



2025 & '26 Annual OOP Maximums

TRADITIONAL V. HDHP W/HSA PLANS

	Traditional Plans		HDHP / HSA Plans	
	Single	Family	Single	Family
2026	\$10,150	\$20,300	TBD	TBD
2025	\$9,200	\$18,400	\$8,300	\$16,600

Source: [Maximum Out-of-Pocket Limits Released for 2026](#)



2nd Wednesday monthly at 1 pm EST

November 13th – HIPAA Security

[Click here to join!](#)

Compliance Reminders

- ✓ **December 29** – Last day for employers to distribute MRL rebate (if applicable)
- ✓ **December 31** – Gag Clause Attestation due via CMS
- ✓ **2024 Reproductive Privacy Rule Updates by 12/31/24:**
 - Train workforce
 - Update HIPAA Policies
 - Update breach response templates
 - Update BAAs

The Rundown

- ✓ Federal Register: [HHS Updates Annual Civil Monetary Penalties for Inflation](#)
- ✓ HHS: [Ransomware Cybersecurity Investigation Results in \\$240,000 Penalty](#)
- ✓ IRS: [IRS Expands Preventive Care Benefits for HDHPs](#)
- ✓ IRS: [IRS releases tax inflation adjustments for tax year 2025](#)
- ✓ IRS: [Revenue Procedure 2024-35 - Required Contribution: 9.02% in 2025](#)
- ✓ CMS: [Premium Adjustment Percentage, Maximum Annual Limitation on Cost Sharing, Reduced Maximum Annual Limitation on Cost Sharing, and Required Contribution Percentage for the 2026 Benefit Year](#)
- ✓ Fact Sheet: [FAQs for the Premium Tax Credit](#)
- ✓ FAQs: [Affordable Care Act \(ACA\) Reporting Made Easy - FAQs](#)
- ✓ Blog: [Controlled & Affiliated Service Group rules for Cafeteria Plans](#)
- ✓ Blog: [Practical Pointers for Compliance With New MHPAEA Regulations](#)
- ✓ Blog: [3 Things To Know About Proposed OTC Contraception Laws](#)
- ✓ Blog: [Fixed Indemnity Insurance Notices - Where They Go & a Template](#)
- ✓ Blog: [Medicare Part D Creditable Coverage Changes in 2025](#)
- ✓ Resource: [Participant Disclosure Checklist for Plans](#)
- ✓ Resource: [Section 1557 Nondiscrimination Requirements: Action Items for Covered Plans](#)
- ✓ Resource: [2024 Instructions for Forms 1094-C and 1095-C](#)
 - [B Form Instructions](#) & [1094-B](#) & [1094-C](#)
 - [C Form Instructions](#) & [1095-B](#) & [1095-C](#)

Benefits Watch Webinar

HIPAA Security Rule for Plans



3 Standards of
HIPAA
Security Rule



November 13th, 2024 - HIPAA Security Rule @ 1 PM EST

The HIPAA Security Rule is technical – VERY technical, and this may overwhelm most group health plan sponsors. What is a risk assessment? What kinds of risks do you assess? How do you track your results? What’s the Security Rule say, & what is essential for employers to implement within their business to appropriately protect health data? Join Patriot’s Benefits Compliance Counsel, Olivia Ash, for the final Benefits Watch Webinar of 2024. In this one-hour webinar, Liv will offer 10 Tips for Plan Sponsors to establish HIPAA Security Rule P&Ps. *1.0 hr. SHRM credit available for attendees.*

Question: *When selecting Business Associates for our Self-Insured Group Health Plan, what steps should we take to remain compliant with ERISA and HIPAA?*

“ERISA requires plan fiduciaries to act prudently when selecting and monitoring plan service providers, such as business associates. This includes investigating and evaluating potential service providers before they are selected. Because self-insured group health plans generally are HIPAA covered entities (except for certain self-administered plans with fewer than 50 participants), it is important to thoroughly review business associate contracts (BAAs) to make

certain that all required HIPAA provisions are included.” Performing due diligence is an essential function of a plan fiduciary. A Covered Entity should:

- ✓ **confirm** that the business associate has appropriate security and privacy controls in place, and processes to provide timely breach notifications to participants if needed.
- ✓ **select** business associates that have both a risk analysis and risk management plan.
- ✓ **monitor** and reassess business associate compliance with the HIPAA privacy and security rules and other applicable legal requirements.
- ✓ **keep** an inventory of past and current BAAs and monitor the expiration dates to ensure that they do not expire.
- ✓ **monitor** changes in the law or HIPAA regulations, in case business associate contract updates are required, such as the recent 2024 amendment to the HIPAA Privacy Rule for reproductive health.

