

HHS Finalizes Health Plan Out-of-Pocket Limits for 2017

Issued date: 03/08/16

On March 1, 2016, the Department of Health and Human Services (HHS) released cost-sharing parameters setting the 2017 maximum annual out-of-pocket limits on non-grandfathered health plans at **\$7,150** for self-only coverage and **\$14,300** for coverage other than self-only. These limits take effect for the first plan year on or after January 1, 2017.

These limits generally apply with respect to any essential health benefits (EHBs) offered under the group health plan. The final regulations established that starting in the 2016 plan year, the self-only annual limitation on cost sharing applies to each individual, regardless of whether the individual is enrolled in other than self-only coverage, including family coverage.

As a reminder, the 2016 maximum annual out-of-pocket limits for all non-grandfathered plans are **\$6,850** for self-only coverage and **\$13,700** for coverage other than self-only.