



2025 Small Group Plans

More Value. More Choice.

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

2025 Small Group Plans

The Blue Cross and Blue Shield of Texas Small Group Portfolio is available from January 1 until December 31, 2025. All our plans offer features and benefits designed with members' health and wellbeing in mind. Here are the highlights:

Complementary Programs Empowering Members to Take Control of Their Health

Putting the power of wellness in members' hands helps them save money and prevent some types of health conditions, while saving employers money by reducing doctor visits and hospitalizations. Complementary programs include:

- **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. Members sign up and weekly deals are emailed to them from retailers such as EyeMed, TruHearing®, Nutrisystem®, Reebok, Fitbit® and more.
- **Hinge Health*:** Members can participate in this digital musculoskeletal program led by physical therapists and health coaches from the comfort of their own homes at no extra cost.
- **Teladoc Health*:** This personalized diabetes management program helps members improve glycemic control by helping them understand 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®:** This personalized program is designed to help members reduce chronic disease risk with diabetes prevention and hypertension education, specialized devices, like-minded communities and proactive health coaches.
- Wondr™*: This online, digital weight management program teaches members science-based skills that help them lose weight, sleep better, manage stress and more.

*Excludes TX BAV.

Member and Employer Savings with Member Rewards

When members choose quality lower-cost, reward-eligible options, they will receive cash rewards and save on health care costs. Included with PPO plans and administered by Zelis, Member Rewards includes maintenance medications and helps members:

- Compare costs and quality of providers and maintenance medications
- Save on out-of-pocket costs
- Earn cash rewards

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.

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 employees' resource for cancer care navigation. The Hub will house all of the employee's benefits information, cancer program details and additional resources.

Gene Therapy Solutions

Gene therapy is a new generation of drug therapies, offering transformational clinical benefits to members with rare, genetic illnesses. As this drug class continues to grow, more of your employees may benefit from the treatments. Gene Therapy Solutions—included as part of your 2025 benefit plan**—offers your employees access to high-value gene therapy providers and caring, holistic support from our case management team to optimize their care journey.

**Excludes HMO.

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, 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.

\$0 Emergency Use Medications

Upon renewal, cost barriers to select acute medication typically used for emergency use or life-saving situations will be removed, which will help improve clinical outcomes, increase member satisfaction and overall benefit experience. Members will have access to the \$0 cost share when using any in-network pharmacy for the following drug categories:

- Severe allergic reactions (e.g., epinephrine auto-injector)
- Hypoglycemia (e.g., glucagon injection kit)
- Opioid overdoses (e.g., naloxone injectible/nasal spray)
- Nitrates (e.g., nitroglycerin sublingual)

Wellbeing Management

This complete wellness solution delivers member-centered wellness tools and care management programs, including:

- **Health Advisor:** Addresses the mental, physical and emotional aspects of health issues for the most costly and complex cases.
- **Behavioral Health:** Multidisciplinary teams engage members through Digital Mental Health, utilization management and personal support for adjusting to life events.
- **Well onTarget®:** This member wellness portal offers personalized wellness action plans, digital self-management programs and fitness and nutrition device integration.
- Fitness Program: This program offers a flexible gym network to fit members' lifestyles and budgets.
- Blue Pointssm: Members earn and redeem points for participating in wellness activities.

Virtual Visits and Telemedicine

Providing access to virtual care is more important than ever as members seek convenience and cost-savings when addressing non-emergency needs. Virtual Visits and Telemedicine consultations with members' primary care physicians are conducted by phone, online video or mobile app.

