BlueCross BlueShield of Texas

Plan Year 2027 Individual & Family Markets Products

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

Comparison Charts and Medical Guide	Links to Charts
Plan Comparison Charts Combined	English • Spanish
Gold Plan Comparison Chart	English • Spanish
Silver Plan Comparison Chart	English • Spanish
Bronze Plan Comparison Chart	English • Spanish
Medical Plan Guide	English • Spanish
Texas 207 Plan	English • Spanish

Key

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

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

Gold Plans

Plan Name	Plan Variance	Link to SBC Document
Blue Advantage Gold HMO℠ - Max	Off-exchange Plan	Summary of Benefits
Blue Advantage Gold HMO℠ - Max	On-exchange "Base" Plan	Summary of Benefits
Blue Advantage Gold HMO℠ - Max	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Gold HMO℠ - Max	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Gold HMO℠ - Signature	Off-exchange Plan	Summary of Benefits
Blue Advantage Gold HMO℠ - Secure	Off-exchange Plan	Summary of Benefits
Blue Advantage Gold HMO℠ - Secure	On-exchange "Base" Plan	Summary of Benefits
Blue Advantage Gold HMO℠ - Secure	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Gold HMO℠ - Secure	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Gold HMO℠ - Standard	Off-exchange Plan	Summary of Benefits
Blue Advantage Gold HMO℠ - Standard	On-exchange "Base" Plan	Summary of Benefits

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

Blue Advantage Gold HMO℠ - Standard	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Gold HMO℠ - Standard	On-exchange AI/AN Limited Plan	Summary of Benefits
MyBlue Health Gold℠ - Champion	Off-exchange Plan	Summary of Benefits
MyBlue Health Gold℠ - Champion	On-exchange “Base” Plan	Summary of Benefits
MyBlue Health Gold℠ - Champion	On-exchange AI/AN Zero Plan	Summary of Benefits
MyBlue Health Gold℠ - Champion	On-exchange AI/AN Limited Plan	Summary of Benefits
MyBlue Health Gold℠ - Standard	Off-exchange Plan	Summary of Benefits
MyBlue Health Gold℠ - Standard	On-exchange “Base” Plan	Summary of Benefits
MyBlue Health Gold℠ - Standard	On-exchange AI/AN Zero Plan	Summary of Benefits
MyBlue Health Gold℠ - Standard	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Plus Gold℠ - Secure	Off-exchange Plan	Summary of Benefits
Blue Advantage Plus Gold℠ - Secure	On-exchange “Base” Plan	Summary of Benefits
Blue Advantage Plus Gold℠ - Secure	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Plus Gold℠ - Secure	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Plus Gold℠ - Standard	Off-exchange Plan	Summary of Benefits
Blue Advantage Plus Gold℠ - Standard	On-exchange “Base” Plan	Summary of Benefits
Blue Advantage Plus Gold℠ - Standard	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Plus Gold℠ - Standard	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Plus Gold℠ - Balance	Off-exchange Plan	Summary of Benefits
Blue Advantage Plus Gold℠ - Balance	On-exchange “Base” Plan	Summary of Benefits
Blue Advantage Plus Gold℠ - Balance	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Plus Gold℠ - Balance	On-exchange AI/AN Limited Plan	Summary of Benefits

Silver Plans

Plan Name	Plan Variance	Link to SBC Document
Blue Advantage Silver HMO℠ - Champion	Off-exchange Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Champion	On-exchange “Base” Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Champion	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Champion	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Champion	On-exchange 73% AV CSR Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Champion	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Champion	On-exchange 94% AV CSR Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Signature 1	Off-exchange Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Signature 2	Off-exchange Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Standard	Off-exchange Plan	Summary of Benefits

