



SMALL GROUP 1-50 EMPLOYEES

2027 Small Group Plans

More Value. More Choice.

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2027 Small Group Plans

The Blue Cross and Blue Shield of Texas Small Group Portfolio is available from January 1 until December 31, 2027. All our plans offer features and benefits designed with members’ health and wellbeing in mind. Here are the highlights:

NEW FOR 2027 Medication Savings

Medication Savings provides members with personalized drug cost savings opportunities, aligned with their benefits. It helps members navigate their medication journey, from understanding their benefits to identifying better actionable options across digital and clinical touchpoints. It surfaces savings opportunities, drives behavior change, and connects members to lower cost options at the right time.

Women’s and Family Health in collaboration with Maven

Members get personalized 24/7 virtual support, care, and guidance for pregnancy, postpartum and newborn care with Maven. Members can meet with providers anytime, day or night, so they can get the care they need, when they need it.

In addition to Maven Maternity, BCBSTX is here to support, educate and share information regarding high-risk conditions, such as gestational diabetes and preeclampsia. Together, BCBSTX and Maven, will get members the care they need for their pregnancy and postpartum journey.

Airrosti Flex

Airrosti Flex is a solution for members seeking evidence-based, minimally invasive treatment for acute musculoskeletal pain in the comfort of their home with health coaches and self-directed care plans. This solution aims to improve care pathway for MSK pain, reduce spend on unnecessary surgery and provide nationwide access for members needing this type of care (myofascial release).

Complementary Programs Empowering Members to Take Control of Their Health

Putting the power of wellness in members’ hands helps them save money and prevent some types of health conditions, while saving employers money by reducing doctor visits and hospitalizations. Complementary programs include:

- **Blue365®:** Employees save money on health and wellness products and services from top retailers not covered by insurance. There are no claims to file and no referrals or preauthorizations. Members sign up and weekly deals are emailed to them from retailers such as EyeMed, TruHearing, Nutrisystem, Reebok, Fitbit and more.
- **Hinge Health:** Members can participate in this digital musculoskeletal program led by physical therapists and health coaches from the comfort of their own homes at no extra cost.
- **Omada:** This personalized program is designed to help members reduce chronic disease risk with diabetes prevention and management and hypertension education. The program includes specialized devices, access to like-minded communities and proactive health coaches.
- **Wondr*:** This online, digital weight management program teaches members science-based skills that help them lose weight, sleep better, manage stress and more.

*Excludes Blue Advantage HMO.

Member and Employer Savings with Member Rewards

When members choose quality lower-cost, reward-eligible options, they will receive cash rewards and save on health care costs. Included with PPO plans and administered by Zelis, Member Rewards helps members:

- Compare costs and quality of providers
- Save on out-of-pocket costs
- Earn cash rewards

Twin Health Metabolic Health Management

Eligible members have access to a diabetes reversal program that creates a digital representation of their unique metabolism to empower them to improve blood sugar, safely reduce or eliminate medications and reverse type 2 diabetes — all offered as a covered benefit and at no cost.

Cancer Services and Support

Offered as a solution to bridge the cancer care gap and support healthier outcomes, the Cancer Services and Support Hub is employees’ resource for cancer care navigation. The Hub will house all of the employee’s benefits information, cancer program details and additional resources.

Gene Therapy Solutions

Gene therapy is a new generation of drug therapies, offering transformational clinical benefits to members with rare, genetic illnesses. As this drug class continues to grow, more of your employees may benefit from the treatments. Gene Therapy Solutions offers your employees access to high-value gene therapy providers and caring, holistic support from our case management team to optimize their care journey.

Behavioral Health Enhancements: Mental Health Hub, Increased Access and Crisis Support

Behavioral health support is part of all small group plans, including compassionate case management, utilization management, specialty programs, and member and provider support. These established resources are designed to expand access to specialty care, enhance the member experience and support proactive outreach including:

- **Mental Health Hub:** Digital one-stop-shop for mental health resources, including optional self-assessment to help members navigate recommended solutions and access behavioral health providers treating substance use disorders, pediatric mental illness, eating disorders, obsessive-compulsive disorders and more.
- **Risk Identification and Outreach:** Predictive analytics help identify at-risk members and enable clinician outreach to help prevent suicide and self-harm.
- **Mental Health Response Course:** Self-paced online training to recognize and respond to signs of mental health and substance use concerns.
- **Workplace Crisis Intervention:** Clinical support should a tragedy affecting an employee occur.

*Excludes Blue Advantage HMO.

\$0 Emergency Use Medications

Members have access to select acute medications typically used for emergency use or life-saving situations at a \$0 cost share. The benefit applies when they use any in-network pharmacy for these drug categories:

- Severe Allergic reactions (e.g., epinephrine auto-injector, etc.)
- Hypoglycemia (e.g., Glucagon injection kit, etc.)
- Opioid overdoses (e.g., Naloxone injectable/nasal spray, etc.)
- Nitrates (e.g., nitroglycerin sublingual, etc.)

2027 Small Group Plans (continued)

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Empower+

This complete wellness solution delivers member-centered wellness tools and care management programs, including:

- **Health Advisor:** Addresses the mental, physical and emotional aspects of health issues for the most costly and complex cases.
- **Behavioral Health:** Multidisciplinary teams engage members through Digital Mental Health, utilization management and personal support for adjusting to life events.
- **GO WellbeingSM, powered by Sharecare:** This turnkey employee wellbeing solution driving year-round engagement through personalized content, wellness challenges and rewards.
- **GO Points:** Members earn and redeem points for participating in wellness activities.
- **Fitness Program:** This program offers a flexible gym network to fit members’ lifestyles and budgets.

Virtual Visits and Telemedicine

Providing access to virtual care is more important than ever as members seek convenience and cost-savings when addressing non-emergency needs. Virtual Visits and Telemedicine consultations with members’ primary care physicians are conducted by phone, online video or mobile app.

Benefit Boost with Ancillary Plans

Robust, competitive benefits are essential for employers to attract and retain a talented workforce. We’ve combined medical coverage with some of the most popular ancillary benefits, including vision, accident insurance, critical illness and hospital indemnity benefits, to complement new group quotes for medical, dental, life and short-term disability plans.



Save with a Dual Plan Strategy

Blue Choice PPOSM and Blue Advantage HMOSM networks offer the same comprehensive product portfolio, giving employees the flexibility to choose the network that best suits their needs and budget. By offering dual plans (a PPO and HMO plan), employees may choose the HMO plan for its lower cost, while others may opt for the PPO plan to enjoy the broad, nationwide network access.

