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HHS Proposes 2018 OOP Maximums and Marketplace Guidance

The Department of Health & Human Services has proposed 2018 out-of-pocket maximums of $7,350 for self-only coverage and $14,700 for other than self-only coverage, and provided guidance on other issues focused on helping to strengthen and improve the ACA marketplaces.

Background

Each year, the Department of Health & Human Services (HHS) releases the HHS Notice of Benefit and Payment Parameters that provides important guidance related to the Affordable Care Act (ACA) marketplaces and various ACA provisions. On August 29, HHS released the proposed rule for 2018 and a release that summarizes the guidance. While primarily focused on the ACA marketplaces and insurers offering programs, it includes guidance that affects large employer and self-insured group health plans on the 2018 ACA out-of-pocket maximums.

ACA Indexed Dollar Amounts

A table summarizing the various ACA indexed dollar amounts by year is included on page 2 of this publication.

Out-of-Pocket Maximums

Effective for plan years beginning on or after January 1, 2014, the ACA imposes annual out-of-pocket (OOP) maximums on the amount that an enrollee in a non-grandfathered health plan, including self-insured and large group health plans, must pay for essential health benefits (EHB) through cost-sharing. (See our March 11, 2014 *For Your Information*.)

In 2017, the OOP limits will be $7,150 for self-only coverage and $14,300 for other than self-only coverage. HHS has proposed 2018 OOP maximums of $7,350 for self-only coverage and $14,700 for other than self-only coverage.

ACA Indexed Dollar Amounts

The table below summarizes the ACA indexed dollars limits for 2018 and prior years.

ACA Indexed Dollar Amounts								
	Out-of-Pocket Maximums (1,5)		PCORI Fee (2,5)	Transitional Reinsurance Fee (6)	Health FSA Salary Reduction Cap (3,5)	Employer Shared Responsibility Annual Assessments (1,4,6,7,8)		
	Self-Only	Other Than Self-Only				4980H(a) – Failure to Offer Coverage	4980H(b) – Failure to Offer Affordable, Minimum Value Coverage	Affordability Threshold Under 4980H(b)
2018	$ 7,350	$ 14,700	Not available	N/A	Not available	$ 2,320 (Est.)	$ 3,480 (Est.)	Not available
2017	$ 7,150	$ 14,300	Not available	N/A	$ 2,600 (Est.)	$ 2,260 (Est.)	$ 3,390 (Est.)	9.69%
2016	$ 6,850	$ 13,700	Not available	$ 27	$ 2,550	$ 2,160	$ 3,240	9.66%
2015	$ 6,600	$ 13,200	$ 2.17	$ 44	$ 2,550	$ 2,080	$ 3,120	9.56%
2014	$ 6,350	$ 12,700	$ 2.08	$ 63	$ 2,500	$ 2,000	$ 3,000	9.50%
2013	N/A	N/A	$ 2.00	N/A	$ 2,500	N/A	N/A	N/A
2012	N/A	N/A	$ 1.00	N/A	N/A	N/A	N/A	N/A

Notes:

(1) Indexed to increase in average per capita premium for US health insurance coverage in prior calendar year. Out-of-pocket maximum does not apply to grandfathered plans or retiree-only plans
(2) Indexed to increases in national health expenditures
(3) Indexed for CPI-U
(4) One-twelfth of annual amount assessed on monthly basis. No assessments for 2014
(5) Applicable dollar amount affected by when plan year ends
(6) Applies on a calendar year basis
(7) 2017 and 2018 assessment amounts have not been released. Estimate based on increase in average per capita premium for US health insurance coverage as determined by HHS
(8) Affordability threshold adjusted consistent with 36B(b)(3)(A)(i)

N/A – Not applicable

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