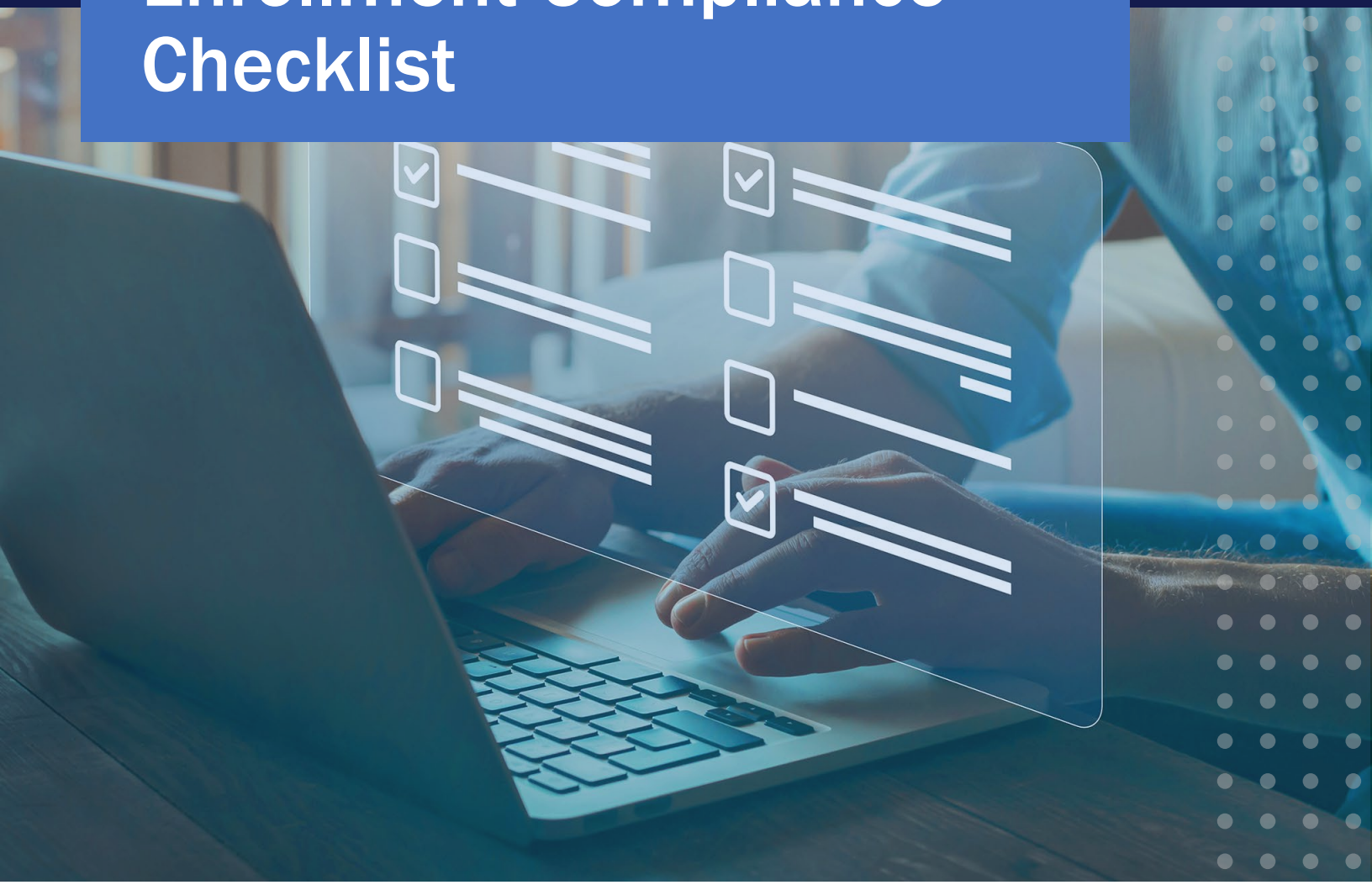
RISK strategies

PART OF THE BROWN & BROWN TEAM

2026 Benefits Open Enrollment Compliance Checklist



Employers sponsoring group health & welfare and other benefit plans may use this sample, non-exhaustive checklist as a guide to ensure their 2026 calendar year plans comply with plan limits and certain plan design requirements.

