



MID-MARKET 51-150 EMPLOYEES

2024-25 Mid-Market Group Plans

Blue Cross and Blue Shield of Texas offers health care plans with the choice, flexibility and affordable options that growing companies want.

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

2024-25 Mid-Market Group Plans

The Blue Cross and Blue Shield of Texas Mid-Market Group Portfolio is available from July 1, 2024, through June 30, 2025. All our plans offer features and benefits designed with members' health and wellbeing in mind. We're making access to care even easier with more digital options for medical visits and wellness programs.

Here are the highlights of our 2024-25 Mid-Market Group portfolio:

Blue Advantage HMOSM

Blue Advantage HMO offers a wide range of benefits without financial surprises. Members will have a predictable copayment, no deductible and no claims or other paperwork to file. Plans offered include varying copay options, including a differing office visit copay when services are received from a PCP or specialist.

Blue Premier AccessSM

Blue Premier Access is a benefit plan offered in the Austin, Beaumont, Dallas/Fort Worth, Houston and San Antonio areas. Blue Premier Access members do not need to choose a primary care provider and do not need a referral to receive specialty care. Blue Premier Access allows members to experience quality care at a lower cost, with an average combined savings of 10-12% over the PPO plan.

Blue EssentialsSM

Blue Essentials is an HMO plan that helps employers reduce health care costs while offering members access to a statewide network of providers. Blue Essentials provides a wide range of benefits without financial surprises by offering various copayment options. Members benefit from physician-guided care to help them manage their care. Out-of-network coverage is limited to emergency care and authorized out-of-network services.

Blue Choice PPOSM

Blue Choice managed health care plans provide for the payment of benefits at a higher level of coverage when the member utilizes our network of preferred providers. These network providers, including physicians, specialty care providers, hospitals, and other health care facilities and practitioners, have contracted with BCBSTX to provide health care services at negotiated rates.

Blue Choice PPO BasicSM

Blue Choice Basic PPO is available to clients through the Blue Choice Network, one of the largest networks in Texas. Offering a higher level of benefits (in-network), Network providers are responsible for any necessary prior authorization. All plans include a prescription drug benefit with six-tier pharmacy copay design.

Prescription Discount Benefit with MedsYourWay[®]

MedsYourWay, administered by Prime Therapeutics, is a new drug discount savings program that lowers cost for members on eligible medicines. It automatically compares prices from participating drug discount cards to a member's pharmacy benefit plan cost-share amount at select in-network retail pharmacies. The member pays the lower available price. To access MedsYourWay, members should:

- Fill their prescription at a participating in-network retail pharmacy.
- Show their member ID to the pharmacist.
- Pay the lower available price. Members will have all covered purchases count toward their yearly plan deductibles and/or out-of-pocket expenses.

MedsYourWay is currently available for most fully insured group plans in Texas with Prime as their pharmacy benefit manager.

Members and Employers Save Big with Member Rewards^{*}

Our Member Rewards program, administered by Zelis, is now expanding to include maintenance medications. The program helps members:

- Compare costs and quality of providers and maintenance medications.
- Save on out-of-pocket costs.
- Earn Cash Rewards.

When members choose quality, lower-cost, reward-eligible options, they will receive cash rewards and save on their – and their employers' – health care costs.

*Member Rewards is only included with PPO plans.

Promote Consumerism and Enhance Your and Employees' Cost-Savings

Consumer Driven Health Plans are benefit plans that help employers contain health care costs by encouraging employees to become better consumers. When you choose one of our preferred vendors to administer your company's HSA, FSA or HRA, you and your employees will have the value-added benefits of our integrated services:

- **Preferred Pricing:** You get deep discounts on vendor administration fees, and standard member education materials are automatically included in your pricing.
- **Daily Claims and Eligibility Feeds^{**}:** We share secure, daily claims and eligibility feeds for hassle-free membership updates, expense reimbursement and claim substantiation.
- **Integrated Web Services^{**}:** Members have access to balance and transactional details on Blue Access for MembersSM via real-time web feed, and can also access vendor portals via single sign-on.

**Integration features vary by vendor. Talk with your sales or account executive for details.

Metabolic Health Management – Diabetes Reversal

Eligible members will now have access to a diabetes reversal program that creates a digital representation of their unique metabolism to help 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.

continued

2024-25 Mid-Market Group Plans

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Highlights of our 2024-25 Mid-Market Group portfolio continued:

Wellbeing Management

Wellbeing Management delivers member-centered care management. A care team, led by a health advisor, addresses the mental, physical, and emotional aspects of health issues for the most costly and complex member cases. Members can interact with their health advisor through email, secure messaging, phone and/or text.

Automated touch points triggered by missed appointments, test and prescription refills help engage members. Personalized reminders emphasize the importance of annual visits, preventive screenings, and immunizations, while educational messages encourage members with chronic conditions, such as diabetes and asthma, to take actions to improve their health.

Health Advisor: A care team addresses the mental, physical, and emotional aspects of health issues for the most costly and complex cases.

Behavioral Health: Multi-disciplinary teams engage members through Digital Mental Health, utilization management and personal support for members adjusting to life events.

