



TO: Our Valued Clients and Brokers
FROM: Health Plans, Inc.
DATE: January 9, 2025
RE: Compliance eBlast: Plan Changes For 2025 And Gag Clause Reminder (Revision)

On December 30, 2024, HPI sent our clients and brokers a Compliance eBlast entitled Plan Changes For 2025 And Gag Clause Reminder which inadvertently contained the incorrect ACA Affordability Percentage for 2025. The revised communication follows:

Health Plans, Inc. (HPI) is issuing this Compliance eBlast to notify you of regulatory updates for the upcoming 2025 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:

- 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, 2025.**
- For Massachusetts Creditable Coverage, **changes are effective on January 1, 2025.**

2025 STATUTORY LIMITS

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

MCC Maximum Deductibles (except IRS QHDHPs, see below)

Individual:	\$2,950	(no change from 2024)
Family:	\$5,900	(no change from 2024)

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

Individual:	\$360	(no change from 2024)
Family:	\$720	(no change from 2024)

MCC Out-of-Pocket Maximums (OOPM)

Individual:	\$9,200	(changed from \$9,450 in 2024; \$250 decrease)
Family:	\$18,400	(changed from \$18,900 in 2024; \$500 decrease)

• **Affordable Care Act (ACA)**

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

Individual:	\$9,200	(changed from \$9,450 in 2024; \$250 decrease)
Family:	\$18,400	(changed from \$18,900 in 2024; \$500 decrease)
Individual Embedded OOPM:	\$9,200	(changed from \$9,450 in 2024; \$250 decrease)

• **IRS QHDHPs**

Minimum Deductibles

IRS HSA-QHDHP Minimum Deductible Amounts:

Individual:	\$1,650	(changed from \$1,600 in 2024; \$50 increase)
Family:	\$3,300	(changed from \$3,200 in 2024; \$100 increase)
Minimum Embedded Individual Deductible:	\$3,300	(changed from \$3,200 in 2024; \$100 increase)

Out-of-Pocket Maximums (OOPM)

Individual:	\$8,300	(changed from \$8,050 in 2024; \$250 increase)
Family:	\$16,600	(changed from \$16,100 in 2024; \$500 increase)
Individual Embedded OOPM:	\$9,200	(changed from \$9,450 in 2024; \$250 decrease)

• **Medical Care Reimbursement Accounts**

Maximum Elective Contribution Limit:	\$3,300	(changed from \$3,200 in 2024; \$100 increase)
Maximum Carryover Limit:	\$660	(changed from \$640 in 2024; \$20 increase)

- **Qualified Transportation Expense Plan Accounts**

Maximum Elective Contribution Limit: \$325/month (changed from \$315 in 2024; \$10 increase)

UNITED STATES PREVENTIVE SERVICES TASK FORCE (USPSTF) RECOMMENDATIONS

- The minimum age for routine mammograms has decreased to age 40

ACA AFFORDABILITY PERCENTAGE 2025

- The IRS released Revenue Procedure 2023-29, which stated that the ACA benchmark for determining the affordability of employer-sponsored health coverage will decrease to 9.02% of an employee's household income for the 2025 plan year.
- This represents the lowest percentage since the launch of the metric in 2014.
- Under the ACA, employer-sponsored minimum essential coverage (MEC) is affordable if an employee's required contribution for the lowest-cost, self-only option with minimum value, does not exceed an annually indexed percentage of the employee's household income.
- Non-calendar-year plans will continue to use 9.12% to determine affordability in 2025 until their new plan year starts.

KENTUCKY SPECIAL ENROLLMENT DUE TO PREGNANCY

- The Commonwealth of Kentucky has issued a state mandate which is effective January 1, 2025, that requires medical plans, including self-insured ones, to provide a special enrollment period to pregnant women and any individual who is eligible for coverage because of a relationship to a pregnant woman to enroll for coverage under the plan
- In addition to the special enrollment period, a plan must provide coverage to pregnant and postpartum women for an in-home program, and for telehealth or digital health services that are related to maternity care associated with pregnancy, childbirth, and postpartum care
- Coverage must begin no later than the first day of the first calendar month in which a medical professional determines that the pregnancy began unless a pregnant woman directs coverage to begin on the first day of any month occurring after that date but during her pregnancy
- The mandate applies to Plan Sponsors situated in Kentucky or who have a facility located in Kentucky
- HPI will automatically amend plans for those clients situated in Kentucky; for Plan Sponsors who have a facility in Kentucky, please contact your HPI Account Manager so they can request the applicable required updates be applied to your plan(s)

GAG CLAUSE REMINDER

As a reminder from our November 4, 2024 *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.