Compliance Requirement	Action Item
2026 Affordable Care Act (ACA) Affordability Standard: **9.96%**	❑ Confirm employee contributions for self-only coverage under the lowest plan cost option available do not exceed 9.96% of the employee's household income* for the 2026 tax year. Click here for a Risk Strategies article with more information.
2026 Cost Sharing Maximum Limits (ACA Compliant Plans**)	❑ $10,600 for self-only coverage ❑ $21,200 for family coverage Click here for a Risk Strategies article with more information.
2026 Cost Sharing Maximum Limits for High-Deductible Health Plans (HDHPs)***	❑ $8,500 for self-only coverage ❑ $17,000 for family coverage Click here for a Risk Strategies article with more information.
2026 High-Deductible Health Plans Minimum Cost Sharing Deductibles	❑ $1,700 for self-only coverage ❑ $3,400 for family coverage Click here for a Risk Strategies article with more information.

**Employers can also measure the affordability of their coverage using three different ACA affordability safe harbor methods: 1) Federal Poverty Line (FPL); 2) Rate of Pay; 3) Form W-2 (Box 1). Click here for a Risk Strategies article with more information.*

***The ACA requires health plans to place annual limits on participants' cost sharing for essential health benefits (EHBs).*

**** Also known as HDHPs compatible with Health Savings Accounts (HSAs)*

Compliance Requirement	Action Item
2026 Health Savings Account (HSA) Annual Contribution Limits*	❑ $4,400 for self-only coverage ❑ $8,750 for family coverage ❑ $1,000 for catch-up contributions (age 55 or older) Click here for a Risk Strategies article with more information.
2026 Health Care Flexible Spending Account (HC FSA) Annual Contribution Limit	❑ $3,400 ❑ $680 maximum carryover amount Click here for a Risk Strategies article with more information.

2026 Dependent Care Flexible Spending Account (DC FSA) Annual Contribution Limit	❑ $7,500 or $3,750 for married individuals filing separate tax returns
	❑ The One Big Beautiful Bill Act increases the maximum annual contribution limit for DC FSAs, beginning January 1, 2026, to the limits listed above.
	❑ Employers deciding to increase the DC FSA contribution limits for the 2026 plan year should:
	  ❑ Update plan documents, enrollment materials, and employee communications,
	  ❑ Coordinate with their DC FSA administration vendor to reflect these new limits, and
	  ❑ Determine if the increased DCAP limit will impact the plan's required Section 129 annual nondiscrimination testing results, particularly the 55% average benefits test.
	Click here for a Risk Strategies article with more details.

2026 Excepted Benefit Health Reimbursement Arrangement (EBHRA)** Limit	❑ $2,200 Click here for a Risk Strategies article with more information.
2026 Qualified Transit and Parking maximum monthly contribution limit	❑ $340 Click here for a Risk Strategies article with more information.

** Includes both employee and employer contribution amount limits.*
*** Employers offer EBHRAs to reimburse the cost of excepted benefits (such as limited-scope dental or vision coverage) as well as short-term, limited-duration insurance plan premiums.*

Compliance Requirement	Action Item

2026 No-Cost Preventive Care Benefits	❑ ACA requires non-grandfathered health plans to cover a range of recommended preventive services without participant cost-sharing (i.e., no deductibles, copayments, or coinsurance), often referred to as "first-dollar coverage".
	❑ Confirm the plan provides coverage for the latest recommended preventive care services at first-dollar coverage.
	❑ NOTE: For 2026, most health plans are required to cover the following new services, without participant cost-sharing:
	  ❑ the initial mammography plus any additional imaging (e.g., MRI, ultrasound, or mammography) or pathology evaluation required to complete the screening process for malignancies.
	  ❑ individualized patient navigation services for breast and cervical cancer screening and follow-up, including person-centered assessment and planning, health care access and health system navigation, and referrals to appropriate support services (e.g., language translation, transportation, and social services), and patient education.

