There has been some confusion about the new out-of-pocket limit that will become effective January 1, 2014. Please note that this new limit in no way increases your calendar year deductible or your coinsurance maximum. **In fact, this new out-of-pocket limit is an improvement in your benefits as it caps your annual financial responsibility!**

For example, currently your prescription drug deductible ($75) and your prescription drug copayments ($12, 40, 65) are not limited. In other words, even after you meet your calendar year coinsurance maximum, you still pay prescription drug deductibles and copayments out of your pocket. Now, these expenses will be applied to the new out-of-pocket limit.

The new annual out-of-pocket limits of $6,350 for self only coverage, and $12,700 for family coverage, are **required** by the Patient Protection and Affordable Care Act (PPACA) to provide financial protection for health insurance participants. Out-of-pocket costs subject to these maximums include deductibles, coinsurance, and copayments for in-network providers (including emergency room copayments, private hospital room copayments, and prescription drug copayments). The annual limit does not include premiums, non-covered services, balance-billing amounts, or cost sharing for out-of-network providers.