



BlueCross BlueShield of Texas



SMALL GROUP 1-50 EMPLOYEES

## 2023 Small Group Plans

**More Value. More Choice.**

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

# 2023 Small Group Plans

The 2023 Blue Cross and Blue Shield of Texas (BCBSTX) Small Group Portfolio is available from January 1 until December 31, 2023. All our plans offer features and benefits designed with members’ health and wellbeing in mind. **Here are the highlights of our 2023 Small Group portfolio.**

## New in 2023

### Members and Employers Save Big with Member Rewards\*

Our Member Rewards program, administered by Sapphire Digital, uses Provider Finder® to help members:

- Compare health care costs and quality
- Estimate out-of-pocket costs
- Make treatment decisions with their doctors

When members choose low-cost, reward-eligible options for procedures and services, they earn cash rewards and save on their – and their employers’ – health care costs.

\*Member Rewards is only included with PPO plans.

### Now It’s Even Easier to Boost Benefits With Ancillary Plans

Robust, competitive benefits are essential for employers to attract and retain a talented workforce. That’s why we’ve combined our medical coverage with some of the most popular ancillary benefits. And now you can use eSales Tools to add **vision, accident and critical illness benefits** to complement your 2023 new group quotes for medical, dental, life and short-term disability plans. So, go ahead. Boost your groups’ benefits with ancillary options.

## Complimentary Programs Help Members Take Control of Their Health

We’re empowering members to take control of their health through complimentary programs that can help them save money and prevent certain types of health conditions. Putting the power of wellness in members’ hands can also help employers lower costs by reducing doctor visits and hospitalizations. Here are a few of the advantages your clients have – just for being BCBSTX members:

### Blue365®

#### Because Health is a Big Deal®

With 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. All they need to do is sign up to have weekly featured deals emailed to them by retailers like EyeMed, TruHearing®, Nutrisystem®, Reebok, Fitbit® and more.

### Hinge Health

Hinge Health is a digital musculoskeletal program led by physical therapists and health coaches. Members who are eligible can participate in the comfort of their own homes – at no extra cost.

### Livongo®

Livongo’s personalized diabetes management program helps members improve glycemic control by understanding their blood sugar levels and developing healthy habits. The hypertension program supports members who have high blood pressure with a connected blood pressure monitor and support from expert health coaches to monitor their conditions.

### Omada®

Omada is a personalized program designed to help members reduce chronic disease risk with diabetes prevention and hypertension education, specialized devices, like-minded communities and proactive health coaches.

### Wondr™

Wondr is an online, digital weight-management program that teaches members science-based skills that help them lose weight, sleep better, manage stress and more.

### Digital Mental Health

We are deeply committed to our members’ overall wellbeing, and mental health is an important part of our approach. Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the mental health benefits (called behavioral health) that come standard with every small group plan. Members can use Blue Access for Members<sup>SM</sup> to easily engage in private, online programs to help keep their mental health on track through:

- An online assessment to help them pinpoint helpful programs.
- Quick, easy online lessons that let them access proven therapy-based techniques.
- Expert coaches to guide and inspire them to reach their goals.
- Peace of mind – personal results, programs and messages are always private.

### Wellbeing Management

Wellbeing Management is a complete wellness solution for a healthier workforce, delivering member-centered wellness tools and care management programs including:

- **Health Advisor** – A care team addresses the mental, physical and emotional aspects of health issues for the most costly and complex cases.
- **Behavioral Health** – Multi-disciplinary teams engage members through Digital Mental Health, utilization management and personal support for members adjusting to life events.
- **Well onTarget® Member Wellness Portal** – Personalized wellness action plans, digital self-management programs and fitness and nutrition device integration jump start each employee’s journey toward wellbeing.
- **The Fitness Program** – Supports fitness for life by offering a flexible gym network to fit members’ lifestyles and budgets.
- **Blue Points<sup>SM</sup> Program** – Members can earn and redeem Blue Points for participating in wellness activities.