	Blue Cross and Blue Shield of Texas 2025 Small Group Plan Portfolio																
		Calendar Yea	r Deductibles	Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						Pharmac	Pediatric Dental			
Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	PCP/ Virtual Visits/ Telehealth Office Visit Copay ¹	Specialist/ Telehealth Office Visit Copay ¹	Urgent Care ¹	Imaging ^{1,3}	Emergency Room Per Occurrence Deductible ^{1,4}	Inpatient Per Occurrence Deductible ^{1,4}	Outpatient Surgery Per Occurrence Deductible ^{1,4}	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
Blue Advantage Gold HMO SM 822 ^{2,7}	G665ADT	NA	\$0	\$0	\$9,200	\$18,400	100%	\$50	\$90	\$50	\$250	\$750 copay	\$500 copay	\$200 copay	\$5/\$15/\$50/\$100/\$150/\$250	\$15/\$25/\$70/\$120/\$150/\$250	100% / 100%
Blue Advantage Platinum HMO SM 301 ²	P9M1ADT	NA	\$0	\$0	\$6,300	\$12,600	90%	\$20	\$40	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Choice Platinum PPO SM 301	Р9М1СНС	NA	\$0 / \$5,000	\$0 / \$10,000	\$6,300 / Unlimited	\$12,600 / Unlimited	90% / 50%	\$20	\$40	\$75	Ded and Coins	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Advantage Platinum HMO SM 807 ^{2,7}	P610ADT	NA	\$350	\$1,050	\$1,600	\$4,800	80%	\$35	\$70	\$35	\$250	\$300	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70% / 70%
Blue Choice Platinum PPO SM 810 ⁷	P620CHC	NA	\$350 / \$700	\$1,050 / \$2,100	\$1,600 / Unlimited	\$4,800 / Unlimited	80% / 60%	\$35	\$70	\$35	\$250	\$300	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70% / 70%
Blue Advantage Platinum HMO™ 202 ^{2,7}	P9K3ADT	NA	\$600	\$1,200	\$1,800	\$3,600	80%	\$35	\$70	\$75	\$250	\$300	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Choice Platinum PPO™ 202 ⁷	Р9К3СНС	NA	\$600 / \$1,200	\$1,200 / \$2,400	\$1,800 / Unlimited	\$3,600 / Unlimited	80% / 60%	\$35	\$70	\$75	\$250	\$300	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Advantage Gold HMO SM 814 ^{2,7}	G662ADT	NA	\$1,050	\$3,150	\$6,300	\$12,600	80%	\$55	\$100	\$100	\$300	\$600	\$150	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Choice Gold PPO SM 114 ⁷	G9K8CHC	NA	\$1,050 / \$2,100	\$3,150 / \$6,300	\$6,300 / Unlimited	\$12,600 / Unlimited	80% / 60%	\$55	\$100	\$100	\$300	\$600	\$150	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Advantage Platinum HMO SM 501 ²	P9O5ADT	NA	\$1,000	\$3,000	\$3,000	\$6,000	80%	\$0	\$40	\$50	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Choice Platinum PPO SM 501	P903CHC	NA	\$1,000 / \$2,000	\$3,000 / \$6,000	\$3,000 / Unlimited	\$6,000 / Unlimited	80% / 50%	\$0	\$40	\$50	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Advantage Platinum HMO SM 808 ^{2,7}	P611ADT	NA	\$1,350	\$4,050	\$1,350	\$4,050	100%	\$30	\$55	\$30	\$250	\$400	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	100% / 100%
Blue Choice Platinum PPO SM 811 ⁷	P621CHC	NA	\$1,350 / \$2,700	\$4,050 / \$8,100	\$1,350 / Unlimited	\$4,050 / Unlimited	100% / 80%	\$30	\$55	\$30	\$250	\$400	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	100% / 100%
Blue Advantage Gold HMO SM 923 ²	G9E5ADT	NA	\$1,300	\$3,900	\$5,250	\$10,500	80%	\$55	\$100	\$75	\$250/DC	\$600	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Choice Gold PPO™ 823	G654CHC	NA	\$1,300 / \$2,600	\$3,900 / \$7,800	\$5,250 / Unlimited	\$10,500 / Unlimited	80% / 60%	\$55	\$100	\$75	\$250/DC	\$600	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Advantage Gold HMO SM 816 ^{2,7}	G663ADT	NA	\$1,600	\$4,800	\$5,350	\$10,705	80%	\$50	\$100	\$100	\$300	\$500	Ded and Coins	Ded and Coins	\$5/\$15/\$50/\$100/\$150/\$250	\$15/\$25/\$70/\$120/\$150/\$250	70% / 70%
Blue Choice Gold PPO SM 820 ⁷	G652CHC	NA	\$1,600 / \$3,200	\$4,800 / \$9,600	\$5,350 / Unlimited	\$10,705 / Unlimited	80% / 60%	\$50	\$100	\$100	\$300	\$500	Ded and Coins	Ded and Coins	\$5/\$15/\$50/\$100/\$150/\$250	\$15/\$25/\$70/\$120/\$150/\$250	70% / 70%

