



SMALL GROUP 1-50 EMPLOYEES

2022 Small Group Plans

More Value. More Choice.

2022 Small Group Plans

The 2022 Blue Cross and Blue Shield of Texas (BCBSTX) Small Group Portfolio is available from January 1 until December 31, 2022. 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 2022 Small Group portfolio.**

Keeping it Simple

We're keeping things simple for Small Groups. No comparing hundreds of benefits plans, no decoding benefit options. We offer one set of benefit plans on two different networks: our broad PPO and Blue Advantage HMOSM. Small Group employers can offer up to six different benefit plan options. A combination of PPO and HMO options will help them save money and give employees the chance to choose the right plans for their lifestyles and budgets.

New in 2022

Digital Options to Expand Access to Care

Digital capabilities are key to expanding access to care and wellness resources. These new healthy living programs and services are now available to new and renewing Small Groups.

- **Hinge Health** helps members manage chronic back, hip, shoulder, neck and knee pain through personalized online exercise therapy and unlimited one-on-one virtual coaching.
- **Livongo[®] for Diabetes and Livongo for Hypertension programs** offer personalized online coaching support for members. They will have access to a mobile app and website to help them track their progress, learn to make healthy lifestyle choices and manage their medications.
- **Omada[®] for Diabetes Prevention and Omada for Hypertension Programs** include interactive, digital lessons and coaching to support members in making lifestyle changes to manage their weight, improve blood pressure, and reduce their diabetes and cardiovascular risk.
- **Wondr[™] Health** is a 52-week, online program that helps members lose weight and improve their health through smart eating for the real world.

Mental Health

We have a strong commitment to the health of our members, and mental health is an important part of our approach. Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the mental health benefits (called behavioral health) that come standard with every small group plan.

Beginning in 2022, **Digital Mental Health** by Learn to Live will also be included at no extra cost with each new or renewing small group plan. Members can use Blue Access for MembersSM (BAMSM) to easily access private, online programs to help keep their mental health on track through:

- **Support** – an online assessment helps members pinpoint helpful programs.
- **Quick, easy online lessons** – give members access to proven therapy-based techniques.
- **Expert coaches** – to guide and inspire members to reach their goals.
- **Privacy** – personal results, programs and messages are always private.

Their Trusted Benefits and Services Are Here to Stay

Virtual Visits/Telehealth

The Doctor Is in – Your Phone or Computer

Convenient, safe access to health care has never been more important. That's why we make care available through our in-network telehealth providers or through Virtual Visits powered by MDLIVE[®]. We're making it easy for members to

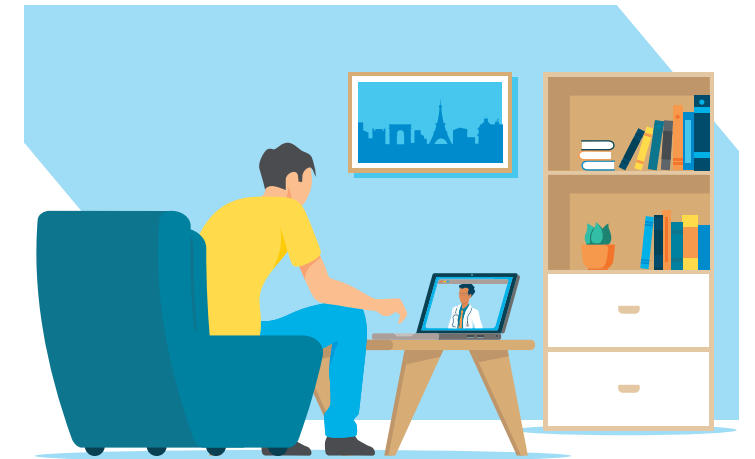
prioritize their health. They can save time and money and get the care they need wherever they are.

What's Telehealth?

Telehealth is a kind of health care delivery that lets members consult with their own doctors by telephone or secure video. Their in-network, BCBSTX doctor can evaluate, diagnose and treat them remotely without the need to travel to the doctor's office. Doctors can even send an e-prescription to the member's pharmacy of choice.

What are Virtual Visits?

Virtual Visits provide 24/7 access to consultations with board-certified doctors from virtually anywhere. This is helpful when the member's BCBSTX provider is closed, or when the member is traveling.



Encourage members to make sure their doctors can provide consultations by phone or secure video.

	Telehealth	Virtual Visits
Members consult with their regular BCBSTX network doctors	X	
24/7 Access		X
Doctors can send e-prescriptions to local pharmacies	X	X
Consultations are available by phone, secure video or mobile app	X	X
Includes behavioral health consultations	X	X

\$0 Copay for Preventive and Maintenance Drugs is Back in 2022

Employers can choose from select Health Savings Account (HSA) compatible plans with the \$0 member cost-share for certain preventive and maintenance drugs built right into their pharmacy benefits. This supports members' treatment plans, helps keep medical conditions under control and keeps costs low for everyone.