Permanent Telehealth Relief & HSA-compatible HDHPs	❑ A COVID-related safe harbor relief measure (expired on December 31, 2024) temporarily allowed HDHPs to waive the deductible for telehealth and other remote care services without impacting HSA eligibility.
	❑ The One Big Beautiful Bill Act provides permanent safe harbor relief allowing HSA-compatible HDHPs to cover telehealth and other remote care services on a pre-deductible basis without jeopardizing an individual's ability to make or receive HSA contributions.
	❑ Plan sponsors with HSA-compatible HDHPs are advised to:
	  ❑ Determine whether the plan will waive the deductible for telehealth/remote care services for the plan year beginning in 2026; and
	  ❑ Clearly communicate to plan participants any cost-sharing changes for telehealth/remote care services through an updated summary plan description (SPD) or a summary of material modifications (SMM).
	Click here for a Risk Strategies article with more details.

2026 Benefits Open Enrollment Compliance Checklist

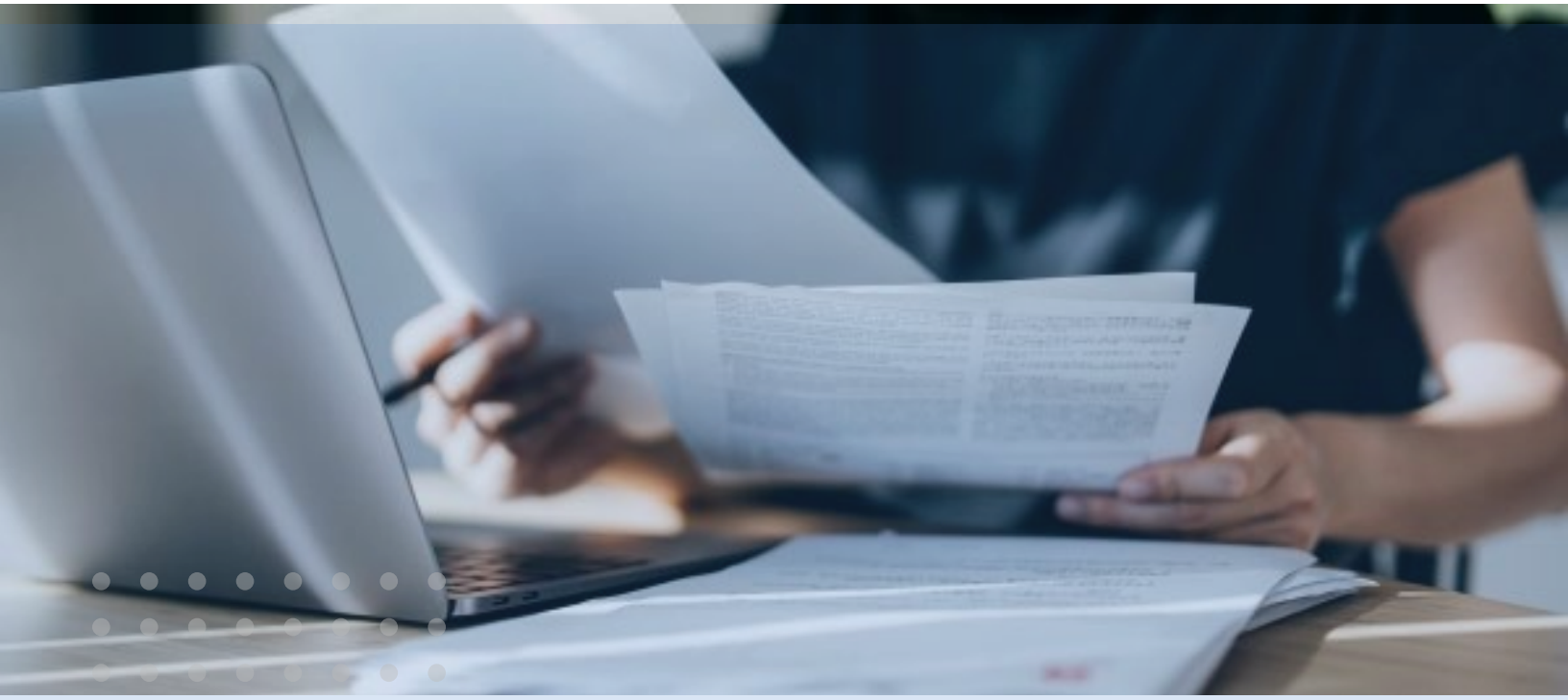
Compliance Requirement	Action Item
Mental Health Parity – NQTL Comparative Analysis	❑ The Mental Health Parity and Addiction Equity Act (MHPAEA) requires group health plans to conduct and document the required comparative analyses of the nonquantitative treatment limitations (NQTLs) used for medical/surgical benefits compared to mental health/substance use disorder benefits. ❑ Confirm with the applicable plan carrier or third-party administrator that NQTL comparative analyses will be updated for the 2026 calendar plan year, as necessary. Click here for more information.
Wellness Programs	❑ Compliance with HIPAA nondiscrimination rules for health-contingent wellness programs: ❑ Frequency: provides eligible individuals the opportunity to qualify at least once per year. ❑ Amount: limits the maximum total reward to 30% or (50% for tobacco reduction/prevention programs) of the total cost of coverage under the plan, based on total cost of self-only or family coverage, as applicable to each participant. ❑ Purpose: must be reasonably designed to promote health and prevent disease. ❑ Reasonable Alternative Standard: must provide a reasonable alternative standard (or waiver of the otherwise applicable standard) for the full reward for all individuals who do not meet the initial standard (e.g., those who smoke or use tobacco products). ❑ Full Reward: must be available to all similarly situated individuals. Participants who complete the reasonable alternative standard must be retroactively credited any reward (or refunded any surcharge), as applicable. Click here for a Risk Strategies article with more information.