- 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. HMO plans do not have benefits out-of-network, except emergencies.
- 3. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PET scans.
- 4. 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.
- 5. HSA eligible with \$0 employer funding.
- 6. These HSA plans have a mandatory employer contribution requirement.
- 7. Imaging services covered at copay and not subject to deductible and coinsurance.
- 8. Copays apply after deductible is satisfied.

- A. NA = 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, except for Blue Advantage Gold HMO 822, which covers basic Lab and x-ray at \$100, with no additional charges after the copay.
- 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.
- F. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.

Part Normal Part Part Part Part Part Part Part Part Part Part Part Part Part Part	Blue Cross and Blue Shield of Texas 2025 Small Group Plan Portfolio																	
Para Name Para Pa	Calendar Year Deductibles Out-of					Medical Out-of-Pock	and Rx et Expense	Coinsurance				Copayments				Pharmac	y Benefits	
Garlier Garl	Plan Name	Plan ID	of HSA		Family In/Out		Family OPX In/Out		Virtual Visits/ Telehealth Office Visit	Telehealth Office Visit	Urgent Care ¹	Imaging ^{1,3}	Room Per Occurrence	Occurrence	Surgery Per Occurrence			Dental
Cold Performance		G9E3ADT	NA	\$1,750	\$5,250	\$6,750	\$18,400	80%	\$45	\$90	\$75	\$100	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Second Property Second Pro	Blue Choice Gold PPO™ 822	G653CHC	NA	\$1,750 / \$3,500	\$5,250 / \$10,500	\$6,750 / Unlimited	\$18,400 / Unlimited	80% / 60%	\$45	\$90	\$75	\$100	\$500	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Gold Prof. 12 Short Fig. 664-ADT NA \$2,200 \$4,700 \$4,700 \$5,000 \$10,000 \$5,000 \$10,000 \$5,000 \$10,000 \$5,000 \$10,000 \$5,000 \$10,000 \$5,000 \$10,000 \$5,000 \$10,000 \$5,000 \$10,0		G661ADT	NA	\$2,100	\$6,300	\$4,200	\$12,600	90%	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%	70% / 70%
Substitution Subs		G9K6CHC	NA			\$4,200 / Unlimited	\$12,600 / Unlimited	90% / 70%	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%	70% / 70%
Codd pp(n) Fig. Codd pp(n) Fig. Codd pp(n) Fig. Codd pp(n) Codd pp(Blue Advantage Gold HMO SM 817 ^{2,7}	G664ADT	NA	\$2,250	\$6,750	\$6,750	\$18,400	80%	\$35	\$70	\$75	\$250	\$500	\$300	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Subschiolar	Blue Choice Gold PPO SM 117 ⁷	G9L1CHC	NA		\$6,750 / \$13,500	\$6,750 / Unlimited	\$18,400 / Unlimited	80% / 70%	\$35	\$70	\$75	\$250	\$500	\$300	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Gold PPOW 8017		G660ADT	NA	\$3,350	\$10,050	\$3,350	\$10,050	100%	\$55	\$100	\$75	\$300	\$400	\$350	\$250	100%	100%	100% / 100%
Silver PROP 827 S662CHC NA \$3,100 \$9,200 \$18,400 \$9,200 110,000 \$90% \$50 \$100 \$100 \$250/DC \$600 \$350 \$300 \$45/610/550/450/6550 \$100/550/470/4120/6150/4520 \$10/40/4120/6150/4520 \$10/40/4120/6150/4520 \$10/40/4120/6150/4520 \$10/40/4120/6150/4520 \$10/40/4120/6150/4520 \$10/40/4120/6150/4520 \$10/40/4120/6150/4520 \$10/40/4120/6150/4520 \$10/40/4120/6150/4520 \$10/40/4		G650CHC	NA		\$10,050 / \$20,100	\$3,350 / Unlimited	\$10,050 / Unlimited	100% / 80%	\$55	\$100	\$75	\$300	\$400	\$350	\$250	100%	100%	100% / 100%