Well onTarget Member Wellness Portal: Personalized wellness action plans, digital self-management programs and fitness and nutrition device integration jump start each employee's journey toward wellbeing.

Fitness Program: BCBSTX supports fitness for life by offering a flexible gym network to fit members' lifestyles and budgets.

Blue PointsSM Program: Members can earn and redeem Blue Points for participating in wellness activities.

Broader Employee and Member Support

Growing the Behavioral Health offering is a top priority given the increasing need for behavioral health services. For 2024-25, this includes:

Enhanced behavioral health member support, including:

- Denied claim and prior authorization assistance
- Increase in dedicated behavioral health case managers
- Reporting for these enhanced behavioral health services

Providing ancillary vision customer support that includes:

- Help for members to find vision providers and set up appointments
- Providing benefits and eligibility information (including EyeMed/EyeManage)
- Reporting on vision customer service engagement

Employee Assistance Program

The BCBSTX plan includes access to an Employee Assistance Program through ComPsych Guidance Resources. Members can:

- Get expert assistance to help them deal with life's challenges
- Access counseling, legal and financial guidance, with most services at no additional cost
- Visit guidanceresources.com and use Web ID **BCBSTXEAP** or call **844-213-8968**

Complimentary Programs Help Members Take Control of Their Health

We're empowering members to take control of their health through complimentary programs that can help them save money and prevent certain types of health conditions. Putting the power of wellness in members' hands can also help employers lower costs by reducing doctor visits and hospitalizations. Here are a few of the advantages your clients have – just for being BCBSTX members:

- **Catapult[†]:** Catapult Health, a preferred vendor for biometric screenings offer virtual preventive checkups as an option for employees. The scope and benefits of Catapult's current worksite Checkup and the Virtual Checkup are interchangeable.
- **Blue365[®]:** With Blue365, employees save money on health and wellness products and services from top retailers not covered by insurance. There are no claims to file and no referrals or preauthorizations. All they need to do is sign up to have weekly featured deals emailed to them by retailers like EyeMed, TruHearing[®], Nutrisystem[®], Reebok, Fitbit[®] and more.
- **Hinge Health:** Hinge Health is a digital musculoskeletal program led by physical therapists and health coaches. Members who are eligible can participate in the comfort of their own homes – at no extra cost.
- **Teladoc Health:** Teladoc's personalized diabetes management program helps members improve glycemic control by understanding their blood sugar levels and developing healthy habits. The hypertension program supports members who have high blood pressure with a connected blood pressure monitor and support from expert health coaches to monitor their conditions.
- **Omada[®]:** Omada is a personalized program designed to help members reduce chronic disease risk with diabetes prevention and hypertension education, specialized devices, like-minded communities and proactive health coaches.
- **Wondr:** Wondr is an online, digital weight-management program that teaches members science-based skills that help them lose weight, sleep better, manage stress and more.

[†]Applies to PPO plans only.

BCBSTX 2024-25 Mid-Market Group Plan Portfolio																	
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copays						Inpatient & Outpatient		Pharmacy Benefits	
Plan	Plan Name	Plan ID	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Office Visits	Virtual Visits	Specialist Office Visits	ER Visit POD*	Urgent Care	Lab, X-ray & Other Diagnostic	Inpatient (In/Out POD*)	Outpatient (In/Out POD*)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Choice PPO	Blue Choice PPO 250	MTBCP250	\$0/\$5,000	\$0/\$10,000	\$6,300/UNLIMITED	\$12,600/UNLIMITED	80%/50%	\$40	\$0	\$80	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 002	MTBCP002	\$500/\$10,000	\$1,500/\$20,000	\$1,500/UNLIMITED	\$4,500/UNLIMITED	100%/50%	\$30	\$0	\$60	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 006	MTBCP006	\$500/\$1,000	\$1,500/\$3,000	\$3,000/UNLIMITED	\$9,000/UNLIMITED	80%/60%	\$30	\$0	\$60	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 051	MTBCP051	\$750/\$10,000	\$2,250/\$20,000	\$2,250/UNLIMITED	\$6,750/UNLIMITED	90%/70%	\$30	\$0	\$60	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 007	MTBCP007	\$1,000/\$10,000	\$3,000/\$20,000	\$3,000/UNLIMITED	\$9,000/UNLIMITED	100%/50%	\$30	\$0	\$60	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 009	MTBCP009	\$1,000/\$10,000	\$3,000/\$20,000	\$3,000/UNLIMITED	\$9,000/UNLIMITED	70%/50%	\$30	\$0	\$60	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 011	MTBCP011	\$1,000/\$2,000	\$3,000/\$6,000	\$4,000/UNLIMITED	\$12,000/UNLIMITED	80%/60%	\$30	\$0	\$60	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 012	MTBCP012	\$1,500/\$10,000	\$4,500/\$20,000	\$4,500/UNLIMITED	\$13,500/UNLIMITED	100%/50%	\$30	\$0	\$60	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 014	MTBCP014	\$1,500/\$3,000	\$4,500/\$9,000	\$4,500/UNLIMITED	\$13,500/UNLIMITED	80%/60%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 015	MTBCP015	\$1,500/\$3,000	\$4,500/\$9,000	\$5,500/UNLIMITED	\$14,700/UNLIMITED	70%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 019	MTBCP019	\$2,000/\$4,000	\$6,000/\$12,000	\$5,000/UNLIMITED	\$14,700/UNLIMITED	80%/60%	\$30	\$0	\$60	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 016	MTBCP016	\$2,000/\$10,000	\$6,000/\$20,000	\$6,000/UNLIMITED	\$15,800/UNLIMITED	100%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 018	MTBCP018	\$2,000/\$10,000	\$6,000/\$20,000	\$6,000/UNLIMITED	\$15,800/UNLIMITED	60%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 023	MTBCP023	\$2,500/\$5,000	\$7,500/\$15,000	\$5,500/UNLIMITED	\$14,700/UNLIMITED	80%/60%	\$30	\$0	\$60	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 024	MTBCP024	\$2,500/\$5,000	\$7,500/\$15,000	\$5,500/UNLIMITED	\$14,700/UNLIMITED	70%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 020	MTBCP020	\$2,500/\$10,000	\$7,500/\$20,000	\$7,500/UNLIMITED	\$15,800/UNLIMITED	100%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 022	MTBCP022	\$2,500 / \$10,000	\$7,500/\$20,000	\$7,500/UNLIMITED	\$15,800/UNLIMITED	60%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 025	MTBCP025	\$3,000/\$6,000	\$9,000/\$18,000	\$3,500/UNLIMITED	\$10,500/UNLIMITED	100%/70%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 026	MTBCP026	\$3,000/\$6,000	\$9,000/\$18,000	\$7,350/UNLIMITED	\$14,700/UNLIMITED	70%/50%	\$50	\$0	\$100	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 027	MTBCP027	\$3,000/\$10,000	\$9,000/\$20,000	\$7,900/UNLIMITED	\$15,800/UNLIMITED	100%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO 028	MTBCP028	\$3,000/\$10,000	\$9,000/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	80%/60%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
Blue Choice PPO 029	MTBCP029	\$3,000/\$10,000	\$9,000/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	60%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	