Life Insurance EOI Practices	❑ Confirm life insurance evidence of insurability (EOI) and premium practices with the applicable carrier. Click here for a Risk Strategies article with more information.
Cybersecurity Practices	❑ Ensure your health & welfare plans' data, personal information, and plan assets are safeguarded by thoroughly reviewing the Department of Labor's recent cybersecurity compliance guidance here.

Compliance Requirement	Action Item
Direct Primary Care (DPC) Arrangements & HSA-compatible HDHPs	❑ Beginning January 1, 2026, the One Big Beautiful Bill Act permits individuals with HSA-compatible HDHPs to enroll in Direct Primary Care (DPC) arrangements without jeopardizing their HSA eligibility. Additionally, DPC fees are permitted to be paid for/reimbursed by HSA funds. ❑ A DPC arrangement is one in which an individual is provided medical care consisting solely of primary care services provided by a primary care practitioner (not a specialist) if the sole compensation for such care is a fixed periodic/monthly fee. ❑ DPC arrangements cannot provide the following services: ❑ Procedures requiring the use of general anesthesia ❑ Prescription drugs other than vaccines ❑ Laboratory services not typically administered in an ambulatory primary care setting ❑ For HSA compatibility purposes, DPC arrangement fees cannot exceed $150 per month for individuals or $300 per month for family, adjusted annually for inflation. ❑ Employers sponsoring DPC arrangements for their employees should ensure that the DPC program they sponsor satisfies the criteria detailed above for HSA-compatible HDHPs. Click here for a Risk Strategies article with more information.
Permanent student loan reimbursement benefit	❑ A COVID-related relief measure temporarily permits employers who offer Section 127 educational assistance programs to include an employee's qualified student loan payments made before January 1, 2026. Educational assistance programs traditionally cover tuition, books, and other education expenses. ❑ The One Big Beautiful Bill Act permanently extends this student loan reimbursement provision and indexes the maximum amount for inflation beginning in 2027. As a result, employers may continue to use Section 127 educational assistance programs to pay principal and interest on an employee's qualified education loans, up to a maximum of $5,250 for 2026, without those payments being counted as taxable wages. ❑ Employers with Section 127 educational assistance programs are advised to update plan materials and employee communications in light of this student loan reimbursement permanent extension. Click here for a Risk Strategies article with more details.