## Virtual Visits and Telemedicine

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

### What’s Telemedicine?

Telemedicine is a kind of health care delivery that lets members consult with their own doctors by telephone or secure video. Their in-network BCBSTX doctor can evaluate, diagnose and treat them remotely without the need to travel to the doctor’s office. Doctors can even send an e-prescription to the member’s pharmacy of choice.

### What are Virtual Visits?

Virtual Visits, powered by MDLIVE® and provided by Blue Cross and Blue Shield of Texas, provide 24/7 access to consultations with board-certified doctors from virtually anywhere. This is helpful when the member’s BCBSTX provider is closed, or when the member is traveling.

**Encourage members to make sure their doctors can provide consultations by phone or secure video.**

Blue Cross and Blue Shield of Texas 2023 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 <sup>1</sup>	Specialist/ Telehealth Office Visit Copay <sup>1</sup>	Urgent Care <sup>1</sup>	Imaging <sup>1,3</sup>	Emergency Room <sup>1,4</sup>	Inpatient <sup>1,4</sup>	Outpatient Surgery <sup>1,4</sup>	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
Blue Advantage Gold HMO <sup>SM</sup> 822 <sup>2,7</sup>	G665ADT	NA	\$0	\$0	\$9,100	\$18,200	100%	\$35	\$70	\$35	\$200	\$750	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/100%
Blue Advantage Platinum HMO <sup>SM</sup> 301 <sup>2</sup>	P9M1ADT	NA	\$0	\$0	\$6,300	\$12,600	80%	\$20	\$40	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Platinum PPO <sup>SM</sup> 301	P9M1CHC	NA	\$0/\$5,000	\$0/\$10,000	\$6,300/Unlimited	\$12,600/Unlimited	80%/50	\$20	\$40	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Platinum HMO <sup>SM</sup> 807 <sup>2,7</sup>	P610ADT	NA	\$250	\$750	\$1,500	\$4,500	80%	\$30	\$60	\$30	\$250	\$300	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/70%
Blue Choice Platinum PPO <sup>SM</sup> 810 <sup>7</sup>	P620CHC	NA	\$250/\$500	\$750/\$1,500	\$1,500/Unlimited	\$4,500/Unlimited	80%/60%	\$30	\$60	\$30	\$250	\$300	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/70%
Blue Advantage Platinum HMO <sup>SM</sup> 202 <sup>2,7</sup>	P9K3ADT	NA	\$500	\$1,000	\$1,500	\$3,000	80%	\$30	\$60	\$75	\$250	\$300	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Platinum PPO <sup>SM</sup> 202 <sup>7</sup>	P9K3CHC	NA	\$500/\$10,000	\$1,000/\$20,000	\$1,500/Unlimited	\$3,000/Unlimited	80%/60%	\$30	\$60	\$75	\$250	\$300	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO <sup>SM</sup> 814 <sup>2,7</sup>	G662ADT	NA	\$1,000	\$3,000	\$6,250	\$12,500	80%	\$50	\$90	\$100	\$300	\$600	\$150	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO <sup>SM</sup> 114 <sup>7</sup>	G9K8CHC	NA	\$1,000/\$2,000	\$3,000/\$4,000	\$6,250/Unlimited	\$12,500/Unlimited	80%/60%	\$50	\$90	\$100	\$300	\$600	\$150	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Platinum HMO <sup>SM</sup> 808 <sup>2,7</sup>	P611ADT	NA	\$1,250	\$3,750	\$1,250	\$3,750	100%	\$25	\$45	\$25	\$250	\$400	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	100%/100%
