



Health Care Reform Update

Week of May 20, 2024

This article provides general information and is not legal advice. If you have specific questions about compliance with the Affordable Care Act or the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, please contact your legal counsel.

2025 Cost-Sharing Limitations

Recently issued guidance provides cost-sharing requirements for individual policies and group health plans beginning in 2025.

At a Glance

The following chart provides a high-level summary of cost-sharing requirements for plan and policy years beginning in 2025. Additional information and details follow.

Category	Plan Type*	Minimum Deductible	MOOP
Affordable Care Act requirements	Non-grandfathered	Not applicable	\$9,200 single \$18,400 family (max \$9,200 per person)
	Grandfathered	Not applicable	Not applicable
High-Deductible Health Plan requirements for plan to be HSA-qualified	Shared Deductible/OOP, Non-grandfathered	\$1,650 single \$3,300 family	\$8,300 single \$16,100 family (max \$9,200 per person†)
	Shared Deductible/OOP, Grandfathered	\$1,650 single \$3,300 family	\$8,300 single \$16,600 family
	Embedded Deductible/OOP, All plan types	\$1,650 single \$3,300 family (min \$3,300 per person)	\$8,300 single \$16,600 family
*Includes plans for all fully-insured group sizes (small and large), self-funded plans including level-funded, and individual policies.			
†Related to ACA MOOP requirements.			

Out-of-Pocket Limits

The Affordable Care Act (ACA) imposes maximum cost-sharing limitations – called the maximum out-of-pocket or ACA MOOP – on all non-grandfathered individual policies and group health plans, including self-funded plans. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 imposes certain requirements on high-deductible health plans (HDHPs) related to minimum deductibles and maximum out-of-pocket (HDHP MOOP) for plans to be HSA-qualified.

In 2014, the ACA MOOP was set equal to the HDHP MOOP. However, these out-of-pocket (OOP) maximums are no longer equal. The MOOPs are adjusted each year using a value – known as an index – specified in the law. The index used to adjust the ACA MOOP is different from the index used to adjust the HDHP MOOP from year to year, causing the MOOPs to be different amounts.

[Guidance](#) issued in November 2023 set the 2025 ACA MOOP at \$9,200 for self-only coverage and \$18,400 for family coverage. [Revenue Procedure 2024-25](#), issued in May 2024, set the 2025 HDHP MOOP at \$8,300 for self-only coverage and \$16,600 for family coverage. For HDHPs to qualify for health savings account (HSA) contributions in 2025 – both grandfathered and non-grandfathered plans – OOP amounts cannot be greater than the HDHP MOOP, among other requirements.

Please note that the 2025 ACA MOOP is *lower* than the 2024 amounts, which were \$9,450 for single and \$18,900 for family coverage.¹ Non-grandfathered groups may have to reduce their OOP amounts for plan years beginning in 2025 to stay in compliance with the ACA MOOP limits.

Shared Out-of-Pocket Amounts

As clarified in [regulations](#) and a subsequent [FAQ](#), both issued in 2015, the amount an individual is expected to pay OOP for services that meet the definition of essential health benefits (EHB) cannot be greater than the ACA MOOP for single coverage. This has the effect of limiting plan options for shared family OOPs for HDHPs such that they cannot exceed the individual ACA MOOP of \$9,200 for plan years beginning in 2025.

Because this requirement is part of the EHB rules, it does not apply to grandfathered plans. However, these plans must still comply with the HDHP MOOP requirements to be HSA-qualified.

We're Here to Help

Please contact your BlueCross sales or account executive with questions.

¹ For 2024 ACA MOOP amounts, please see <https://www.cms.gov/files/document/2024-papi-parameters-guidance-2022-12-12.pdf>