



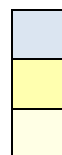
# Plan Year 2024 Individual & Family Markets Products

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

## Plan Comparison Charts

Comparison Chart	Links to Charts
BCBSTX Combined Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>
BCBSTX Gold Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>
BCBSTX Silver Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>
BCBSTX Bronze Plan Comparison Chart	<a href="#">English</a> • <a href="#">Spanish</a>

### Key



Off-exchange plans

On-exchange "base" plans with no cost-sharing reductions (CSRs)

On-exchange plans with CSRs:

AI/AN Limited and AI/AN Zero plans are available to eligible American Indians and Alaska Natives. Plans with an actuarial value (AV) of 73%, 87% and 94% are available to eligible consumers meeting household income requirements.

## Gold Plans

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Gold HMO <sup>SM</sup> 206	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Gold HMO <sup>SM</sup> 207	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Gold HMO <sup>SM</sup> 603	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Gold HMO <sup>SM</sup> 706	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Gold <sup>SM</sup> 203	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Gold <sup>SM</sup> 706	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>

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

## Gold Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Plus Gold <sup>SM</sup> 803	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Gold HMO <sup>SM</sup> 206	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Gold HMO <sup>SM</sup> 603	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Gold HMO <sup>SM</sup> 706	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Gold <sup>SM</sup> 203	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Gold <sup>SM</sup> 706	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Gold <sup>SM</sup> 803	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Gold HMO <sup>SM</sup> 206	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Gold HMO <sup>SM</sup> 603	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Gold HMO <sup>SM</sup> 706	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Gold <sup>SM</sup> 203	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Gold <sup>SM</sup> 706	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Gold <sup>SM</sup> 803	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Gold HMO <sup>SM</sup> 206	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Gold HMO <sup>SM</sup> 603	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Gold HMO <sup>SM</sup> 706	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Gold <sup>SM</sup> 203	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Gold <sup>SM</sup> 706	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Gold <sup>SM</sup> 803	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Gold <sup>SM</sup> 403	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Gold <sup>SM</sup> 808	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Gold <sup>SM</sup> 403	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Gold <sup>SM</sup> 808	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Gold <sup>SM</sup> 403	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>

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

## Gold Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
MyBlue Health Gold <sup>SM</sup> 808	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Gold <sup>SM</sup> 403	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Gold <sup>SM</sup> 808	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>

## Silver Plans

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Plus Silver <sup>SM</sup> 202	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 306	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 605	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 705	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 205	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 306	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 601	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 705	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 801	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 202	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 605	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 705	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 205	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 705	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 801	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 202	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 605	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 705	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>

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

## Silver Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Silver HMO <sup>SM</sup> 205	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 705	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 801	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 202	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 605	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 705	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 205	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 705	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 801	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 202	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 605	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 705	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 205	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 705	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 801	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 202	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 605	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 705	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 205	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 705	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 801	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 202	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 605	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Silver <sup>SM</sup> 705	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 205	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 705	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Silver HMO <sup>SM</sup> 801	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Silver <sup>SM</sup> 405	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Silver <sup>SM</sup> 807	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>

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

## Silver Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
MyBlue Health Silver <sup>SM</sup> 405	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Silver <sup>SM</sup> 807	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Silver <sup>SM</sup> 405	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Silver <sup>SM</sup> 807	On-exchange 73% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Silver <sup>SM</sup> 405	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Silver <sup>SM</sup> 807	On-exchange 87% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Silver <sup>SM</sup> 405	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Silver <sup>SM</sup> 807	On-exchange 94% AV CSR Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Silver <sup>SM</sup> 405	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Silver <sup>SM</sup> 807	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Silver <sup>SM</sup> 405	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Silver <sup>SM</sup> 807	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>

## Bronze Plans

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Bronze HMO <sup>SM</sup> 204	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Bronze HMO <sup>SM</sup> 301	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Bronze HMO <sup>SM</sup> 302	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Bronze HMO <sup>SM</sup> 707	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Bronze <sup>SM</sup> 201	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Bronze <sup>SM</sup> 303	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Bronze <sup>SM</sup> 305	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Bronze <sup>SM</sup> 707	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Bronze HMO <sup>SM</sup> 204	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>

