



**BlueCross BlueShield  
of New Mexico**

**Subject: Important Plan Changes New Mexico Small Group 2023**

Dear Group Administrator:

On your plan renewal date, there may be some changes to the benefits offered in your current plan(s).

Included with this letter is a list of all Blue Cross and Blue Shield of New Mexico small group plans and their benefit level changes.

**Your next steps:**

- Find the seven-digit plan ID for your current plan(s) in the “Current Health Plans” section of your renewal exhibit
- Use the seven-digit plan ID to find your group’s benefit changes in the attached document describing plan changes

If you would like to keep your current plan(s) at renewal, nothing else is needed. Your plan(s) will continue with no interruption. If you would like to make a change, contact your broker or call us with questions. A Benefit Program Application Amendment must be completed and returned to us for any changes to your group’s coverage.

Our goal is to serve your health care coverage needs through all of life’s changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of New Mexico

# Blue Cross and Blue Shield of New Mexico 2023 Affordable Care Act (ACA)/Metallic Plans

*Small Group (2-50)*

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To find your renewal group's 2023 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

## **Blue PPO Platinum 111; P811PPO**

**In 2023, your Emergency Room Services copayment will change to \$400 from \$300. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.**

**Updates to the 2023 Preferred Pharmacy Network.**

**Changes to the 2023 Health Insurance Drug List.**

**Blue PPO Platinum 110; P810PPO**

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

### **Blue PPO Gold 104; G822PPO**

In 2023, your Primary Care Provider office visit copayment will change to \$45 from \$35. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Specialist Office Visit copayment will change to \$65 from \$60. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Emergency Room Services copayment will change to \$550 from \$500. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Speech, Occupational and Physical Therapy visit copayment will change to \$45 from \$35. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

## Blue PPO Gold 114; G7E1PPO

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$7,900 from \$7,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network family Out-of-Pocket Maximum will change to \$15,800 from \$16,300. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network individual Out-of-Pocket Maximum will change to \$15,000 from \$14,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network individual Deductible will change to \$3,000 from \$2,500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your out-of-network family Deductible will change to \$9,000 from \$7,500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network Facility Lab services copayment will change to \$35 from \$30. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility X-ray services copayment will change to \$60 from \$50. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

## Blue PPO Gold 102; G820PPO

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$6,900 from \$6,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network family Out-of-Pocket Maximum will change to \$13,800 from \$12,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network individual Out-of-Pocket Maximum will change to \$20,700 from \$18,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network family Out-of-Pocket Maximum will change to \$41,400 from \$36,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your Emergency Room Services copayment will change to \$500 from \$400. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

## **Blue PPO Gold 103; G821PPO**

In 2023, your in-network individual Deductible will change to \$1,750 from \$1,500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$5,250 from \$4,500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your out-of-network individual Deductible will change to \$3,500 from \$3,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your out-of-network family Deductible will change to \$10,500 from \$9,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your Primary Care Provider office visit copayment will change to \$35 from \$30. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Speech, Occupational and Physical Therapy visit copayment will change to \$35 from \$30. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Preferred Drug Cost Shares will change to \$0/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$35/\$75/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Non-Preferred Drug Cost Shares will change to \$10/\$20/\$70/\$120/\$150/\$250 from \$10/\$20/\$55/\$95/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

## Blue PPO Gold 107; G823PPO

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$5,500 from \$5,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network family Out-of-Pocket Maximum will change to \$16,500 from \$15,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network individual Out-of-Pocket Maximum will change to \$11,000 from \$8,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network family Out-of-Pocket Maximum will change to \$22,000 from \$24,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network Facility Lab services copayment will change to \$40 from \$30. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility X-ray services copayment will change to \$60 from \$50. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.



### **Blue PPO Gold 115; G7E3PPO**

In 2023, your Specialist Office Visit copayment will change to \$55 from \$50. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Emergency Room Services copayment will change to \$500 from \$400. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility Lab services copayment will change to \$35 from \$30. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility X-ray services copayment will change to \$60 from \$50. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

## Blue PPO Silver 106; S831PPO

In 2023, your in-network individual Deductible will change to \$4,000 from \$3,500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$12,000 from \$10,500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$8,700 from \$7,800. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network family Out-of-Pocket Maximum will change to \$17,400 from \$15,600. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network individual Out-of-Pocket Maximum will change to \$26,100 from \$23,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network family Out-of-Pocket Maximum will change to \$52,200 from \$46,800. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network individual Deductible will change to \$4,000 from \$7,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your out-of-network family Deductible will change to \$24,000 from \$21,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your Primary Care Provider office visit copayment will change to \$45 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Specialist Office Visit copayment will change to \$65 from \$60. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Speech, Occupational and Physical Therapy visit copayment will change to \$45 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Preferred Drug Cost Shares will change to \$5/\$15/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

