

**APPENDIX C COST SHARE REQUIREMENTS FOR ARHOME PLANS  
(QHP COPAYS & MOOP-DEDUCTIBLES)**

**PY2023**

<b>QHP Copays</b>		
<b>Service</b>	<b>Copay =&lt;20% FPL</b>	<b>Copay &gt; 20% FPL</b>
<b>Office Visits and Outpatient Services</b>		
Physician visit (including PCP/specialist/audiologist/podiatrist visit, excluding preventive services and X-ray)	\$0.00	\$4.70
Preventative Care/Screening/Immunizations/EPSTD	\$0.00	\$0.00
Other Practitioner Office Visit (Nurse, Physician Assistant)	\$0.00	\$4.70
Federally Qualified Health Center (FQHC)	\$0.00	\$4.70
Rural Health Clinic	\$0.00	\$4.70
Ambulatory Surgical Center	\$0.00	\$4.70
Family planning services and supplies (including contraceptives)	\$0.00	\$0.00
Chiropractor	\$0.00	\$4.70
Acupuncture	Not covered	Not covered
Nutritional Counseling	\$0.00	\$4.70
<b>Pharmacy</b>		
Generics	\$0.00	\$4.70
Preferred Brand Drugs	\$0.00	\$4.70
Non-Preferred Brand Drugs	\$0.00	\$9.40
Specialty Drugs (i.e., High-Cost)	\$0.00	\$9.40
<b>Testing and Imaging</b>		
X-rays and Diagnostic Imaging	\$0.00	\$4.70
Imaging (CT/Pet Scans, MRIs)	\$0.00	\$4.70
Laboratory Outpatient and Professional Services	\$0.00	\$4.70
Allergy Testing	\$0.00	\$4.70
<b>Inpatient Services</b>		
All Inpatient Hospital Services (including MH/SUD)	\$0.00	\$0.00
<b>Emergency and Urgent Care</b>		
Emergency Room Services	\$0.00	\$0.00
Non-Emergency Use of the Emergency Department	\$0.00	\$9.40
Emergency Transportation/Ambulance	\$0.00	\$0.00
Urgent Care Centers or Facilities	\$0.00	\$4.70
<b>Durable Medical Equipment</b>		
Durable Medical Equipment	\$0.00	\$4.70
Prosthetic Devices	\$0.00	\$4.70
Orthotic Appliances	\$0.00	\$4.70
<b>Mental and Behavioral Health and Substance Abuse</b>		
All Inpatient Hospital Services (including MH/SUD)	\$0.00	\$0.00
Mental/Behavioral Health and SUD Outpatient Services	\$0.00	\$4.70

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<b>Rehabilitation and Habilitation</b>		
Rehabilitative Occupational Therapy	\$0.00	\$4.70
Rehabilitative Speech Therapy	\$0.00	\$4.70
Rehabilitative Physical Therapy	\$0.00	\$4.70
Outpatient Rehabilitation Services	\$0.00	\$4.70
Habilitation Services	\$0.00	\$4.70
<b>Surgery</b>		
Inpatient Physician and Surgical Services	\$0.00	\$0.00
Outpatient Surgery Physician/Surgical Services	\$0.00	\$4.70
<b>Treatments and Therapies</b>		
Chemotherapy	\$0.00	\$4.70
Radiation	\$0.00	\$4.70
Infertility Treatment (except IVF)	Not covered	Not covered
In Vitro Fertilization*	\$0.00	\$4.70
Infusion Therapy	\$0.00	\$4.70
Hyperalimentation	\$0.00	\$4.70
<b>Vision</b>		
Routine Eye Exam	Not covered	Not covered
<b>Dental</b>		
Basic Dental Services	Not covered	Not covered
Accidental Dental	\$0.00	\$4.70
Orthodontia	Not covered	Not covered
<b>Women's Services</b>		
Delivery and all Inpatient services for maternity care	\$0.00	\$0.00
Prenatal and postnatal care	\$0.00	\$0.00
<b>Other</b>		
Eyeglasses for Adults	Not covered	Not covered
Diabetes Education	\$0.00	\$0.00
Skilled Nursing Facility	\$0.00	\$20.00
Home health Care Services	\$0.00	\$4.70
Private-Duty Nursing	Not covered	Not covered
Hospice Services	\$0.00	\$0.00
End Stage Renal Disease Services (Dialysis)	\$0.00	\$0.00
Hearing Aids	\$0.00	\$4.70
Personal Care	Not covered	Not covered

\*Not applicable to HMO Plans

**Maximum Out of Pocket & Deductibles**

<b>&lt;=20% FPL (-32 CSR Variant)</b>	
Service Specific Deductibles:	
Medical	\$0
Pharmacy	
Out-of-Pocket Max (all services combined):	\$0
<b>Quarterly</b> Member Out-of-Pocket Max (all services combined):	<b>\$0</b>

<b>&gt;20%-40% FPL (-21 CSR Variant)</b>	
Service Specific Deductibles:	
Medical	\$1,442
Pharmacy	
Out-of-Pocket Max (all services combined):	\$1,550
<b>Quarterly</b> Member Out-of-Pocket Max (all services combined):	<b>\$27</b>

<b>&gt;40%-60% FPL (-41 CSR Variant)</b>	
Service Specific Deductibles:	
Medical	\$1,484
Pharmacy	
Out-of-Pocket Max (all services combined):	\$1,700
<b>Quarterly</b> Member Out-of-Pocket Max (all services combined):	<b>\$54</b>

<b>&gt;60%-80% FPL (-61 CSR Variant)</b>	
Service Specific Deductibles:	
Medical	\$1,526
Pharmacy	
Out-of-Pocket Max (all services combined):	\$1,850

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<b>Quarterly</b> Member Out-of-Pocket Max (all services combined):	<b>\$81</b>
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>80%-100% FPL (-81 CSR Variant)	
Service Specific Deductibles:	
Medical	\$1,568
Pharmacy	
Out-of-Pocket Max (all services combined):	\$2,000
<b>Quarterly</b> Member Out-of-Pocket Max (all services combined):	<b>\$108</b>

>100%-120% FPL (-11 CSR Variant)	
Service Specific Deductibles:	
Medical	\$1,610
Pharmacy	
Out-of-Pocket Max (all services combined):	\$2,150
<b>Quarterly</b> Member Out-of-Pocket Max (all services combined):	<b>\$135</b>

>120%-138% FPL (-36 CSR Variant)	
Service Specific Deductibles:	
Medical	\$1,648
Pharmacy	
Out-of-Pocket Max (all services combined):	\$2,300
<b>Quarterly</b> Member Out-of-Pocket Max (all services combined):	<b>\$163</b>