General Notes:
 NA = Not Applicable; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network
 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.
 All plans include prescription drug benefits. The benefit plan is based on the Performance drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.
 Member Pay the Difference applies to all plans.
 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.

Footnotes:
 1. \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.
 2. The HSA copay (PCP, SPC, MH, MDLIVE, RX) applies after the deductible is satisfied.
 3. Plans with Limited PCP office visit at listed copay.

BCBSTX 2024-25 Mid-Market Group Plan Portfolio																	
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copays						Inpatient & Outpatient		Pharmacy Benefits	
Plan	Plan Name	Plan ID	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Office Visits	Virtual Visits	Specialist Office Visits	ER Visit POD*	Urgent Care	Lab, X-ray & Other Diagnostic	Inpatient (In/Out POD*)	Outpatient (In/Out POD*)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Choice PPO	Blue Choice PPO 031	MTBCP031	\$3,500/\$10,000	\$10,500/\$20,000	\$7,900/UNLIMITED	\$15,800/UNLIMITED	80%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 033	MTBCP033	\$3,500/\$10,000	\$10,500/\$20,000	\$7,900/UNLIMITED	\$15,800/UNLIMITED	60%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 032	MTBCP032	\$3,500/\$10,000	\$10,500/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	70%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 034	MTBCP034	\$4,000/\$10,000	\$12,000/\$20,000	\$7,900/UNLIMITED	\$15,800/UNLIMITED	100%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 037	MTBCP037	\$4,000/\$10,000	\$12,000/\$20,000	\$7,900/UNLIMITED	\$15,800/UNLIMITED	60%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 035	MTBCP035	\$4,000/\$10,000	\$12,000/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	80%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 036	MTBCP036	\$4,000/\$10,000	\$12,000/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	70%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 038	MTBCP038	\$5,000/\$10,000	\$14,700/\$29,400	\$5,600/UNLIMITED	\$14,700/UNLIMITED	70%/50%	\$45	\$0	\$90	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 042	MTBCP042	\$5,000/\$10,000	\$14,700/\$29,400	\$7,350/UNLIMITED	\$14,700/UNLIMITED	80%/60%	\$45	\$0	\$90	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 041	MTBCP041	\$5,000/\$10,000	\$15,000/\$20,000	\$7,900/UNLIMITED	\$15,800/UNLIMITED	60%/50%	\$40	\$0	\$80	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 039	MTBCP039	\$5,000/\$10,000	\$15,000/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	100%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 053	MTBCP053	\$5,000/\$10,000	\$14,700/\$29,400	\$8,150/UNLIMITED	\$14,700/UNLIMITED	80%/60%	\$15	\$0	\$100	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 043	MTBCP043	\$6,000/\$10,000	\$15,800/\$20,000	\$7,900/UNLIMITED	\$15,800/UNLIMITED	100%/50%	\$40	\$0	\$80	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 046	MTBCP046	\$6,000/\$10,000	\$15,800/\$20,000	\$7,900/UNLIMITED	\$15,800/UNLIMITED	60%/50%	\$40	\$0	\$80	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 044	MTBCP044	\$6,000/\$10,000	\$15,800/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	80%/50%	\$40	\$0	\$80	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 045	MTBCP045	\$6,000/\$10,000	\$15,800/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	70%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 047	MTBCP047	\$7,000/\$10,000	\$15,800/\$20,000	\$7,900/UNLIMITED	\$15,800/UNLIMITED	100%/50%	\$40	\$0	\$80	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO 049	MTBCP049	\$7,000/\$10,000	\$15,800/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	70%/50%	\$35	\$0	\$70	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO 308	MTBCP308	\$7,000/\$10,000	\$14,000/\$20,000	\$9,100/UNLIMITED	\$18,200/UNLIMITED	80%/50%	\$35	\$0	\$50	\$500*	\$75	Included in OV Copay	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	

