



## BlueCross BlueShield of Texas

### **Subject: Important Benefit Plan Changes Upon Renewal**

Dear Group Administrator:

On your plan renewal date, there will be some changes to the benefits offered in your current plans.

Included with this letter is a list of all Blue Cross and Blue Shield of Texas (BCBSTX) midmarket group plans and their benefit level changes. Note: This is only a list of plans with benefit changes – not a list of all BCBSTX plans.

#### **Your next steps:**

- Find the nine-digit plan ID for your current plan(s), in the “Current Health Plans” section of your renewal exhibit
- Use that nine-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 outlined in the “Plan Changes” document, nothing else is needed. Your plan(s) will continue with no interruption. If you would like to make a change, contact your broker 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

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

For HMO plans only, currently a referral is required for all outpatient behavioral health services. Beginning July 1st, 2025, a referral is no longer required for in network outpatient behavioral health services

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

## Blue Choice PPO

### **Blue Choice PPO 033; MTBCP033**

- Your Plan ID will change to MTBCP533 from MTBCP033 and your plan name will change to "Blue Choice PPO 533"
- Your in-network individual Deductible will change to \$3,750 from \$3,500
- Your in-network family Deductible will change to \$11,250 from \$10,500
- Your out-of-network family Deductible will change to \$22,500 from \$20,000
- Your in-network individual Out-of-Pocket Maximum will change to \$8,150 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$16,300 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Choice PPO 053; MTBCP053**

- Your Plan ID will change to MTBCP553 from MTBCP053 and your plan name will change to "Blue Choice PPO 553"
- Your in-network individual Deductible will change to \$5,250 from \$5,000
- Your out-of-network individual Deductible will change to \$10,500 from \$10,000
- Your in-network family Deductible will change to \$15,750 from \$14,700
- Your out-of-network family Deductible will change to \$31,500 from \$29,400
- Your in-network individual Out-of-Pocket Maximum will change to \$8,400 from \$8,150
- Your in-network family Out-of-Pocket Maximum will change to \$16,800 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$20 from \$15
- Your Specialist Office Visit copayment will change to \$110 from \$100
- Your Mental Health / Substance Usage copayment will change to \$20 from \$15

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Choice PPO 020; MTBCP020

- Your Plan ID will change to MTBCP520 from MTBCP020 and your plan name will change to "Blue Choice PPO 520"
- Your in-network individual Deductible will change to \$2,750 from \$2,500
- Your in-network family Deductible will change to \$8,250 from \$7,500
- Your in-network individual Out-of-Pocket Maximum will change to \$8,250 from \$7,500
- Your in-network family Out-of-Pocket Maximum will change to \$16,500 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### Blue Choice PPO 022; MTBCP022

- Your Plan ID will change to MTBCP522 from MTBCP022 and your plan name will change to "Blue Choice PPO 522"
- Your in-network individual Deductible will change to \$2,750 from \$2,500
- Your in-network family Deductible will change to \$8,250 from \$7,500
- Your in-network individual Out-of-Pocket Maximum will change to \$8,250 from \$7,500
- Your in-network family Out-of-Pocket Maximum will change to \$16,500 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### Blue Choice PPO 029; MTBCP029

- Your Plan ID will change to MTBCP529 from MTBCP029 and your plan name will change to "Blue Choice PPO 529"
- Your in-network individual Deductible will change to \$3,250 from \$3,000
- Your in-network family Deductible will change to \$9,750 from \$9,000
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$8,150
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$16,300
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Choice PPO 018; MTBCP018**

- Your Plan ID will change to MTBCP518 from MTBCP018 and your plan name will change to "Blue Choice PPO 518"
- Your in-network individual Deductible will change to \$2,250 from \$2,000
- Your in-network family Deductible will change to \$6,750 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,750 from \$6,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Choice PPO 015; MTBCP015**

- Your Plan ID will change to MTBCP515 from MTBCP015 and your plan name will change to "Blue Choice PPO 515"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,500 from \$5,500
- Your in-network family Out-of-Pocket Maximum will change to \$16,000 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Choice PPO 041; MTBCP041**