## Blue PPO Silver 117; S7E7PPO

In 2023, your in-network individual Deductible will change to \$6,000 from \$5,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$12,000 from \$10,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$8,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$17,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network individual Deductible will change to \$12,000 from \$10,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your out-of-network family Deductible will change to \$27,000 from \$20,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your Primary Care Provider office visit copayment will change to \$50 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Speech, Occupational and Physical Therapy visit copayment will change to \$50 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Preferred Drug Cost Shares will change to \$5/\$15/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

## **Blue PPO Silver 108; S833PPO**

In 2023, your in-network individual Deductible will change to \$6,500 from \$6,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$13,000 from \$12,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$8,700 from \$7,800. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network family Out-of-Pocket Maximum will change to \$17,400 from \$14,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network individual Out-of-Pocket Maximum will change to \$17,400 from \$15,600. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network family Out-of-Pocket Maximum will change to \$34,800 from \$29,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network individual Deductible will change to \$14,000 from \$12,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network Facility Lab services copayment will change to \$60 from \$50. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility X-ray services copayment will change to \$125 from \$100. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

## Blue PPO Silver 105; S830PPO

In 2023, your in-network individual Deductible will change to \$3,000 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$9,000 from \$8,700. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$5,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network family Out-of-Pocket Maximum will change to \$12,000 from \$10,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network individual Out-of-Pocket Maximum will change to \$12,000 from \$10,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network family Out-of-Pocket Maximum will change to \$24,000 from \$20,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your out-of-network individual Deductible will change to \$6,000 from \$5,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your out-of-network family Deductible will change to \$18,000 from \$17,400. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

**Blue PPO Silver 116; S7E4PPO**

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

**Blue Preferred Platinum EPO 128; P821PFR**

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

**Blue Preferred Platinum EPO 127; P820PFR**

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.



**Blue Preferred Gold EPO 122; G832PFR**

In 2023, your Emergency Room Services copayment will change to \$550 from \$500. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility Lab services copayment will change to \$55 from \$35. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility X-ray services copayment will change to \$100 from \$75. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network  
Changes to the 2023 Health Insurance Drug List.

### **Blue Preferred Gold EPO 123; G833PFR**

In 2023, your Primary Care Provider office visit copayment will change to \$45 from \$35. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Specialist Office Visit copayment will change to \$65 from \$60. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Speech, Occupational and Physical Therapy visit copayment will change to \$45 from \$35. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Emergency Room Services copayment will change to \$550 from \$500. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

### **Blue Preferred Gold EPO 129; G835PFR**

In 2023, your in-network individual Deductible will change to \$1,500 from \$1,200. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$4,500 from \$3,600. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your Primary Care Provider office visit copayment will change to \$45 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility X-ray services copayment will change to \$60 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Speech, Occupational and Physical Therapy visit copayment will change to \$45 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

### **Blue Preferred Gold EPO 130; G836PFR**

In 2023, your Primary Care Provider office visit copayment will change to \$35 from \$30. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Specialist Office Visit copayment will change to \$60 from \$50. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Emergency Room Services copayment will change to \$550 from \$500. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility Lab services copayment will change to \$40 from \$30. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility X-ray services copayment will change to \$60 from \$50. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Speech, Occupational and Physical Therapy visit copayment will change to \$35 from \$30. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

### **Blue Preferred Gold EPO 208; G801PFR**

In 2023, your Specialist Office Visit copayment will change to \$55 from \$50. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Emergency Room Services copayment will change to \$500 from \$400. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility Lab services copayment will change to \$35 from \$30. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility X-ray services copayment will change to \$60 from \$50. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

## Blue Preferred Silver EPO 131; S842PFR

In 2023, your in-network individual Deductible will change to \$5,500 from \$4,250. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$11,000 from \$12,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$8,700 from \$8,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network family Out-of-Pocket Maximum will change to \$17,400 from \$17,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your Primary Care Provider office visit copayment will change to \$55 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Speech, Occupational and Physical Therapy visit copayment will change to \$55 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Preferred Drug Cost Shares will change to \$5/\$15/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

