

THE BEACON

Exclusive Compliance Alerts from MZQ Consulting

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2024 OUT-OF-POCKET LIMITS RELEASED

The Department of Health and Human Services has announced the new out-of-pocket (OOP) limits that will apply to group and individual health plans during the 2024 plan year. To comply with the ACA, non-grandfathered health plans cannot require a participant to pay more out-of-pocket during the plan year than the amounts listed below. The limits apply to cost-sharing items like copayments, deductibles, and coinsurance expenditures. Premiums and spending for non-covered services do not count towards the out-of-pocket limits. The 2024 limits are listed below in comparison to the 2023 limits:

Out-of-Pocket Limits		
Coverage Type	2023	2024
Self-Only Coverage	\$9,100	\$9,450
Family Coverage	\$18,200	\$18,900

Under the ACA, the OOP limitation requirement directly applies to essential health benefits. As a reminder, essential health benefits as defined by the ACA fall within ten categories: (1) ambulatory patient services, (2) emergency services, (3) hospitalization, (4) pregnancy, maternity, and newborn care, (5) mental health and substance use disorder services, (6) prescription drugs, (7) rehabilitative and habilitative services and devices, (8) laboratory services, (9) preventive and wellness services, including chronic disease management, and (10) pediatric services, including oral and vision care.

Of note, the IRS has not yet released the 2024 out-of-pocket limits for HSA-qualified high deductible health plans. We will share these limits as soon as they become available.

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