As a reminder, small group employers must contribute at least 50% toward the employee-only premium based on the lowest-cost plan offered, this means the contribution can be based on the lower-cost HMO — resulting in potential savings, not only for the employee but for the employer, too.

When selecting an HMO plan, members should always check Provider Finder[®] before enrolling. If an employee lives out of state or has dependents living out of state — such as children attending college — they should select the PPO option.

Blue Cross and Blue Shield of Texas 2027 Small Group Plan Portfolio																	
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments							Pharmacy Benefits		Pediatric Dental
Plan Name	Plan ID	Range of HSA Contribution	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	PCP/ Virtual Visits/ Telehealth Office Visit Copay ¹	Specialist/ Telehealth Office Visit Copay ¹	Urgent Care ¹	Imaging ^{1,3}	Emergency Room Per Occurrence Deductible ^{1,4}	Inpatient Per Occurrence Deductible ^{1,4}	OP Surgery Per Occurrence Deductible ^{1,4}	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
Blue Advantage Gold HMO SM 822 ^{2,7}	G665ADT	NA	\$0	\$0	\$7,500	\$15,000	100%	\$70	\$140	\$50	\$450	\$1,000 copay	\$2,750 copay	\$1,750 copay	\$5/\$15/\$50/\$100/\$150/\$250	\$15/\$25/\$70/\$120/\$150/\$250	100%/100%
Blue Advantage Platinum HMO SM 301 ²	P9M1ADT	NA	\$0	\$0	\$6,300	\$12,600	80%	\$20	\$40	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Platinum PPO SM 301	P9M1CHC	NA	\$0/\$5,000	\$0/\$10,000	\$6,300/Unlimited	\$12,600/Unlimited	80%/50%	\$20	\$40	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Platinum HMO SM 807 ^{2,7}	P610ADT	NA	\$350	\$1,050	\$2,750	\$8,250	80%	\$35	\$70	\$35	\$250	\$300	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/70%
Blue Choice Platinum PPO SM 810 ⁷	P620CHC	NA	\$350/\$700	\$1,050/\$2,100	\$2,750/Unlimited	\$8,250/Unlimited	80%/60%	\$35	\$70	\$35	\$250	\$300	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/70%
Blue Advantage Platinum HMO SM 202 ^{2,7}	P9K3ADT	NA	\$600	\$1,200	\$2,500	\$7,500	80%	\$35	\$70	\$75	\$250	\$300	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Platinum PPO SM 202 ⁷	P9K3CHC	NA	\$600/\$1,200	\$1,200/\$2,400	\$2,500/Unlimited	\$7,500/Unlimited	80%/60%	\$35	\$70	\$75	\$250	\$300	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Platinum HMO SM 501 ²	P9O5ADT	NA	\$1,000	\$3,000	\$3,000	\$6,000	80%	\$0	\$40	\$50	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Platinum PPO SM 501	P9O3CHC	NA	\$1,000/\$2,000	\$3,000/\$6,000	\$3,000/Unlimited	\$6,000/Unlimited	80%/50%	\$0	\$40	\$50	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO SM 814 ^{2,7}	G662ADT	NA	\$1,050	\$3,150	\$6,300	\$12,600	80%	\$55	\$100	\$100	\$300	\$600	\$150	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO SM 114 ⁷	G9K8CHC	NA	\$1,050/\$2,100	\$3,150/\$6,300	\$6,300/Unlimited	\$12,600/Unlimited	80%/60%	\$55	\$100	\$100	\$300	\$600	\$150	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO SM 923 ²	G9E5ADT	NA	\$1,300	\$3,900	\$5,250	\$10,500	80%	\$55	\$100	\$75	\$250/DC	\$600	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO SM 823	G654CHC	NA	\$1,300/\$2,600	\$3,900/\$7,800	\$5,250/Unlimited	\$10,500/Unlimited	80%/60%	\$55	\$100	\$75	\$250/DC	\$600	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO SM 816 ^{2,7}	G663ADT	NA	\$1,600	\$4,800	\$5,350	\$10,705	80%	\$50	\$100	\$100	\$300	\$500	Ded and Coins	Ded and Coins	\$5/\$15/\$50/\$100/\$150/\$250	\$15/\$25/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO SM 820 ⁷	G652CHC	NA	\$1,600/\$3,200	\$4,800/\$9,600	\$5,350/Unlimited	\$10,705/Unlimited	80%/60%	\$50	\$100	\$100	\$300	\$500	Ded and Coins	Ded and Coins	\$5/\$15/\$50/\$100/\$150/\$250	\$15/\$25/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO SM 922 ²	G9E3ADT	NA	\$1,750	\$5,250	\$6,750	\$18,400	80%	\$45	\$90	\$75	\$100	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO SM 822	G653CHC	NA	\$1,750/\$3,500	\$5,250/\$10,500	\$6,750/Unlimited	\$18,400/Unlimited	80%/60%	\$45	\$90	\$75	\$100	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO SM 812 ²	G661ADT	NA	\$2,100	\$6,300	\$4,200	\$12,600	90%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$100	\$100	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Choice Gold PPO SM 112	G9K6CHC	NA	\$2,100/\$4,200	\$6,300/\$12,600	\$4,200/Unlimited	\$12,600/Unlimited	90%/70%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$100	\$100	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Advantage Gold HMO SM 817 ^{2,7}	G664ADT	NA	\$2,250	\$6,750	\$6,750	\$18,400	80%	\$35	\$70	\$75	\$250	\$500	\$300	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%

Notes:

- These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet.
- HMO plans do not have benefits out-of-network, except emergencies.
- Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PET scans.
- Copay plus coinsurance after the deductible will apply until the deductible is met for plans with copay, waived if admitted. (If admitted, any charges described in Inpatient Hospital Services will apply.) Please refer to your Benefit Booklet.
- HSA eligible with \$0 employer funding.
- These HSA plans have a mandatory employer contribution requirement.
- Imaging services covered at copay and not subject to deductible and coinsurance.
- Copays apply after deductible is satisfied.

Additional Notes:

NA = Not Applicable.

All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.

When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy. Members can find a preferred pharmacy at myprime.com. Preferred pharmacies include Walgreens, Walmart, Albertsons (including Osco Drug), HEB, and Health Mart Atlas (group of independent pharmacies).

Basic lab and X-ray services are covered at the deductible and coinsurance level, except for Blue Advantage Gold HMO 822, which covers basic Lab and x-ray at \$100, with no additional charges after the copay.

All plans include prescription drug benefits. The benefit plan is based on the BCBSTX drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.