- Your Plan ID will change to MTBCP541 from MTBCP041 and your plan name will change to "Blue Choice PPO 541"
- Your in-network individual Deductible will change to \$5,250 from \$5,000
- Your out-of-network individual Deductible will change to \$10,500 from \$10,000
- Your in-network family Deductible will change to \$15,750 from \$15,000
- Your out-of-network family Deductible will change to \$31,500 from \$20,000
- Your in-network individual Out-of-Pocket Maximum will change to \$8,050 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$16,100 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$90 from \$80
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Choice PPO 046; MTBCP046

- Your Plan ID will change to MTBCP546 from MTBCP046 and your plan name will change to "Blue Choice PPO 546"
- Your in-network family Deductible will change to \$18,000 from \$15,800
- Your out-of-network family Deductible will change to \$36,000 from \$20,000
- Your in-network individual Out-of-Pocket Maximum will change to \$8,000 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$90 from \$80
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40

### Blue Choice PPO 037; MTBCP037

- Your Plan ID will change to MTBCP537 from MTBCP037 and your plan name will change to "Blue Choice PPO 537"
- Your in-network individual Deductible will change to \$4,250 from \$4,000
- Your in-network family Deductible will change to \$12,750 from \$12,000
- Your out-of-network family Deductible will change to \$25,500 from \$20,000
- Your in-network individual Out-of-Pocket Maximum will change to \$8,500 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$17,000 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### Blue Choice PPO 006; MTBCP006

- Your Plan ID will change to MTBCP506 from MTBCP006 and your plan name will change to "Blue Choice PPO 506"
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$9,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Choice PPO 007; MTBCP007

- Your Plan ID will change to MTBCP507 from MTBCP007 and your plan name will change to "Blue Choice PPO 507"
- Your in-network individual Deductible will change to \$1,250 from \$1,000
- Your in-network family Deductible will change to \$3,750 from \$3,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,750 from \$3,000
- Your in-network family Out-of-Pocket Maximum will change to \$11,250 from \$9,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

### Blue Choice PPO 009; MTBCP009

- Your Plan ID will change to MTBCP509 from MTBCP009 and your plan name will change to "Blue Choice PPO 509"
- Your in-network individual Deductible will change to \$1,250 from \$1,000
- Your in-network family Deductible will change to \$3,750 from \$3,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,750 from \$3,000
- Your in-network family Out-of-Pocket Maximum will change to \$11,250 from \$9,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

### Blue Choice PPO 012; MTBCP012

- Your Plan ID will change to MTBCP512 from MTBCP012 and your plan name will change to "Blue Choice PPO 512"
- Your in-network individual Deductible will change to \$1,750 from \$1,500
- Your in-network family Deductible will change to \$5,250 from \$4,500
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$4,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,750 from \$13,500
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Choice PPO 014; MTBCP014**

- Your Plan ID will change to MTBCP514 from MTBCP014 and your plan name will change to "Blue Choice PPO 514"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$4,500
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$13,500
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Choice PPO 016; MTBCP016**

- Your Plan ID will change to MTBCP516 from MTBCP016 and your plan name will change to "Blue Choice PPO 516"
- Your in-network individual Deductible will change to \$2,250 from \$2,000
- Your in-network family Deductible will change to \$6,750 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,750 from \$6,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Choice PPO 019; MTBCP019**

- Your Plan ID will change to MTBCP519 from MTBCP019 and your plan name will change to "Blue Choice PPO 519"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$15,700 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30



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## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Choice PPO 023; MTBCP023**

- Your Plan ID will change to MTBCP523 from MTBCP023 and your plan name will change to "Blue Choice PPO 523"
- Your in-network individual Out-of-Pocket Maximum will change to \$7,500 from \$5,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

### **Blue Choice PPO 024; MTBCP024**

- Your Plan ID will change to MTBCP524 from MTBCP024 and your plan name will change to "Blue Choice PPO 524"
- Your in-network individual Out-of-Pocket Maximum will change to \$7,500 from \$5,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Choice PPO 025; MTBCP025**

- Your Plan ID will change to MTBCP525 from MTBCP025 and your plan name will change to "Blue Choice PPO 525"
- Your in-network individual Out-of-Pocket Maximum will change to \$4,500 from \$3,500
- Your in-network family Out-of-Pocket Maximum will change to \$13,500 from \$10,500
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Choice PPO 026; MTBCP026**

- Your Plan ID will change to MTBCP526 from MTBCP026 and your plan name will change to "Blue Choice PPO 526"
- Your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$7,350
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$55 from \$50
- Your Specialist Office Visit copayment will change to \$110 from \$100
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50

