

Health Care Reform: Out of Pocket Maximums

What is an Out-Of-Pocket Maximum?

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

The out-of-pocket limit doesn't include your monthly premiums. It also doesn't include anything you spend for services your plan doesn't cover.

What is changing?

For **2018**, the out of pocket maximum on cost sharing is:

- **\$7,350** for self-only coverage (up from \$7,150 in 2017)
- **\$14,700** for coverage other than self-only (up from \$14,300 in 2017)

What to expect?

Depending on the plan your company currently offers, there may be cost increases due to these federally mandated benefit changes being brought about due to the Affordable Care Act. Please contact our team for more details regarding your particular plan.