Blue Advantage Gold History 2013 G9KSADT NA \$3,000 \$3,000 \$3,000 \$5,500 \$11,000 \$9.0% \$30 \$50 \$75 \$100 \$300 Ded and Coins Ded and Coins \$0,000 \$10,000	Blue Advantage Silver HMO SM 127 ²	S9J7ADT	NA	\$3,100	\$9,200	\$9,200	\$18,400	70%	\$50	\$100	\$100	\$250/DC	\$600	\$350	\$300	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Choice Gold Pro 202	Blue Choice Silver PPO™ 827	S663CHC	NA			\$9,200 / Unlimited		70% / 50%	\$50	\$100	\$100	\$250/DC	\$600	\$350	\$300	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Advantage Gold PPOW 203 G9K5ADT NA S3,650 S18,000 S18,000 S18,000 S18,000 S18,000 S18,000 S18,000 S17,600 80% S0 S80 S150 Ded and Coins S0/S10/S50/S100/S150/S250 S10/S20/S70/S120/S150/S250 70% / 70% S18,000 S1	Blue Advantage Gold HMO SM 204 ^{2,7}	G9K7ADT	NA	\$3,000	\$9,000	\$5,500	\$11,000	90%	\$30	\$50	\$75	\$100	\$300	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Gold HNO 90.032	Blue Choice Gold PPO SM 204 ⁷	G9L7CHC	NA		\$9,000 / \$18,000	\$5,500 / Unlimited		90% / 80%	\$30	\$50	\$75	\$100	\$300	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Gold PPO™ 203 Section NA Section Section NA Section S	Blue Advantage Gold HMO SM 203 ²	G9K5ADT	NA	\$3,100	\$9,300	\$8,800	\$17,600	80%	\$0	\$80	\$150		Ded and Coins	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Silver HMOSM 820: 3045ADT NA \$3,650 / \$10,950 / \$9,200 / Unlimited 518,400 / Unlimited		G9L5CHC	NA	\$3,100 / \$6,200	\$9,300 / \$18,600	\$8,800 / Unlimited	\$17,600 / Unlimited	80% / 50%	\$0	\$80	\$150		Ded and Coins	Ded and Coins	Ded and Coins	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Silver PPOSM 824		S643ADT	NA	\$3,650	\$10,950	\$9,200	\$18,400	70%	\$55	\$100	\$100	\$250/DC	\$750	\$350	\$300	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Silver HMOSM 1342 35JSADT NA \$3,650 \$10,950 \$1	Blue Choice Silver PPO™ 824	S661CHC	NA		\$10,950 / \$21,900	\$9,200 / Unlimited	\$18,400 / Unlimited	70% / 50%	\$55	\$100	\$100	\$250/DC	\$750	\$350	\$300	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Silver PPOSM 834 3005CHC NA \$7,300 \$21,900 \$9,2007 Utilimited Unlimited Unli	Blue Advantage Silver HMO™ 134²	S9J9ADT	NA	\$3,650	\$10,950	\$9,200	\$18,400	60%	\$55	\$100	\$100		\$500	\$250	\$200	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Silver HMO SM 9352 39E3AD1 NA \$3,630 \$11,550 \$9,100 \$10,200 80% \$30 \$100 \$75 \$200/DC \$300 \$100/\$100/\$130/\$250 \$10/\$20/\$70/\$120/\$130/\$250 70% 70% 70% 70% 70% 70% 70% 70% 70% 70		S665CHC	NA	\$3,650 / \$7,300	\$10,950 / \$21,900	\$9,200 / Unlimited		60% / 60%	\$55	\$100	\$100		\$500	\$250	\$200	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Choice Silver PPO SM 135 S9M2CHC NA \$3,850 / \$11,550 / \$23,100 \$9,100 / Unlimited \$18,200 / Unlimited \$10,200 / S7,700 \$20,100 \$10,500,5100,5100,5100,5100,5100,5100,51	Blue Advantage Silver HMO SM 935 ²	S9E3ADT	NA	\$3,850	\$11,550	\$9,100	\$18,200	80%	\$50	\$100	\$75	\$200/DC	\$500	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
	Blue Choice Silver PPO™ 135	S9M2CHC	NA	\$3,850 / \$7,700	\$11,550 / \$23,100	\$9,100 / Unlimited	\$18,200 / Unlimited	80% / 60%	\$50	\$100	\$75	\$200/DC	\$500	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%

