



2022 Changes to Your Plan

Effective January 1, 2022

These changes apply to the following plan:

Silver 73 Ambetter HMO

- Out-of-pocket maximum revised from \$6,500 individual/\$13,000 family to \$6,300 individual/\$12,600 family.
- Pharmacy deductible revised from \$275 individual/\$550 family to \$10 individual/\$20 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.
- Specialist visit revised from \$75 copayment to \$70 copayment per visit.
- Tier 1 Prescription Drug copayment revised from \$16 (after Rx Deductible) to \$15 (after Rx Deductible) per prescription.
- Tier 1 Maintenance Drugs through the Mail Order Program revised from \$32 (after Rx Deductible) to \$30 (after Rx Deductible) per 90 day supply.