Blue Choice Platinum PPO <sup>SM</sup> 811 <sup>7</sup>	P621CHC	NA	\$1,250/\$2,500	\$3,750/\$7,500	\$1,250/Unlimited	\$3,750/Unlimited	100%/80%	\$25	\$45	\$25	\$250	\$400	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	100%/100%
Blue Advantage Gold HMO <sup>SM</sup> 923 <sup>2</sup>	G9E5ADT	NA	\$1,250	\$3,750	\$5,250	\$10,500	80%	\$45	\$90	\$75	\$250	\$600	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO <sup>SM</sup> 823	G654CHC	NA	\$1,250/\$2,500	\$3,750/\$7,500	\$5,250/Unlimited	\$10,500/Unlimited	80%/60%	\$45	\$90	\$75	\$250	\$600	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO <sup>SM</sup> 816 <sup>2,7</sup>	G663ADT	NA	\$1,500	\$4,500	\$5,250	\$10,500	80%	\$45	\$90	\$100	\$300	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO <sup>SM</sup> 820 <sup>7</sup>	G652CHC	NA	\$1,500/\$3,000	\$4,500/\$9,000	\$5,250/Unlimited	\$10,500/Unlimited	80%/60%	\$45	\$90	\$100	\$300	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO <sup>SM</sup> 922 <sup>2</sup>	G9E3ADT	NA	\$1,500	\$4,500	\$6,000	\$12,000	80%	\$40	\$80	\$75	\$100	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO <sup>SM</sup> 822	G653CHC	NA	\$1,500/\$3,000	\$4,500/\$9,000	\$6,000/Unlimited	\$12,000/Unlimited	80%/60%	\$40	\$80	\$75	\$100	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO <sup>SM</sup> 812 <sup>2</sup>	G661ADT	NA	\$2,000	\$6,000	\$4,000	\$12,000	90%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Choice Gold PPO <sup>SM</sup> 112	G9K6CHC	NA	\$2,000/\$4,000	\$6,000/\$8,000	\$4,000/Unlimited	\$12,000/Unlimited	90%/70%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Advantage Gold HMO <sup>SM</sup> 817 <sup>2,7</sup>	G664ADT	NA	\$2,000	\$6,000	\$6,000	\$17,100	80%	\$30	\$60	\$75	\$250	\$300	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO <sup>SM</sup> 117 <sup>7</sup>	G9L1CHC	NA	\$2,000/\$4,000	\$6,000/\$8,000	\$6,000/Unlimited	\$17,100/Unlimited	80%/70%	\$30	\$60	\$75	\$250	\$300	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO <sup>SM</sup> 801 <sup>2,7</sup>	G660ADT	NA	\$3,000	\$9,000	\$3,000	\$9,000	100%	\$50	\$90	\$75	\$300	\$400	\$350	\$250	100%	100%	100%/100%
Blue Choice Gold PPO <sup>SM</sup> 801 <sup>7</sup>	G650CHC	NA	\$3,000/\$6,000	\$9,000/\$18,000	\$3,000/Unlimited	\$9,000/Unlimited	100%/80%	\$50	\$90	\$75	\$300	\$400	\$350	\$250	100%	100%	100%/100%