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All plans include prescription drug benefits. The benefit plan is based on the Performance drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

Member Pay the Difference applies to all plans.

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.

Footnotes:

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2. The HSA copay (PCP, SPC, MH, MDLIVE, RX) applies after the deductible is satisfied.

3. Plans with Limited PCP office visit at listed copay.

BCBSTX 2024-25 Mid-Market Group Plan Portfolio																	
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copays						Inpatient & Outpatient		Pharmacy Benefits	
Plan	Plan Name	Plan ID	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Office Visits	Virtual Visits	Specialist Office Visits	ER Visit POD*	Urgent Care	Lab, X-ray & Other Diagnostic	Inpatient (In/Out POD*)	Outpatient (In/Out POD*)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Choice PPO Basic	Blue Choice PPO Basic 250	MTBCB250	\$0/\$5,000	\$0/\$10,000	\$6,300/UNLIMITED	\$12,600/UNLIMITED	80%/50%	\$40	\$0	\$80	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 014	MTBCB014	\$1,500/\$3,000	\$4,500/\$9,000	\$4,500/UNLIMITED	\$13,500/UNLIMITED	80%/60%	\$35	\$0	\$70	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 019	MTBCB019	\$2,000/\$4,000	\$6,000/\$12,000	\$5,000/UNLIMITED	\$14,700/UNLIMITED	80%/60%	\$30	\$0	\$60	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 023	MTBCB023	\$2,500/\$5,000	\$7,500/\$15,000	\$5,500/UNLIMITED	\$14,700/UNLIMITED	80%/60%	\$30	\$0	\$60	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 024	MTBCB024	\$2,500/\$5,000	\$7,500/\$15,000	\$5,500/UNLIMITED	\$14,700/UNLIMITED	70%/50%	\$35	\$0	\$70	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 025	MTBCB025	\$3,000/\$6,000	\$9,000/\$18,000	\$3,500/UNLIMITED	\$10,500/UNLIMITED	100%/70%	\$35	\$0	\$70	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 026	MTBCB026	\$3,000/\$6,000	\$9,000/\$18,000	\$7,350/UNLIMITED	\$14,700/UNLIMITED	70%/50%	\$50	\$0	\$100	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 028	MTBCB028	\$3,000/\$10,000	\$9,000/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	80%/60%	\$35	\$0	\$70	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 031	MTBCB031	\$3,500/\$10,000	\$10,500/\$20,000	\$7,900/UNLIMITED	\$15,800/UNLIMITED	80%/50%	\$35	\$0	\$70	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 032	MTBCB032	\$3,500/\$10,000	\$10,500/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	70%/50%	\$35	\$0	\$70	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 035	MTBCB035	\$4,000/\$10,000	\$12,000/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	80%/50%	\$35	\$0	\$70	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 036	MTBCB036	\$4,000/\$10,000	\$12,000/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	70%/50%	\$35	\$0	\$70	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 038	MTBCB038	\$5,000/\$10,000	\$14,700/\$29,400	\$5,600/UNLIMITED	\$14,700/UNLIMITED	70%/50%	\$45	\$0	\$90	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 042	MTBCB042	\$5,000/\$10,000	\$14,700/\$29,400	\$7,350/UNLIMITED	\$14,700/UNLIMITED	80%/60%	\$45	\$0	\$90	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 039	MTBCB039	\$5,000/\$10,000	\$15,000/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	100%/50%	\$35	\$0	\$70	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 044	MTBCB044	\$6,000/\$10,000	\$15,800/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	80%/50%	\$40	\$0	\$80	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Choice PPO Basic 045	MTBCB045	\$6,000/\$10,000	\$15,800/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	70%/50%	\$35	\$0	\$70	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO Basic 049	MTBCB049	\$7,000/\$10,000	\$15,800/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	70%/50%	\$35	\$0	\$70	\$500*	\$75	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	

General Notes:

NA = Not Applicable; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network

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.

All plans include prescription drug benefits. The benefit plan is based on the Performance drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy. Member Pay the Difference applies to all plans.

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.

Footnotes:

- \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.
- The HSA copay (PCP, SPC, MH, MDLIVE, RX) applies after the deductible is satisfied.
- Plans with Limited PCP office visit at listed copay.

