcare updates files monthly, as required.</li> <li>➤ COMPLETE for guidance received.</li> <li>➤ Plan and team ready when proposed rule is released as final rule and if or when the Rx guidance is released.</li> </ul>



# Regulatory Summary 2026/2027 – Affordable Care Act (ACA)

Name	Summary	Effective Date	Customer Action	UHC Action
<p><b>Non-Discrimination in Health Programs and Activities (ACA Section 1557) Final Rule</b></p>	<p>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].”</p> <ul style="list-style-type: none"> <li>➤ Nondiscrimination Notice – 11/4/2024</li> <li>➤ Section 1557 Coordinator – 11/4/2024</li> <li>➤ Patient care decision support tools use – 5/1/2025</li> <li>➤ Policies and Procedures – 7/7/2025</li> <li>➤ Internal Training – 7/7/2025</li> <li>➤ Language Assistance/Auxiliary Aid Notice – 7/7/2025</li> </ul>	<p>Effective date is 7/7/24 and other dates through 2025 for various requirements.</p> <p>Language Assistance and Notice 7/7/25</p> <p>Definition of gender identity modified and Nondiscrimination Notice updated</p>	<ul style="list-style-type: none"> <li>➤ Enrollees must be notified of any changes to plan design..</li> <li>➤ Update plan documents as appropriate.</li> <li>➤ Make the combined Nondiscrimination, Accessibility, and Languages Notice available to members.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Nondiscrimination notices are updated</li> <li>➤ Combined Nondiscrimination Notice, Accessibility, and Languages Notice was posted on uhc.com</li> <li>➤ Notice to go with key documents</li> <li>➤ 1557 coordinator is in place.</li> <li>➤ The notice was updated with the change to gender identity reference.</li> </ul>
<p><b>Expanded Preventive Services for high-deductible health plans</b></p>	<p>IRS 2024-75 guidance permits coverage for high-deductible health plans (HDHPs) with an HSA, without impacting the tax advantages for contributions to a member’s health savings account (HSA). This is optional.</p> <p>3 benefits impacted in the UHC Expanded Preventive for ASO HDHP. Customer choice to cover certain services under pharmacy, medical or both.</p> <ol style="list-style-type: none"> <li>1. Coverage for over-the-counter oral contraceptives including emergency contraceptives and male condoms. Prescription is not required, may require payment and claim submitted for reimbursement.</li> <li>2. Coverage for Continuous Glucose Monitors for individuals diagnosed with diabetes.</li> <li>3. Coverage for select Insulin products. (Ex: any devices used to administer or deliver the selected insulin products.)</li> </ol>	<p>Adding on renewal is preferred.</p>	<p>Available for ASO only.</p> <p>Requires notifying your account team if you wish to add these services.</p>	<ul style="list-style-type: none"> <li>➤ There are 3 impacted benefits now available to ASO large group customers with HDHPs.</li> <li>➤ Some claims may be paid under medical or pharmacy.</li> <li>➤ Default is to waive deductible, copay and coinsurance in network. Alternative: Customers may choose to only waive deductible.</li> <li>➤ Default for out-of-network is deductible/coinsurance. Deductible apply unless customer explicitly tells us to waive the deductible.</li> <li>➤ No cost-share for members when services are provided from a network provider..</li> </ul>