General Notes

NA = Not Applicable; DC = Deductible and Coinsurance; NC = Not Covered; In = In-Network; Out and OON = Out-of-Network  
 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.  
 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 PPO<sup>SM</sup> providers.

Footnotes

1. 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.  
 2. HMO plans do not have benefits out-of-network, except for 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.  
 5. HSA eligible with \$0 employer funding.  
 6. These HSA plans have a mandatory employer contribution requirement.  
 7. Imaging services covered at copay and not subject to deductible and coinsurance.

Blue Cross and Blue Shield of Texas 2023 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 <sup>1</sup>	Specialist/ Telehealth Office Visit Copay <sup>1</sup>	Urgent Care <sup>1</sup>	Imaging <sup>1,3</sup>	Emergency Room <sup>1,4</sup>	Inpatient <sup>1,4</sup>	Outpatient Surgery <sup>1,4</sup>	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
Blue Advantage Silver HMO <sup>SM</sup> 127 <sup>2</sup>	S9J7ADT	NA	\$3,000	\$9,000	\$9,000	\$18,000	70%	\$45	\$90	\$100	\$250	\$600	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO <sup>SM</sup> 827	S663CHC	NA	\$3,000/\$6,000	\$9,000/\$18,000	\$9,000/Unlimited	\$18,000/Unlimited	70%/50%	\$45	\$90	\$100	\$250	\$600	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO <sup>SM</sup> 204 <sup>2,7</sup>	G9K7ADT	NA	\$3,000	\$9,000	\$8,500	\$17,000	90%	\$30	\$60	\$75	\$150	\$400	\$350	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO <sup>SM</sup> 204 <sup>7</sup>	G9L7CHC	NA	\$3,000/\$6,000	\$9,000/\$18,000	\$8,500/Unlimited	\$17,000/Unlimited	90%/80%	\$30	\$60	\$75	\$150	\$400	\$350	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO <sup>SM</sup> 203 <sup>2</sup>	G9K5ADT	NA	\$3,000	\$9,000	\$8,700	\$17,400	80%	\$0	\$80	\$150	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO <sup>SM</sup> 203	G9L5CHC	NA	\$3,000/\$6,000	\$9,000/\$18,000	\$8,700/Unlimited	\$17,400/Unlimited	80%/50%	\$0	\$80	\$150	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO <sup>SM</sup> 820 <sup>2</sup>	S643ADT	NA	\$3,500	\$10,500	\$9,000	\$18,000	70%	\$50	\$90	\$100	\$250	\$750	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO <sup>SM</sup> 824	S661CHC	NA	\$3,500/\$7,000	\$10,500/\$21,000	\$9,000/Unlimited	\$18,000/Unlimited	70%/50%	\$50	\$90	\$100	\$250	\$750	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO <sup>SM</sup> 134 <sup>2</sup>	S9J9ADT	NA	