BCBSTX 2024-25 Mid-Market Group Plan Portfolio																	
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copays						Inpatient & Outpatient		Pharmacy Benefits	
Plan	Plan Name	Plan ID	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Office Visits	Virtual Visits	Specialist Office Visits	ER Visit POD*	Urgent Care	Lab, X-ray & Other Diagnostic	Inpatient (In/Out POD*)	Outpatient (In/Out POD*)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Choice PPO HSA SM	Blue Choice PPO HSA 418H <small>(Eff. through 12/31/24)</small>	MTBCP418H	\$3,200/ \$6,400	\$6,400/ \$12,800	\$3,200/ UNLIMITED	\$6,400/ UNLIMITED	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Choice PPO HSA 419H <small>(Eff. through 12/31/24)</small>	MTBCP419H	\$3,200/ \$6,400	\$6,400/ \$12,800	\$6,400/ UNLIMITED	\$12,800/ UNLIMITED	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Choice PPO HSA 004H	MTBCP004H	\$3,500/ \$7,000	\$7,000/ \$14,000	\$3,500/ UNLIMITED	\$7,000/ UNLIMITED	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Choice PPO HSA 005H	MTBCP005H	\$3,500/ \$7,000	\$7,000/ \$14,000	\$5,000/ UNLIMITED	\$10,000/ UNLIMITED	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Choice PPO HSA 006H	MTBCP006H	\$4,000/ \$8,000	\$8,000/ \$16,000	\$4,000/ UNLIMITED	\$8,000/ UNLIMITED	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Choice PPO HSA 317H ²	MTBCP317H	\$4,500/ \$9,000	\$9,000/ \$18,000	\$6,900/ UNLIMITED	\$13,800/ UNLIMITED	80%/60%	\$30	\$30	\$60	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350
	Blue Choice PPO HSA 310H	MTBCP310H	\$4,500/ \$9,000	\$9,000/ \$18,000	\$6,900/ UNLIMITED	\$13,800/ UNLIMITED	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Choice PPO HSA 007H	MTBCP007H	\$5,000/ \$10,000	\$10,000/ \$20,000	\$5,000/ UNLIMITED	\$10,000/ UNLIMITED	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Choice PPO HSA 014H ¹	MTBCP014H	\$5,000/ \$10,000	\$10,000/ \$20,000	\$5,000/ UNLIMITED	\$10,000/ UNLIMITED	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Choice PPO HSA 012H	MTBCP012H	\$5,000/ \$10,000	\$10,000/ \$20,000	\$6,900/ UNLIMITED	\$13,800/ UNLIMITED	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Choice PPO HSA 016H ²	MTBCP016H	\$5,500/ \$11,000	\$11,000/ \$22,000	\$6,900/ UNLIMITED	\$13,800/ UNLIMITED	80%/60%	\$30	\$30	\$60	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350
	Blue Choice PPO HSA 011H	MTBCP011H	\$5,500/ \$11,000	\$11,000/ \$22,000	\$6,900/ UNLIMITED	\$13,800/ UNLIMITED	80%/60%	DC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
	Blue Choice PPO HSA 008H	MTBCP008H	\$6,000/ \$12,000	\$12,000/ \$24,000	\$6,000/ UNLIMITED	\$12,000/ UNLIMITED	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Choice PPO HSA 015H ¹	MTBCP015H	\$6,000/ \$12,000	\$12,000/ \$24,000	\$6,000/ UNLIMITED	\$12,000/ UNLIMITED	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Choice PPO HSA 009H	MTBCP009H	\$6,650/ \$13,300	\$13,300/ \$26,600	\$6,650/ UNLIMITED	\$13,300/ UNLIMITED	100%/50%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Choice PPO HSA 013H	MTBCP013H	\$6,900/ \$13,800	\$13,800/ \$27,600	\$6,900/ UNLIMITED	\$13,800/ UNLIMITED	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%
	Blue Choice PPO HSA 301H	MTBCP301H	\$7,500/ \$15,000	\$15,000/ \$30,000	\$7,500/ UNLIMITED	\$15,000/ UNLIMITED	100%/70%	DC	DC	DC	DC	DC	DC	DC	DC	100%	100%

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Footnotes:

