

2023 Benefit Changes

Camacho Investment Corp.



Beginning January 1, 2023 benefit changes are as follows:

Annual Out Of Pocket Maximum

Annual Out Of Pocket Maximums: Medical \$2,900/\$8,700 and Prescription Drugs \$2,900/\$8,700.

| ANNUAL OUT OF POCKET MAXIMUM | MEDICAL | PRESCRIPTION DRUGS | |
|-------------------------------------|---------|--------------------|---|
| Per Individual member per Plan Year | \$2,900 | \$2,900 | There are no Out of Pocket Maximums at Non-Participating Providers* |
| Per Family per Plan Year | \$8,700 | \$8,700 | |

Implant/Reconstructive Surgery

Cardiac pacemakers will be paid at lesser of negotiated fee or billed charge up to a maximum of \$20,000 if service is rendered in the United States, including the US territories or \$7,500, elsewhere. Cardiac pacemakers shall include only the following: single chamber, dual chamber or biventricular pacemaker (CRT-P).

| IMPLANTS/RECONSTRUCTIVE SURGERY | | |
|--|---|--|
| Limited to cardiac pacemakers, cardiac stents, and breast implants as required by WHCRA of 1998. *Cardiac pacemakers will be paid at lesser of negotiated fee or billed charge up to a maximum of \$20,000.00 if service is rendered in the United States, including the US territories or \$7,500.00, elsewhere. • Cardiac stent will be paid at lesser of negotiated fee or billed charge up to a maximum of \$1,950.00 per stent. | Plan pays 80%; Member pays 20%; Plan pays 100% at a Center of Excellence, subject to applicable maximums | Plan pays 70%; Member pays 30%, subject to applicable maximums |

Robotic Surgery

Robotic Surgery for covered Urologic and Gynecologic procedures will now be covered subject to \$50,000 annual maximum.

Organ Transplant

\$25,000 annual maximum when pre-certified and performed at a StayWell designated Participating Provider. Donor-related medical and Hospital expenses are not covered.

Ziopatch

Coverage for patch-type ambulatory cardiac event monitoring devices (Ziopatch) from designated providers.

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2023 Benefit Clarifications

Clarification on Orthopedic Conditions Benefits

Amounts paid for services and devices related to the treatment of Chronic Orthopedic Condition and amounts paid for devices related to the treatment of Acute Orthopedic Conditions shall accrue towards the plan benefit limitation specified under the medical benefits chronic orthopedic condition in the Schedule of Benefits.

Clarification on Acne Cosmetic Procedures

No benefits will be paid for cosmetic pharmacological regimens, surgery or procedures for the treatment of acne.

Clarification on Hazardous Sports Injuries

To clarify the existing exclusion for hazardous sports-related injuries please note that these are defined as any injuries sustained while the Covered Person is [training](#) or participating in [collegiate sports](#) or hazardous sports, to include but not limited to [competitive, non-competitive, organized or non-organized events](#) such as off-road racing, mountain biking and skydiving.

Clarification on Robotic Surgery

Except for certain covered procedures such as gynecological, urological and chronic orthopedic conditions detailed in the schedule of benefits, the existing plan exclusion for robotic surgery has been clarified as those procedures that are considered robotic surgery, robotic suite, [robotic-assisted](#) or any related service.

Clarification on Scar and Keloid Treatment

No benefits will be paid for scar and keloid management, treatment or revision except in cases associated with major functional impairment (e.g. loss of motion).

Medicare Coordination

The Plan will only provide [secondary coverage](#) when Covered Services are rendered at a facility or Physician contracted with Medicare on Guam, CNMI, Hawaii or the continental United States.

CONTACT US

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