



## **2023 Changes to Individual Coinsurance Plans**

Effective January 1, 2023

**These changes apply to the following plans:**

**Silver 70 Ambetter PPO, Silver 70 Ambetter PPO AI-AN and Silver 70 Off Exchange Ambetter PPO**

The following cost sharing changes apply to in-network benefits:

- Medical deductible revised from \$3,700 individual/\$7,400 family to \$4,750 individual/\$9,500 family.
- Pharmacy deductible revised from \$10 individual/\$20 family to \$85 individual/\$170 family.
- Out-of-pocket maximum revised from \$8,200 individual/\$16,400 family to \$8,750 individual/\$17,500 family.
- Primary Care visit revised from a \$35 copayment to a \$45 copayment per visit.
- Vision examinations (for refractive eye examinations by an optometrist) (age 19 and over) revised from a \$35 copayment to a \$45 copayment per visit.
- Hearing examination (for diagnosis or treatment) revised from a \$35 copayment to a \$45 copayment per visit.
- Allergy injections revised from a \$35 copayment to a \$45 copayment.
- Medical social services revised from a \$35 copayment to a \$45 copayment per visit.
- Other Practitioner visit, including acupuncture, revised from a \$35 copayment to a \$45 copayment per visit.
- Outpatient rehabilitation and habilitation visits revised from a \$35 copayment to a \$45 copayment per visit.



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- Urgent care visit revised from a \$35 copayment to a \$45 copayment per visit.
- Mental/behavioral health and substance use disorder outpatient office visit revised from a \$35 copayment to a \$45 copayment per visit.
- Specialist care visit revised from \$70 copayment to \$85 copayment per visit.
- Tier 1 Prescription Drug copayment revised from \$15 (after Rx Deductible) to \$16 (after Rx Deductible) per prescription.
- Tier 2 Prescription Drug copayment revised from \$55 (after Rx Deductible) to \$60 (after Rx Deductible) per prescription.
- Tier 3 Prescription Drug copayment revised from \$85 (after Rx Deductible) to \$90 (after Rx Deductible) per prescription.
- Tier 1 Maintenance Drugs through the Mail Order Program revised from \$30 (after Rx Deductible) to \$32 (after Rx Deductible) per 90-day supply.
- Tier 2 Maintenance Drugs through the Mail Order Program revised from \$110 (after Rx Deductible) to \$120 (after Rx Deductible) per 90-day supply.
- Tier 3 Maintenance Drugs through the Mail Order Program revised from \$170 (after Rx Deductible) to \$180 (after Rx Deductible) per 90-day supply.
- Diagnostic laboratory tests revised from a \$40 copayment to a \$50 copayment.
- X-ray and Diagnostic Imaging revised from an \$85 copayment to a \$95 copayment.
- In-patient hospital facility revised from 20% coinsurance after deductible to 30% coinsurance after deductible.
- In-patient physician/surgeon fee revised from 20% coinsurance to 30% coinsurance.
- Skilled Nursing care revised from 20% coinsurance after deductible to 30% coinsurance after deductible.



## **2023 Changes to Individual Coinsurance Plans**

Effective January 1, 2023

The following cost sharing changes apply to out-of-network benefits:

- Medical deductible revised from \$7,400 individual/\$14,800 family to \$9,500 individual/\$19,000 family.