### **Blue Choice PPO 027; MTBCP027**

- Your Plan ID will change to MTBCP527 from MTBCP027 and your plan name will change to "Blue Choice PPO 527"
- Your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Choice PPO 028; MTBCP028**

- Your Plan ID will change to MTBCP528 from MTBCP028 and your plan name will change to "Blue Choice PPO 528"
- Your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$8,150
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$16,300
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Choice PPO 031; MTBCP031**

- Your Plan ID will change to MTBCP531 from MTBCP031 and your plan name will change to "Blue Choice PPO 531"
- Your in-network individual Out-of-Pocket Maximum will change to \$8,750 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$17,500 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Choice PPO 032; MTBCP032**

- Your Plan ID will change to MTBCP532 from MTBCP032 and your plan name will change to "Blue Choice PPO 532"
- Your in-network individual Deductible will change to \$3,750 from \$3,500
- Your in-network family Deductible will change to \$11,250 from \$10,500
- Your out-of-network family Deductible will change to \$22,500 from \$20,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Choice PPO 034; MTBCP034**

- Your Plan ID will change to MTBCP534 from MTBCP034 and your plan name will change to "Blue Choice PPO 534"
- Your in-network individual Deductible will change to \$4,250 from \$4,000
- Your in-network family Deductible will change to \$12,750 from \$12,000
- Your out-of-network family Deductible will change to \$25,500 from \$20,000
- Your in-network individual Out-of-Pocket Maximum will change to \$8,500 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$17,000 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Choice PPO 035; MTBCP035

- Your Plan ID will change to MTBCP535 from MTBCP035 and your plan name will change to "Blue Choice PPO 535"
- Your in-network individual Deductible will change to \$4,250 from \$4,000
- Your in-network family Deductible will change to \$12,750 from \$12,000
- Your out-of-network family Deductible will change to \$25,500 from \$20,000
- Your in-network individual Out-of-Pocket Maximum will change to \$8,500 from \$8,150
- Your in-network family Out-of-Pocket Maximum will change to \$17,000 from \$16,300
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### Blue Choice PPO 036; MTBCP036

- Your Plan ID will change to MTBCP536 from MTBCP036 and your plan name will change to "Blue Choice PPO 536"
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### Blue Choice PPO 038; MTBCP038

- Your Plan ID will change to MTBCP538 from MTBCP038 and your plan name will change to "Blue Choice PPO 538"
- Your in-network individual Deductible will change to \$5,250 from \$5,000
- Your out-of-network individual Deductible will change to \$10,500 from \$10,000
- Your in-network family Deductible will change to \$15,750 from \$14,700
- Your out-of-network family Deductible will change to \$31,500 from \$29,400
- Your in-network individual Out-of-Pocket Maximum will change to \$5,850 from \$5,600
- Your in-network family Out-of-Pocket Maximum will change to \$17,550 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$50 from \$45
- Your Specialist Office Visit copayment will change to \$100 from \$90
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Choice PPO 039; MTBCP039**

- Your Plan ID will change to MTBCP539 from MTBCP039 and your plan name will change to "Blue Choice PPO 539"
- Your Primary Care Provider office visit copayment will change to \$45 from \$35
- Your Specialist Office Visit copayment will change to \$90 from \$70
- Your Mental Health / Substance Usage copayment will change to \$45 from \$35

### **Blue Choice PPO 042; MTBCP042**

- Your Plan ID will change to MTBCP542 from MTBCP042 and your plan name will change to "Blue Choice PPO 542"
- Your in-network individual Deductible will change to \$5,250 from \$5,000
- Your out-of-network individual Deductible will change to \$10,500 from \$10,000
- Your in-network family Deductible will change to \$15,750 from \$14,700
- Your out-of-network family Deductible will change to \$31,500 from \$29,400
- Your in-network individual Out-of-Pocket Maximum will change to \$7,500 from \$7,350
- Your in-network family Out-of-Pocket Maximum will change to \$16,300 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$50 from \$45
- Your Specialist Office Visit copayment will change to \$100 from \$90
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45

### **Blue Choice PPO 043; MTBCP043**

- Your Plan ID will change to MTBCP543 from MTBCP043 and your plan name will change to "Blue Choice PPO 543"
- Your in-network family Deductible will change to \$18,000 from \$15,800
- Your out-of-network family Deductible will change to \$36,000 from \$20,000
- Your in-network individual Out-of-Pocket Maximum will change to \$8,000 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$90 from \$80
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Choice PPO 044; MTBCP044

