



**BlueCross BlueShield
of Texas**

Subject: Important Plan Changes Texas Midmarket Group 2024

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



2024 Mid-Market Plans

Mid-Market (51-150)

To find your renewal group's 2024 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 HSA 318H; MTBCP318H

The below changes are effective 1/1/2024 through 12/31/24

- Your plan ID will change to MTBCP418H and your plan name will change to Blue Choice PPO HSA 418H.
- Your in-network individual Deductible will change to \$3,200 from \$3,100.
- Your out-of-network individual Deductible will change to \$6,400 from \$6,200.
- Your in-network family Deductible will change to \$6,400 from \$6,200.
- Your out-of-network family Deductible will change to \$12,800 from \$12,400.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,200 from \$3,100.
- Your in-network family Out-of-Pocket Maximum will change to \$6,400 from \$6,200.



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2024 Mid-Market Plans

Mid-Market (51-150)

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Blue Choice PPO HSA 319H; MTBCP319H

The below changes are effective 1/1/2024 through 12/31/24

- Your plan ID will change to MTBCP419H and your plan name will change to Blue Choice PPO HSA 419H.
- Your in-network individual Deductible will change to \$3,200 from \$3,100.
- Your out-of-network individual Deductible will change to \$6,400 from \$6,200.
- Your in-network family Deductible will change to \$6,400 from \$6,200.
- Your out-of-network family Deductible will change to \$12,800 from \$12,400.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,400 from \$6,200.
- Your in-network family Out-of-Pocket Maximum will change to \$12,800 from \$12,400.



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2024 Mid-Market Plans

Mid-Market (51-150)

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Blue Advantage HSA 003H; MTBAB003H

The below changes are effective 1/1/2024 through 12/31/24

- Your plan ID will change to MTBAB403H and your plan name will change to Blue Advantage HSA 403H.
- Your in-network individual Deductible will change to \$3,200 from \$3,100.
- Your in-network family Deductible will change to \$6,400 from \$6,200.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,200 from \$3,100.
- Your in-network family Deductible will change to \$6,400 from \$6,200.



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2024 Mid-Market Plans

Mid-Market (51-150)

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Blue Advantage HSA 220H; MTBAB220H

The below changes are effective 1/1/2024 through 12/31/24

- Your plan ID will change to MTBAB420H and your plan name will change to Blue Advantage HSA 420H.
- Your in-network individual Deductible will change to \$3,200 from \$3,100.
- Your in-network family Deductible will change to \$6,400 from \$6,200.