

Changes You Should Know

CDPHP takes its role in providing health care coverage for your employees and clients seriously. These changes take effect at the time of benefits renewal in 2026. Refer to plan documents for complete details.

ALL FULLY INSURED PLANS

EpiPen mandate	The cost-share for epinephrine auto-injector devices (EpiPens) will be capped at \$100 per plan year. Formulary management and prior authorizations may apply. Deductible applies for HSA-qualified high deductible health plans.
Outpatient donor human milk mandate	Coverage of pasteurized donor human milk has been extended to outpatient locations. Subject to the DME cost-share. Prior authorization may apply.
Outpatient behavioral health access mandate	Members unable to access outpatient mental health care and substance use services within specified time frames may be able to access a nonparticipating provider with prior authorization.
Health funding accounts	Lifetime Benefits Solutions will be the exclusive provider of funding accounts in 2026. Pairing a CDPHP health plan with a funding account provides tax advantages and cost savings for employers and employees.
Hearing aid vendor	Hearing Care Solutions is changing its name to TruHearing. All related benefits remain the same.
Musculoskeletal and cardiology services	Non-emergent musculoskeletal (including Interventional Pain Management) and cardiac services (including cardiac devices and interventional cardiology) will now require prior authorization. Cost share may vary based on place of service, type of procedure, and plan benefits.
Minimum allowable deductible	The IRS has determined that the minimum allowable deductible for HSA-qualified high deductible plans will be \$1,700 (individual) and \$3,400 (family) for 2026.
Out-of-pocket maximum	The IRS has determined that the out-of-pocket maximum for HSA-qualified high deductible plans can be no more than \$8,500 (individual) and \$17,000 (family) for 2026. The Department of Health and Human Services has determined that the out-of-pocket maximum for plans that are not high deductible can be no more than \$10,150 (individual) and \$20,300 (family) for 2026.
Mandated regulatory changes	Plan design changes have been made pursuant to state and federal requirements.
Plan design changes	▶ The out-of-network allowed amount calculation for PPO and HDPPPO plans has been revised based on geographic location and facility type. ▶ Medicare and other governmental programs exclusion updated to note that the benefit reduction based on what Medicare pays applies even if the member fails to enroll in Medicare or doesn't pay their Medicare premium. Large group exceptions to this exclusion: eligibility for Medicare by reason of age, disability, and end-stage renal disease. ▶ All plans will have a single standard level of appeal for utilization review.

LARGE GROUP PLANS

Scalp cooling devices	Coverage of scalp cooling devices used in connection with chemotherapy has been added per a New York state mandate. Devices will be subject to the chemotherapy cost-share.
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INDIVIDUAL AND SMALL GROUP PLANS

Plan design changes	Some plan design changes have been made to ensure all products fit into a compliant actuarial value. Members will receive notification of any changes to their current plan.
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