- Your Plan ID will change to MTBCP544 from MTBCP044 and your plan name will change to "Blue Choice PPO 544"
- Your in-network individual Deductible will change to \$6,250 from \$6,000
- Your out-of-network individual Deductible will change to \$12,500 from \$10,000
- Your in-network family Deductible will change to \$18,400 from \$15,800
- Your in-network individual Out-of-Pocket Maximum will change to \$8,400 from \$8,150
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$16,300
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$90 from \$80
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40

### Blue Choice PPO 045; MTBCP045

- Your Plan ID will change to MTBCP545 from MTBCP045 and your plan name will change to "Blue Choice PPO 545"
- Your in-network individual Deductible will change to \$6,250 from \$6,000
- Your out-of-network individual Deductible will change to \$12,500 from \$10,000
- Your in-network family Deductible will change to \$18,400 from \$15,800
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$16,300
- Your Primary Care Provider office visit copayment will change to \$45 from \$35
- Your Specialist Office Visit copayment will change to \$90 from \$70
- Your Mental Health / Substance Usage copayment will change to \$45 from \$35

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Choice PPO 047; MTBCP047**

- Your Plan ID will change to MTBCP547 from MTBCP047 and your plan name will change to "Blue Choice PPO 547"
- Your in-network individual Deductible will change to \$7,250 from \$7,000
- Your out-of-network individual Deductible will change to \$14,500 from \$10,000
- Your in-network family Deductible will change to \$18,400 from \$15,800
- Your in-network individual Out-of-Pocket Maximum will change to \$8,150 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$90 from \$80
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40

### **Blue Choice PPO 308; MTBCP308**

- Your Plan ID will change to MTBCP508 from MTBCP308 and your plan name will change to "Blue Choice PPO 508"
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,200
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Choice PPO Basic

#### **Blue Choice PPO Basic 014; MTBCB014**

- Your Plan ID will change to MTBCB514 from MTBCB014 and your plan name will change to "Blue Choice PPO Basic 514"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$4,500
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$13,500
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

#### **Blue Choice PPO Basic 019; MTBCB019**

- Your Plan ID will change to MTBCB519 from MTBCB019 and your plan name will change to "Blue Choice PPO Basic 519"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$15,700 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

#### **Blue Choice PPO Basic 023; MTBCB023**

- Your Plan ID will change to MTBCB523 from MTBCB023 and your plan name will change to "Blue Choice PPO Basic 523"
- Your in-network individual Out-of-Pocket Maximum will change to \$7,500 from \$5,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30



# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

---

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Choice PPO Basic 024; MTBCB024**

- Your Plan ID will change to MTBCB524 from MTBCB024 and your plan name will change to "Blue Choice PPO Basic 524"
- Your in-network individual Out-of-Pocket Maximum will change to \$7,500 from \$5,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Choice PPO Basic 025; MTBCB025**

- Your Plan ID will change to MTBCB525 from MTBCB025 and your plan name will change to "Blue Choice PPO Basic 525"
- Your in-network individual Out-of-Pocket Maximum will change to \$4,500 from \$3,500
- Your in-network family Out-of-Pocket Maximum will change to \$13,500 from \$10,500
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Choice PPO Basic 026; MTBCB026**

- Your Plan ID will change to MTBCB526 from MTBCB026 and your plan name will change to "Blue Choice PPO Basic 526"
- Your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$7,350
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$55 from \$50
- Your Specialist Office Visit copayment will change to \$110 from \$100
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

---

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Choice PPO Basic 028; MTBCB028**

- Your Plan ID will change to MTBCB528 from MTBCB028 and your plan name will change to "Blue Choice PPO Basic 528"
- Your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$8,150
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$16,300
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Choice PPO Basic 031; MTBCB031**

- Your Plan ID will change to MTBCB531 from MTBCB031 and your plan name will change to "Blue Choice PPO Basic 531"
- Your in-network individual Out-of-Pocket Maximum will change to \$8,750 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$17,500 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Choice PPO Basic 032; MTBCB032**

