






Plan Year 2022 Individual Retail Products

Below are links to Summaries of Benefits & Coverage (SBC), Benefit Highlights and Plan Comparison Charts for all Blue Cross and Blue Shield of Texas (BCBSTX) qualified health plans in the individual ACA market.

Plan Comparison Charts

Comparison Chart	Links to Charts
BCBSTX Combined Plan Comparison Chart	English • Spanish
BCBSTX Gold Plan Comparison Chart	English • Spanish
BCBSTX Silver Plan Comparison Chart	English • Spanish
BCBSTX Bronze Plan Comparison Chart	English • Spanish

Key

-  Non-Marketplace (off exchange) standard plans
-  Marketplace (on exchange) standard plans
-  Marketplace (on exchange) cost-sharing reduction plan variances

** AI/AN Zero and Limited refer to cost sharing reduction plan variances available to American Indians and Alaska Natives.

Gold Plans

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to Benefit Highlights
MyBlue Health Gold 403	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
MyBlue Health Gold 403	Standard	Marketplace	Summary of Benefits	Benefit Highlights
MyBlue Health Gold 403	AI/AN Zero**	Marketplace	Summary of Benefits	Benefit Highlights
MyBlue Health Gold 403	AI/AN Limited**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Gold HMO 203	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Gold HMO 203	Standard	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Gold HMO 203	AI/AN Zero**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Gold HMO 203	AI/AN Limited**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 207	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights

Gold Plans (continued)

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Gold HMO 206	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 206	Standard	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 206	AI/AN Zero**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 206	AI/AN Limited**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 603	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 603	Standard	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 603	AI/AN Zero**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 603	AI/AN Limited**	Marketplace	Summary of Benefits	Benefit Highlights

Silver Plans

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to Benefit Highlights
MyBlue Health Silver 405	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
MyBlue Health Silver 405	Standard	Marketplace	Summary of Benefits	Benefit Highlights
MyBlue Health Silver 405	AI/AN Zero**	Marketplace	Summary of Benefits	Benefit Highlights
MyBlue Health Silver 405	AI/AN Limited**	Marketplace	Summary of Benefits	Benefit Highlights
MyBlue Health Silver 405	73% Actuarial Value (AV)	Marketplace	Summary of Benefits	Benefit Highlights
MyBlue Health Silver 405	87% Actuarial Value (AV)	Marketplace	Summary of Benefits	Benefit Highlights
MyBlue Health Silver 405	94% Actuarial Value (AV)	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 306	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver HMO 306	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 601	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights

Silver Plans (continued)

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Plus Silver HMO 202	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver HMO 202	Standard	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver HMO 202	AI/AN Zero**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver HMO 202	AI/AN Limited**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver HMO 202	73% Actuarial Value (AV)	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver HMO 202	87% Actuarial Value (AV)	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver HMO 202	94% Actuarial Value (AV)	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 205	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 205	Standard	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 205	AI/AN Zero**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 205	AI/AN Limited**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 205	73% Actuarial Value (AV)	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 205	87% Actuarial Value (AV)	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 205	94% Actuarial Value (AV)	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 605	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 605	Standard	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 605	AI/AN Zero**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 605	AI/AN Limited**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 605	73% Actuarial Value (AV)	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 605	87% Actuarial Value (AV)	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 605	94% Actuarial Value (AV)	Marketplace	Summary of Benefits	Benefit Highlights

Bronze Plans

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to Benefit Highlights
MyBlue Health Bronze 402	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
MyBlue Health Bronze 402	Standard	Marketplace	Summary of Benefits	Benefit Highlights
MyBlue Health Bronze 402	AI/AN Zero**	Marketplace	Summary of Benefits	Benefit Highlights
MyBlue Health Bronze 402	AI/AN Limited**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 204	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 204	Standard	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 204	AI/AN Zero**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 204	AI/AN Limited**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 301	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 301	Standard	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 301	AI/AN Zero**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 301	AI/AN Limited**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze HMO 303	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze HMO 303	Standard	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze HMO 303	AI/AN Zero**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze HMO 303	AI/AN Limited**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze HMO 305	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze HMO 305	Standard	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze HMO 305	AI/AN Zero**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze HMO 305	AI/AN Limited**	Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 302	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze HMO 201	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze HMO 501	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights

Catastrophic Plans

Plan Name	Plan Variance	Marketplace or Non Marketplace	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Security HMO 200	Standard	Non Marketplace	Summary of Benefits	Benefit Highlights
Blue Advantage Security HMO 200	Standard	Marketplace	Summary of Benefits	Benefit Highlights

Accessing Policy Booklets

We link to a plan's policy booklet in every SBC document. On the first page of an SBC, it's the first link at the top. On the next several pages of an SBC, the link to the policy booklet is located in the footer.

Coverage Period: 01/01/2022 – 12/31/2022
Coverage for: Individual/Family | Plan Type: HMO

Blue Cross BlueShield of Texas : Blue Advantage Plus BronzeSM 305

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbstx.com/bb/ind/bb-bosh43bavtkp-bx-2022.pdf or by calling 1-888-697-0683. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, out-of-pocket limit, or other plan-specific terms, see the Glossary. You can view the Glossary at www.bcbstx.com/bb/ind/bb-bosh43bavtkp-bx-2022.pdf or call 1-888-697-0683 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: \$6,100 Individual/\$17,400 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Providers (You will pay the least)	Non-Participating Providers (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	40% coinsurance	50% coinsurance	Virtual Visits are available. See your benefit booklet* for details.
	Specialist visit	50% coinsurance	50% coinsurance	
	Preventive care/screening/immunization	No Charge; deductible does not apply	50% coinsurance	
If you have a test	Diagnostic test (x-ray, blood work)	Freestanding Facility: 40% coinsurance Hospital: 50% coinsurance	50% coinsurance	Referral may be required. Preauthorization may also be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	Freestanding Facility: 40% coinsurance Hospital: 50% coinsurance	50% coinsurance	

*For more information about limitations and exceptions, see the plan or policy document at www.bcbstx.com/bb/ind/bb-bosh43bavtkp-bx-2022.pdf Page 2 of 8