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. HMO plans do not have benefits out-of-network, except emergencies.
- 3. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PET scans.
- 4. 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.
- 5. HSA eligible with \$0 employer funding.
- 6. These HSA plans have a mandatory employer contribution requirement.
- 7. Imaging services covered at copay and not subject to deductible and coinsurance.
- 8. Copays apply after deductible is satisfied.

- A. NA = 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, except for Blue Advantage Gold HMO 822, which covers basic Lab and x-ray at \$100, with no additional charges after the copay.
- 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.
- F. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.

	Blue Cross and Blue Shield of Texas 2025 Small Group Plan Portfolio																
Calendar Year Deductibles Medical and Rx Out-of-Pocket Expense Coins						Coinsurance	Copayments							Pharmacy	Pediatric Dental		
Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/ Out	PCP/ Virtual Visits/ Telehealth Office Visit Copay ¹	Specialist/ Telehealth Office Visit Copay ¹	Urgent Care ¹	Imaging ^{1,3}	Emergency Room Per Occurrence Deductible ^{1,4}	Inpatient Per Occurrence Deductible ^{1,4}	Outpatient Surgery Per Occurrence Deductible ^{1,4}	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
Blue Advantage Silver HMO SM 818 ^{2,7}	S642ADT	NA	\$3,850	\$11,550	\$9,100	\$18,200	70%	\$55	\$100	\$100	\$300	\$750	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Choice Silver PPO [™] 118 ⁷	S9L9CHC	NA	\$3,850 / \$7,700	\$11,550 / \$23,100	\$9,100 / Unlimited	\$18,200 / Unlimited	70% / 50%	\$55	\$100	\$100	\$300	\$750	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Advantage Silver HMO™ 401²	S9N1ADT	NA	\$4,100	\$12,300	\$9,200	\$18,400	60%	\$0	\$90	\$150	Ded and Coins	\$400	Ded and Coins	Ded and Coins	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 70%
Blue Choice Silver PPO™ 401	S9N1CHC	NA	\$4,100 / \$8,200	\$12,300 / \$24,600	\$9,200 / Unlimited	\$18,400 / Unlimited	60% / 50%	\$0	\$90	\$150	Ded and Coins	\$400	Ded and Coins	Ded and Coins	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 70%
Blue Advantage Silver HMO [™] 402 ²	S9N3ADT	NA	\$4,100	\$12,300	\$8,200	\$16,400	80%	\$0	\$110	\$150	Ded and Coins	\$500	\$350	\$250	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 70%
Blue Choice Silver PPO SM 402	S9N3CHC	NA	\$4,100 / \$8,200	\$12,300 / \$24,600	\$8,200 / Unlimited	\$16,400 / Unlimited	80% / 50%	\$0	\$110	\$150	Ded and Coins	\$500	\$350	\$250	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 70%
Blue Advantage Silver HMO SM 804 ^{2,7}	S641ADT	NA	\$4,350	\$13,050	\$9,100	\$18,200	70%	\$55	\$100	\$100	\$300	\$650	\$300	\$250	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70% / 70%
Blue Choice Silver PPO™ 844 ⁷	S666CHC	NA	\$4,350 / \$8,700	\$13,050 / \$26,100	\$9,100 / Unlimited	\$18,200 / Unlimited	70% / 50%	\$55	\$100	\$100	\$300	\$650	\$300	\$250	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70% / 70%
Blue Advantage Silver HMO™ 201²	S9L1ADT	NA	\$5,100	\$15,300	\$9,100	\$18,200	70%	\$45	\$90	\$75	Ded and Coins	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Choice Silver PPO™ 201	S9K1CHC	NA	\$5,100 / \$10,200	\$15,300 / \$30,600	\$9,100 / Unlimited	\$18,200 / Unlimited	70% / 50%	\$45	\$90	\$75	Ded and Coins	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Advantage Silver HMO SM 945 ²	S9E5ADT	NA	\$6,100	\$12,200	\$8,350	\$16,700	80%	\$55	\$100	\$100	\$200/DC	\$750	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Choice Silver PPO™ 845	S667CHC	NA	\$6,100 / \$12,200	\$12,200 / \$24,400	\$8,350 / Unlimited	\$16,700 / Unlimited	80% / 60%	\$55	\$100	\$100	\$200/DC	\$750	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Advantage Silver HMO SM 803 ^{2,7}	S640ADT	NA	\$6,500	\$13,000	\$9,200	\$18,400	90%	\$50	\$100	\$80	\$300	\$500	\$350	\$300	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Choice Silver PPO™ 803 ⁷	S660CHC	NA	\$6,500 / \$13,000	\$13,000 / \$26,000	\$9,200 / Unlimited	\$18,400 / Unlimited	90% / 70%	\$50	\$100	\$80	\$300	\$500	\$350	\$300	\$5/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70% / 70%
Blue Advantage Silver HMO SM 846 ^{2,7}	S644ADT	NA	\$8,200	\$16,400	\$8,200	\$16,400	100%	\$55	\$110	\$75	\$300	\$500	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100% / 100%
Blue Choice Silver PPO™ 146 ⁷	S9L7CHC	NA	\$8,200 / \$16,400	\$16,400 / \$32,800	\$8,200 / Unlimited	\$16,400 / Unlimited	100% / 80%	\$55	\$110	\$75	\$300	\$500	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100% / 100%
Blue Advantage Bronze HMO [™] 833²	B661ADT	NA	\$8,650	\$17,300	\$8,650	\$17,300	100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100% / 100%
Blue Choice Bronze PPO™ 833	B662CHC	NA	\$8,650 / \$17,300	\$17,300 / \$34,600	\$8,650 / \$17,300	\$17,300 / \$34,600	100% / 100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100% / 100%