Blue Cross and Blue Shield of Texas 2027 Small Group Plan Portfolio																	
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments							Pharmacy Benefits		Pediatric Dental
Plan Name	Plan ID	Range of HSA Contribution	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	PCP/ Virtual Visits/ Telehealth Office Visit Copay ¹	Specialist/ Telehealth Office Visit Copay ¹	Urgent Care ¹	Imaging ^{1,3}	Emergency Room Per Occurrence Deductible ^{1,4}	Inpatient Per Occurrence Deductible ^{1,4}	OP Surgery Per Occurrence Deductible ^{1,4}	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
Blue Choice Gold PPO SM 117 ⁷	G9L1CHC	NA	\$2,250/\$4,500	\$6,750/\$13,500	\$6,750/Unlimited	\$18,400/Unlimited	80%/70%	\$35	\$70	\$75	\$250	\$500	\$300	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Platinum HMO SM 808 ^{2,7}	P611ADT	NA	\$2,500	\$7,500	\$2,500	\$7,500	100%	\$30	\$55	\$30	\$250	\$400	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	100%/100%
Blue Choice Platinum PPO SM 811 ⁷	P621CHC	NA	\$2,500/\$5,000	\$7,500/\$15,000	\$2,500/Unlimited	\$7,500/Unlimited	100%/80%	\$30	\$55	\$30	\$250	\$400	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	100%/100%
Blue Advantage Gold HMO SM 204 ^{2,7}	G9K7ADT	NA	\$3,000	\$9,000	\$6,250	\$12,500	90%	\$30	\$50	\$75	\$100	\$300	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO SM 204 ⁷	G9L7CHC	NA	\$3,000/\$6,000	\$9,000/\$18,000	\$6,250/Unlimited	\$12,500/Unlimited	90%/80%	\$30	\$50	\$75	\$100	\$300	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO SM 127 ²	S9J7ADT	NA	\$3,100	\$9,200	\$10,000	\$20,000	70%	\$50	\$100	\$100	\$250/DC	\$600	\$350	\$300	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 827	S663CHC	NA	\$3,100/\$6,200	\$9,200/\$18,400	\$10,000/Unlimited	\$20,000/Unlimited	70%/50%	\$50	\$100	\$100	\$250/DC	\$600	\$350	\$300	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO SM 203 ²	G9K5ADT	NA	\$3,100	\$9,300	\$8,800	\$17,600	80%	\$0	\$80	\$150	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO SM 203	G9L5CHC	NA	\$3,100/\$6,200	\$9,300/\$18,600	\$8,800/Unlimited	\$17,600/Unlimited	80%/50%	\$0	\$80	\$150	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO SM 801 ^{2,7}	G660ADT	NA	\$3,750	\$11,250	\$3,750	\$11,250	100%	\$55	\$100	\$75	\$300	\$400	\$350	\$250	100%	100%	100%/100%
Blue Choice Gold PPO SM 801 ⁷	G650CHC	NA	\$3,750/\$7,500	\$11,250/\$22,500	\$3,750/Unlimited	\$11,250/Unlimited	100%/80%	\$55	\$100	\$75	\$300	\$400	\$350	\$250	100%	100%	100%/100%
Blue Advantage Silver HMO SM 820 ²	S643ADT	NA	\$3,650	\$10,950	\$10,000	\$20,000	70%	\$55	\$100	\$100	\$250/DC	\$750	\$350	\$300	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 824	S661CHC	NA	\$3,650/\$7,300	\$10,950/\$21,900	\$10,000/Unlimited	\$20,000/Unlimited	70%/50%	\$55	\$100	\$100	\$250/DC	\$750	\$350	\$300	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO SM 134 ²	S9J9ADT	NA	\$3,650	\$10,950	\$10,950	\$21,900	60%	\$55	\$100	\$100	Ded and Coins	\$500	\$250	\$200	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 834	S665CHC	NA	\$3,650/\$7,300	\$10,950/\$21,900	\$10,950/Unlimited	\$21,900/Unlimited	60%/60%	\$55	\$100	\$100	Ded and Coins	\$500	\$250	\$200	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO SM 935 ²	S9E3ADT	NA	\$3,850	\$11,550	\$10,000	\$20,000	80%	\$50	\$100	\$75	\$200/DC	\$500	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 135	S9M2CHC	NA	\$3,850/\$7,700	\$11,550/\$23,100	\$10,000/Unlimited	\$20,000/Unlimited	80%/60%	\$50	\$100	\$75	\$200/DC	\$500	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO SM 818 ^{2,7}	S642ADT	NA	\$3,850	\$11,550	\$10,000	\$20,000	70%	\$55	\$100	\$100	\$300	\$750	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 118 ⁷	S9L9CHC	NA	\$3,850/\$7,700	\$11,550/\$23,100	\$10,000/Unlimited	\$20,000/Unlimited	70%/50%	\$55	\$100	\$100	\$300	\$750	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO SM 401 ²	S9N1ADT	NA	\$4,100	\$12,300	\$9,200	\$18,400	60%	\$0	\$90	\$150	Ded and Coins	\$400	Ded and Coins	Ded and Coins	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%