# Regulatory Summary 2026/2027 – One Big Beautiful Bill Act

Name	Summary	Effective Date	Customer Action	UHC Action
<p><b>Permanent Safe Harbor for Pre-deductible Virtual Care Services / Telehealth with high-deductible health plans</b></p>	<ul style="list-style-type: none"> <li>Sub chapter C, section 71306 of the One Big Beautiful Bill Act provides a permanent extension of Safe Harbor for absence of deductible for telehealth services on a HDHP.</li> <li>IRS clarified that any in-person services, medical equipment, or prescription drugs supplied in conjunction with telehealth and other virtual care services cannot be provided first dollar unless they themselves are treated as telehealth services under the above Medicare list of services or otherwise meeting HHS' guidance defining telehealth services.</li> <li>There are two types of services permitted under this program:</li> </ul> <p><b>Telehealth/Telemedicine</b></p> <ul style="list-style-type: none"> <li>Communication for service must be live, interactive audio with visual transmissions [and/or transmissions through federally compliant secure messaging applications] of a Physician-patient encounter from one site to another using telecommunications technology.</li> <li>Telemedicine does not include virtual care services provided by a Designated Virtual Network Provider.</li> </ul> <p><b>Virtual Urgent Care Services including 24/7 Virtual Visits</b></p> <ul style="list-style-type: none"> <li>Urgent on-demand health care delivered through live technology for treatment of acute but non-emergency medical needs.</li> <li>This is optional for ASO plans</li> <li>Fully insured Virtual Urgent Care (24/7 National Providers) waiver of deductible and coverage at \$0 to \$ 54 copay or at plan benefits. Timing noted under UHC action.</li> </ul>	<p>Safe Harbor was July 2025.</p> <p>UHC approach for ASO who choose to participate is to add on renewal.</p> <p>Fully insured is based on dates noted due to filing requirements.</p>	<p><b>For ASO</b></p> <p>Notify UHC account representative of intent to cover, effective date and if waiver will apply to:</p> <ul style="list-style-type: none"> <li>Virtual Urgent - 24/7 National Providers (Teladoc, Amwell, and Doctor on Demand). And if plan is to waive deductible and cover at plan benefits or at \$0 to \$54 copay.</li> <li>Telehealth with primary or specialty ' brick and mortar' provider and waive deductible.</li> </ul> <p><b>For Fully insured</b></p> <p>At this time, Aon private exchange and nonstandard fully insured plan for a 100+ group can cover Virtual Urgent Care (24/7 National Providers) waiving deductible and cover at \$0 to \$54 copay or at plan benefits. Large Group changes are effective 7/1/26 and small group on 1/1/27, as plans renew.</p>	<ul style="list-style-type: none"> <li>UnitedHealthcare provide support for OBBBA Telehealth deductible waiver for HDHP / HSA</li> <li><b>ASO customers</b> may choose to cover Virtual Care (24/7 National Providers – currently Teladoc, Amwell and Doctor on Demand).</li> <li>ASO customers may choose to simply waive the deductible and pay at plan benefits or may choose to cover the benefits at no cost share.</li> <li>ASO customer may also choose to waive the deductible for the Telehealth "brick and mortar" services though the member's primary or specialty provider.</li> <li>Retro changes are not supported due to complexity, volume of claim reprocessing and impact of HSA on the members.</li> <li><b>Virtual Urgent Care for standard fully insured plans available as approved.</b></li> <li><b>Aon private exchange plans effective 1/1/26.</b></li> <li>Fully insured large group 51+ standard plans – new and renewing on and after July 1, 2026. Note: California and New York 100+)</li> <li>Fully insured small group standard plans – available for new and renewals on and after 1/1/27.</li> <li>Mid-year changes are not acceptable.</li> </ul>



# Regulatory Summary 2026/2027 – Changes Anticipated

Name	Summary	Effective Date	Customer Action	UHC Action
<p>Consolidated Appropriations Act (CAA) – <b>Mental Health Parity NQTL</b></p> <p>(including recent litigation and government agency response)</p>	<p>Non-Quantitative Treatment Limitations (NQTL):</p> <ul style="list-style-type: none"> <li>➤ Beginning February 11, 2021, per the CAA an NQTL analysis must be made available to regulators, upon request.</li> <li>➤ ASO customer are required to analyze their plans to be compliant with the NQTL regulations.</li> <li>➤ Provide NQTL analysis when requested federal (DOL, HHS) regulators.</li> <li>➤ Important: On 5/9/25, 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.”</li> <li>➤ 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.</li> <li>➤ 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).statute and the 2013 Final Rule remain in effect.</li> </ul>	<p>2/11/2021</p>	<ul style="list-style-type: none"> <li>➤ 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.</li> <li>➤ Request UHC engagement to support DOL audit as needed.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continue to provide support for customers who have a DOL audit..</li> <li>➤ NQTL documentation typically includes a side-by-side analysis of medical/surgical and mental health/substance use disorder NQTLs.</li> <li>➤ Once agency provides guidance based on 5/9/25 decision, UHC will update information on requirement and our UHC approach.</li> </ul>



# Regulatory Summary 2026/2027 – Potential Changes

Name	Summary	Effective Date	Customer Action	UHC Action
<p>Consolidated Appropriations Act (CAA) No Surprises Act – Air Ambulance Reporting</p>	<p>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.</p> <p>The report will be due for two consecutive years.</p> <p><b>Air Ambulance Reporting</b></p> <p>Based on preliminary indications of the air ambulance reporting requirements, UnitedHealthcare plans to report on behalf of all customers (fully insured, ASO, level funded).</p> <p>Once the final rule is released, we will determine if any additional data would be needed from the customer.</p>	<p>Pending Final Rule</p>	<ul style="list-style-type: none"> <li>➤ Awareness</li> </ul>	<ul style="list-style-type: none"> <li>➤ UnitedHealthcare is waiting for additional guidance on the timing, content and submission requirements for Air Ambulance Reporting.</li> <li>➤ No reporting is required until the Final Rule is released.</li> </ul>