## **Blue Preferred Silver EPO 136; S7E5PFR**

In 2023, your in-network individual Deductible will change to \$6,000 from \$5,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$12,000 from \$10,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$8,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$17,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your Primary Care Provider office visit copayment will change to \$50 from \$35. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Specialist Office Visit copayment will change to \$70 from \$75. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Speech, Occupational and Physical Therapy visit copayment will change to \$50 from \$35. The copayment is a fixed dollar amount you are required to pay for covered services

In 2023, your Preferred Drug Cost Shares will change to \$5/\$15/\$50/\$100/\$250/\$350 from \$0/\$10/\$50/\$100/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$70/\$120/\$250/\$350 from \$10/\$20/\$70/\$120/\$150/\$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

### **Blue Preferred Silver EPO 125; S840PFR**

In 2023, your in-network individual Deductible will change to \$7,100 from \$6,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$15,200 from \$12,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$8,900 from \$8,500. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network family Out-of-Pocket Maximum will change to \$17,800 from \$17,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your Primary Care Provider office visit copayment will change to \$55 from \$50. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Speech, Occupational and Physical Therapy visit copayment will change to \$55 from \$50. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility Lab services copayment will change to \$75 from \$50. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility X-ray services copayment will change to \$100 from \$50. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.



### **Blue Preferred Bronze EPO 135; B7K1PFR**

In 2023, your Primary Care Provider office visit copayment will change to \$50 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Specialist Office Visit copayment will change to \$75 from Deductible / Coinsurance. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Speech, Occupational and Physical Therapy visit copayment will change to \$50 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

### **Blue Preferred Gold EPO 137; G7E1PFR**

In 2023, your in-network individual Deductible will change to \$3,000 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$9,000 from \$8,700. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$3,000 from \$2,900. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network family Out-of-Pocket Maximum will change to \$9,000 from \$8,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

### **Blue Preferred Silver EPO 135; S7E1PFR**

In 2023, your in-network individual Deductible will change to \$3,250 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$9,750 from \$8,700. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$6,500 from \$5,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network family Out-of-Pocket Maximum will change to \$13,000 from \$11,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

**Blue Preferred Bronze EPO 134; B832PFR**

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

### **Blue HMO Network Gold 204; G7E1HMO**

In 2023, your in-network individual Deductible will change to \$750 from \$500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$2,250 from \$1,500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network Facility Lab services copayment will change to \$40 from \$30. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility X-ray services copayment will change to \$150 from \$100. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

**Blue HMO Network Gold 205; G7E3HMO**

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

## **Blue HMO Network Silver 202; S810HMO**

In 2023, your in-network individual Deductible will change to \$4,500 from \$3,750. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$13,500 from \$11,250. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$8,900 from \$8,700. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network family Out-of-Pocket Maximum will change to \$17,800 from \$17,400. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your Primary Care Provider office visit copayment will change to \$50 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Specialist Office Visit copayment will change to \$70 from \$60. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Urgent Care Office Visit copayment will change to \$50 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Speech, Occupational and Physical Therapy visit copayment will change to \$50 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility Lab services copayment will change to \$75 from \$55. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility X-ray services copayment will change to \$150 from \$125. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

### **Blue HMO Network Gold 101; G7J3HMO**

In 2023, your in-network individual Deductible will change to \$3,000 from \$2,900. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$9,000 from \$8,700. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.



**Blue Advantage Platinum HMO 210; P7J4ADT**

In 2023, your Emergency Room Services copayment will change to \$400 from \$300. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

### **Blue Advantage Gold HMO 207; G7E1ADT**

In 2023, your in-network individual Deductible will change to \$750 from \$500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$2,250 from \$1,500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network Facility Lab services copayment will change to \$40 from \$30. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility X-ray services copayment will change to \$150 from \$100. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

**Blue Advantage Gold HMO 209; G7J5ADT**

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$6,500 from \$6,000. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network family Out-of-Pocket Maximum will change to \$13,000 from \$16,300. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network Facility Lab services copayment will change to \$40 from \$30. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility X-ray services copayment will change to \$125 from \$100. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

### **Blue Advantage Silver HMO 208; S7E3ADT**

In 2023, your in-network individual Deductible will change to \$5,500 from \$4,800. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023 your in-network family Deductible will change to \$10,500 from \$12,300. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$8,500 from \$8,150. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network family Out-of-Pocket Maximum will change to \$17,000 from \$16,300. The out-of-pocket maximum is the total amount of deductible, coinsurance, and copayment each Member must pay for covered medical expenses incurred during the benefit period.

In 2023, your in-network Facility Lab services copayment will change to \$75 from \$55. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your in-network Facility X-ray services copayment will change to \$150 from \$125. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.