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. HMO plans do not have benefits out-of-network, except emergencies.
- 3. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PET scans.
- 4. 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.
- 5. HSA eligible with \$0 employer funding.
- 6. These HSA plans have a mandatory employer contribution requirement.
- 7. Imaging services covered at copay and not subject to deductible and coinsurance.
- 8. Copays apply after deductible is satisfied.

- A. NA = 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, except for Blue Advantage Gold HMO 822, which covers basic Lab and x-ray at \$100, with no additional charges after the copay. 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.
- F. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.

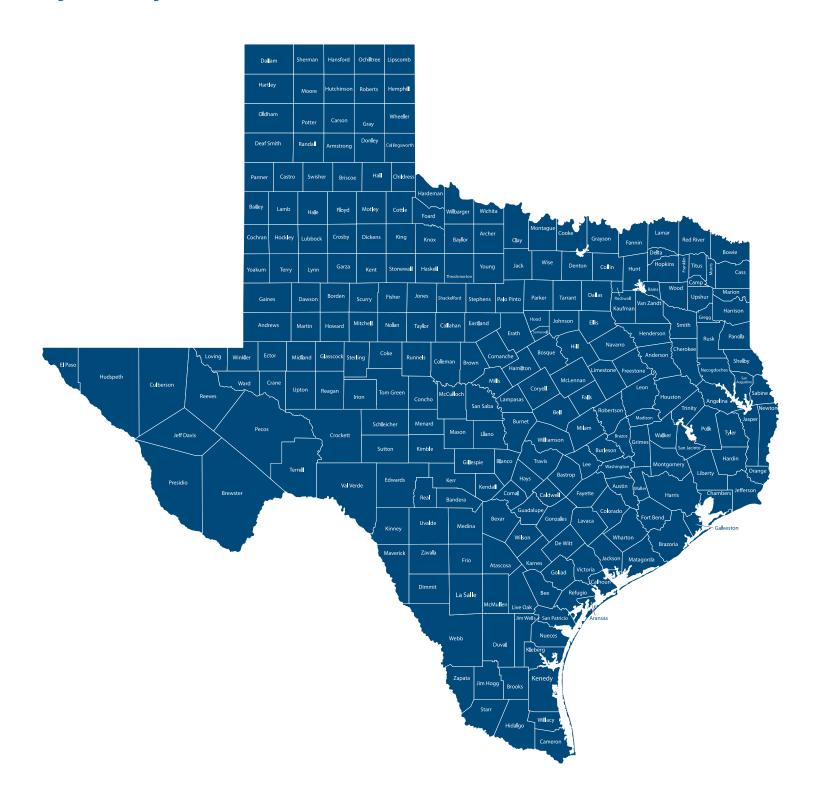
	Blue Cross and Blue Shield of Texas 2025 Small Group Plan Portfolio																
Calendar Year Deductibles Medical and Out-of-Pocket E							Coinsurance	Copayments							Pharmacy	Pediatric Dental	
Plan Name	Plan ID	Range of HSA Contribution	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/ Out	PCP/ Virtual Visits/ Telehealth Office Visit Copay ¹	Specialist/ Telehealth Office Visit Copay ¹	Urgent Care ¹	Imaging ^{1,3}	Emergency Room Per Occurrence Deductible ^{1,4}	Inpatient Per Occurrence Deductible ^{1,4}	Outpatient Surgery Per Occurrence Deductible ^{1,4}	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
Blue Advantage Gold HMO SM 919 ^{2, 6}	G9E1ADT	\$0 \$0-\$125	\$3,500	\$10,500	\$3,500	\$10,500	100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100% / 100%
Blue Choice Gold PPO™ 819 ⁶	G651CHC	\$0 \$0-\$125	\$3,500 / \$7,000	\$10,500 / \$21,000	\$3,500 / \$7,000	\$10,500 / \$21,000	100% / 100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100% / 100%
Blue Advantage Silver HMO SM 102 ^{2,5,8}	S9J5ADT	\$0 \$0	\$3,600	\$7,200	\$7,200	\$14,400	80%	\$40	\$80	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	70% / 70%
Blue Choice Silver PPO SM 102 ^{5,8}	S9L5CHC	\$0 \$0	\$3,600 / \$7,200	\$7,200 / \$14,400	\$7,200 / Unlimited	\$14,400 / Unlimited	80% / 60%	\$40	\$80	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	70% / 70%
Blue Advantage Gold HMO SM 830 ^{2, 6}	G666ADT	\$300 \$300- \$500	\$4,100	\$12,300	\$4,100	\$12,300	100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100% / 100%
