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| |  |  | | --- | --- | | HSA/HDHP Limits Increase for 2023 |  |     On April 29, 2022, the IRS released [Revenue Procedure 2022-24](https://www.irs.gov/pub/irs-drop/rp-22-24.pdf) to provide the inflation-adjusted limits for health savings accounts (HSAs) and high deductible health plans (HDHPs) for 2023. The IRS is required to publish these limits by June 1 of each year. These limits include:     * The maximum HSA contribution limit; * The minimum deductible amount for HDHPs; and * The maximum out-of-pocket expense limit for HDHPs.     These limits vary based on whether an individual has self-only or family coverage under an HDHP.    Eligible individuals with self-only HDHP coverage will be able to contribute **$3,850** to their HSAs in 2023, up from $3,650 in 2022. Eligible individuals with family HDHP coverage will be able to contribute **$7,750**to their HSAs in 2023, up from $7,300 in 2022. Individuals age 55 or older may make an additional $1,000 “catch-up” contribution to their HSAs.    The minimum deductible amount for HDHPs increases to **$1,500**for self-only coverage and **$3,000** for family coverage in 2023 (up from $1,400 for self-only coverage and $2,800 for family coverage in 2022). The HDHP maximum out-of-pocket expense limit increases to **$7,500** for self-only coverage and **$15,000** for family coverage in 2023 (up from $7,050 for self-only coverage and $14,100 for family coverage in 2022).    The IRS also provided the 2023 contribution limit for excepted benefit health reimbursement arrangements (HRAs). For plan years beginning in 2023, the maximum amount that may be made newly available for an excepted benefit HRA is **$1,950**.    Notice of Benefit and Payment Parameters for 2023    On April 28, 2022, the Department of Health and Human Services (HHS) filed its [final Notice of Benefit and Payment Parameters for 2023](https://www.federalregister.gov/documents/2022/05/06/2022-09438/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2023). This final rule describes benefit and payment parameters under the Affordable Care Act (ACA) that apply for the 2023 benefit year.    Finalized standards in the rule include:     * **The individual mandate’s affordability exemption**—The finalized 2023 required contribution percentage is 8.17%. * **Standardized plan options in the Exchanges**—Insurers in the federally facilitated Exchanges (FFEs) and state-based Exchanges using the federal platform (SBE-FPs) must offer certain standardized plan options beginning with the 2023 plan year.     HHS also separately [announced](https://www.cms.gov/files/document/2023-papi-parameters-guidance-v4-final-12-27-21-508.pdf) the updated annual limitations on cost sharing for 2023 on Dec. 28, 2021. The finalized 2023 maximum annual limit on cost sharing is **$9,100** for self-only coverage and **$18,200** for other-than-self-only coverage.  HHS did not adopt standards for qualified health plans, states and Exchanges that prohibit discrimination based on sexual orientation and gender identity in benefit design and insurer marketing practices. Instead, HHS deferred finalizing these provisions to future rulemaking on ACA Section 1557.    A [fact sheet](https://www.cms.gov/newsroom/fact-sheets/hhs-notice-benefit-and-payment-parameters-2023-final-rule-fact-sheet) on the rule is also available. |

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