



Jan 1. through Dec. 31, 2025

Blue Cross and Blue Shield of Texas offers Blue Balance Funded, an administrative and stop loss coverage suite of services that includes consistent monthly payments for employers.

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

New in 2025

Cancer Services and Support

Offered as a solution to bridge the cancer care gap and support healthier outcomes, the Cancer Services and Support Hub is your employee's resource for cancer care navigation. The Hub will house all of the employee's benefits information, cancer program details and additional resources.

Behavioral Health Enhancements: Mental Health Hub, Increased Access and Crisis Support

Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the Behavioral Health benefits standard with every small group plan.* Enhancements designed to increase member access to specialty behavioral health providers, improve the member experience and offer proactive clinical outreach include:

 Mental Health Hub: Digital one-stop-shop for mental health resources, including optional self-assessment to help members navigate recommended solutions and access behavioral health providers treating substance use disorders, pediatric mental illness, eating disorders, obsessive-compulsive disorders and more.

- Risk Identification and Outreach: New, predictive analytics model designed to identify members who may be at-risk, and providing clinician outreach with the goal of preventing suicide and self-harm events.
- Mental Health Response Course: Online self-paced training to help members develop the skills to respond to the signs and symptoms of mental illness and substance use.
- Workplace Crisis Intervention: Clinical support should a tragedy affecting an employee occur.

*Excludes TX BAV

Twin Health Metabolic Health Management

Eligible members have access to a diabetes reversal program that creates a digital representation of their unique metabolism to empower them to improve blood sugar, safely reduce or eliminate medications and reverse type 2 diabetes—all offered as a covered benefit and at no cost.

Blue Balance Funded features:

Predictable Monthly Payments¹

Blue Balance Funded's monthly invoice includes the employer cost for claims funding, administrative fees and stop loss premiums. For added convenience, BCBSTX manages all three with an online billing system available through Blue Access for EmployersSM.

Stop Loss Coverage

Stop loss insurance provides protection for covered claims costs resulting from individual and aggregate claims exceeding the predetermined stop loss levels.

Possible Credit

After the yearly settlement, if the actual claims cost is less than the claims funding, groups may be eligible for a credit toward future monthly payments.

Blue Balance Funded provides a wide array of services and resources including:

- Claims adjudication
- Customer service for members
- Access to a network of contracting health care providers
- Pharmacy benefit management
- Virtual Visits by MDLIVE®
- Telehealth
- The BlueCard® program, which provides access to a nationwide network of providers
- Wellbeing Management integrated medical and behavioral health management programs
- Well onTarget® wellness tools and resources (including health assessments, self-directed courses and a rewards program that reinforces positive lifestyle changes) to help promote good health
- Blue InsightSM reporting, an online analysis and reporting system which allows employers to identify claims costs and utilization trends using a wide variety of standard reports and profiles, providing opportunities to manage your benefits
- Employee Assistance Program, through which members have access to clinical therapy sessions; family, legal and financial counseling; and online guidance resources

Blue Balance FundedEffective Jan. 1, 2025 Plans are subject to change.																
			Calendar Yea	r Deductibles	Medical and Rx Out-of-Pocket Expense (OPX)		Coinsurance		Copay	S		Per Occ	urrence Ded	uctibles	Pharmacy Benefits	
Plan Name	Plan ID	HSA	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	PCP/ Virtual Visits/ Telehealth Office Visit Copay¹	Specialist/ Telehealth Office Visit Copay ¹	Urgent Care¹	Imaging ^{1.2}	Emergency Room Per Occurrence Deductible ^{1,3}	Inpatient Per Occurrence Deductible ¹	OP Surgery Per Occurrence Deductible ¹	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Choice PPO A201	ATBCP201	No	\$500/\$1000	\$1500/\$3000	\$3000/ UNLIMITED	\$9000/ UNLIMITED	80%/60%	\$30	\$60	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A202	ATBCP202	No	\$1000/\$2000	\$3000/\$6000	\$4000/ UNLIMITED	\$12000/ UNLIMITED	80%/60%	\$30	\$60	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A501	ATBCP501	No	\$1000/\$2000	\$3000/\$6000	\$3000/ UNLIMITED	\$9000/ UNLIMITED	80%/50%	\$0	\$100	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO Basic A501	ATBCB501	No	\$1000/\$2000	\$3000/\$6000	\$3000/ UNLIMITED	\$9000/ UNLIMITED	80%/50%	\$0	\$100	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A502	ATBCP502	No	\$1000/\$2000	\$3000/\$6000	\$5000/ UNLIMITED	\$15000/ UNLIMITED	80%/50%	\$0	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO Basic A502	ATBCB502	No	\$1000/\$2000	\$3000/\$6000	\$5000/ UNLIMITED	\$15000/ UNLIMITED	80%/50%	\$0	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A203	ATBCP203	No	\$1500/\$3000	\$4500/\$9000	\$4500/ UNLIMITED	\$13500/ UNLIMITED	80%/60%	\$35	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO Basic A203	ATBCB203	No	\$1500/\$3000	\$4500/\$9000	\$4500/ UNLIMITED	\$13500/ UNLIMITED	80%/60%	\$35	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A204	ATBCP204	No	\$2000/\$10000	\$6000/\$20000	\$6000/ UNLIMITED	\$15800/ UNLIMITED	100%/50%	\$35	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A205	ATBCP205	No	\$2500/\$5000	\$7500/\$15000	\$5500/ UNLIMITED	\$14700/ UNLIMITED	70%/50%	\$35	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO Basic A205	ATBCB205	No	\$2500/\$5000	\$7500/\$15000	\$5500/ UNLIMITED	\$14700/ UNLIMITED	70%/50%	\$35	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A206	ATBCP206	No	\$3000/\$6000	\$9000/\$18000	\$7350/ UNLIMITED	\$14700/ UNLIMITED	70%/50%	\$50	\$100	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO Basic A206	ATBCB206	No	\$3000/\$6000	\$9000/\$18000	\$7350/ UNLIMITED	\$14700/ UNLIMITED	70%/50%	\$50	\$100	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250

