



**BlueCross BlueShield
of Texas**

Subject: Important Plan Changes Texas Small Group 2023

Dear Group Administrator:

On your plan renewal date, there will be some changes to the benefits offered in your current plans, such as prescription drug formulary changes.

Included with this letter is a list of all Blue Cross and Blue Shield of Texas 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 that seven-digit plan ID to find your group’s benefit changes in the “Plan Changes” document

If you would like to keep your current plan(s) at renewal, with **modifications**, nothing else is needed. Your plan(s) will continue with no interruption. If you would like to make a change, contact your **Producer** 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 Texas

Blue Cross and Blue Shield of Texas

2023 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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 Choice Platinum PPO 810; P620CHC

Blue Advantage Platinum HMO 807; P610ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$1,500 from \$1,250. 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 \$4,500 from \$3,750. 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 Urgent Care Office Visit copayment will change to \$30 from \$25. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Blue Choice Platinum PPO 202; P9K3CHC

Blue Advantage Platinum HMO 202; P9K3ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

Blue Choice Platinum PPO 811; P621CHC

Blue Advantage Platinum HMO 808; P611ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

Blue Choice Gold PPO 801; G650CHC

Blue Advantage Gold HMO 801; G660ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your Imaging Services copayment will change to \$300 from \$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 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 \$90 from \$80. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Virtual 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 Mental Health / Substance Usage 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.

Blue Choice Gold PPO 819; G651CHC

Blue Advantage Gold HMO 919; G9E1ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

Blue Choice Gold PPO 820; G652CHC

Blue Advantage Gold HMO 816; G663ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$5,250 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 \$10,500 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 Imaging Services copayment will change to \$300 from \$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 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 \$90 from \$80. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Virtual 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 Mental Health / Substance Usage 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.

Blue Choice Gold PPO 822; G653CHC

Blue Advantage Gold HMO 922; G9E3ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your Primary Care Provider office visit 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 Specialist Office Visit copayment will change to \$80 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 Virtual Visit 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 Mental Health / Substance Usage 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.

Blue Choice Gold PPO 823; G654CHC

Blue Advantage Gold HMO 923; G9E5ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$5,250 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 \$10,500 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 Imaging Services copayment will change to \$250 from \$200. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

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 \$90 from \$80. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Virtual 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 Mental Health / Substance Usage 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.

Blue Choice Gold PPO 830; G656CHC

Blue Advantage Gold HMO 830; G666ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

Blue Choice Silver PPO 803; S660CHC

Blue Advantage Silver HMO 803; S640ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your in-network individual Deductible will change to \$6,250 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 \$12,500 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 \$8,500 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.

Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits. In 2023, your out-of-network individual Deductible for the PPO plan will change to \$12,500 from \$12,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits. In 2023, your out-of-network family Deductible for the PPO plan will change to \$25,000 from \$24,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your Imaging Services copayment will change to \$300 from \$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 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 \$90 from \$80. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Virtual 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 Mental Health / Substance Usage 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.

Blue Choice Silver PPO 824; S661CHC

Blue Advantage Silver HMO 820; S643ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your in-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 in-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 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.

Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits. In 2023, your out-of-network individual Deductible for the PPO plan will change to \$7,000 from \$6,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits. In 2023, your out-of-network family Deductible for the PPO plan will change to \$21,000 from \$18,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your Imaging Services copayment will change to \$250 from \$200. 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 \$90 from \$80. 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 \$750 from \$600. 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 Inpatient copayment will change to \$350 from \$300. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits. In 2023, your out-of-network Inpatient copayment for the PPO plan will change to \$400 from \$350. 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 outpatient Facility Surgery copayment will change to \$300 from \$250. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits. In 2023, your out-of-network Surgery copayment for the PPO plan will change to \$350 from \$300. 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.

Blue Choice Silver PPO 825; S662CHC

Blue Advantage Silver HMO 925; S9E1ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

Blue Choice Silver PPO 201; S9K1CHC
Blue Advantage Silver HMO 201; S9L1ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

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 \$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 Specialist Office Visit copayment will change to \$80 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 Virtual Visit 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 Mental Health / Substance Usage 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.

Blue Choice Silver PPO 827; S663CHC

Blue Advantage Silver HMO 127; S9J7ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$8,550. 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 \$17,100. 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 \$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 \$90 from \$80. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Virtual 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 Mental Health / Substance Usage 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.

Blue Choice Gold PPO 204; G9L7CHC

Blue Advantage Gold HMO 204; G9K7ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$8,500 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 \$17,000 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 Imaging Services copayment will change to \$150 from \$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 Primary Care Provider office visit copayment will change to \$30 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 \$60 from \$80. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Virtual Visit copayment will change to \$30 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 Mental Health / Substance Usage copayment will change to \$30 from \$40. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Blue Choice Gold PPO 203; G9L5CHC

Blue Advantage Gold HMO 203; G9K5ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

Blue Choice Silver PPO 834; S665CHC

Blue Advantage Silver HMO 134; S9J9ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your in-network individual Deductible will change to \$3,500 from \$3,250. 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 \$10,500 from \$9,750. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$8,550. 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 \$17,100. 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.

Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits. In 2023, your out-of-network individual Deductible for the PPO plan will change to \$7,000 from \$6,500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits. In 2023, your out-of-network family Deductible for the PPO plan will change to \$21,000 from \$19,500. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your Specialist Office Visit copayment will change to \$90 from \$80. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Blue Choice Silver PPO 844; S666CHC

Blue Advantage Silver HMO 804; S641ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your in-network individual Deductible will change to \$4,250 from \$4,000. 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 \$12,750 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 \$9,000 from \$8,550. 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 \$17,100. 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.

Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits. In 2023, your out-of-network individual Deductible for the PPO plan will change to \$8,500 from \$8,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits. In 2023, your out-of-network family Deductible for the PPO plan will change to \$25,500 from \$24,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your Imaging Services copayment will change to \$300 from \$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 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 \$90 from \$80. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Virtual 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 Mental Health / Substance Usage 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 Emergency Room Services copayment will change to \$650 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 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.

Blue Choice Silver PPO 845; S667CHC

Blue Advantage Silver HMO 945; S9E5ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$8,250 from \$7,900. 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 \$16,500 from \$15,800. 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 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 \$90 from \$70. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Virtual 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 Mental Health / Substance Usage 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.

Blue Choice Bronze PPO 833; B662CHC

Blue Advantage Bronze HMO 833; B661ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

Blue Choice Bronze PPO 805; B660CHC

Blue Advantage Bronze HMO 905; B9E1ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

Blue Choice Bronze PPO 806; B661CHC

Blue Advantage Bronze HMO 806; B660ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

Blue Choice Gold PPO 112; G9K6CHC

Blue Advantage Gold HMO 812; G661ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

Blue Choice Gold PPO 114; G9K8CHC

Blue Advantage Gold HMO 814; G662ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$6,250 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 \$12,500 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 Imaging Services copayment will change to \$300 from \$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 Primary Care Provider office visit copayment will change to \$50 from \$45. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Virtual Visit copayment will change to \$50 from \$45. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Mental Health / Substance Usage copayment will change to \$50 from \$45. 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 \$600 from \$500. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Blue Choice Gold PPO 117; G9L1CHC

Blue Advantage Gold HMO 817; G664ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

Blue Advantage Gold HMO 822; G665ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$9,100 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 \$18,200 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 \$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 \$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 \$35 from \$25. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Virtual 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 Mental Health / Substance Usage 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.

Blue Choice Silver PPO 118; S9L9CHC

Blue Advantage Silver HMO 818; S642ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your in-network individual Deductible will change to \$3,750 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 \$11,250 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 \$9,000 from \$8,550. 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 \$17,100. 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.

Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits. In 2023, your out-of-network individual Deductible for the PPO plan will change to \$7,500 from \$7,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits. In 2023, your out-of-network family Deductible for the PPO plan will change to \$22,500 from \$14,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your Imaging Services copayment will change to \$300 from \$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 Specialist Office Visit copayment will change to \$90 from \$80. 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 \$750 from \$600. 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.

Blue Choice Silver PPO 146; S9L7CHC

Blue Advantage Silver HMO 846; S644ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your Imaging Services copayment will change to \$300 from \$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 Primary Care Provider office visit copayment will change to \$45 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 \$90 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 Virtual Visit copayment will change to \$45 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 Mental Health / Substance Usage copayment will change to \$45 from \$30. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

Blue Choice Silver PPO 135; S9M2CHC

Blue Advantage Silver HMO 935; S9E3ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

In 2023, your in-network individual Deductible will change to \$3,750 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 \$11,250 from \$9,750. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

In 2023, your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$8,550. 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 \$17,100. 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.

Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits. In 2023, your out-of-network individual Deductible for the PPO plan will change to \$7,500 from \$7,000. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits. In 2023, your out-of-network family Deductible for the PPO plan will change to \$22,500 from \$14,000. 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 \$90 from \$70. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.

In 2023, your Virtual 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 Mental Health / Substance Usage 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.

Blue Choice Gold PPO 103; G9K4CHC

Blue Advantage Gold HMO 103; G9J1ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

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 \$8,400. The deductible is the amount you must pay before the health plan starts paying for most qualified covered services.

Blue Choice Silver PPO 101; S9L3CHC

Blue Advantage Silver HMO 101; S9J3ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

Blue Choice Silver PPO 102; S9L5CHC

Blue Advantage Silver HMO 102; S9J5ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.

Blue Choice Silver PPO 120; S9M4CHC

Blue Advantage Silver HMO 120; S9K2ADT

Updates to the 2023 Preferred Pharmacy Network.

Changes to the 2023 Health Insurance Drug List.