Question: *We filed a Gag Clause Prohibition Compliance Attestation (GCPCA) for our self-insured group health plan in 2023 for the first time, as required. Do we need to file it again this year?*

“Yes, the GCPCA submission must be made annually. The GCPCA attests to a health plan’s (or insurer’s) compliance with the prohibition against “gag clauses” in any agreements with providers, provider networks, or entities offering provider network access. A group health plan with more than one benefit package may submit a single attestation even if some coverage types are insured and others are self-insured. For employers that sponsor multiple group health plans, a separate attestation is required for each plan.”

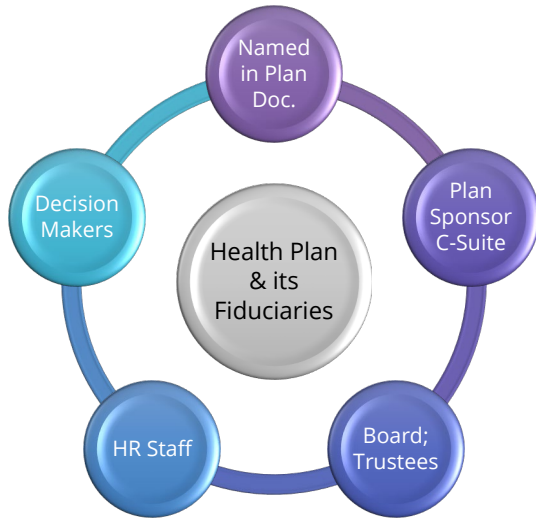
“An attestation must be made by December 31 each calendar year. Submissions are made through CMS’s Health Insurance Oversight System ([HIOS](#)) and are accepted throughout the year. After the initial attestation, each subsequent attestation covers the period from the date of the prior attestation through the date of the subsequent attestation. For example, if a plan submitted its first GCPCA on November 30, 2023, and submits its second GCPCA on November 15, 2024, the second GCPCA’s “attestation period” would be December 1, 2023, to November 15, 2024, and the “attestation year” would be 2024.”

Ensure “the plan annually files a GCPCA. An [agency webpage](#) provides detailed instructions and other resources. Engage a service provider to make the submission for your self-insured plan, but keep in mind that the legal obligation remains with the plan.”

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Fiduciary Corner

Plan Sponsor Question of the Week:
Who may be considered a Plan Fiduciary or "Functional" Fiduciary?



Reach out to your Arrow advisor for information on our Fiduciary Best Practices handout - which includes questions for plan sponsors.

PATRIOT
GROWTH INSURANCE SERVICES
COMPLIANCE

FIDUCIARY CHECKUP
QUESTIONS FOR PLAN SPONSORS

Plan Structure

- Can you identify which welfare plans are subject to ERISA?
- If plan assets are held in trust, do you have appropriate bonds in place?
- Can you list service providers for each plan?
- Do you have current agreements in place with plan providers?
- How often do you meet with plan providers to evaluate pricing & terms of services?

Plan Compliance

- How do you ensure your plans comply with federal & state regulations?
- How do you track plan compliance?
- Do you know which plans are subject to HIPAA? If so, are you complying with the Privacy & Security Rules?
- Do you have policies, procedures, & processes in place?
- Do plan participants know where to go for questions about their benefits?
- How well are you complying with transparency & mental health parity rules?

Plan Management & Training

- Do you have written plan documents?
- Can you list who creates, receives, & maintains plan documents?
- When were plan documents last updated?
- Can you list plan fiduciaries?
- Do you have a fiduciary committee? How well do you document plan decisions?
- Can you identify which plan decisions are fiduciary in nature?
- When did you last audit plan financials?
- How often do you review plan provider disclosures (e.g., required CAA disclosures)?
- Do you conduct training for plan fiduciaries?

Notes

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Fiduciary Resources

[Your Fiduciary Duties as a Plan Administrator of a Group Health Plan Include Reviewing Fee Disclosures](#)

[Reminder: Distribute Medical Loss Ratio \(MLR\) Rebates This Year](#)

[Do I Need a Wrap Document for My Health & Welfare Plans?](#)