



Issued date: 10/21/24

The Department of Health and Human Services (“HHS”) published the “payment parameters” portion of its Annual Notice of Benefit and Payment Parameters for 2026. For purposes of employer-sponsored health plans, the guidance includes the limits on annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) for non-grandfathered group medical plans for plan years that begin in 2026.

The Department also published the proposed Annual Notice of Benefit and Payment Parameters rule for 2026. While this annual guidance generally outlines rules and standards that apply to Marketplace coverage, sometimes it includes items that affect employer-sponsored coverage. In this publication, HHS indicates that, along with the Departments of Labor and the Treasury, future rulemaking to address the applicability of drug manufacturer support to the annual limitation on cost-sharing is expected, something that will impact employer-sponsored coverage. At this time, it's not clear when this guidance will be issued or what it will say.

Change to the Out-of-Pocket Maximums

Non-grandfathered group medical plans will see a significant increase in the out-of-pocket maximum for plan years beginning on or after January 1, 2026, as follows:

- \$10,150 for self-only coverage (up from \$9,200 for 2025)
- \$20,300 for coverage other than self-only (up from \$18,400 for 2025).

The out-of-pocket maximum limits for non-grandfathered group medical plans are different (and generally higher) than the out-of-pocket maximum limits required for high-deductible health plans (“HDHPs”) that are compatible with health savings account (“HSA”) eligibility.

Employer Action

For non-grandfathered group medical plans, employers should update out-of-pocket limits for plan years beginning on or after January 1, 2026.