\$3,500	\$10,500	\$9,000	\$18,000	60%	\$50	\$90	\$100	DC	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO <sup>SM</sup> 834	S665CHC	NA	\$3,500/\$7,000	\$10,500/\$21,000	\$9,000/Unlimited	\$18,000/Unlimited	60%/60%	\$50	\$90	\$100	DC	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO <sup>SM</sup> 935 <sup>2</sup>	S9E3ADT	NA	\$3,750	\$11,250	\$9,000	\$18,000	80%	\$45	\$90	\$75	\$200	\$500	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO <sup>SM</sup> 135	S9M2CHC	NA	\$3,750/\$7,500	\$11,250/\$22,500	\$9,000/Unlimited	\$18,000/Unlimited	80%/60%	\$45	\$90	\$75	\$200	\$500	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO <sup>SM</sup> 818 <sup>2,7</sup>	S642ADT	NA	\$3,750	\$11,250	\$9,000	\$18,000	70%	\$50	\$90	\$100	\$300	\$750	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO <sup>SM</sup> 118 <sup>7</sup>	S9L9CHC	NA	\$3,750/\$7,500	\$11,250/\$22,500	\$9,000/Unlimited	\$18,000/Unlimited	70%/50%	\$50	\$90	\$100	\$300	\$750	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO <sup>SM</sup> 804 <sup>2,7</sup>	S641ADT	NA	\$4,250	\$12,750	\$9,000	\$18,000	70%	\$50	\$90	\$100	\$300	\$650	\$300	\$250	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/70%
Blue Choice Silver PPO <sup>SM</sup> 844 <sup>7</sup>	S666CHC	NA	\$4,250/\$8,500	\$12,750/\$25,500	\$9,000/Unlimited	\$18,000/Unlimited	70%/50%	\$50	\$90	\$100	\$300	\$650	\$300	\$250	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/70%
Blue Advantage Silver HMO <sup>SM</sup> 201 <sup>2</sup>	S9L1ADT	NA	\$5,000	\$15,000	\$9,000	\$18,000	70%	\$40	\$80	\$75	DC	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO <sup>SM</sup> 201	S9K1CHC	NA	\$5,000/\$10,000	\$15,000/\$20,000	\$9,000/Unlimited	\$18,000/Unlimited	70%/50%	\$40	\$80	\$75	DC	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO <sup>SM</sup> 945 <sup>2</sup>	S9E5ADT	NA	\$6,000	\$12,000	\$8,250	\$16,500	80%	\$45	\$90	\$100	DC	\$750	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO <sup>SM</sup> 845	S667CHC	NA	\$6,000/\$12,000	\$12,000/\$24,000	\$8,250/Unlimited	\$16,500/Unlimited	80%/60%	\$45	\$90	\$100	DC	\$750	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO <sup>SM</sup> 803 <sup>2,7</sup>	S640ADT	NA	\$6,250	\$12,500	\$8,500	\$17,000	90%	\$45	\$90	\$80	\$300	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO <sup>SM</sup> 803 <sup>7</sup>	S660CHC	NA	\$6,250/\$12,500	\$12,500/\$25,000	\$8,500/Unlimited	\$17,000/Unlimited	90%/70%	\$45	\$90	\$80	\$300	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%

