

Vorys Chart: Group Health Plan Indexed Amounts

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Original Amount	2018	2019	2020
\$2,250 / \$4,500 maximum HSA contribution	\$3,450 single / \$6,900 family	\$3,500 single / \$7,000 family	\$3,550 single / \$7,100 family
\$1,000 / \$2,000 HSA-compatible HDHP minimum in-network deductible	\$1,350 single / \$2,700 family* * For family coverage, each family member must have a deductible that <i>is at least</i> \$2,700	\$1,350 single / \$2,700 family* * For family coverage, each family member must have a deductible that <i>is at least</i> \$2,700	\$1,400 single / \$2,800 family* * For family coverage, each family member must have a deductible that <i>is at least</i> \$2,800
\$5,000 / \$10,000 HSA-compatible HDHP maximum in-network OOP limit	\$6,650 single / \$13,300 family	\$6,750 single / \$13,500 family	\$6,900 single / \$13,800 family
\$6,350 / \$12,700 non-grandfathered group health plan maximum in-network OOP limit	\$7,350 single / \$14,700 family** ** For non-grandfathered family coverage, each family member must have an embedded individual in-network OOP limit that <i>does not exceed</i> \$7,350	\$7,900 single / \$15,800 family** ** For non-grandfathered family coverage, each family member must have an embedded individual in-network OOP limit that <i>does not exceed</i> \$7,900	\$8,150 single / \$16,300 family** ** For non-grandfathered family coverage, each family member must have an embedded individual in-network OOP limit that <i>does not exceed</i> \$8,150
\$2,000 IRC §4980H(a) “no offer” penalty	\$2,320 per year (\$193.33 per month)	\$2,500 per year (\$208.33 per month)	\$2,570 (\$214.17 per month)
\$3,000 IRC §4980H(b) “unaffordable, inadequate coverage” penalty	\$3,480 per year (\$290.00 per month)	\$3,750 per year (\$312.50 per month)	\$3,860 (\$321.67 per month)
9.5% IRC §4980H(b) affordability fraction	9.56%	9.86%	9.78%
IRC §4980H(b) federal poverty line safe harbor	9.56% x \$12,060 ÷ 12 = \$96.07 Use 2017 FPL for 1/1/2018 calculation	9.86% x \$12,140 ÷ 12 = \$99.75 Use 2018 FPL for 1/1/2019 calculation	9.78% x \$12,490 ÷ 12 = \$101.79 Use 2019 FPL for 1/1/2020 calculation
\$2,500 maximum health FSA contribution	\$2,650	\$2,700	\$2,750
\$1,800 Excepted Benefit Health Reimbursement Arrangement (EBHRA) limit	Not available	Not available	\$1,800
\$4,950 / \$10,000 Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) limit	\$5,050 single / \$10,250 family	\$5,150 single / \$10,450 family	\$5,250 single / \$10,600 family