



2022 Changes to Your Plan

Effective January 1, 2022

These changes apply to the following plan:

Minimum Coverage Ambetter HSP

- Combined medical/pharmacy deductible revised from \$8,550 individual/\$17,100 family to \$8,700 individual/\$17,400 family.
- Out-of-pocket maximum revised from \$8,550 individual/\$7,100 family to \$8,700 individual/\$17,400 family.
- Pediatric vision services examination for contact lenses cost share revised to \$0.
- Various cost share revisions to pediatric dental services.
- Added a calendar year maximum for skilled nursing facility services of 100 days for each member.