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

## Bronze Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Bronze HMO <sup>SM</sup> 301	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Bronze HMO <sup>SM</sup> 302	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Bronze HMO <sup>SM</sup> 707	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Bronze <sup>SM</sup> 303	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Bronze <sup>SM</sup> 305	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Bronze <sup>SM</sup> 707	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Bronze HMO <sup>SM</sup> 204	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Bronze HMO <sup>SM</sup> 301	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Bronze HMO <sup>SM</sup> 302	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Bronze HMO <sup>SM</sup> 707	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Bronze <sup>SM</sup> 303	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Bronze <sup>SM</sup> 305	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Bronze <sup>SM</sup> 707	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Bronze HMO <sup>SM</sup> 204	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Bronze HMO <sup>SM</sup> 301	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Bronze HMO <sup>SM</sup> 302	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Bronze HMO <sup>SM</sup> 707	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Bronze <sup>SM</sup> 303	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Bronze <sup>SM</sup> 305	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Plus Bronze <sup>SM</sup> 707	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Bronze <sup>SM</sup> 402	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Bronze <sup>SM</sup> 806	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Bronze <sup>SM</sup> 402	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Bronze <sup>SM</sup> 806	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Bronze <sup>SM</sup> 402	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Bronze <sup>SM</sup> 806	On-exchange AI/AN Limited Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Bronze <sup>SM</sup> 402	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
MyBlue Health Bronze <sup>SM</sup> 806	On-exchange AI/AN Zero Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>

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

## Catastrophic Plans

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Security HMO <sup>SM</sup> 200	Off-exchange Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>
Blue Advantage Security HMO <sup>SM</sup> 200	On-exchange "Base" Plan	<a href="#">Summary of Benefits</a>	<a href="#">Benefit Highlights</a>



# 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.

Summary of Benefits and Coverage: What This Plan Covers & What You Pay for Covered Services  
 Blue Cross Blue Shield of Texas | Blue Advantage Gold HMO™ 206  
 Coverage Period: 01/01/2024 – 12/31/2024  
 Coverage for: Individual/Family | Plan Type: HMO

**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\\_ghsh30bavitrn\\_tx\\_2024.pdf](http://www.bcbstx.com/bb/ind/bb_ghsh30bavitrn_tx_2024.pdf) or by calling 1-888-697-0883. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call 1-855-756-4448 to request a copy.**

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$750 Individual/\$1,500 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.
Are there services covered before you meet your deductible?	Yes. In-Network Preventive Health Care services, certain services with a copayment, and certain prescription drugs are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$9,450 Individual/\$18,900 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

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	\$30/visit; deductible does not apply	Not Covered	Virtual Visits are available. See your benefit booklet* (Your PCP) for details.
	Specialist visit	40% coinsurance	Not Covered	Referral required.
If you have a test	Preventive care/screening/immunization	No Charge; deductible does not apply	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
	Diagnostic test (x-ray, blood work)	Freestanding Facility: 20% coinsurance Hospital: 40% coinsurance	Not Covered	Referral may be required. Preauthorization may also be required; see your benefit booklet* (Outpatient Lab and X-Ray services) for details.
If you need drugs to treat your illness or condition  More information about prescription drug coverage is available at <a href="http://www.bcbstx.com/tx24/6T">www.bcbstx.com/tx24/6T</a>	Imaging (CT/PET scans, MRIs)	Freestanding Facility: 20% coinsurance Hospital: 40% coinsurance	Not Covered	Referral may be required. Preauthorization may also be required; see your benefit booklet* (Outpatient Lab and X-Ray services) for details.
	Generic drugs (Preferred)	Retail - Preferred Participating - No Charge Participating - \$10/prescription Mail - No Charge; deductible does not apply	Not Covered	Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. Specialty drugs limited to a 30-day supply except for certain FDA-designated dosing regimens. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. Certain drugs require approval before they will be covered. Cost sharing for insulin included in the drug list will not exceed \$25 per prescription for a 30-day
	Generic drugs (Non-preferred)	Retail - Preferred Participating - \$10/prescription Participating - \$20/prescription Mail - \$30/prescription; deductible does not apply	Not Covered	
	Brand drugs (Preferred)	Retail - Preferred Participating - \$50/prescription Participating - \$60/prescription Mail - \$150/prescription; deductible does not apply	Not Covered	

\*For more information about limitations and exceptions, see the plan or policy document at [www.bcbstx.com/bb/ind/bb\\_ghsh30bavitrn\\_tx\\_2024.pdf](http://www.bcbstx.com/bb/ind/bb_ghsh30bavitrn_tx_2024.pdf).