Blue Advantage Silver HMO℠ - Standard	On-exchange “Base” Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Standard	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Standard	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Standard	On-exchange 73% AV CSR Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Standard	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Standard	On-exchange 94% AV CSR Plan	Summary of Benefits
MyBlue Health Silver℠ - Champion	Off-exchange Plan	Summary of Benefits
MyBlue Health Silver℠ - Champion	On-exchange “Base” Plan	Summary of Benefits
MyBlue Health Silver℠ - Champion	On-exchange AI/AN Zero Plan	Summary of Benefits
MyBlue Health Silver℠ - Champion	On-exchange AI/AN Limited Plan	Summary of Benefits
MyBlue Health Silver℠ - Champion	On-exchange 73% AV CSR Plan	Summary of Benefits
MyBlue Health Silver℠ - Champion	On-exchange 87% AV CSR Plan	Summary of Benefits
MyBlue Health Silver℠ - Champion	On-exchange 94% AV CSR Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Balance	Off-exchange Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Balance	On-exchange “Base” Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Balance	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Balance	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Balance	On-exchange 73% AV CSR Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Balance	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Advantage Silver HMO℠ - Balance	On-exchange 94% AV CSR Plan	Summary of Benefits
MyBlue Health Silver℠ - Signature	Off-exchange Plan	Summary of Benefits
MyBlue Health Silver℠ - Standard	Off-exchange Plan	Summary of Benefits
MyBlue Health Silver℠ - Standard	On-exchange “Base” Plan	Summary of Benefits
MyBlue Health Silver℠ - Standard	On-exchange AI/AN Zero Plan	Summary of Benefits
MyBlue Health Silver℠ - Standard	On-exchange AI/AN Limited Plan	Summary of Benefits
MyBlue Health Silver℠ - Standard	On-exchange 73% AV CSR Plan	Summary of Benefits
MyBlue Health Silver℠ - Standard	On-exchange 87% AV CSR Plan	Summary of Benefits
MyBlue Health Silver℠ - Standard	On-exchange 94% AV CSR Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Balance	Off-exchange Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Balance	On-exchange “Base” Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Balance	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Balance	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Balance	On-exchange 73% AV CSR Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Balance	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Balance	On-exchange 94% AV CSR Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Signature	Off-exchange Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Champion	Off-exchange Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Champion	On-exchange “Base” Plan	Summary of Benefits

Blue Advantage Plus Silver℠ - Champion	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Champion	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Champion	On-exchange 73% AV CSR Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Champion	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Champion	On-exchange 94% AV CSR Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Standard	Off-exchange Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Standard	On-exchange "Base" Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Standard	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Standard	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Standard	On-exchange 73% AV CSR Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Standard	On-exchange 87% AV CSR Plan	Summary of Benefits
Blue Advantage Plus Silver℠ - Standard	On-exchange 94% AV CSR Plan	Summary of Benefits

Bronze Plans

Plan Name	Plan Variance	Link to SBC Document
Blue Advantage Bronze HMO℠ - Balance HSA	Off-exchange Plan	Summary of Benefits
Blue Advantage Bronze HMO℠ - Balance HSA	On-exchange "Base" Plan	Summary of Benefits
Blue Advantage Bronze HMO℠ - Balance HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Bronze HMO℠ - Balance HSA	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Bronze HMO℠ - Signature HSA	Off-exchange Plan	Summary of Benefits
Blue Advantage Bronze HMO℠ - Standard HSA	Off-exchange Plan	Summary of Benefits
Blue Advantage Bronze HMO℠ - Standard HSA	On-exchange "Base" Plan	Summary of Benefits
Blue Advantage Bronze HMO℠ - Standard HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Bronze HMO℠ - Standard HSA	On-exchange AI/AN Limited Plan	Summary of Benefits
MyBlue Health Bronze℠ - Champion HSA	Off-exchange Plan	Summary of Benefits
MyBlue Health Bronze℠ - Champion HSA	On-exchange "Base" Plan	Summary of Benefits
MyBlue Health Bronze℠ - Champion HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
MyBlue Health Bronze℠ - Champion HSA	On-exchange AI/AN Limited Plan	Summary of Benefits
MyBlue Health Bronze℠ - Standard HSA	Off-exchange Plan	Summary of Benefits
MyBlue Health Bronze℠ - Standard HSA	On-exchange "Base" Plan	Summary of Benefits
MyBlue Health Bronze℠ - Standard HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
MyBlue Health Bronze℠ - Standard HSA	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Plus Bronze℠ - Signature HSA	Off-exchange Plan	Summary of Benefits
Blue Advantage Plus Bronze℠ - Support HSA	Off-exchange Plan	Summary of Benefits