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Blue Cross and Blue Shield of Texas 2027 Small Group Plan Portfolio																	
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments							Pharmacy Benefits		Pediatric Dental
Plan Name	Plan ID	Range of HSA Contribution	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	PCP/ Virtual Visits/ Telehealth Office Visit Copay ¹	Specialist/ Telehealth Office Visit Copay ¹	Urgent Care ¹	Imaging ^{1,3}	Emergency Room Per Occurrence Deductible ^{1,4}	Inpatient Per Occurrence Deductible ^{1,4}	OP Surgery Per Occurrence Deductible ^{1,4}	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
Blue Choice Silver PPO SM 401	S9N1CHC	NA	\$4,100/\$8,200	\$12,300/\$24,600	\$9,200/Unlimited	\$18,400/Unlimited	60%/50%	\$0	\$90	\$150	Ded and Coins	\$400	Ded and Coins	Ded and Coins	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Advantage Silver HMO SM 402 ²	S9N3ADT	NA	\$4,100	\$12,300	\$8,200	\$16,400	80%	\$0	\$110	\$150	Ded and Coins	\$500	\$350	\$250	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Choice Silver PPO SM 402	S9N3CHC	NA	\$4,100/\$8,200	\$12,300/\$24,600	\$8,200/Unlimited	\$16,400/Unlimited	80%/50%	\$0	\$110	\$150	Ded and Coins	\$500	\$350	\$250	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Advantage Silver HMO SM 804 ^{2,7}	S641ADT	NA	\$4,350	\$13,050	\$11,000	\$22,000	70%	\$55	\$100	\$100	\$300	\$650	\$300	\$250	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/70%
Blue Choice Silver PPO SM 844 ⁷	S666CHC	NA	\$4,350/\$8,700	\$13,050/\$26,100	\$11,000/Unlimited	\$22,000/Unlimited	70%/50%	\$55	\$100	\$100	\$300	\$650	\$300	\$250	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/70%
Blue Advantage Silver HMO SM 201 ²	S9L1ADT	NA	\$5,100	\$15,300	\$10,500	\$21,000	70%	\$45	\$90	\$75	Ded and Coins	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 201	S9K1CHC	NA	\$5,100/\$10,200	\$15,300/\$30,600	\$10,500/Unlimited	\$21,000/Unlimited	70%/50%	\$45	\$90	\$75	Ded and Coins	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO SM 945 ²	S9E5ADT	NA	\$6,100	\$12,200	\$9,750	\$19,500	80%	\$55	\$100	\$100	\$200/DC	\$750	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 845	S667CHC	NA	\$6,100/\$12,200	\$12,200/\$24,400	\$9,750/Unlimited	\$19,500/Unlimited	80%/60%	\$55	\$100	\$100	\$200/DC	\$750	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO SM 803 ^{2,7}	S640ADT	NA	\$6,500	\$13,000	\$10,500	\$21,000	90%	\$50	\$100	\$80	\$300	\$500	\$350	\$300	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 803 ⁷	S660CHC	NA	\$6,500/\$13,000	\$13,000/\$26,000	\$10,500/Unlimited	\$21,000/Unlimited	90%/70%	\$50	\$100	\$80	\$300	\$500	\$350	\$300	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO SM 846 ^{2,7}	S644ADT	NA	\$9,500	\$19,000	\$9,500	\$19,000	100%	\$55	\$110	\$75	\$300	\$750	\$500	\$450	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/100%
Blue Choice Silver PPO SM 146 ⁷	S9L7CHC	NA	\$9,500/\$19,000	\$19,000/\$38,000	\$9,500/Unlimited	\$19,000/Unlimited	100%/80%	\$55	\$110	\$75	\$300	\$750	\$500	\$450	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/100%
Blue Advantage Bronze HMO SM 833 ²	B661ADT	NA	\$9,500	\$19,000	\$9,500	\$19,000	100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%
Blue Choice Bronze PPO SM 833	B662CHC	NA	\$9,500/\$19,000	\$19,000/\$38,000	\$9,500/\$19,000	\$19,000/\$38,000	100%/100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%
Blue Advantage Gold HMO SM 919 ^{2,6}	G9E1ADT	\$0/\$0-\$125	\$3,500	\$10,500	\$3,500	\$10,500	100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%
Blue Choice Gold PPO SM 819 ⁶	G651CHC	\$0/\$0-\$125	\$3,500/\$7,000	\$10,500/\$21,000	\$3,500/\$7,000	\$10,500/\$21,000	100%/100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%
Blue Advantage Silver HMO SM 102 ^{2,5,8}	S9J5ADT	\$0/\$0	\$3,600	\$7,200	\$8,000	\$16,000	80%	\$40	\$80	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/70%
Blue Choice Silver PPO SM 102 ^{5,8}	S9L5CHC	\$0/\$0	\$3,600/\$7,200	\$7,200/\$14,400	\$8,000/Unlimited	\$16,000/Unlimited	80%/60%	\$40	\$80	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/70%
Blue Advantage Silver HMO SM 101 ^{2,5}	S9J3ADT	\$0/\$0	\$4,100	\$12,300	\$7,500	\$15,000	80%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%

Notes:

- These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet.
- HMO plans do not have benefits out-of-network, except emergencies.
- Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PET scans.
- Copay plus coinsurance after the deductible will apply until the deductible is met for plans with copay, waived if admitted. (If admitted, any charges described in Inpatient Hospital Services will apply.) Please refer to your Benefit Booklet.
- HSA eligible with \$0 employer funding.
- These HSA plans have a mandatory employer contribution requirement.
- Imaging services covered at copay and not subject to deductible and coinsurance.
- Copays apply after deductible is satisfied.

Additional Notes:

NA = Not Applicable.

All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.

When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy. Members can find a preferred pharmacy at myprime.com. Preferred pharmacies include Walgreens, Walmart, Albertsons (including Osco Drug), HEB, and Health Mart Atlas (group of independent pharmacies).

Basic lab and X-ray services are covered at the deductible and coinsurance level, except for Blue Advantage Gold HMO 822, which covers basic Lab and x-ray at \$100, with no additional charges after the copay.

All plans include prescription drug benefits. The benefit plan is based on the BCBSTX drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.

Blue Cross and Blue Shield of Texas 2027 Small Group Plan Portfolio																	
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments							Pharmacy Benefits		Pediatric Dental
Plan Name	Plan ID	Range of HSA Contribution	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	PCP/ Virtual Visits/ Telehealth Office Visit Copay ¹	Specialist/ Telehealth Office Visit Copay ¹	Urgent Care ¹	Imaging ^{1,3}	Emergency Room Per Occurrence Deductible ^{1,4}	Inpatient Per Occurrence Deductible ^{1,4}	OP Surgery Per Occurrence Deductible ^{1,4}	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
Blue Choice Silver PPO SM 101 ⁵	S9L3CHC	\$0/\$0	\$4,100/\$8,200	\$12,300/\$24,600	\$7,500/Unlimited	\$15,000/Unlimited	80%/60%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Advantage Silver HMO SM 925 ^{2,5}	S9E1ADT	\$0/\$0	\$5,750	\$11,500	\$5,750	\$11,500	100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%
Blue Choice Silver PPO SM 825 ⁸	S662CHC	\$0/\$0	\$5,750/\$11,500	\$11,500/\$23,000	\$5,750/\$11,500	\$11,500/\$23,000	100%/100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%
Blue Advantage Silver HMO SM 120 ^{2,5}	S9K2ADT	\$0/\$0	\$6,100	\$12,200	\$6,100	\$12,200	100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%
Blue Choice Silver PPO SM 120 ⁵	S9M4CHC	\$0/\$0	\$6,100/\$12,200	\$12,200/\$24,400	\$6,100/\$12,200	\$12,200/\$24,400	100%/100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100%/100%
Blue Advantage Bronze HMO SM 905 ^{2,5}	B9E1ADT	\$0/\$0	\$6,750	\$13,500	\$8,000	\$16,000	70%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$650	Ded and Coins	Ded and Coins	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Choice Bronze PPO SM 805 ⁵	B660CHC	\$0/\$0	\$6,750/\$13,500	\$13,500/\$27,000	\$8,000/Unlimited	\$16,000/Unlimited	\$70%/50%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$650	Ded and Coins	Ded and Coins	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Advantage Bronze HMO SM 806 ^{2,5}	B660ADT	\$0/\$0	\$8,000	\$16,000	\$8,000	\$16,000	100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$750	Ded and Coins	Ded and Coins	100%	100%	100%/100%
Blue Choice Bronze PPO SM 806 ⁵	B661CHC	\$0/\$0	\$8,000/\$16,000	\$16,000/\$32,000	\$8,000/\$16,000	\$16,000/\$32,000	100%/100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$750	Ded and Coins	Ded and Coins	100%	100%	100%/100%

Notes:

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2. HMO plans do not have benefits out-of-network, except emergencies.
3. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PET scans.
4. Copay plus coinsurance after the deductible will apply until the deductible is met for plans with copay, waived if admitted. (If admitted, any charges described in Inpatient Hospital Services will apply.) Please refer to your Benefit Booklet.
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Additional Notes:

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Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.