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Blue Essentials	Blue Essentials 001	MTBEE001	\$0/NA	\$0/NA	\$1,500/NA	\$3,000/NA	100%/NA	\$20	\$0	\$20	\$750*	\$75	Included in OV Copay	\$500/NA	\$200/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 250	MTBEE250	\$0/NA	\$0/NA	\$6,300/NA	\$12,600/NA	80%/NA	\$40	\$0	\$80	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 002	MTBEE002	\$500/NA	\$1,500/NA	\$1,500/NA	\$4,500/NA	100%/NA	\$30	\$0	\$60	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 006	MTBEE006	\$500/NA	\$1,500/NA	\$3,000/NA	\$9,000/NA	80%/NA	\$30	\$0	\$60	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 007	MTBEE007	\$1,000/NA	\$3,000/NA	\$3,000/NA	\$9,000/NA	100%/NA	\$30	\$0	\$60	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 009	MTBEE009	\$1,000/NA	\$3,000/NA	\$3,000/NA	\$9,000/NA	70%/NA	\$30	\$0	\$60	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 011	MTBEE011	\$1,000/NA	\$3,000/NA	\$4,000/NA	\$12,000/NA	80%/NA	\$30	\$0	\$60	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 012	MTBEE012	\$1,500/NA	\$4,500/NA	\$4,500/NA	\$13,500/NA	100%/NA	\$30	\$0	\$60	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 014	MTBEE014	\$1,500/NA	\$4,500/NA	\$4,500/NA	\$13,500/NA	80%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 019	MTBEE019	\$2,000/NA	\$6,000/NA	\$5,000/NA	\$14,700/NA	80%/NA	\$30	\$0	\$60	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 016	MTBEE016	\$2,000/NA	\$6,000/NA	\$6,000/NA	\$15,800/NA	100%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 017	MTBEE017	\$2,000/NA	\$6,000/NA	\$6,000/NA	\$15,800/NA	80%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 023	MTBEE023	\$2,500/NA	\$7,500/NA	\$5,500/NA	\$14,700/NA	80%/NA	\$30	\$0	\$60	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 024	MTBEE024	\$2,500/NA	\$7,500/NA	\$5,500/NA	\$14,700/NA	70%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 021	MTBEE021	\$2,500/NA	\$7,500/NA	\$7,500/NA	\$15,800/NA	80%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 025	MTBEE025	\$3,000/NA	\$9,000/NA	\$3,500/NA	\$10,500/NA	100%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 026	MTBEE026	\$3,000/NA	\$9,000/NA	\$7,350/NA	\$14,700/NA	70%/NA	\$50	\$0	\$100	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 027	MTBEE027	\$3,000/NA	\$9,000/NA	\$7,900/NA	\$15,800/NA	100%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 028	MTBEE028	\$3,000/NA	\$9,000/NA	\$8,150/NA	\$16,300/NA	80%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 031	MTBEE031	\$3,500/NA	\$10,500/NA	\$7,900/NA	\$15,800/NA	80%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 032	MTBEE032	\$3,500/NA	\$10,500/NA	\$7,900/NA	\$15,800/NA	70%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 034	MTBEE034	\$4,000/NA	\$12,000/NA	\$7,900/NA	\$15,800/NA	100%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 036	MTBEE036	\$4,000/NA	\$12,000/NA	\$7,900/NA	\$15,800/NA	70%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 035	MTBEE035	\$4,000/NA	\$12,000/NA	\$8,150/NA	\$16,300/NA	80%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 038	MTBEE038	\$5,000/NA	\$14,700/NA	\$5,600/NA	\$14,700/NA	70%/NA	\$45	\$0	\$90	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 042	MTBEE042	\$5,000/NA	\$14,700/NA	\$7,350/NA	\$14,700/NA	80%/NA	\$45	\$0	\$90	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 039	MTBEE039	\$5,000/NA	\$15,000/NA	\$7,900/NA	\$15,800/NA	100%/NA	\$40	\$0	\$80	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 040	MTBEE040	\$5,000/NA	\$15,000/NA	\$7,900/NA	\$15,800/NA	80%/NA	\$40	\$0	\$80	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 043	MTBEE043	\$6,000/NA	\$15,800/NA	\$7,900/NA	\$15,800/NA	100%/NA	\$40	\$0	\$80	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Essentials 045	MTBEE045	\$6,000/NA	\$15,800/NA	\$7,900/NA	\$15,800/NA	70%/NA	\$40	\$0	\$80	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Essentials 044	MTBEE044	\$6,000/NA	\$15,800/NA	\$8,150/NA	\$16,300/NA	80%/NA	\$40	\$0	\$80	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
Blue Essentials 047	MTBEE047	\$7,000/NA	\$15,800/NA	\$7,900/NA	\$15,800/NA	100%/NA	\$40	\$0	\$80	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
Blue Essentials 049	MTBEE049	\$7,000/NA	\$15,800/NA	\$7,900/NA	\$15,800/NA	70%/NA	\$40	\$0	\$80	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	
Blue Essentials 308	MTBEE308	\$7,000/NA	\$14,000/NA	\$9,100/NA	\$18,200/NA	80%/NA	\$35	\$0	\$50	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	

General Notes:

NA = Not Applicable; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network

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.

All plans include prescription drug benefits. The benefit plan is based on the Performance drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy. Member Pay the Difference applies to all plans.

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.

Footnotes:

1. \$0 HSA Preventive Drug benefit applies only to these specified HSA plans.

