




Plan Year 2025 Individual & Family Markets Products

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

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

Key

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

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

Gold Plans

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Advantage Gold HMO SM 206	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold HMO SM 206	On-exchange “Base” Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold HMO SM 206	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold HMO SM 206	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold HMO SM 207	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold HMO SM 603	Off-exchange Plan	Summary of Benefits	Outlines of Coverage

Gold Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Advantage Gold HMO SM 603	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold HMO SM 603	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold HMO SM 603	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold HMO SM Standard	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold HMO SM Standard	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold HMO SM Standard	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Gold HMO SM Standard	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Gold SM 403	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Gold SM 403	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Gold SM 403	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Gold SM 403	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Gold SM Standard	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Gold SM Standard	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Gold SM Standard	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Gold SM Standard	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Gold 203	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Gold SM 203	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Gold SM 203	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Gold SM 203	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Gold SM Standard	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Gold SM Standard	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Gold SM Standard	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Gold SM Standard	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Gold SM 803	Off-exchange Plan	Summary of Benefits	Outlines of Coverage

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

Gold Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Advantage Plus Gold SM 803	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Gold SM 803	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Gold SM 803	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage

Silver Plans

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Advantage Silver HMO SM 205	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM 205	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM 205	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM 205	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM 205	On-exchange 73% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM 205	On-exchange 87% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM 205	On-exchange 94% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM 306	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM 601	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM Standard	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM Standard	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM Standard	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM Standard	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM Standard	On-exchange 73% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM Standard	On-exchange 87% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM Standard	On-exchange 94% AV CSR Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Silver SM 405	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Silver SM 405	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage

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

Silver Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
MyBlue Health Silver SM 405	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Silver SM 405	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Silver SM 405	On-exchange 73% AV CSR Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Silver SM 405	On-exchange 87% AV CSR Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Silver SM 405	On-exchange 94% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM 801	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM 801	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM 801	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM 801	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM 801	On-exchange 73% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM 801	On-exchange 87% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Silver HMO SM 801	On-exchange 94% AV CSR Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Silver SM 901	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Silver SM Standard	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Silver SM Standard	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Silver SM Standard	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Silver SM Standard	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Silver SM Standard	On-exchange 73% AV CSR Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Silver SM Standard	On-exchange 87% AV CSR Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Silver SM Standard	On-exchange 94% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM 202	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM 202	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM 202	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM 202	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM 202	On-exchange 73% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM 202	On-exchange 87% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM 202	On-exchange 94% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM 306	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM 605	Off-exchange Plan	Summary of Benefits	Outlines of Coverage

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

Silver Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Advantage Plus Silver SM 605	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM 605	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM 605	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM 605	On-exchange 73% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM 605	On-exchange 87% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM 605	On-exchange 94% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM Standard	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM Standard	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM Standard	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM Standard	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM Standard	On-exchange 73% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM Standard	On-exchange 87% AV CSR Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Silver SM Standard	On-exchange 94% AV CSR Plan	Summary of Benefits	Outlines of Coverage

Bronze Plans

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Advantage Bronze HMO SM 204	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Bronze HMO SM 204	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Bronze HMO SM 204	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Bronze HMO SM 204	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Bronze HMO SM 302	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Bronze HMO SM 301	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Bronze HMO SM 301	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Bronze HMO SM 301	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Bronze HMO SM 301	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Bronze HMO SM Standard	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Bronze HMO SM Standard	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Bronze HMO SM Standard	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Bronze HMO SM Standard	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Bronze SM 402	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Bronze SM 402	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Bronze SM 402	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Bronze SM 402	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Bronze SM Standard	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Bronze SM Standard	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Bronze SM Standard	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
MyBlue Health Bronze SM Standard	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Bronze SM 201	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Bronze SM 303	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Bronze SM 303	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Bronze SM 303	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Bronze SM 303	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Bronze SM 305	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Bronze SM 305	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage

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

Bronze Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Advantage Plus Bronze SM 305	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Bronze SM 305	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Bronze SM Standard	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Bronze SM Standard	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Bronze SM Standard	On-exchange AI/AN Zero Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Plus Bronze SM Standard	On-exchange AI/AN Limited Plan	Summary of Benefits	Outlines of Coverage

Catastrophic Plans

Plan Name	Plan Variance	Link to SBC Document	Link to OOC Document
Blue Advantage Security HMO SM 200	Off-exchange Plan	Summary of Benefits	Outlines of Coverage
Blue Advantage Security HMO SM 200	On-exchange "Base" Plan	Summary of Benefits	Outlines of Coverage

Accessing Policy Booklets

We link to a plan's policy booklet in every SBC document. On the first page of an SBC, it's the first link at the top. On the next several pages of an SBC, the link to the policy booklet is located in the footer.

Coverage Period: 01/01/2025 – 12/31/2025
Coverage for: Individual/Family | Plan Type: HMO

Summary of Benefits and Coverage: What This Plan Covers & What You Pay for Covered Services
Blue Cross and Blue Shield of Texas – Blue Advantage Gold HMO 206

Important Information: The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbstx.com/bb/ind/bb_ghsh30bavtxo_tx_2025.pdf or by calling 1-888-697-0883. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$450 Individual/\$900 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. In-Network Preventive Health Care services, certain services with a copayment, and certain prescription drugs are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$9,200 Individual/\$18,400 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the plan?	Premiums, balance-billing charges, and	Costs toward the out-of-pocket limit.

What You Will Pay

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Providers (You will pay the least)	Non-Participating Providers (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30/visit; deductible does not apply	Not Covered	Virtual Visits are available. See your benefit booklet* (Your PCP) for details.
	Specialist visit	35% coinsurance	Not Covered	Referral required.
	Preventive care/screening/immunization	No Charge; deductible does not apply	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Freestanding Facility: 20% coinsurance Hospital: 35% coinsurance	Not Covered	Referral may be required. Preauthorization may also be required; see your benefit booklet* (Outpatient Lab and X-Ray services) for details.
	Imaging (CT/PET scans, MRIs)	Freestanding Facility: 20% coinsurance Hospital: 35% coinsurance	Not Covered	Referral may be required. Preauthorization may also be required; see your benefit booklet* (Outpatient Lab and X-Ray services) for details.
If you need drugs to treat your illness or condition	Generic drugs (Preferred)	Retail: Preferred Participating - No Charge Participating - \$10/prescription Mail: No Charge; deductible does not apply	Not Covered	Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. Specialty drugs limited to a 30-day supply except for certain FDA-designated dosing regimens. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. Certain drugs require approval before they will be covered. Cost sharing for insulin included in the drug list will not
	Generic drugs (Non-Preferred)	Retail: Preferred Participating - \$10/prescription Participating - \$20/prescription Mail: \$30/prescription; deductible does not apply	Not Covered	

*For more information about limitations and exceptions, see the plan or policy document at www.bcbstx.com/bb/ind/bb_ghsh30bavtxo_tx_2025.pdf