Blue Cross and Blue Shield of Texas 2027 PPO Dental Plans - Contributory																			
		DTXHR30	DTXHR31	DTXHR32	DTXHR33	DTXHR34	DTXLR35	DTXLR36	DTXLM38	DTXHM39	DTXLM40	DTXHM41	DTXLM44	DTXHR50	DTXHM57	DTXLR58 ⁵	DTXHR61	DTXLR62	DTXLR64
Coinsurance INN	Class I	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	100%	100%	100%	100%
	Class II	80%	80%	80%	80%	80%	80%	80%	80%	80%	70%	80%4	80%	80%	100%	80%	80%	80%	80%
	Class III	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	N/A	50%	50%	60%	50%	50%	50%	50%
	Class IV	50%	50%	50%	50%	50%	N/A	N/A	50%	N/A	N/A	N/A	NA	N/A	50%	50%	50%	50%	50%
Coinsurance OON	Class I	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	100%	100%	100%	100%	100%	100%	100%	100%
	Class II	80%	80%	80%	80%	80%	80%	80%	80%	80%	70%	80%4	80%	80%	100%	80%	80%	80%	80%
	Class III	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	N/A	50%	50%	60%	50%	50%	50%	50%
	Class IV	50%	50%	50%	50%	50%	N/A	N/A	50%	N/A	N/A	N/A	NA	N/A	50%	50%	50%	50%	50%
Plan Type		Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive
Allocation ¹		High	High	High	High	High	Low	Low	Low	High	Low	High	Low	High	High	Low	High	Low	Low
Deductible Waived ²		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Annual Maximum		\$5,000	\$3,000	\$2,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500	\$1,500	\$1,000	\$750	\$1,000	\$1,500	\$1,500	\$1,000	\$2,000	\$1,500	\$1,500
Ortho Lifetime Maximum		\$2,000	\$2,000	\$2,000	\$1,500	\$1,000	N/A	N/A	\$1,000	N/A	N/A	N/A	NA	N/A	\$1,500	\$1,000	\$1,000	\$1,000	\$1,500
Deductible INN/OON (3x Family Limit)		\$25/\$25	\$25/\$25	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$75/\$75	\$25/\$25	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50
OON Reimbursement		90th R&C	90th R&C	90th R&C	90th R&C	90th R&C	90th R&C	90th R&C	MAC	MAC	MAC	MAC	MAC	90th R&C	MAC	90th R&C	90th R&C	90th R&C	90th R&C
Implants ⁶		Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes	No	No	No	No
Waiting Periods ³		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

Blue Cross and Blue Shield of Texas 2027 PPO Dental Plans - Voluntary														
		DTXHR42	DTXHM43	DTXHM45	DTXLR46	DTXLR47	DTXLR48	DTXLM49	DTXHR52	DTXLR53	DTXLM54	DTXHM59	DTXLR60 ⁵	DTXHR63
Coinsurance INN	Class I	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Class II	80%	80%	80% ⁴	80%	80%	80%	80%	80%	80%	80%	100%	80%	80%
	Class III	50%	50%	N/A	50%	50%	50%	50%	50%	50%	50%	60%	50%	50%
	Class IV	50%	N/A	N/A	50%	N/A	50%	NA	N/A	N/A	50%	50%	50%	50%
Coinsurance OON	Class I	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Class II	80%	80%	80% ⁴	80%	80%	80%	80%	80%	80%	80%	100%	80%	80%
	Class III	50%	50%	N/A	50%	50%	50%	50%	50%	50%	50%	60%	50%	50%
	Class IV	50%	N/A	N/A	50%	N/A	50%	NA	N/A	N/A	50%	50%	50%	50%
Plan Type		Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive	Passive
Allocation ¹		High	High	High	Low	Low	Low	Low	High	Low	Low	High	Low	High
Deductible Waived ²		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Annual Maximum		\$1,500	\$1,500	\$750	\$1,500	\$1,500	\$1,500	\$1,000	\$1,500	\$1,000	\$1,000	\$1,500	\$1,000	\$2,000
Ortho Lifetime Maximum		\$1,500	N/A	N/A	\$1,000	N/A	\$1,500	NA	N/A	N/A	\$1,000	\$1,500	\$1,000	\$2,000
Deductible INN/OON (3x Family Limit)		\$50/\$50	\$50/\$50	\$25/\$25	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50	\$50/\$50
OON Reimbursement		90th R&C	MAC	MAC	90th R&C	90th R&C	90th R&C	MAC	90th R&C	90th R&C	MAC	MAC	90th R&C	90th R&C
Implants ⁶		No	No	No	No	No	No	No	No	No	No	No	No	No
Waiting Periods ³		Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Plan Pairings (Groups 10+)

Any one contributory high option can be paired with any one contributory low option.
Any one voluntary high option can be paired with any one voluntary low option.
Voluntary plans and contributory plans may not be offered together.
Exception: DTXHM57 maybe paired with DTXHR33.
Also, DTXHM59 can be paired with DTXHR42 respectively.
Also, DTXHM41 can be paired with any contributory plan.
And DTXHM45 can be paired with any voluntary plan.