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 2. HMO plans do not have benefits out-of-network, except for 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.  
 5. HSA eligible with \$0 employer funding.  
 6. These HSA plans have a mandatory employer contribution requirement.  
 7. Imaging services covered at copay and not subject to deductible and coinsurance.

Blue Cross and Blue Shield of Texas 2023 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 <sup>1</sup>	Specialist/ Telehealth Office Visit Copay <sup>1</sup>	Urgent Care <sup>1</sup>	Imaging <sup>1,3</sup>	Emergency Room <sup>1,4</sup>	Inpatient <sup>1,4</sup>	Outpatient Surgery <sup>1,4</sup>	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
Blue Advantage Silver HMO <sup>SM</sup> 846 <sup>2,7</sup>	S644ADT	NA	\$7,900	\$15,800	\$7,900	\$15,800	100%	\$45	\$90	\$75	\$300	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/100%
Blue Choice Silver PPO <sup>SM</sup> 146 <sup>7</sup>	S9L7CHC	NA	\$7,900/\$15,800	\$15,800/\$31,600	\$7,900/Unlimited	\$15,800/Unlimited	100%/80%	\$45	\$90	\$75	\$300	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/100%
Blue Advantage Bronze HMO <sup>SM</sup> 833 <sup>2</sup>	B661ADT	NA	\$8,550	\$17,100	\$8,550	\$17,100	100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Choice Bronze PPO <sup>SM</sup> 833	B662CHC	NA	\$8,550/\$17,100	\$17,100/\$34,200	\$8,550/\$17,100	\$17,100/\$34,200	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Advantage Gold HMO <sup>SM</sup> 103 <sup>2,5</sup>	G9J1ADT	\$0/\$0	\$3,000	\$9,000	\$3,500	\$10,500	90%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Choice Gold PPO <sup>SM</sup> 103 <sup>5</sup>	G9K4CHC	\$0/\$0	\$3,000/\$10,000	\$9,000/\$20,000	\$3,500/Unlimited	\$10,500/Unlimited	90%/70%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Advantage Gold HMO <sup>SM</sup> 919 <sup>2,6</sup>	G9E1ADT	\$0/\$0-\$125	\$3,000	\$9,000	\$3,000	\$9,000	100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Choice Gold PPO <sup>SM</sup> 819 <sup>6</sup>	G651CHC	\$0/\$0-\$125	\$3,000/\$6,000	\$9,000/\$18,000	\$3,000/\$6,000	\$9,000/\$18,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Advantage Silver HMO <sup>SM</sup> 102 <sup>2,5</sup>	S9J5ADT	\$0/\$0	\$3,000	\$6,000	\$6,900	\$13,800	80%	\$35	\$70	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/70%
Blue Choice Silver PPO <sup>SM</sup> 102 <sup>5</sup>	S9L5CHC	\$0/\$0	\$3,000/\$6,000	\$6,000/\$12,000	\$6,900/Unlimited	\$13,800/Unlimited	80%/60%	\$35	\$70	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/70%
Blue Advantage Gold HMO <sup>SM</sup> 830 <sup>2,6</sup>	G666ADT	\$300/\$300-\$500	\$4,000	\$12,000	\$4,000	\$12,000	100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Choice Gold PPO <sup>SM</sup> 830 <sup>6</sup>	G656CHC	\$300/\$300-\$500	\$4,000/\$8,000	\$12,000/\$24,000	\$4,000/\$8,000	\$12,000/\$24,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Advantage Silver HMO <sup>SM</sup> 101 <sup>2,5</sup>	S9J3ADT	\$0/\$0	\$4,000	\$12,000	\$6,900	\$13,800	80%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Choice Silver PPO <sup>SM</sup> 101 <sup>5</sup>	S9L3CHC	\$0/\$0	\$4,000/\$10,000	\$12,000/\$20,000	\$6,900/Unlimited	\$13,800/Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Advantage Silver HMO <sup>SM</sup> 925 <sup>2,5</sup>	S9E1ADT	\$0/\$0	\$5,000	\$10,000	\$5,000	\$10,000	100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Choice Silver PPO <sup>SM</sup> 825 <sup>8</sup>	S662CHC	\$0/\$0	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Advantage Silver HMO <sup>SM</sup> 120 <sup>2,5</sup>	S9K2ADT	\$0/\$0	\$6,000	\$12,000	\$6,000	\$12,000	100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Choice Silver PPO <sup>SM</sup> 120 <sup>5</sup>	S9M4CHC	\$0/\$0	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Advantage Bronze HMO <sup>SM</sup> 905 <sup>2,5</sup>	B9E1ADT	\$0/\$0	\$6,350	\$12,500	\$6,900	\$13,800	70%	DC	DC	DC	DC	\$650	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Choice Bronze PPO <sup>SM</sup> 805 <sup>5</sup>	B660CHC	\$0/\$0	\$6,350/\$11,500	\$12,500/\$26,200	\$6,900/Unlimited	\$13,800/Unlimited	70%/50%	DC	DC	DC	DC	\$650	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Advantage Bronze HMO <sup>SM</sup> 806 <sup>2,5</sup>	B660ADT	\$0/\$0	\$6,900	\$13,800	\$6,900	\$13,800	100%	DC	DC	DC	DC	\$650	DC	DC	100%	100%	100%/100%
Blue Choice Bronze PPO <sup>SM</sup> 806 <sup>5</sup>	B661CHC	\$0/\$0	\$6,900/\$13,500	\$13,800/\$27,000	\$6,900/\$13,500	\$13,800/\$27,000	100%/100%	DC	DC	DC	DC	\$650	DC	DC	100%	100%	100%/100%