- Your Plan ID will change to MTBCB532 from MTBCB032 and your plan name will change to "Blue Choice PPO Basic 532"
- Your in-network individual Deductible will change to \$3,750 from \$3,500
- Your in-network family Deductible will change to \$11,250 from \$10,500
- Your out-of-network family Deductible will change to \$22,500 from \$20,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Choice PPO Basic 035; MTBCB035**

- Your Plan ID will change to MTBCB535 from MTBCB035 and your plan name will change to "Blue Choice PPO Basic 535"
- Your in-network individual Deductible will change to \$4,250 from \$4,000
- Your in-network family Deductible will change to \$12,750 from \$12,000
- Your out-of-network family Deductible will change to \$25,000 from \$20,000
- Your in-network individual Out-of-Pocket Maximum will change to \$8,500 from \$8,150
- Your in-network family Out-of-Pocket Maximum will change to \$17,000 from \$16,300
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Choice PPO Basic 036; MTBCB036**

- Your Plan ID will change to MTBCB536 from MTBCB036 and your plan name will change to "Blue Choice PPO Basic 536"
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Choice PPO Basic 038; MTBCB038**

- Your Plan ID will change to MTBCB538 from MTBCB038 and your plan name will change to "Blue Choice PPO Basic 538"
- Your in-network individual Deductible will change to \$5,250 from \$5,000
- Your out-of-network individual Deductible will change to \$10,500 from \$10,000
- Your in-network family Deductible will change to \$15,750 from \$14,700
- Your out-of-network family Deductible will change to \$31,500 from \$29,400
- Your in-network individual Out-of-Pocket Maximum will change to \$5,850 from \$5,600
- Your in-network family Out-of-Pocket Maximum will change to \$17,550 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$50 from \$45
- Your Specialist Office Visit copayment will change to \$100 from \$90
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Choice PPO Basic 039; MTBCB039**

- Your Plan ID will change to MTBCB539 from MTBCB039 and your plan name will change to "Blue Choice PPO Basic 539"
- Your Primary Care Provider office visit copayment will change to \$45 from \$35
- Your Specialist Office Visit copayment will change to \$90 from \$70
- Your Mental Health / Substance Usage copayment will change to \$45 from \$35

### **Blue Choice PPO Basic 042; MTBCB042**

- Your Plan ID will change to MTBCB542 from MTBCB042 and your plan name will change to "Blue Choice PPO Basic 542"
- Your in-network individual Deductible will change to \$5,250 from \$5,000
- Your out-of-network individual Deductible will change to \$10,500 from \$10,000
- Your in-network family Deductible will change to \$15,750 from \$14,700
- Your out-of-network family Deductible will change to \$31,500 from \$29,400
- Your in-network individual Out-of-Pocket Maximum will change to \$7,500 from \$7,350
- Your in-network family Out-of-Pocket Maximum will change to \$16,300 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$50 from \$45
- Your Specialist Office Visit copayment will change to \$100 from \$90
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45

### **Blue Choice PPO Basic 044; MTBCB044**

- Your Plan ID will change to MTBCB544 from MTBCB044 and your plan name will change to "Blue Choice PPO Basic 544"
- Your in-network individual Deductible will change to \$6,250 from \$6,000
- Your out-of-network individual Deductible will change to \$12,500 from \$10,000
- Your in-network family Deductible will change to \$18,400 from \$15,800
- Your in-network individual Out-of-Pocket Maximum will change to \$8,400 from \$8,150
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$16,300
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$90 from \$80
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Choice PPO Basic 045; MTBCB045**

- Your Plan ID will change to MTBCB545 from MTBCB045 and your plan name will change to "Blue Choice PPO Basic 545"
- Your in-network individual Deductible will change to \$6,250 from \$6,000
- Your out-of-network individual Deductible will change to \$12,500 from \$10,000
- Your in-network family Deductible will change to \$18,400 from \$15,800
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$16,300
- Your Primary Care Provider office visit copayment will change to \$45 from \$35
- Your Specialist Office Visit copayment will change to \$90 from \$70
- Your Mental Health / Substance Usage copayment will change to \$45 from \$35

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Premier Access

#### **Blue Premier Access 011; MTBPA011**

- Your Plan ID will change to MTBPA514 from MTBPA011 and your plan name will change to "Blue Premier Access 514"
- Your in-network individual Deductible will change to \$1,500 from \$1,000
- Your in-network family Deductible will change to \$4,500 from \$3,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$4,000
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$12,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$30
- Your Specialist Office Visit copayment will change to \$80 from \$60
- Your Mental Health / Substance Usage copayment will change to \$40 from \$30