Participation Requirements

Contributory
>75% participation
>50% employer contribution
Voluntary
>25% participation

Services	High Allocation Coinsurance ¹	Low Allocation Coinsurance ¹	Waiting Period ³
Diag Evaluations	Class I	Class I	
Preventive	Class I	Class I	
Diag Radiographs	Class I	Class I	
Misc Prev Services	Class I	Class II	
Basic Restorative	Class II	Class II	
Non-Surg Extractions	Class II	Class II	
Non-Surg Perio	Class II	Class II	
Adjunctive Services	Class II	Class II	
Endodontics	Class II	Class III	
Oral Surgery	Class II	Class III	
Surgical Perio	Class II	Class III	12 month
Major Restorative	Class III	Class III	12 month
Prosthodontics	Class III	Class III	12 month
Misc Rest & Prosth Services	Class III	Class III	12 month
Orthodontics (Adult & Child coverage)	Class IV	Class IV	N/A

2. Waived Deductible applies to all Class I services and Class IV Orthodontic services.

3. Waiting Period 12 month applicable for Surgical Perio/Major Restorative/ Prosthodontics/Misc Rest & Prosth Services.

4. Only Basic Restorative Services are covered under Class II.

5. Prev/Diag services do not count toward annual max.

6. Implants are covered at the same percentage as prosthodontics.

Blue Cross and Blue Shield of Texas 2027 Covered Dental Services

Diagnostic and Preventive Services
Dental exams and cleanings (limited to 2 per plan year)
Bitewing X-rays (four horizontal images or eight vertical radiographic images once every plan year)
Full mouth and panoramic X-rays (limited to 1 every 60 months)
Fluoride treatment (to age 16, 2 per plan year)
Miscellaneous Services
Sealants – one per permanent (first and second) molar per lifetime for participants under age 14
Space maintainers – one appliance per arch per lifetime up to age 14
Restorative Services
Routine fillings (amalgams and resins) – up to one restorative service per tooth every 12 months
Pin retention
Simple extractions
General Services
Intravenous sedation
General anesthesia
Emergency Care – treatment for the relief of pain when treatment is not performed in conjunction with a definitive treatment or service
Endodontic Services
Root canals
Pulp caps
Apicoectomy/apexification
Periodontic Services
Scaling and root planning (limited to once per quadrant every 36 months)
Gingivectomy/gingivoplasty – benefit for one surgical periodontal procedure every 36 months
Osseous surgery – benefits are limited to one per quadrant every 36 months
Periodontal maintenance (limited to 2 per plan year combines with prophalylxis)
Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis – benefits are limited to one per lifetime
Oral Surgery Services
Surgical extractions
Alveoloplasty
Vestibuloplasty
Crowns, Inlays/Onlays Services
Crowns, inlays/onlays (limited to one per tooth every 8 years)
Prefabricated posts and cores
Repair and recementation of crown, inlays/onlays
Bridges and dentures (limited to one every 8 years)
Reline/rebase of dentures (limited to once within first 6 months of initial denture installation and then once every 36 months thereafter)
Addition of tooth or clasp

TMJ
Not covered
Orthodontics
Coverage dependent on the dental plan chosen. See your Dental Schedule of Coverage for more information.
Diagnostic orthodontic records and radiographs – benefits limited to a lifetime maximum of once per participant
Limited, interceptive and comprehensive orthodontic treatment (all accumulate to the participants lifetime maximum)
Orthodontic retention – benefits limited to a lifetime maximum of one appliance per participant
Implant Services
Coverage dependent on the dental plan chosen. See your Dental Schedule of Coverage for more information.
Enhanced Benefits
Participants diagnosed and receiving active medical care for the following medical conditions as determined by the plan such as pregnancy, diabetes, and cardiovascular disease, may receive one of the following benefits after standard benefits are completed:
One of the following: • Cleaning • Periodontal maintenance • Periodontal scaling and root planing (up to 2 quadrants) Enhanced benefits apply to the annual benefit maximum.
Alternate Benefit Language
Included
Missing Tooth Exclusion Language
Missing tooth exclusion applies on all plans. Contributory plans waive continuity of coverage rule of 24 months for intiial enrollees but apply on new hires.
Voluntary plans apply waiting period for all members initial enrollees and new hires unless a certificate of coverage is produced.
Deductible Carryover
Three month carryover is standard with all plans
Dental Dependent Age
Dependent children under age 26
Ortho Dependent Age
Dependent children under age 19

Blue Cross and Blue Shield of Texas 2027 BlueCare Vision														
In Network Services	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11	Plan 12	Plan 13	Plan 14
	12/12/24 \$100	12/12/24 \$130	12/12/24 FF \$130	12/12/12 \$130	12/12/24 \$150	12/12/12 \$150	12/12/12 \$150	12/12/24 \$130	12/12/24 \$150	12/12/12 \$150	12/12/12 \$130	12/12/24 \$200	12/12/12 \$200	12/12/24 \$200
Frequency - Once Every														
Eye Exam	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months
Frame	24 months	24 months	24 months	12 months	24 months	12 months	12 months	24 months	24 months	12 months	12 months	24 months	12 months	24 months
Spectacle Lenses or Contact Lenses	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months
Contact Lens Eval/Fitting	NA	NA	12 Months	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Copayments														
Eye Exam	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Standard Plastic Spectacle Lenses	\$25	\$10	\$10	\$10	\$10	\$10	\$10	\$25	\$25	\$25	\$25	\$10	\$25	\$25
Contact Lens Fit and Follow-Up	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Standard: \$0 copay, paid in full fit and two follow up visits; Premium: \$0 copay, 10% off retail price, then apply \$40 allowance	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium	Up to \$40 for standard; 10% off retail price for premium
Eyeglass Benefit - Frames														
Frame	\$0 copay/\$100 allowance/20% off balance over \$100	\$0 copay/\$130 allowance/20% off balance over \$130	\$0 copay/\$130 allowance/20% off balance over \$130	\$0 copay/\$130 allowance/20% off balance over \$130	\$0 copay/\$150 allowance/20% off balance over \$150	\$0 copay/\$150 allowance/20% off balance over \$150	\$0 copay/\$150 allowance/20% off balance over \$150	\$0 copay/\$130 allowance/20% off balance over \$130	\$0 copay/\$150 allowance/20% off balance over \$150	\$0 copay/\$150 allowance/20% off balance over \$150	\$0 copay/\$130 allowance/20% off balance over \$130	\$0 copay/\$200 allowance/20% off balance over \$200	\$0 copay/\$200 allowance/20% off balance over \$200	\$0 copay/\$200 allowance/20% off balance over \$200
Eyeglass Benefit - Standard Plastic Lenses														
Single Vision	\$25 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay
Bifocal	\$25 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay
Trifocal	\$25 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay
Lenticular	\$25 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$10 copay	\$25 copay	\$25 copay
Standard Progressive	\$90 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$10 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$75 copay	\$90 copay	\$90 copay
Premium Progressive (Tiers 1-3)	\$110/\$120/\$135	\$95 /\$105/\$120	\$95 /\$105/\$120	\$95 /\$105/\$120	\$95 /\$105/\$120	\$95 /\$105/\$120	\$30 /\$40/\$55	\$110/\$120/\$135	\$110/\$120/\$135	\$110/\$120/\$135	\$110/\$120/\$135	\$95 /\$105/\$120	\$110/\$120/\$135	\$110/\$120/\$135
Premium Progressive (Tier 4)	\$90 copay, 80% of charge less \$120 allowance	\$75 copay, 80% of charge less \$120 allowance	\$75 copay, 80% of charge less \$120 allowance	\$75 copay, 80% of charge less \$120 allowance	\$75 copay, 80% of charge less \$120 allowance	\$75 copay, 80% of charge less \$120 allowance	\$10 copay, 80% of charge less \$120 allowance	\$90 copay, 80% of charge less \$120 allowance	\$90 copay, 80% of charge less \$120 allowance	\$90 copay, 80% of charge less \$120 allowance	\$90 copay, 80% of charge less \$120 allowance	\$75 copay, 80% of charge less \$120 allowance	\$90 copay, 80% of charge less \$120 allowance	\$90 copay, 80% of charge less \$120 allowance
Tint (solid and gradient)	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Scratch Resistant Coating	\$15	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Polycarbonate Lenses	\$40 kids & adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults	\$0 kids & \$40 adults
Ultraviolet Coating	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Anti Reflective Coating	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68	\$45/\$57/\$68
High Index Lenses	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail
Polarized Lenses	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail	20% off retail
Photochromatic/Transitions Plastic	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Contact Lenses (in lieu of spectacle lenses)														
Conventional	\$0 copay/\$100 allowance/15% off balance	\$0 copay/\$130 allowance/15% off balance	\$0 copay/\$130 allowance/15% off balance	\$0 copay/\$130 allowance/15% off balance	\$0 copay/\$150 allowance/15% off balance	\$0 copay/\$150 allowance/15% off balance	\$0 copay/\$150 allowance/15% off balance	\$0 copay/\$130 allowance/15% off balance	\$0 copay/\$150 allowance/15% off balance	\$0 copay/\$150 allowance/15% off balance	\$0 copay/\$130 allowance/15% off balance	\$0 copay/ \$200 allowance/ 15% off balance	\$0 copay/\$200 allowance/15% off balance	\$0 copay/\$200 allowance/15% off balance
Disposable	\$0 copay/\$100 allowance/plus balance over \$100	\$0 copay/\$130 allowance/plus balance over \$130	\$0 copay/\$130 allowance/plus balance over \$130	\$0 copay/\$130 allowance/plus balance over \$130	\$0 copay/\$150 allowance/plus balance over \$150	\$0 copay/ \$150 allowance/plus balance over \$150	\$0 copay/\$150 allowance/plus balance over \$150	\$0 copay/\$130 allowance/plus balance over \$130	\$0 copay/\$150 allowance/plus balance over \$150	\$0 copay/\$150 allowance/plus balance over \$150	\$0 copay/\$130 allowance/plus balance over \$130	\$0 copay/\$200 allowance/plus balance over \$200	\$0 copay/\$200 allowance/plus balance over \$200	\$0 copay/\$200 allowance/plus balance over \$200
Medically Necessary	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full	\$0 copay; paid-in-full

