ECKERT SEAMANS
ATTORNEYS AT LAW

2027 Summary of Selected Indexed Employee Benefit-Related Limits

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
Elective Deferral / Contribution Limits										
401(k), 403(b), 457s, and SEPs	18,500	19,000	19,500	19,500	20,500	22,500	23,000	23,500	24,500	**25,500**
SIMPLE IRA / SIMPLE 401(k)	12,500	13,000	13,500	13,500	14,000	15,500	16,000	16,500	17,000	**17,500**
Traditional / Roth IRAs	5,500	6,000	6,000	6,000	6,000	6,500	7,000	7,000	7,500	**7,500**
Catch-Up Contributions (≥age 50)										
401(k), 403(b), 457s, and SEPs	6,000	6,000	6,500	6,500	6,500	7,500	7,500	7,500	8,000	**8,500**
SIMPLE IRA / SIMPLE 401(k)	3,000	3,000	3,000	3,000	3,000	3,500	3,500	3,500	4,000	**4,000**
Traditional / Roth IRAs	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,100	**1,100**
Mandatory Roth Catch-Up (W-2 wage)	---	---	---	---	---	---	145,000	150,000	155,000	**---**
"Super" Catch-Ups (Ages 60-63)										
401(k), 403(b), 457s, and SEPs	---	---	---	---	---	---	---	11,250	11,250	**11,750**
SIMPLE IRA / SIMPLE 401(k)	---	---	---	---	---	---	---	5,250	5,250	**5,250**
Traditional / Roth IRAs	---	---	---	---	---	---	---	None	None	**None**
Compensation Limits										
401(a)(17)	275,000	280,000	285,000	290,000	305,000	330,000	345,000	350,000	360,000	**375,000**
Social Security Taxable Wage Base	128,400	132,900	137,700	142,800	147,000	160,200	168,600	176,100	184,500	**192,300**
415 Maximum Annual Additions										
Defined Benefit Plan Dollar Limit	220,000	225,000	230,000	230,000	245,000	265,000	275,000	280,000	290,000	**300,000**
Defined Contribution Plan Dollar Limit	55,000	56,000	57,000	58,000	61,000	66,000	69,000	70,000	72,000	**75,000**
Nondiscrimination Testing										
414(q) Highly-Compensated Employee	120,000	125,000	130,000	130,000	135,000	150,000	150,000	160,000	160,000	**170,000**
Key Employees -- Officers	175,000	180,000	185,000	185,000	200,000	215,000	220,000	230,000	235,000	**245,000**
Key Employees -- 1% Owners	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	**150,000**
PBGC										
Maximum Guaranteed Benefit (Monthly)	5,607.95	5,607.95	5,812.50	6,034.09	6,204.55	6,750.00	7,107.95	7,431.82	7,789.77	**8,113.64**
Maximum Guaranteed Benefit (Annual)	65,045	67,295	69,750	72,409	74,455	81,000	85,295	89,182	93,477	**97,364**
Per-Participant Premium (Single Empl.)	74	80	83	86	88	96	101	106	111	**116**
Per-Participant Premium (Multiempl.)	28	29	30	31	32	35	37	39	40	**42**
Employee Stock Option Plans										
Five-Year Distribution Threshold	1,105m	1,130m	1,150m	1,165m	1,230m	1,330m	1,380m	1,451m	1,455m	**1,505m**
Step-Up	220,000	225,000	230,000	230,000	245,000	265,000	275,000	280,000	290,000	**300,000**
Transportation Fringe Benefits										
Mass Transit / Parking (each, monthly)	260	265	270	270	280	300	315	325	340	**350**
Sources: IRS Notice 2026-66; PBGC Maximum Monthly Guarantee Tables available at PBGC.gov (SLA, age 65); PBGC Premium Rates, available at PBGC.gov; Rev. Proc. 2026-35; SSA Press Release (10/15/2026)										

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	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
Health Savings Account (HSA) Contributions										
Individual HSA	3,450	3,500	3,550	3,600	3,650	3,850	4,150	4,300	4,400	**4,500**
Family HSA	6,900	7,000	7,100	7,200	7,300	7,750	8,300	8,550	8,750	**9,000**
HSA Catch-Up Contributions (≥age 55)	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	**1,000**
Excepted Benefit Health Reimbursement (EBHRA)										
Excepted Benefit HRAs	---	---	1,800	1,800	1,800	1,950	2,100	2,150	2,200	**2,250**
High Deductible Health Plans (HDHP)										
Minimum Deductible (Indiv.)	1,350	1,350	1,400	1,400	1,400	1,500	1,600	1,650	1,700	**1,750**
Out-Of-Pocket Max (Indiv.)	6,650	6,750	6,900	7,000	7,050	7,500	8,050	8,300	8,500	**8,700**
Minimum Deductible (Family)	2,700	2,700	2,800	2,800	2,800	3,000	3,200	3,300	3,400	**3,500**
Out-Of-Pocket Max (Family)	13,300	13,500	13,800	14,000	14,100	15,000	16,100	16,600	17,000	**17,400**
Out-Of-Pocket Limit (Non-Grandfathered)										
Individual	7,350	7,900	8,150	8,550	8,700	9,100	9,450	9,200	10,600	**12,000**
Family	14,700	15,800	16,300	17,100	17,400	18,200	18,900	18,400	21,200	**24,000**
Health Flexible Spending Arrangement (FSA)										
Contribution Limit	2,650	2,700	2,750	2,750	2,850	3,050	3,200	3,300	3,400	**3,500**
Maximum Carryover Limit	500	500	550	550	570	610	640	660	680	**700**
ACA PCORI FEE (due July 31)										
PYE ending Jan-Sept	2.39pp	2.45pp	2.54pp	2.66pp	2.79pp	3.00pp	3.22pp	3.47pp	3.84pp	*
PYE ending Oct., Nov., or Dec.	2.45pp	2.54pp	2.66pp	2.79pp	3.00pp	3.22pp	3.47pp	3.84pp	*	---
ACA Employer-Shared Responsibility Payments										
Code § 4980H(a)	2,320	2,500	2,750	2,700	2,750	2,880	2,970	2,900	3,340	**3,780**
Code § 4980H(b)	3,480	3,750	3,860	4,060	4,120	4,320	4,460	4,350	5,010	**5,670**
Group Health Plan Affordability										
Federal Poverty Line (FPL) Single Indiv.*	12,060	12,140	12,490	12,760	12,880	13,590	14,580	15,060	15,650	**15,960**
Affordability Percentage	9.56%	9.86%	9.78%	9.83%	9.61%	9.12%	8.39%	9.02%	9.96%	**10.22%**

Sources: Rev. Proc. 2026-22; Rev. Proc. 2026-24; Rev. Proc. 2026-26; Rev. Proc. 2026-35; HHS Poverty Guidelines (2026 inc.)

***HHS Final Rule, Marketplace Integrity and Affordability (RIN 0938-AV61) PCORI Fee numbers to be released in early December 2026**