

For brokers, general producers and full-service producers

Not intended for distribution to groups or members

Date: July 3rd, 2018

Market: All

Maximum Out-of-Pocket (MOOP) Limits for 2019

Beginning January 1, 2019, the Affordable Care Act (ACA) requires all new and renewing individual and group risk and non-risk plans to limit individual cost-sharing to the self-only annual MOOP value of \$7,900.

Also beginning January 1, 2019, for HSA compatible High Deductible Plans, the IRS has advised that the individual maximum out-of-pocket-cannot exceed \$6,750 during a benefit period.

Plan Type	2017	2018	2019	Changes from previous year
Non-HSA MOOP Limit				
Self Only	\$7150	\$7350	\$7900	Increase of \$550
Family	\$14,300	\$14,700	\$15,800	Increase of \$1100
Plan Type	2017	2018	2019	Changes from previous year
HDHP/HSA MOOP Limit				
Self Only	\$6550	\$6650	\$6750	Increase of \$100
Family	\$13,100	\$13,300	\$13,500	Increase of \$200

*The Department of Health and Human Services (HHS) has stated that a plan must apply the ACA's self-only annual limitation of \$7,900.00 on cost sharing to out-of-pocket maximums for each individual in a family plan — even if this amount is below the family out-of-pocket maximum. This means that no individual can pay more than this amount, even in plans with other than just individual coverage.

As a reminder for 2019, the Internal Revenue Services (IRS) defines a high deductible health plan under § 223(c)(2)(A) as a health plan with an annual deductible not less than \$1,350 for self-only coverage or \$2,700 for family coverage. The plan must also have annual out-of-pocket expenses (deductibles, copayments, coinsurance and other amounts, but not premiums) that do not exceed \$6,750 for self-only coverage or \$13,500 for family coverage.

If you have any questions, please contact your broker sales representative.

Sincerely,



Timothy Matthews
Vice-President, Sales
Small-Medium Group SBU