Supplemental Health Portfolio

Supplemental Health products (Accident insurance, Critical Illness and Hospital Indemnity) pay cash benefits directly to employees when accidental injuries, critical illnesses or hospital stays happen. Benefits can be used for any living expense, not just medical expenses.

All Supplemental Health plans are HSA compliant.

Covered Critical Illness conditions include:

- Invasive Cancer: 100%
- Carcinoma In Situ: 25%
- Heart Attack: 100%
- Heart Surgeries: 25%
- Stroke: 100%
- End Stage Renal Failure: 100%
- Major Organ Failure: 100%
- Paralysis: 100%
- Major Burns: 100%
- Benign Brain Tumor: 100%
- Coma: 100%
- Loss of Sight, Speech or Hearing: 100%
- Severe COVID-19 Infection: 100%
- Advanced Alzheimer’s Disease: 100%
- Advanced Multiple Sclerosis: 100%
- Advanced Parkinson’s Disease: 100%
- Amyotrophic Lateral Sclerosis (ALS): 100%

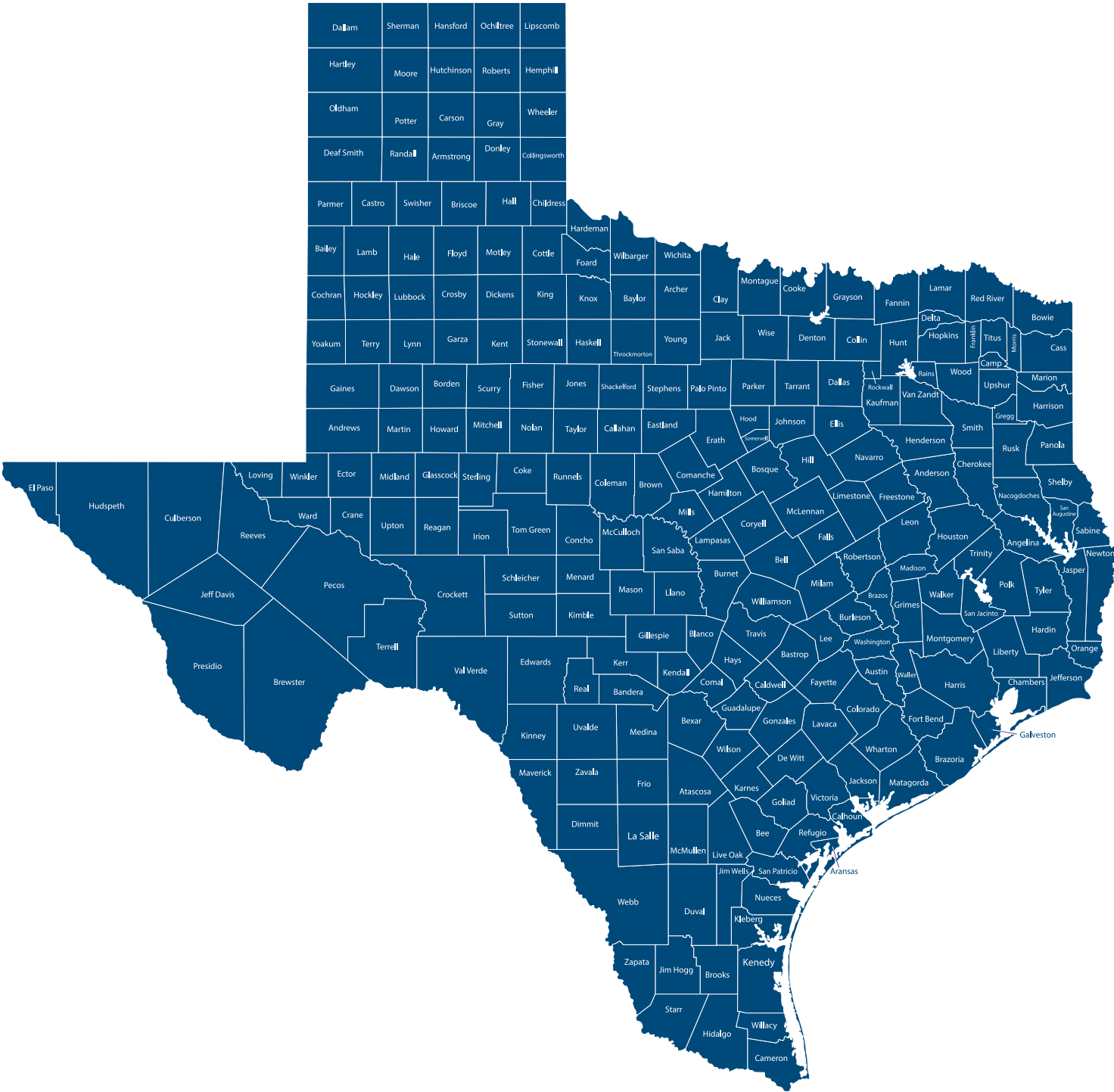
For Hospital Indemnity, hospital admission and confinement is defined as being admitted inpatient for 20 hours or more.