Notes:

- 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. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PET scans.
- 3. 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.
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Additional Notes:

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- C. 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. Preferred pharmacies include Walgreens, Walmart, Albertsons (including Osco Drug), HEB, and Health Mart Atlas (group of independent pharmacies).
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- E. 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.

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Blue Choice PPO A211	ATBCP211	No	\$3000/\$10000	\$9000/\$20000	\$8150/ UNLIMITED	\$16300/ UNLIMITED	80%/60%	\$35	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO Basic A211	ATBCB211	No	\$3000/\$10000	\$9000/\$20000	\$8150/ UNLIMITED	\$16300/ UNLIMITED	80%/60%	\$35	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A401	ATBCP401	No	\$3000/\$6000	\$9000/\$18000	\$6000/ UNLIMITED	\$18000/ UNLIMITED	70%/50%	\$0	\$100	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO Basic A401	ATBCB401	No	\$3000/\$6000	\$9000/\$18000	\$6000/ UNLIMITED	\$18000/ UNLIMITED	70%/50%	\$0	\$100	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A402	ATBCP402	No	\$4000/\$8000	\$12000/\$24000	\$8000/ UNLIMITED	\$16000/ UNLIMITED	70%/50%	\$0	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO Basic A402	ATBCB402	No	\$4000/\$8000	\$12000/\$24000	\$8000/ UNLIMITED	\$16000/ UNLIMITED	70%/50%	\$0	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A207	ATBCP207	No	\$4000/\$10000	\$12000/\$20000	\$7900/ UNLIMITED	\$15800/ UNLIMITED	60%/50%	\$35	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A208	ATBCP208	No	\$5000/\$10000	\$14700/\$29400	\$5600/ UNLIMITED	\$14700/ UNLIMITED	70%/50%	\$45	\$90	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO Basic A208	ATBCB208	No	\$5000/\$10000	\$14700/\$29400	\$5600/ UNLIMITED	\$14700/ UNLIMITED	70%/50%	\$45	\$90	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A210	ATBCP210	No	\$7000/\$10000	\$15800/\$20000	\$7900/ UNLIMITED	\$15800/ UNLIMITED	100%/50%	\$40	\$80	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO HSA A591	ATBCP591	Yes	\$3500/\$7000	\$10500/\$21000	\$3500/ UNLIMITED	\$10500/ UNLIMITED	100%/70%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%
Blue Choice PPO HSA A291	ATBCP291	Yes	\$3500/\$7000	\$7000/\$14000	\$5000/ UNLIMITED	\$10000/ UNLIMITED	80%/60%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
Blue Choice PPO HSA A492	ATBCP492	Yes	\$4000/\$8000	\$12000/\$24000	\$4000/ UNLIMITED	\$12000/ UNLIMITED	100%/70%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%
Blue Choice PPO HSA A292	ATBCP292	Yes	\$5000/\$10000	\$10000/\$20000	\$5000/ UNLIMITED	\$10000/ UNLIMITED	100%/70%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%
Blue Choice PPO HSA A293	ATBCP293	Yes	\$6000/\$12000	\$12000/\$24000	\$6000/ UNLIMITED	\$12000/ UNLIMITED	100%/70%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%
Blue Choice PPO HSA A294 ⁴	ATBCP294	Yes	\$4500/\$9000	\$10000/\$20000	\$6900/ UNLIMITED	\$13800/ UNLIMITED	80%/60%	\$15	\$30	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350

