



## 2023 Changes to Individual Coinsurance Plans

Effective January 1, 2023

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

**Silver 73 Ambetter PPO**

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

- Out-of-pocket maximum revised from \$6,300 individual/\$12,600 family to \$7,250 individual/\$14,500 family.
- Pharmacy deductible revised from \$10 individual/\$20 family to \$30 individual/\$60 family.
- Medical deductible revised from \$3,700 individual/\$7,400 family to \$4,750 individual/\$9,500 family.
- Specialist 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 1 Maintenance Drugs through the Mail Order Program revised from \$30 (after Rx Deductible) to \$32 (after Rx Deductible) per 90-day supply.
- 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.



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- Outpatient rehabilitation and habilitation visits revised from a \$35 copayment to a \$45 copayment per visit.
- 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.
- Mental/behavioral health and substance use disorder outpatient services other than an office visit revised from \$0 to 20% coinsurance up to \$45, deductible waived.
- Diagnostic laboratory tests revised from a \$40 copayment to a \$50 copayment.
- X-ray and Diagnostic Imaging revised from an \$85 copayment to a \$90 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.

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.