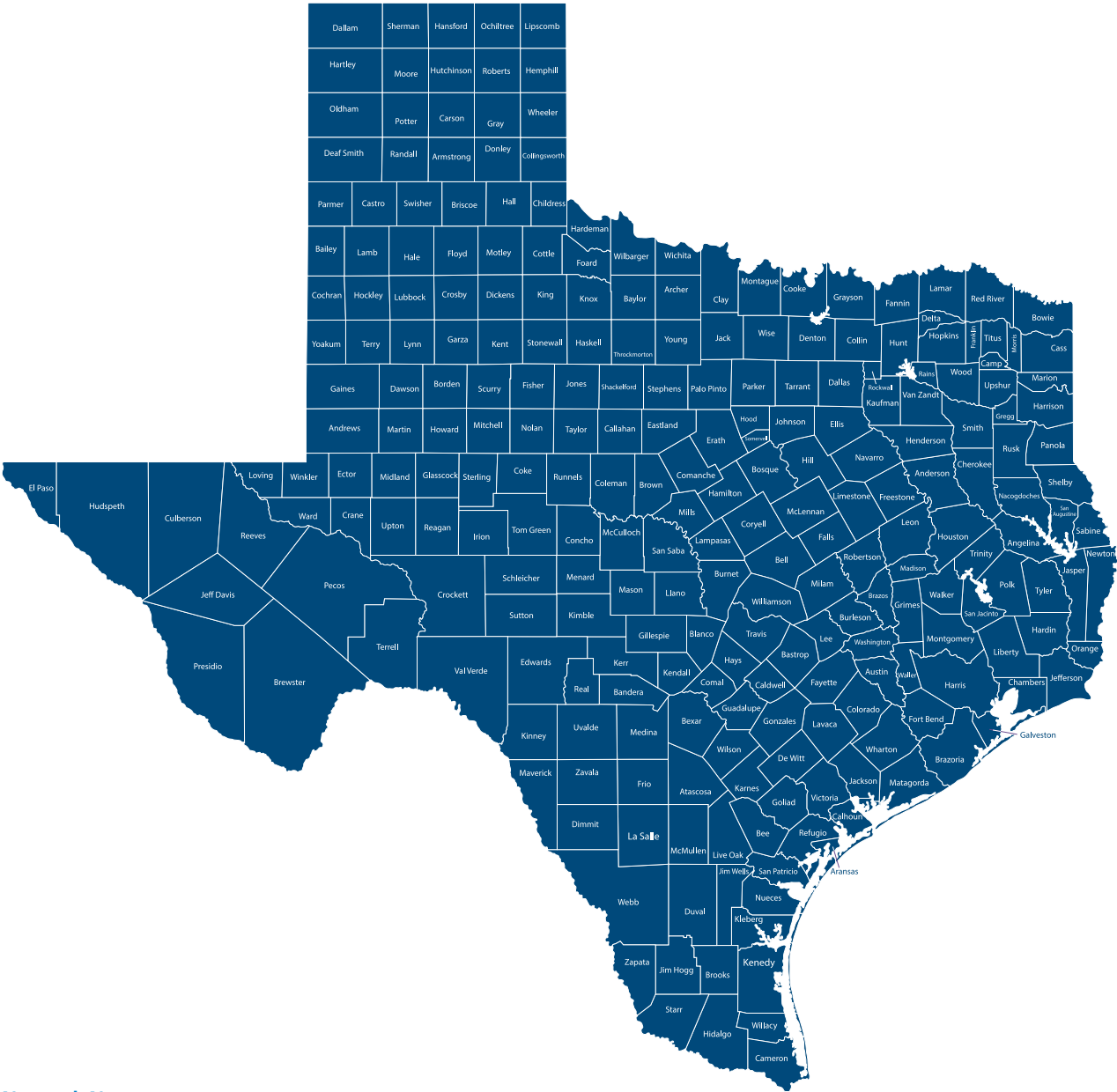
General Notes

NA = Not Applicable; DC = Deductible and Coinsurance; NC = Not Covered; In = In-Network; Out and OON = Out-of-Network  
 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.  
 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 PPO<sup>SM</sup> providers.

Footnotes

1. 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.  
 2. HMO plans do not have benefits out-of-network, except for 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.  
 5. HSA eligible with \$0 employer funding.  
 6. These HSA plans have a mandatory employer contribution requirement.  
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# 2023 Texas Small Group (1-50) Provider Networks by County



- Network Names**
- Blue Choice PPO and Blue Advantage HMO<sup>SM</sup>

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 (Network Code: BCA)	Blue Advantage HMO (Network Code: BAV)
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	Yes	Yes
Provider Finder	Blue Choice PPO (Network Code: BCA)	Blue Advantage HMO (Network Code: BAV)
Member Liability Estimator	Yes - MLE Lite	No

Sapphire Digital is an independent company that has contracted with Blue Cross and Blue Shield of Texas (BCBSTX) 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. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation. MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

Blue365 is a discount program only for BCBSTX 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 American Hearing Benefits, Beltone™, HearUSA and TruHearing®. Vision services are provided by ContactsDirect®, Croakies, Davis Vision<sup>SM</sup>, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers and Lasik<sup>Plus</sup>®.

Hinge Health, Livongo, Omada and Wondr are independent companies contracted with Blue Cross and Blue Shield of Texas to provide chronic disease prevention and management solutions for members with coverage through BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Life, Disability, 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. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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.