2. The HSA copay (PCP, SPC, MH, MDLIVE, RX) applies after the deductible is satisfied.

3. Plans with Limited PCP office visit at listed copay.

BCBSTX 2024-25 Mid-Market Group Plan Portfolio																	
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copays						Inpatient & Outpatient		Pharmacy Benefits	
Plan	Plan Name	Plan ID	Individual (In/Out)	Family (In/Out)	Individual OPX (In/Out)	Family OPX (In/Out)	Coinsurance (In/Out)	Primary Care Office Visits	Virtual Visits	Specialist Office Visits	ER Visit POD*	Urgent Care	Lab, X-ray & Other Diagnostic	Inpatient (In/Out POD*)	Outpatient (In/Out POD*)	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Premier Access	Blue Premier Access 011	MTBPA011	\$1,000/NA	\$3,000/NA	\$4,000/NA	\$12,000/NA	80%/NA	\$30	\$0	\$60	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Premier Access 014	MTBPA014	\$1,500/NA	\$4,500/NA	\$4,500/NA	\$13,500/NA	80%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Premier Access 019	MTBPA019	\$2,000/NA	\$6,000/NA	\$5,000/NA	\$14,700/NA	80%/NA	\$30	\$0	\$60	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Premier Access 023	MTBPA023	\$2,500/NA	\$7,500/NA	\$5,500/NA	\$14,700/NA	80%/NA	\$30	\$0	\$60	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Premier Access 024	MTBPA024	\$2,500/NA	\$7,500/NA	\$5,500/NA	\$14,700/NA	70%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Premier Access 025	MTBPA025	\$3,000/NA	\$9,000/NA	\$3,500/NA	\$10,500/NA	100%/NA	\$35	\$0	\$70	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Premier Access 026	MTBPA026	\$3,000/NA	\$9,000/NA	\$7,350/NA	\$14,700/NA	70%/NA	\$50	\$0	\$100	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Premier Access 038	MTBPA038	\$5,000/NA	\$14,700/NA	\$5,600/NA	\$14,700/NA	70%/NA	\$45	\$0	\$90	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
	Blue Premier Access 042	MTBPA042	\$5,000/NA	\$14,700/NA	\$8,150/NA	\$16,300/NA	80%/NA	\$45	\$0	\$90	\$500*	\$75	DC	DC/NA	DC/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Premier Access HSA SM	Blue Premier Access HSA 007H	MTBPA007H	\$5,000/NA	\$10,000/NA	\$5,000/NA	\$10,000/NA	100%/NA	DC	DC	DC	DC	DC	DC	DC/NA	DC/NA	100%	100%
	Blue Premier Access HSA 009H	MTBPA009H	\$6,650/NA	\$13,300/NA	\$6,650/NA	\$13,300/NA	100%/NA	DC	DC	DC	DC	DC	DC	DC/NA	DC/NA	100%	100%

General Notes:

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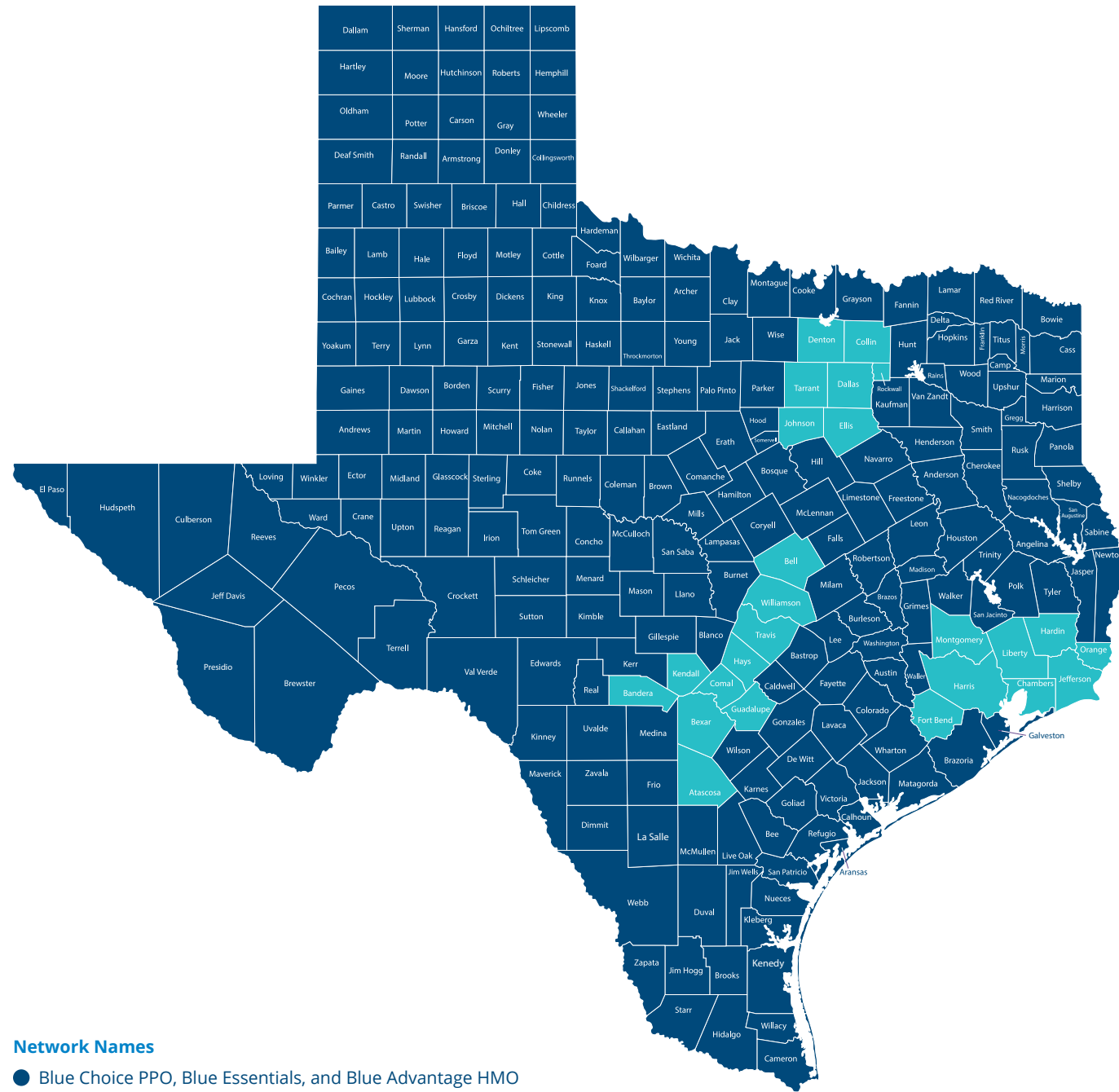
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- The HSA copay (PCP, SPC, MH, MDLIVE, RX) applies after the deductible is satisfied.
- Plans with Limited PCP office visit at listed copay.

