Benefits Breakdown

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HSA/HDHP Limits Will Increase for 2027

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The IRS released the inflation-adjusted limits for health savings accounts (HSAs) and high deductible health plans (HDHPs) for 2027. 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 **$4,500** to their HSAs for 2027, up from $4,400 for 2026. Eligible individuals with family HDHP coverage will be able to contribute **$9,000** to their HSAs in 2027, up from $8,750 for 2026. Individuals age 55 and older may make an additional $1,000 "catch-up" contribution to their HSAs.

The minimum deductible amount for HDHPs increases to **$1,750** for self-only coverage and **$3,500** for family coverage for 2027 (up from $1,700 and $3,400 for 2026, respectively). The HDHP maximum out-of-pocket expense limit increases to **$8,700** for self-only coverage and **$17,400** for family coverage for 2027 (up from $8,500 and $17,000 for 2026, respectively).

Employers sponsoring HDHPs should review their plan's cost-sharing limits (i.e., the minimum deductible amount and maximum out-of-pocket expense limit) when preparing for the plan year beginning in 2027. Also, employers allowing employees to make pre-tax HSA contributions should update their plan communications with the increased contribution limits. Contact us for more information about employee benefits.

Report: 1 in 10 Employers Likely to Drop GLP-1 Coverage

According to a new survey from the Business Group on Health, 1 in 10 large employers currently covering glucagon-like peptide-1 (GLP-1) medications say they're likely to stop providing coverage for weight loss in 2027 due to rising costs. The survey highlights growing employer concern over the financial impact of increasingly popular weight-loss drugs. With affordability remaining a significant challenge, the survey also found that nearly 8 in 10 employers report that GLP-1 medications are driving up their total healthcare costs.

Two-thirds (67%) of surveyed employers cover GLP-1 medications for obesity treatment; however, coverage may narrow in the coming years. Among those currently offering it, only 72% said they were likely to continue through 2027, and 10% said they likely would not. Employers are also implementing utilization management strategies to control spending, including validating clinical eligibility through objective biometric data, requiring participation in weight management programs, limiting prescribing to specific providers and excluding certain medications from the formulary.

The survey highlighted that employers continue to evaluate whether GLP-1 drugs deliver sufficient long-term value relative to their cost. Although these medications have demonstrated significant weight-loss benefits and may improve outcomes for chronic conditions such as diabetes and cardiovascular disease, some employers remain uncertain about the long-term return on investment. In addition, employers expressed concern about demand as new oral GLP-1 medications and expanded indications enter the market. Analysts project continued growth in GLP-1 utilization over the next several years as additional medications become available and consumer interest remains high. Contact us for more resources about GLP-1s.