

Vorys Chart: Group Health Plan Indexed Amounts

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Original Amount	2024	2025	2026
\$2,250 / \$4,500 maximum HSA contribution	\$4,150 single/ \$8,300 family	\$4,300 single/ \$8,550 family (+\$1,000 catch-up)	\$4,400 single/ \$8,750 family (+\$1,000 catch-up)
\$1,000 / \$2,000 HSA-compatible HDHP minimum in-network deductible	\$1,600 single/ \$3,200 family	\$1,650 single/ \$3,300 family	\$1,700 single/ \$3,400 family
\$5,000 / \$10,000 HSA-compatible HDHP maximum in-network OOP limit	\$8,050 single/ \$16,100 family	\$8,300 single/ \$16,600 family	\$8,500 single/ \$17,000 family
\$6,350 / \$12,700 non-grandfathered group health plan maximum in-network OOP limit	\$9,450 single / \$18,900 family** **For non-grandfathered family coverage, each family member must have an embedded individual in-network OOP limit that does not exceed \$9,450	\$9,200 single / \$18,400 family** **For non-grandfathered family coverage, each family member must have an embedded individual in-network OOP limit that does not exceed \$9,200	\$10,600 single / \$21,200 family** **For non-grandfathered family coverage, each family member must have an embedded individual in-network OOP limit that does not exceed \$10,600
\$2,000 IRC §4980H(a) “no offer” penalty	\$2,970 (\$247.50 per month)	\$2,900 (\$241.67 per month)	\$3,340 (\$278.33 per month)
\$3,000 IRC §4980H(b) “unaffordable, inadequate coverage” penalty	\$4,460 (\$371.67 per month)	\$4,350 (\$362.50 per month)	\$5,310 (\$442.50 per month)
9.5% IRC §4980H(b) affordability fraction	8.39%	9.02%	9.96%
IRC §4980H(b) federal poverty line safe harbor	8.39% x \$14,850 ÷ 12 = \$103.82 Use 2023 FPL for 1/1/2024 calculation	9.02% x \$15,060 ÷ 12 = \$113.20 Use 2024 FPL for 1/1/2025 calculation	9.96% x \$15,650 ÷ 12 = \$129.89 Use 2025 FPL for 1/1/2026 calculation
\$2,500 maximum health FSA contribution	\$3,200	\$3,300	\$3,400
Maximum health FSA carryover	\$640	\$660	\$680
\$1,800 Excepted Benefit Health Reimbursement Arrangement (EBHRA) limit	\$2,100	\$2,150	\$2,200
\$2.00 Patient-Centered Outcomes Research Institute (PCORI) fee	\$3.00 for plan years ending 1/1/2023-9/30/2023 and \$3.22 for plan years ending 10/1/2023-12/31/2023, due 7/31/2024	\$3.22 for plan years ending 1/1/2024-9/30/2024 and \$3.47 for plan years ending 10/1/2024-12/31/2024, due 7/31/2025	\$3.47 for plan years ending 1/1/2025-9/30/2025 and \$3.84 for plan years ending 10/1/2025-12/31/2025, due 7/31/2026