Texas Mid-Market Provider Networks by County



Network Names

- Blue Choice PPO, Blue Essentials, and Blue Advantage HMO
- Blue Choice PPO, Blue Essentials, Blue PremierSM, and Blue Advantage HMO

Network Offerings Comparison

Plan Name	Blue Choice PPO	Blue Essentials	Blue Premier Access	Blue Advantage HMO
Network Name	Blue Choice PPO (BCA)	Blue Essentials (HMO)	Blue Premier (HMH)	Blue Advantage HMO (BAV)
Network Type	Broad	Broad	Narrow (Smart)	Broad
Availability	51-150 Fully Insured	51-150 Fully Insured	51-150 Fully Insured	51-150 Fully Insured
Primary Care Physician Selection Required	No	Yes	No	Yes
Referral Required	No	Yes	No	Yes, with exceptions for OB/GYN, retail health clinics, immunization clinics, specific dialysis services in-network independent lab, in-network imaging center and prosthetics/orthotics
OON Coverage	Yes	No, with the exception of emergency or accident	No, with the exception of emergency or accident	No, with the exception of emergency or accident
BlueCard [®]	Yes	Available for when members need emergency or urgent care services while outside their service areas, the BlueCard program will help them locate participating doctors and hospitals, allowing them to receive covered care.		Available when members need emergency or urgent care services while outside their service areas
Away From Home Care [®]	N/A	AFHC enables members to receive guest membership benefits from other participating Blue Cross and Blue Shield HMOs while traveling outside of their HMO service areas for at least 90 days. Affiliated HMOs are not available in all locations, and not all Blue Cross and Blue Shield Association HMOs participate in the AFHC program. Benefits and the way members access services might not be the same as their Texas benefits. To apply for the AFHC program, members must contact Customer Service at 1-877-299-2377.		Yes
Blue Access for Members	Yes	Yes	Yes	Yes
Provider Finder [®]	Blue Choice PPO (BCA)	Blue Essentials	Blue Premier Access (HMH)	Blue Advantage HMO (BAV)
Member Liability Estimator	Yes	Yes	Yes	Yes

This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For more information on these plans, please contact your BCBSTX Account Representative.

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSTX to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. MyPrime.com is an online resource offered by Prime Therapeutics LLC.

A "preferred" or "participating" pharmacy has a contract with BCBSTX or BCBSTX's pharmacy benefit manager (Prime) to provide pharmacy services at a negotiated rate. The terms "preferred" and "participating" should not be construed as a recommendation, referral or any other statement as to the ability or quality of such pharmacy.

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE[®] and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

Catapult, Hinge Health, Teladoc Health, Omada and Wondr are independent companies that have contracted with Blue Cross and Blue Shield of Texas to provide chronic disease prevention and management solutions for members with coverage through BCBSTX.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information. The Well onTarget member rewards redemption service is provided by an independent third party.

MedsYourWay is not insurance. It is a drug discount card program that compares the drug discount card price for an eligible medication at participating in-network retail pharmacies to the member's benefit plan cost share amount and then applies the lower available price. MedsYourWay is administered by Prime Therapeutics, LLC. Not all retail pharmacies may participate with MedsYourWay pricing.

Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under the health plan you choose to offer. Employees should check their benefit booklet or call the Customer Service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. Members should consult with their doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice.

Hearing services are provided by Start Hearing, Beltone[™], HearUSA and TruHearing[®]. Vision services are provided by ContactsDirect[®], Croakies, Davis VisionSM, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers, and LasikPlus[®].

ComPsych Corp. is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide employee assistance services for members with coverage through BCBSTX.

Zelis is an independent company that has contracted with Blue Cross and Blue Shield of Texas to administer the Member Rewards program for members with coverage through BCBSTX.

BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Life, Disability, Critical Illness, Accident, and Vision products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association.

Medical, Pharmacy, and Dental products are offered by 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.