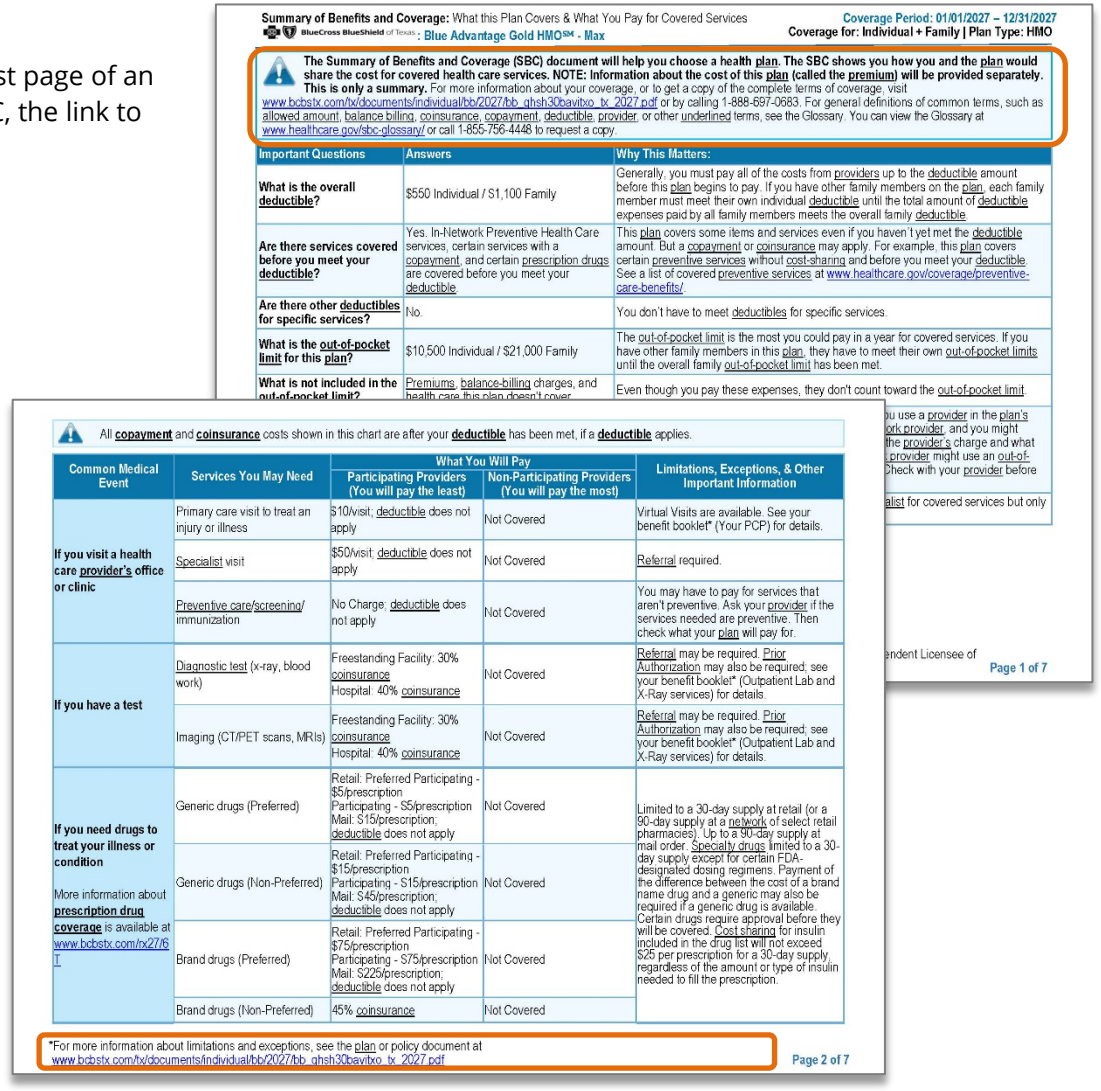
Blue Advantage Plus Bronze℠ - Support HSA	On-exchange "Base" Plan	Summary of Benefits
Blue Advantage Plus Bronze℠ - Support HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Plus Bronze℠ - Support HSA	On-exchange AI/AN Limited Plan	Summary of Benefits
Blue Advantage Plus Bronze℠ - Standard HSA	Off-exchange Plan	Summary of Benefits
Blue Advantage Plus Bronze℠ - Standard HSA	On-exchange "Base" Plan	Summary of Benefits
Blue Advantage Plus Bronze℠ - Standard HSA	On-exchange AI/AN Zero Plan	Summary of Benefits
Blue Advantage Plus Bronze℠ - Standard HSA	On-exchange AI/AN Limited Plan	Summary of Benefits