PHCS / MultiPlan: The attached letter confirms that Multiplan provider network contracts comply with the Gag Clause Prohibition.

Employers Health Network: The attached letter confirms that EHN provider network contracts comply with the Gag Clause Prohibition.

First Health: First Health has advised that their Wholesale Compliance team will privately outreach with clients.

Cigna: Please see Cigna'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.

NON-REGULATORY UPDATES

- For clients located in New England, plans will be amended to revise the ChoiceNet Hospital tiering effective for all plans January 1, 2025, regardless of the plans' ERISA Plan Year renewal date

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

Regards,

Andrew H. A. Meggison

Senior Director, Regulatory Affairs and Benefits Compliance

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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.

October 28, 2024

Employers Health Network (EHN) Notice Regarding the Gag Clause Requirement of the 2021 Consolidated Appropriations Act (CAA)

The Administrative Services Agreement by and between Employers Health Network (EHN), your health plan network, and your company meets the Gag Clause Requirement of the 2021 Consolidated Appropriations Act ("CAA") and does not contain any Gag Clause Prohibition as outlined in the CAA. In addition, Employers Health Network provider contracts meet the Gag Clause Requirement of the CAA and do not contain any Gag Clause Prohibition as outlined in the CAA.

The Gag Clause Prohibition, which is an integral part of healthcare laws and regulations, mandates that no individual or entity, including networks, may impose "gag clauses" that inhibit or restrict the free exchange of information between healthcare providers and patients. These clauses have the potential to undermine transparency and obstruct open communication regarding healthcare choices and costs, ultimately limiting the patient's ability to make informed decisions about their care.

As a network, EHN:

- Does not engage in any practices that prevent or discourage healthcare providers from discussing all relevant treatment options, including costs, with their patients.
- Does not include "gag clauses" in our Administrative Services Agreements with our clients or in our contracts with providers.
- Encourages and supports transparent and open communication between healthcare providers and patients to facilitate informed healthcare decisions.



2024 Gag Clause Prohibition Compliance Attestation

I attest that, **MultiPlan, Inc., on behalf of itself and its subsidiaries** (“Network”) will not enter into an agreement, and has not, subsequent to December 27, 2020, entered into an agreement with a health care provider, network or association of providers, or other service provider offering access to a network of providers that would directly or indirectly restrict Client from:

1. Providing provider-specific cost or quality of care information or data, through a consumer engagement tool or any other means, to referring providers, the plan sponsor, participants, beneficiaries, or enrollees, or individuals eligible to become participants, beneficiaries, or enrollees of the plan or coverage;
2. Electronically accessing de-identified claims and encounter information or data for each participant, beneficiary, or enrollee in the plan or coverage, upon request and consistent with the privacy regulations promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the amendments made by the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Americans with Disabilities Act of 1990 (ADA), including, on a per claim basis:
 - a. Financial information, such as the allowed amount, or any other claim-related financial obligations included in the provider contract.
 - b. Provider information, including name and clinical designation.
 - c. Service codes; or
 - d. Any other data element included in claim or encounter transactions; or
3. Sharing information or data described in items (1) or (2), or directing that such data be shared, with a business associate as defined in section 160.103 of title 45, Code of Federal Regulations (or successor regulations), consistent with the privacy regulations promulgated pursuant to section 264(c) of HIPAA, the amendments made by GINA, and the ADA.

I am duly authorized to provide this attestation on behalf of Network, and represent and warrant that my statements contained in this Attestation are accurate and complete.

MultiPlan, Inc., on behalf of itself and its subsidiaries

By: *Jerry Hogge*
Jerry Hogge
Chief Operating Officer

Under a self-insured arrangement, the self-insured plan is required to comply with Section 201, Increasing Transparency by Removing Gag Clauses, of the 2021 Consolidated Appropriations Act (“*Gag Clause Prohibition*”), including the attestation requirements under those rules. The purpose of this letter is to confirm that the Point32Health, Inc.¹ provider network contracts applicable to the health plans subject to these requirements comply with the Gag Clause Prohibition. Additionally, Point32Health, Inc. received written confirmation of compliance with the Gag Clause Prohibition from its external vendor partners that provide network access to members enrolled in health plans subject to these requirements that are insured and/or administered by any applicable Point32Health, Inc. company.

If you have any question related to this notification, please contact your Point32Health, Inc. account executive.



Jake Biscoglio
President, Commercial Markets and Specialty Solutions
Point32Health, Inc.

¹ For purposes of this letter, the Point32Health, Inc. companies that apply are those Tufts Health Plan and Harvard Pilgrim Care, Inc. family of companies that insure and/or administer coverage under group health and individual plans subject to the Gag Clause Prohibition.