Blue Balance FundedSM – Is a Level-Funded Solution for Some Businesses

With competitive pricing and new four-tier rating structure, our level-funded option could be a cost-saving solution for your small (10-50) accounts. Talk with your sales or account executive to find out if Blue Balance Funded could be right for your groups.

Boost Their Benefits with Ancillary Plans

We understand that competitive benefits are essential to helping employers attract and retain a talented workforce. That's why we've combined our medical coverage with some of the most popular ancillary benefits. Offering ancillary benefits alongside medical coverage can help employers protect their employees' physical and financial wellbeing while providing them with peace of mind. Talk with your BCBSTX representative to find out how you can boost your groups' medical benefits with any of these ancillary options:

- BlueCare DentalSM
- Life Insurance
- Short- and/or Long-Term Disability
- Vision

Blue Cross and Blue Shield of Texas 2022 Small Group Plan Portfolio																	
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments							Pharmacy Benefits		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 ^{1,4}	Inpatient ^{1,4}	Outpatient Surgery ^{1,4}	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
Blue Advantage Gold HMO SM 822 ²	G665ADT	NA	\$0/ NC	\$0/ NC	\$8,700/ NC	\$17,400/ NC	100%/NC	\$30	\$60	\$25	\$200	\$750	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/ 100%
Blue Advantage Platinum HMO SM 807 ^{2,7}	P610ADT	NA	\$250/ NC	\$750/ NC	\$1,250/ NC	\$3,750/ NC	80%/NC	\$30	\$60	\$25	\$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	\$250/ \$500	\$750/ \$1,500	\$1,250/ Unlimited	\$3,750/ Unlimited	80%/60%	\$30	\$60	\$25	\$250	\$300	\$150	\$100	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	70%/70%
Blue Advantage Platinum HMO SM 202 ^{2,7}	P9K3ADT	NA	\$500/ NC	\$1,000/ NC	\$1,500/ NC	\$3,000/ NC	80%/NC	\$30	\$60	\$75	\$250	\$300	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Platinum PPO SM 202 ⁷	P9K3CHC	NA	\$500/ \$10,000	\$1,000/ \$20,000	\$1,500/ Unlimited	\$3,000/ Unlimited	80%/60%	\$30	\$60	\$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	\$1,000/ NC	\$3,000/ NC	\$6,000/ NC	\$12,000 / NC	80%/NC	\$45	\$90	\$100	\$250	\$500	\$150	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO SM 114 ⁷	G9K8CHC	NA	\$1,000/ \$2,000	\$3,000/ \$4,000	\$6,000/ Unlimited	\$12,000/ Unlimited	80%/60%	\$45	\$90	\$100	\$250	\$500	\$150	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Platinum HMO SM 808 ^{2,7}	P611ADT	NA	\$1,250/ NC	\$3,750/ NC	\$1,250/ NC	\$3,750/ NC	100%/NC	\$25	\$45	\$25	\$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	\$1,250/ \$2,500	\$3,750/ \$7,500	\$1,250/ Unlimited	\$3,750/ Unlimited	100%/80%	\$25	\$45	\$25	\$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	\$1,250/ NC	\$3,750/ NC	\$5,000/ NC	\$10,000/ NC	80%/NC	\$40	\$80	\$75	\$200	\$600	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO SM 823	G654CHC	NA	\$1250/ \$2,500	\$3,750/ \$7,500	\$5,000/ Unlimited	\$10,000/ Unlimited	80%/60%	\$40	\$80	\$75	\$200	\$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	\$1,500/ NC	\$4,500/ NC	\$5,000/ NC	\$10,000/ NC	80%/NC	\$40	\$80	\$100	\$250	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO SM 820 ⁷	G652CHC	NA	\$1,500/ \$3,000	\$4,500/ \$9,000	\$5,000/ Unlimited	\$10,000/ Unlimited	80%/60%	\$40	\$80	\$100	\$250	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO SM 922 ²	G9E3ADT	NA	\$1,500/ NC	\$4,500/ NC	\$6,000/ NC	\$12,000/ NC	80%/NC	\$30	\$60	\$75	\$100	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO SM 822	G653CHC	NA	\$1,500/ \$3,000	\$4,500/ \$9,000	\$6,000/ Unlimited	\$12,000/ Unlimited	80%/60%	\$30	\$60	\$75	\$100	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO SM 812 ²	G661ADT	NA	\$2,000/ NC	\$6,000/ NC	\$4,000/ NC	\$12,000/ NC	90%/NC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Choice Gold PPO SM 112	G9K6CHC	NA	\$2,000/ \$4,000	\$6,000/ \$8,000	\$4,000/ Unlimited	\$12,000/ Unlimited	90%/70%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Advantage Gold HMO SM 817 ^{2,7}	G664ADT	NA	\$2,000/ NC	\$6,000/ NC	\$6,000/ NC	\$17,100/ NC	80%/NC	\$30	\$60	\$75	\$250	\$300	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO SM 117 ⁷	G9L1CHC	NA	\$2,000/ \$4,000	\$6,000/ \$8,000	\$6,000/ Unlimited	\$17,100/ Unlimited	80%/70%	\$30	\$60	\$75	\$250	\$300	\$150	\$100	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO SM 801 ²	G660ADT	NA	\$3,000/ NC	\$9,000/ NC	\$3,000/ NC	\$9,000/ NC	100%/NC	\$40	\$80	\$75	\$250	\$400	\$350	\$250	100%	100%	100%/ 100%
Blue Choice Gold PPO SM 801	G650CHC	NA	\$3,000/ \$6,000	\$9,000/ \$18,000	\$3,000/ Unlimited	\$9,000/ Unlimited	100%/80%	\$40	\$80	\$75	\$250	\$400	\$350	\$250	100%	100%	100%/ 100%
Blue Advantage Silver HMO SM 127 ²	S9J7ADT	NA	\$3,000/ NC	\$9,000/ NC	\$8,550/ NC	\$17,100/ NC	70%/NC	\$40	\$80	\$100	\$250	\$600	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 827	S663CHC	NA	\$3,000/ \$6,000	\$9,000/ \$18,000	\$8,550/ Unlimited	\$17,100/ Unlimited	70%/50%	\$40	\$80	\$100	\$250	\$600	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%