Catastrophic Plans

Plan Name	Plan Variance	Link to SBC Document
Blue Advantage Security HMO℠ - HSA	Off-exchange Plan	Summary of Benefits
Blue Advantage Security HMO℠ - HSA	On-exchange "Base" Plan	Summary of Benefits
MyBlue Health Security - HSA	Off-exchange Plan	Summary of Benefits
MyBlue Health Security - HSA	On-exchange "Base" Plan	Summary of Benefits
Blue Advantage Plus Security - HSA	Off-exchange Plan	Summary of Benefits
Blue Advantage Plus Security - HSA	On-exchange "Base" Plan	Summary of Benefits

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
Coverage Period: 01/01/2027 – 12/31/2027
BlueCross BlueShield of Texas: Blue Advantage Gold HMO℠ - Max
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/tx/documents/individual/bb/2027/bb_ghsh30bavitxo_tx_2027.pdf or by calling 1-888-697-0683. 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/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$550 Individual / $1,100 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 www.healthcare.gov/coverage/preventive-care-benefits/.
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?	$10,500 Individual / $21,000 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.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover	Even though you pay these expenses, they don't count toward the out-of-pocket limit.

…u use a provider in the plan's …ork provider, and you might …the provider's charge and what …provider might use an out-of-… Check with your provider before …

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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: Participating Providers (You will pay the least)	What You Will Pay: Non-Participating Providers (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$10/visit; deductible does not apply	Not Covered	Virtual Visits are available. See your benefit booklet* (Your PCP) for details.
	Specialist visit	$50/visit; deductible does not apply	Not Covered	Referral required.
	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.
If you have a test	Diagnostic test (x-ray, blood work)	Freestanding Facility: 30% coinsurance Hospital: 40% coinsurance	Not Covered	Referral may be required. Prior Authorization may also be required; see your benefit booklet* (Outpatient Lab and X-Ray services) for details.
	Imaging (CT/PET scans, MRIs)	Freestanding Facility: 30% coinsurance Hospital: 40% coinsurance	Not Covered	Referral may be required. Prior Authorization 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 www.bcbstx.com/rx27/6T	Generic drugs (Preferred)	Retail: Preferred Participating - $5/prescription Participating - $5/prescription Mail: $15/prescription; 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 supply, regardless of the amount or type of insulin needed to fill the prescription.
	Generic drugs (Non-Preferred)	Retail: Preferred Participating - $15/prescription Participating - $15/prescription Mail: $45/prescription; deductible does not apply	Not Covered	
	Brand drugs (Preferred)	Retail: Preferred Participating - $75/prescription Participating - $75/prescription Mail: $225/prescription; deductible does not apply	Not Covered	
	Brand drugs (Non-Preferred)	45% coinsurance	Not Covered	

*For more information about limitations and exceptions, see the plan or policy document at www.bcbstx.com/tx/documents/individual/bb/2027/bb_ghsh30bavitxo_tx_2027.pdf

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