Blue Choice Gold PPO™ 830 ⁶	G656CHC	\$300 \$300- \$500	\$4,100 / \$8,200	\$12,300 / \$24,600	\$4,100 / \$8,200	\$12,300 / \$24,600	100% / 100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100% / 100%
Blue Advantage Silver HMO SM 101 ^{2, 5}	S9J3ADT	\$0 \$0	\$4,100	\$12,300	\$7,000	\$14,000	80%	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%	70% / 70%
Blue Choice Silver PPO SM 101 ⁵	S9L3CHC	\$0 \$0	\$4,100 / \$8,200	\$12,300 / \$24,600	\$7,000 / Unlimited	\$14,000 / 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%	70% / 70%
Blue Advantage Silver HMO SM 925 ^{2, 5}	S9E1ADT	\$0 \$0	\$5,500	\$11,000	\$5,500	\$11,000	100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100% / 100%
Blue Choice Silver PPO SM 825 ⁸	S662CHC	\$0 \$0	\$5,500 / \$11,000	\$11,000 / \$22,000	\$5,500 / \$11,000	\$11,000 / \$22,000	100% / 100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100% / 100%
Blue Advantage Silver HMO SM 120 ^{2, 5}	S9K2ADT	\$0 \$0	\$6,100	\$12,200	\$6,100	\$12,200	100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100% / 100%
Blue Choice Silver PPO SM 120 ⁵	S9M4CHC	\$0 \$0	\$6,100 / \$12,200	\$12,200 / \$24,400	\$6,100 / \$12,200	\$12,200 / \$24,400	100% / 100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	100%	100%	100% / 100%
Blue Advantage Bronze HMO SM 905 ^{2,5}	B9E1ADT	\$0 \$0	\$6,750	\$13,500	\$7,750	\$15,500	70%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$650	Ded and Coins	Ded and Coins	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 70%
Blue Choice Bronze PPO™ 805⁵	B660CHC	\$0 \$0	\$6,750 / \$13,500	\$13,500 / \$27,000	\$7,750 / Unlimited	\$15,500 / Unlimited	70% / 50%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$650	Ded and Coins	Ded and Coins	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70% / 70%
Blue Advantage Bronze HMO SM 806 ^{2, 5}	B660ADT	\$0 \$0	\$7,500	\$15,000	\$7,500	\$15,000	100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$750	Ded and Coins	Ded and Coins	100%	100%	100% / 100%
Blue Choice Bronze PPO™ 806⁵	B661CHC	\$0 \$0	\$7,500 / \$15,000	\$15,000 / \$30,000	\$7,500 / \$15,000	\$15,000 / \$30,000	100% / 100%	Ded and Coins	Ded and Coins	Ded and Coins	Ded and Coins	\$750	Ded and Coins	Ded and Coins	100%	100%	100% / 100%