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Blue Advantage HMO A501	ATBAP501	No	\$1000/NA	\$3000/NA	\$3000/NA	\$9000/NA	80%/NA	\$0	\$100	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO Basic A501	ATBAB501	No	\$1000/NA	\$3000/NA	\$3000/NA	\$9000/NA	80%/NA	\$0	\$100	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO A502	ATBAP502	No	\$1000/NA	\$3000/NA	\$5000/NA	\$15000/NA	80%/NA	\$0	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO Basic A502	ATBAB502	No	\$1000/NA	\$3000/NA	\$5000/NA	\$15000/NA	80%/NA	\$0	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO A303	ATBAP303	No	\$1500/NA	\$4500/NA	\$4500/NA	\$13500/NA	80%/NA	\$35	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO Basic A303	ATBAB303	No	\$1500/NA	\$4500/NA	\$4500/NA	\$13500/NA	80%/NA	\$35	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO A305	ATBAP305	No	\$2500/NA	\$7500/NA	\$5500/NA	\$14700/NA	70%/NA	\$35	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO A306	ATBAP306	No	\$3000/NA	\$9000/NA	\$7350/NA	\$14700/NA	70%/NA	\$50	\$100	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO Basic A306	ATBAB306	No	\$3000/NA	\$9000/NA	\$7350/NA	\$14700/NA	70%/NA	\$50	\$100	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO A401	ATBAP401	No	\$3000/NA	\$9000/NA	\$6000/NA	\$18000/NA	70%/NA	\$0	\$100	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO Basic A401	ATBAB401	No	\$3000/NA	\$9000/NA	\$6000/NA	\$18000/NA	70%/NA	\$0	\$100	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO A402	ATBAP402	No	\$4000/NA	\$12000/NA	\$8000/NA	\$16000/NA	70%/NA	\$0	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO Basic A402	ATBAB402	No	\$4000/NA	\$12000/NA	\$8000/NA	\$16000/NA	70%/NA	\$0	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO A307	ATBAP307	No	\$4000/NA	\$12000/NA	\$7900/NA	\$15800/NA	60%/NA	\$35	\$70	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO A308	ATBAP308	No	\$5000/NA	\$14700/NA	\$5600/NA	\$14700/NA	70%/NA	\$45	\$90	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO Basic A308	ATBAB308	No	\$5000/NA	\$14700/NA	\$5600/NA	\$14700/NA	70%/NA	\$45	\$90	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Advantage HMO A310	ATBAP310	No	\$7000/NA	\$15800/NA	\$7900/NA	\$15800/NA	100%/NA	\$40	\$80	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250

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Blue Advantage HMO HSA A591	ATBAP591	Yes	\$3500/NA	\$10500/NA	\$3500/NA	\$10500/NA	100%/NA	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%
Blue Advantage HMO HSA A391	ATBAP391	Yes	\$3500/NA	\$7000/NA	\$5000/NA	\$10000/NA	80%/NA	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
Blue Advantage HMO HSA A492	ATBAP492	Yes	\$4000/NA	\$12000/NA	\$4000/NA	\$12000/NA	100%/NA	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%
Blue Advantage HMO HSA A392	ATBAP392	Yes	\$5000/NA	\$10000/NA	\$5000/NA	\$10000/NA	100%/NA	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%
Blue Advantage HMO HSA A393	ATBAP393	Yes	\$6000/NA	\$12000/NA	\$6000/NA	\$12000/NA	100%/NA	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%
Blue Advantage HMO HSA A394 ⁴	ATBAP394	Yes	\$4500/NA	\$10000/NA	\$6900/NA	\$13800/NA	80%/NA	\$15	\$30	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350

Notes:

- 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. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PET scans.
- 3. 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.
- 4. Copays apply after deductible is satisfied.

Additional Notes:

- A. Ded and Coins = Not Applicable.
- B. 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.
- C. 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. Preferred pharmacies include Walgreens, Walmart, Albertsons (including Osco Drug), HEB, and Health Mart Atlas (group of independent pharmacies).
- D. Basic lab and X-ray services are covered at the deductible and coinsurance level.
- E. 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.

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

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Twin Health is a separate company contracted with BCBSTX to administer diabetes management programs for members with coverage through BCBSTX.

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