



2022 Consumer Plan Changes

Below are high-level changes that were made to our current portfolio. In addition, cost-sharing for network-based telemedicine was updated on all copay plans to the same cost-sharing as the in-person office visit.

Telemedicine through MDLIVE® on HSA plans will have a \$0 cost-sharing, after deductible.*

IHC Bronze EPO \$50/\$75	2021	2022
Out-of-pocket maximum	\$8,550/\$17,100	\$8,700/\$17,400
Urgent care	\$85 copay, after deductible	50%, after deductible
Infusion therapy	\$75 copay, after deductible	50%, after deductible
IHC Bronze EPO HSA 50%/50%	2021	2022
Out-of-pocket maximum	\$7,000/\$14,000	\$7,050/\$14,100
Generic Rx	50% up to \$250 max, after deductible	50%, after deductible
Brand Rx	50% up to \$250 max, after deductible	50%, after deductible
Non-Preferred Brand Rx	50% up to \$250 max, after deductible	50%, after deductible
IHC Bronze EPO HSA AmeriHealth Hospital Advantage \$50/\$75	2021	2022
Out-of-pocket maximum	\$7,000/\$14,000	\$7,050/\$14,100
Infusion therapy	Tiers 1 and 2: \$75 copay, after deductible	Tiers 1 and 2: 50%, after deductible
Generic Rx	50% up to \$250 max, after deductible	50%, after deductible
Brand Rx	50% up to \$250 max, after deductible	50%, after deductible
Non-Preferred Brand Rx	50% up to \$250 max, after deductible	50%, after deductible
IHC Bronze EPO HSA AmeriHealth Advantage \$25/\$50	2021	2022
Out-of-pocket maximum	\$7,000/\$14,000	\$7,050/\$14,100
Infusion therapy	Tier 1: \$50 copay, after deductible	Tier 1: 50%, after deductible
Chemotherapy/radiation	Tier 1: 30%, after deductible	Tier 1: 50%, after deductible
Outpatient cardiac, respiratory, and pulmonary therapy	Tier 2: 50%, after deductible	Tier 2: \$50 copay, after deductible
Orthoptic/pleoptic care	Tier 2: 50%, after deductible	Tier 2: \$50 copay, after deductible
Generic Rx	50% up to \$250 max, after deductible	50%, after deductible
Brand Rx	50% up to \$250 max, after deductible	50%, after deductible
Non-Preferred Brand Rx	50% up to \$250 max, after deductible	50%, after deductible
IHC Silver HMO \$50/\$75	2021	2022
Available networks	Local Value, Regional Preferred	Regional Preferred only
Out-of-pocket maximum	\$8,250/\$16,500	\$8,650/\$17,300
Infusion therapy	\$75 copay	50%, after deductible
Generic Rx	\$20 copay	\$25 copay
IHC Silver EPO HSA \$50/\$75	2021	2022
Out-of-pocket maximum	\$6,200/\$12,400	\$6,500/\$13,000
Infusion therapy	\$75 copay, after deductible	50%, after deductible
Brand Rx	50% up to \$150 max, after deductible	50%, after deductible
Non-Preferred Brand Rx	50% up to \$150 max, after deductible	50%, after deductible

This is not a complete listing of benefits and cost-sharing. Please refer to your benefit booklet for more information.

*HSA members are subject to the program allowance for consultations until their deductible has been met.

2022 Consumer Plan Changes continued

IHC Silver EPO HSA AmeriHealth Hospital Advantage \$50/\$75	2021	2022
Out-of-pocket maximum	\$6,900/\$13,800	\$7,050/\$14,100
Infusion therapy	Tier 1 and Tier 2: \$75 copay, after deductible	Tier 1 and Tier 2: 50%, after deductible
Brand Rx	50% up to \$150 max, after deductible	50%, after deductible
Non-Preferred Brand Rx	50% up to \$150 max, after deductible	50%, after deductible
IHC Select Silver EPO HSA AmeriHealth Hospital Advantage \$50/\$75	2021	2022
Out-of-pocket maximum	\$6,900/\$13,800	\$7,050/\$14,100
Infusion therapy	Tier 1 and Tier 2: \$75 copay, after deductible	Tier 1 and Tier 2: 50%, after deductible
Brand Rx	50% up to \$150 max, after deductible	50%, after deductible
Non-Preferred Brand Rx	50% up to \$150 max, after deductible	50%, after deductible
IHC Silver EPO AmeriHealth Advantage \$25/\$60	2021	2022
Out-of-pocket maximum	\$8,550/\$17,100	\$8,700/\$17,400
Infusion therapy	Tier 1: \$60 copay	Tier 1: 50%, after deductible
Chemotherapy/radiation	Tier 1: 20%, after deductible	Tier 1: 50%, after deductible
Outpatient cardiac, respiratory, and pulmonary therapy	Tier 2: 50%, after deductible	Tier 2: \$60 copay
Orthoptic/pleoptic care	Tier 2: 50%, after deductible	Tier 2: \$60 copay
Brand Rx	50% up to \$150 max, no deductible	50%, no deductible
Non-Preferred Brand Rx	50% up to \$150 max, no deductible	50%, no deductible
IHC Select Silver EPO AmeriHealth Advantage \$25/\$60	2021	2022
Out-of-pocket maximum	\$8,500/\$17,000	\$8,650/\$17,300
Brand Rx	50% up to \$150 max, no deductible	50%, no deductible
Non-Preferred Brand Rx	50% up to \$150 max, no deductible	50%, no deductible
Infusion therapy	Tier 1: \$60 copay	Tier 1: 50%, after deductible
Chemotherapy/radiation	Tier 1: 20%, after deductible	Tier 1: 50%, after deductible
Outpatient cardiac, respiratory, and pulmonary therapy	Tier 2: 50%, after deductible	Tier 2: \$60 copay
Orthoptic/pleoptic care	Tier 2: 50%, after deductible	Tier 2: \$60 copay
IHC Silver EPO \$50/\$75	2021	2022
Out-of-pocket maximum	\$8,200/\$16,400	\$8,700/\$17,400
Infusion therapy	\$75 copay	50%, after deductible
IHC Gold EPO \$30/\$50	2021	2022
Infusion therapy	\$50 copay	20%, after deductible
IHC Gold HMO \$20/\$50	2021	2022
Infusion therapy	\$50 copay	40%, after deductible
IHC Simple Saver	2021	2022
Deductible	\$8,550/\$17,100	\$8,700/\$17,400
Out-of-pocket maximum	\$8,550/\$17,100	\$8,700/\$17,400

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