



Final 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](#). 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:

- **Updated annual limitations on cost sharing** — 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.
- **The individual mandate's affordability exemption** — The finalized 2023 required contribution percentage is **8.17%**.
- **Standardized plan options in the Exchanges** — The final rule requires insurers in the federally facilitated Exchanges (FEEs) and state-based Exchanges using the federal platform (SBE-FPs) to offer certain standardized plan options beginning with the 2023 plan year.

HHS declined to adopt standards from the proposed rule prohibiting discrimination based on sexual orientation and gender identity in benefit design and insurer marketing practices, by qualified health plans, and by states and Exchanges. Instead, HHS deferred finalizing these provisions to future rulemaking on ACA Section 1557.

A [fact sheet](#) on the final rule is also available from HHS.

IMPORTANT DATES

Dec. 28, 2021

The proposed Notice of Benefit and Payment Parameters for 2023 was released.

April 28, 2022

The final Notice of Benefit and Payment Parameters for 2023 was issued.

2023 Benefit Year

The changes included in the final rule will generally apply for the 2023 benefit year.

HHS finalized benefit and payment standards that will apply for the 2023 benefit year.