Basic & Voluntary Accident Insurance Plans			
24-hour and off-the-job only coverage available			
Plan Name	Benefit Description	Benefit Coverage	Wellness
Plan 1	Benefits for treatment and injuries due to an accident	Emergency Room: \$75 Hospital Confinement: \$150 Ground Ambulance: \$120	\$40
Plan 2	Benefits for treatment and injuries due to an accident	Emergency Room: \$150 Hospital Confinement: \$250 Ground Ambulance: \$200	\$50
Smart Plan 1	Benefits for treatment due to an accident	Emergency Room: \$175 Hospital Confinement: \$200 Ground Ambulance: \$400	\$0
Smart Plan 2	Benefits for treatment due to an accident	Emergency Room: \$200 Hospital Confinement: \$300 Ground Ambulance: \$400	\$0

Basic Critical Illness Plans				
Plan Name	Employee Benefit	Spouse Benefit	Child Benefit	Benefit Maximum
Plan 1	\$5,000	\$2,500	\$2,500	Up to 3 times benefit amount
Plan 2	\$10,000	\$5,000	\$2,500	Up to 3 times benefit amount
Plan 3	\$10,000	\$2,500	\$2,500	Up to 3 times benefit amount
Voluntary Critical Illness				
Plan 1	\$5,000	\$2,500	\$2,500	Up to 3 times benefit amount
Plan 2	\$10,000 / \$20,000 / \$30,000	50% of Employee Benefit	50% of Employee Benefit	Up to 3 times benefit amount

Basic & Voluntary Hospital Indemnity Plans						
Plan Name	Hospital Admission	Daily Hospital Confinement	Intensive Care Unit Admission	Daily Hospital ICU Confinement	Newborn Confinement	Wellness
	Once Per Calendar Year	Up to 30 Days Per Year	Once Per Calendar Year	Up to 10 Days Per Calendar Year	(Routine Nursery Care)	Once Per Calendar Year Per Covered Person
Plan 1	\$500	\$100/Day	\$500	\$100/Day	\$50/Day	\$50
Plan 2	\$1,000	\$100/Day	\$1,000	\$100/Day	\$50/Day	\$50
Plan 3	\$2,000	\$200/Day	\$2,000	\$200/Day	\$50/Day	\$50

Texas Small Group (1-50) Provider Networks by County



Network Names

● Blue Choice PPO ● Blue Advantage HMO

The map represents counties with provider access. Please refer to individual proposal or renewal exhibit to see if the client can select products utilizing these networks.

Texas Small Group Network Offerings Comparison

Plan Name	Blue Choice PPO	Blue Advantage HMO
Network Name	Blue Choice PPO	Blue Advantage HMO
Type	Broad	Smart
Availability	1-50	1-50
Coverage	Statewide/Nationwide	Statewide
Must Live/Work in Network Service Area	No	Yes
PCP Selection Required	No	Yes
Referral Required	No	Yes
OON Coverage	Yes	No, except for emergency or accident
BlueCard®	Yes	Available when members need emergency care while outside their service areas. The Blue Card program will help them locate participating doctors and hospitals.
Blue Access for Members SM	Yes	Yes
Provider Finder	Blue Choice PPO (Network Code: BCA)	Blue Advantage HMO
Member Liability Estimator	Yes - MLE Lite	No

The Fitness Program is provided by Tivity Health, an independent contractor which administers the Prime Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers.

Maven Clinic is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide care and disease management for members with coverage through BCBSTX.

Blue365 is a discount program only for Blue Cross and Blue Shield of Texas members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice.

Hearing services are provided by Start Hearing, Beltone™, HearUSA and TruHearing®. Vision services are provided by ContactsDirect®, Croakies, Davis Vision™, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers, and LasikPlus®.

GO Wellbeing and all associated digital programs and services are powered by Sharecare, Inc. Sharecare is contracted by Blue Cross and Blue Shield of Texas to deliver a select collection of lifestyle programs, tools and apps. GO Points Program Rules are subject to change without prior notice.

MDX Medical, LLC, a Zelis company, is an independent company that has contracted with Blue Cross and Blue Shield of Texas to administer the Member Rewards program for members with coverage through BCBSTX. Reward-eligible options and reward amounts are subject to change. Eligibility for rewards is subject to terms and conditions of the Member Rewards program. Amounts received through Member Rewards may be taxable. BCBSTX does not provide tax advice. Members that have primary coverage with Medicaid or Medicare are not eligible to receive incentive rewards under the Member Rewards program.

Hinge Health, Omada and Wondr are independent companies that have contracted with Blue Cross and Blue Shield of Texas to provide chronic disease prevention and management solutions for members with coverage through BCBSTX.

Flex is a product owned by Airrosti. Airrosti is a separate company that has contracted with Blue Cross and Blue Shield of Texas to provide back and joint pain resolution services for members with coverage through BCBSTX.

The Mental Health Hub is administered by NovaOne. NovaOne is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide member health platform and tools, mental health administration network and health information content for members with coverage through BCBSTX.

Twin Health is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide care and disease management for members with coverage through BCBSTX.

Hospital Indemnity, Critical Illness, Accident and Vision products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.

Life and Disability products are issued by Symetra Life Insurance Company. Symetra Life Insurance Company is an independent organization that does not provide Blue Cross and Blue Shield of Texas products and services.

Medical, Pharmacy, and Dental products are offered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.