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Compliance Requirement	Action Item
2026 Plan Changes	❑ Communicate any plan changes to plan participants through an updated summary plan description (SPD) or a summary of material modifications (SMM).*
Post-Open Enrollment Recommended Action Items	❑ Audit employee 2026 benefit plan elections for accuracy, precision, and compliance. ❑ Reconcile any election errors or discrepancies before the 2026 plan year. ❑ Update payroll systems for 2026 benefit plan limits. ❑ Advise employees to confirm applicable benefit plan deductions on their first paycheck in 2026.

**Language detailing plan changes may be included in open enrollment materials with a statement that these materials constitute an SMM.*



Notice/Disclosure Requirements (may be included with open enrollment materials)

Contact your Risk Strategies account team for assistance

Notice/Disclosure	Annual Distribution	New Hire/Plan Enrollment Distribution
Children's Health Insurance Program (CHIP) Notice	✓	✓
COBRA (Consolidated Omnibus Budget Reconciliation Act) General Notice		✓
Family Medical Leave Act (FMLA) Rights General Notice *Covered employers under the FMLA include:* ▪ *private sector employers who employ 50 or more employees for 20 or more workweeks in the current or preceding calendar year, and* ▪ *public sector employers, including federal, state, and local government employers, regardless of the number of employees.*		✓
Grandfathered Plan Status Notice (as applicable)	✓	✓
Genetic Information Non-Discrimination Act (GINA) Disclosure	✓	✓
Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notice of Privacy Practices (or Privacy Notice) *Every three years, plans must notify participants that a HIPAA Privacy Notice is available and how to obtain a copy. Additionally, a HIPAA Privacy Notice must be provided within 60 days of a material change to the notice and upon a plan participant's request.*		✓
HIPAA Special Enrollment Rights Notice		✓
Marketplace (Exchange) Notice		✓
Medicare Part D Creditable/Non-Creditable Coverage Notice *This notice must be distributed by October 15 each year. Click here for more information.*	✓	✓
Michelle's Law Notice (as applicable)	✓	✓
Newborns' and Mothers' Health Protection Act (NMHPA) Disclosure	✓	✓
No Surprises Act/Surprise Billing Notice	✓	
Patient Protection Notice (as applicable)	✓	✓

Notice/Disclosure Requirements (may be included with open enrollment materials)

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Notice/Disclosure	Annual Distribution	New Hire/Plan Enrollment Distribution
Summary of Benefits & Coverage (SBC)	✓	✓
Uniformed Services Employment and Reemployment Act (USERRA) Notice		✓
Wellness Program Notice: Americans with Disabilities Act (ADA) (as applicable) *This notice applies to wellness programs that collect employee health information (examples: biometric screenings and health risk assessments)*	✓	✓
Wellness Program Notice: HIPAA (as applicable) *This notice applies to health-contingent wellness programs requiring individuals to satisfy a standard related to a health factor to obtain a reward (examples: smoking cessation and vaccine incentive programs)*	✓	✓
Women's Health and Cancer Rights Act (WHCRA) Notice	✓	✓

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