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. HMO plans do not have benefits out-of-network, except emergencies.
- 3. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PET scans.
- 4. 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.
- 5. HSA eligible with \$0 employer funding.
- 6. These HSA plans have a mandatory employer contribution requirement.
- $7. \ \ Imaging \, services \, covered \, at \, copay \, \, and \, not \, subject \, to \, deductible \, and \, coinsurance.$
- 8. Copays apply after deductible is satisfied.

- A. NA = 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, except for Blue Advantage Gold HMO 822, which covers basic Lab and x-ray at \$100, with no additional charges after the copay.
- 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.
- F. Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.

Texas Small Group (1-50) Provider Networks by County



Network Names

■ Blue Choice PPO ■ Blue Advantage HMO

The map represents counties with provider access. Please refer to individual proposal or renewal exhibit to see if the client can select products utilizing these networks.

Texas Small Group Network Offerings Comparison

Plan Name	Blue Choice PPO SM	Blue Advantage HMO SM				
Network Name	Blue Choice PPO (Network Code: BCA)	Blue Advantage HMO (Network Code: BAV)				
Туре	Broad	Smart				
Availability	1-50	1-50				
Coverage	Statewide/Nationwide	Statewide				
Must Live/Work in Network Service Area	No	Yes				
PCP Selection Required	No	Yes				
Referral Required	No	Yes				
OON Coverage	Yes	No, except for emergency or accident				
BlueCard [®]	Yes	Available when members need emergency care while outside their service areas. The Blue Card program will help them locate participating doctors and hospitals.				
Blue Access for Members [™]	Yes	Yes				
Provider Finder®	Blue Choice PPO (Network Code: BCA)	Blue Advantage HMO (Network Code: BAV)				
Member Liability Estimator	Yes - MLE Lite	No				

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.

MedsYourWay is administered by Prime Therapeutics, LLC, a separate pharmacy benefit management company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy benefit management and related other services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSTX and contracting pharmacies is that of independent contractors. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue365 is a discount program only for Blue Cross and Blue Shield of Texas members. This is NOT insurance. Some of the services of fered through this program may be covered under your health plan. You should check your 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 given only through vendors that take part in this program and may be subject to change. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. Members should consult 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, BeltoneTM, HearUSA and TruHearing®. Vision services are provided by ContactsDirect®, Croakies, Davis VisionSM, EyeMed Vision Care, Glasses.com, Jonathan Paul Fitovers and LasikPlus®.

MDX Medical, LLC, a Zelis company, is an independent company that has contracted with Blue Cross and Blue Shield of Texas to administer the Member Rewards program. Amounts received through Member Rewards may be taxable. BCBSTX does not provide tax advice. Members that have primary coverage with Medicaid or Medicare are not eligible to receive incentive rewards under the Member Rewards program.

Hinge Health, Omada, Teladoc Health and Wondr $^{\mathrm{IM}}$ are independent companies contracted with Blue Cross and Blue Shield of TX to provide chronic disease prevention and management, representations or warranties regarding third-party vendors and the products and services offered by them.

NovaWell is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide member heath platform and tools, mental health administration network and health information content for members with coverage through BCBSTX.

Twin Health is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide care and disease management for members with coverage through BCBSTX.

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.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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.