#### **Blue Premier Access 019; MTBPA019**

- Your Plan ID will change to MTBPA519 from MTBPA019 and your plan name will change to "Blue Premier Access 519"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$15,700 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

#### **Blue Premier Access 023; MTBPA023**

- Your Plan ID will change to MTBPA523 from MTBPA023 and your plan name will change to "Blue Premier Access 523"
- Your in-network individual Out-of-Pocket Maximum will change to \$7,500 from \$5,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

---

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Premier Access 024; MTBPA024**

- Your Plan ID will change to MTBPA524 from MTBPA024 and your plan name will change to "Blue Premier Access 524"
- Your in-network individual Out-of-Pocket Maximum will change to \$7,500 from \$5,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Premier Access 025; MTBPA025**

- Your Plan ID will change to MTBPA525 from MTBPA025 and your plan name will change to "Blue Premier Access 525"
- Your in-network individual Out-of-Pocket Maximum will change to \$4,500 from \$3,500
- Your in-network family Out-of-Pocket Maximum will change to \$13,500 from \$10,500
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Premier Access 026; MTBPA026**

- Your Plan ID will change to MTBPA526 from MTBPA026 and your plan name will change to "Blue Premier Access 526"
- Your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$7,350
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$55 from \$50
- Your Specialist Office Visit copayment will change to \$110 from \$100
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

---

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Premier Access 038; MTBPA038**

- Your Plan ID will change to MTBPA538 from MTBPA038 and your plan name will change to "Blue Premier Access 538"
- Your in-network individual Deductible will change to \$5,250 from \$5,000
- Your in-network family Deductible will change to \$15,750 from \$14,700
- Your in-network individual Out-of-Pocket Maximum will change to \$5,850 from \$5,600
- Your in-network family Out-of-Pocket Maximum will change to \$17,550 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$50 from \$45
- Your Specialist Office Visit copayment will change to \$100 from \$90
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45

### **Blue Premier Access 042; MTBPA042**

- Your Plan ID will change to MTBPA542 from MTBPA042 and your plan name will change to "Blue Premier Access 542"
- Your in-network individual Deductible will change to \$5,250 from \$5,000
- Your in-network family Deductible will change to \$15,750 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$50 from \$45
- Your Specialist Office Visit copayment will change to \$100 from \$90
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45



# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

## Blue Essentials

### **Blue Essentials 006; MTBEE006**

- Your Plan ID will change to MTBEE506 from MTBEE006 and your plan name will change to "Blue Essentials 506"
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,000
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$9,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

### **Blue Essentials 007; MTBEE007**

- Your Plan ID will change to MTBEE507 from MTBEE007 and your plan name will change to "Blue Essentials 507"
- Your in-network individual Deductible will change to \$1,250 from \$1,000
- Your in-network family Deductible will change to \$3,750 from \$3,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,750 from \$3,000
- Your in-network family Out-of-Pocket Maximum will change to \$11,250 from \$9,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

---

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Essentials 009; MTBEE009**

- Your Plan ID will change to MTBEE509 from MTBEE009 and your plan name will change to "Blue Essentials 509"
- Your in-network individual Deductible will change to \$1,250 from \$1,000
- Your in-network family Deductible will change to \$3,750 from \$3,000
- Your in-network individual Out-of-Pocket Maximum will change to \$3,750 from \$3,000
- Your in-network family Out-of-Pocket Maximum will change to \$11,250 from \$9,000
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

### **Blue Essentials 012; MTBEE012**

- Your Plan ID will change to MTBEE512 from MTBEE012 and your plan name will change to "Blue Essentials 512"
- Your in-network individual Deductible will change to \$1,750 from \$1,500
- Your in-network family Deductible will change to \$5,250 from \$4,500
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$4,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,750 from \$13,500
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

### **Blue Essentials 014; MTBEE014**

- Your Plan ID will change to MTBEE514 from MTBEE014 and your plan name will change to "Blue Essentials 514"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$4,500
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$13,500
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Essentials 016; MTBEE016**

