

# HEALTH CARE REFORM:

## Updated Benefit Limits for 2019 Plan Years

The Department of Health & Human Services has issued the inflation-adjusted out-of-pocket limits applicable to non-grandfathered plans for plan years beginning in 2019. These out-of-pocket limits apply to in-network services for essential health benefits and include deductibles, co-insurance and co-payments. Note, high-deductible health plans paired with health savings accounts (HSAs) are subject to lower out-of-pocket maximums.

### Out of Pocket Maximums and Other Limits

Non-HSA Qualified Plans	2018	2019
<b>Out-of-Pocket Maximums</b>		
• Self-Only	\$7,350	\$7,900
• Family	\$14,700	\$15,800
HSA Qualified Plans	2018	2019
<b>Out-of-Pocket Maximums</b>		
• Self-Only	\$6,650	\$6,750
• Family	\$13,300	\$13,500
<b>Contributions</b>		
• Self-Only	\$3,450	\$3,500
• Family	\$6,900	\$7,000
<b>Minimum Annual Deductible</b>		
• Self-Only	\$1,350	\$1,350
• Family	\$2,700	\$2,700

### Threshold to Determine Affordability – Employer Mandate

The Internal Revenue Service has announced the 2019 percentage threshold for determining if coverage is affordable under the Employer Mandate. Coverage is affordable if an employee's required contribution for the employer's lowest cost self-only coverage that provides minimum value does not exceed 9.5 percent (indexed annually) of the employee's household income. For 2018, the threshold is 9.56 percent. For plan years beginning in 2019, the percentage increases to 9.86 percent.

Please contact Granite Insurance Brokers if you require any additional information.