



BENEFIT NEWS BRIEFS

HHS Releases 2017 Maximum Annual Cost-Sharing Limits for Non-Grandfathered Health Plans

HHS just released its [2017 Notice of Benefit and Payment Parameters](#), which sets, among other things, the maximum annual cost-sharing limits that apply to *non-grandfathered plans* for the 2017 Plan Year. The maximum annual cost-sharing limit is sometimes referred to as the MOOP (Maximum Out-Of-Pocket) limit. "Cost-sharing" is defined as "deductibles, coinsurance, copayments, or similar charges."

According to the Notice, the 2017 maximum annual limitation on cost sharing is:

- Individual coverage - \$7,150
- Other than self (family) coverage - \$14,300

See [Text of HHS Final Notice of Benefit and Payment Parameters for 2017](#) at PDF page 95.

Two commenters noted that the current annual rate of increase in the MOOP is unsustainable and negatively affects enrollees' willingness to seek medical care, which in turn affects health outcomes. The commenters asked HHS to develop an alternative methodology to calculate the maximum annual limitation on cost sharing.

HHS responded that it intends to review the underlying methodology that drives the MOOP calculation after the initial years of reform-driven changes to benefits and plan design, but there is no hint of change in the near future.

For more on the MOOP limit, see [Benefit News Briefs 2014-22](#).

See also DOL's ACA FAQs on *Limitations on Cost Sharing* found at: <http://www.dol.gov/ebsa/healthreform/regulations/limitationsoncostsharing.html>.

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