- Your Plan ID will change to MTBEE516 from MTBEE016 and your plan name will change to "Blue Essentials 516"
- Your in-network individual Deductible will change to \$2,250 from \$2,000
- Your in-network family Deductible will change to \$6,750 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,750 from \$6,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Essentials 017; MTBEE017**

- Your Plan ID will change to MTBEE517 from MTBEE017 and your plan name will change to "Blue Essentials 517"
- Your in-network individual Deductible will change to \$2,250 from \$2,000
- Your in-network family Deductible will change to \$6,750 from \$6,000
- Your in-network individual Out-of-Pocket Maximum will change to \$6,750 from \$6,000
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Essentials 019; MTBEE019**

- Your Plan ID will change to MTBEE519 from MTBEE019 and your plan name will change to "Blue Essentials 519"
- Your in-network individual Out-of-Pocket Maximum will change to \$6,000 from \$5,000
- Your in-network family Out-of-Pocket Maximum will change to \$15,700 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

---

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Essentials 021; MTBEE021

- Your Plan ID will change to MTBEE521 from MTBEE021 and your plan name will change to "Blue Essentials 521"
- Your in-network individual Deductible will change to \$2,750 from \$2,500
- Your in-network family Deductible will change to \$8,250 from \$7,500
- Your in-network individual Out-of-Pocket Maximum will change to \$8,250 from \$7,500
- Your in-network family Out-of-Pocket Maximum will change to \$16,500 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### Blue Essentials 023; MTBEE023

- Your Plan ID will change to MTBEE523 from MTBEE023 and your plan name will change to "Blue Essentials 523"
- Your in-network individual Out-of-Pocket Maximum will change to \$7,500 from \$5,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$35 from \$30
- Your Specialist Office Visit copayment will change to \$70 from \$60
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30

### Blue Essentials 024; MTBEE024

- Your Plan ID will change to MTBEE524 from MTBEE024 and your plan name will change to "Blue Essentials 524"
- Your in-network individual Out-of-Pocket Maximum will change to \$7,500 from \$5,500
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

---

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Essentials 025; MTBEE025**

- Your Plan ID will change to MTBEE525 from MTBEE025 and your plan name will change to "Blue Essentials 525"
- Your in-network individual Out-of-Pocket Maximum will change to \$4,500 from \$3,500
- Your in-network family Out-of-Pocket Maximum will change to \$13,500 from \$10,500
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Essentials 026; MTBEE026**

- Your Plan ID will change to MTBEE526 from MTBEE026 and your plan name will change to "Blue Essentials 526"
- Your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$7,350
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$55 from \$50
- Your Specialist Office Visit copayment will change to \$110 from \$100
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50

### **Blue Essentials 027; MTBEE027**

- Your Plan ID will change to MTBEE527 from MTBEE027 and your plan name will change to "Blue Essentials 527"
- Your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

---

To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Essentials 028; MTBEE028**

- Your Plan ID will change to MTBEE528 from MTBEE028 and your plan name will change to "Blue Essentials 528"
- Your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$8,150
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$16,300
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Essentials 031; MTBEE031**

- Your Plan ID will change to MTBEE531 from MTBEE031 and your plan name will change to "Blue Essentials 531"
- Your in-network individual Out-of-Pocket Maximum will change to \$8,750 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$17,500 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Essentials 032; MTBEE032**

- Your Plan ID will change to MTBEE532 from MTBEE032 and your plan name will change to "Blue Essentials 532"
- Your in-network individual Deductible will change to \$3,750 from \$3,500
- Your in-network family Deductible will change to \$11,250 from \$10,500
- Your in-network individual Out-of-Pocket Maximum will change to \$8,150 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$16,300 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Essentials 034; MTBEE034**

- Your Plan ID will change to MTBEE534 from MTBEE034 and your plan name will change to "Blue Essentials 534"
- Your in-network individual Deductible will change to \$4,250 from \$4,000
- Your in-network family Deductible will change to \$12,750 from \$12,000
- Your in-network individual Out-of-Pocket Maximum will change to \$8,500 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$17,000 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Essentials 035; MTBEE035**

- Your Plan ID will change to MTBEE535 from MTBEE035 and your plan name will change to "Blue Essentials 535"
- Your in-network individual Deductible will change to \$4,250 from \$4,000
- Your in-network family Deductible will change to \$12,750 from \$12,000
- Your in-network individual Out-of-Pocket Maximum will change to \$8,500 from \$8,150
- Your in-network family Out-of-Pocket Maximum will change to \$17,000 from \$16,300
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

### **Blue Essentials 036; MTBEE036**

- Your Plan ID will change to MTBEE536 from MTBEE036 and your plan name will change to "Blue Essentials 536"
- Your in-network individual Out-of-Pocket Maximum will change to \$8,150 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$16,300 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$80 from \$70
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Essentials 038; MTBEE038**

- Your Plan ID will change to MTBEE538 from MTBEE038 and your plan name will change to "Blue Essentials 538"
- Your in-network individual Deductible will change to \$5,250 from \$5,000
- Your in-network family Deductible will change to \$15,750 from \$14,700
- Your in-network individual Out-of-Pocket Maximum will change to \$5,850 from \$5,600
- Your in-network family Out-of-Pocket Maximum will change to \$17,550 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$50 from \$45
- Your Specialist Office Visit copayment will change to \$100 from \$90
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45

### **Blue Essentials 039; MTBEE039**

- Your Plan ID will change to MTBEE539 from MTBEE039 and your plan name will change to "Blue Essentials 539"
- Your in-network individual Out-of-Pocket Maximum will change to \$8,150 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$16,300 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$90 from \$80
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40

### **Blue Essentials 040; MTBEE040**

- Your Plan ID will change to MTBEE540 from MTBEE040 and your plan name will change to "Blue Essentials 540"
- Your in-network individual Out-of-Pocket Maximum will change to \$8,150 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$16,300 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$90 from \$80
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40



# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Essentials 042; MTBEE042**

- Your Plan ID will change to MTBEE542 from MTBEE042 and your plan name will change to "Blue Essentials 542"
- Your in-network individual Deductible will change to \$5,250 from \$5,000
- Your in-network family Deductible will change to \$15,750 from \$14,700
- Your in-network individual Out-of-Pocket Maximum will change to \$7,500 from \$7,350
- Your in-network family Out-of-Pocket Maximum will change to \$16,300 from \$14,700
- Your Primary Care Provider office visit copayment will change to \$50 from \$45
- Your Specialist Office Visit copayment will change to \$100 from \$90
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45

### **Blue Essentials 043; MTBEE043**

- Your Plan ID will change to MTBEE543 from MTBEE043 and your plan name will change to "Blue Essentials 543"
- Your in-network family Deductible will change to \$18,000 from \$15,800
- Your in-network individual Out-of-Pocket Maximum will change to \$8,000 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$15,800

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### Blue Essentials 044; MTBEE044

- Your Plan ID will change to MTBEE544 from MTBEE044 and your plan name will change to "Blue Essentials 544"
- Your in-network individual Deductible will change to \$6,250 from \$6,000
- Your in-network family Deductible will change to \$18,400 from \$15,800
- Your in-network individual Out-of-Pocket Maximum will change to \$8,400 from \$8,150
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$16,300
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$90 from \$80
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40

### Blue Essentials 045; MTBEE045

- Your Plan ID will change to MTBEE545 from MTBEE045 and your plan name will change to "Blue Essentials 545"
- Your in-network individual Deductible will change to \$6,250 from \$6,000
- Your in-network family Deductible will change to \$18,400 from \$15,800
- Your in-network individual Out-of-Pocket Maximum will change to \$8,150 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$90 from \$80
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40

### Blue Essentials 047; MTBEE047

- Your Plan ID will change to MTBEE547 from MTBEE047 and your plan name will change to "Blue Essentials 547"
- Your in-network individual Deductible will change to \$7,250 from \$7,000
- Your in-network family Deductible will change to \$18,400 from \$15,800
- Your in-network individual Out-of-Pocket Maximum will change to \$8,150 from \$7,900
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$15,800
- Your Primary Care Provider office visit copayment will change to \$45 from \$40
- Your Specialist Office Visit copayment will change to \$90 from \$80
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40

# Blue Cross and Blue Shield of Texas

## 2025 Standard Plans (51+)

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To find your renewal group's 2025 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or plan ID in the search field and press enter.

### **Blue Essentials 308; MTBEE308**

- Your Plan ID will change to MTBEE508 from MTBEE308 and your plan name will change to "Blue Essentials 508"
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,200
- Your Primary Care Provider office visit copayment will change to \$40 from \$35
- Your Specialist Office Visit copayment will change to \$60 from \$50
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35