General Notes

NA = Not Applicable; DC = Deductible and Coinsurance; NC = Not Covered; In = In-Network; Out and OON = Out-of-Network
 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.
 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.
 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.
 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.
 Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.

Footnotes

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 for 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. HSA plan with an employer contribution range from \$0-\$195.

Blue Cross and Blue Shield of Texas 2022 Small Group Plan Portfolio																	
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments						Pharmacy Benefits		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 ^{1,4}	Inpatient ^{1,4}	Outpatient Surgery ^{1,4}	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
Blue Advantage Silver HMO SM 820 ²	S643ADT	NA	\$3,000/NC	\$9,000/NC	\$8,700/NC	\$17,400/NC	70%/NC	\$50	\$80	\$100	\$200	\$600	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 824	S661CHC	NA	\$3,000/\$6,000	\$9,000/\$18,000	\$8,700/Unlimited	\$17,400/Unlimited	70%/50%	\$50	\$80	\$100	\$200	\$600	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO SM 203 ²	G9K5ADT	NA	\$3,000/NC	\$9,000/NC	\$8,700/NC	\$17,400/NC	80%/NC	\$0	\$80	\$150	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO SM 203	G9L5CHC	NA	\$3,000/\$6,000	\$9,000/\$18,000	\$8,700/Unlimited	\$17,400/Unlimited	80%/50%	\$0	\$80	\$150	DC	DC	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Gold HMO SM 204 ^{2,7}	G9K7ADT	NA	\$3,000/NC	\$9,000/NC	\$8,700/NC	\$17,400/NC	90%/NC	\$40	\$80	\$75	\$250	\$400	\$350	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Gold PPO SM 204 ⁷	G9L7CHC	NA	\$3,000/\$6,000	\$9,000/\$18,000	\$8,700/Unlimited	\$17,400/Unlimited	90%/80%	\$40	\$80	\$75	\$250	\$400	\$350	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO SM 134 ²	S9J9ADT	NA	\$3,250/NC	\$9,750/NC	\$8,550/NC	\$17,100/NC	60%/NC	\$50	\$80	\$100	DC	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 834	S665CHC	NA	\$3,250/\$6,500	\$9,750/\$19,500	\$8,550/Unlimited	\$17,100/Unlimited	60%/60%	\$50	\$80	\$100	DC	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO SM 935 ²	S9E3ADT	NA	\$3,500/NC	\$9,750/NC	\$8,550/NC	\$17,100/NC	80%/NC	\$40	\$70	\$75	\$200	\$500	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 135	S9M2CHC	NA	\$3,500/\$7,000	\$9,750/\$14,000	\$8,550/Unlimited	\$17,100/Unlimited	80%/60%	\$40	\$70	\$75	\$200	\$500	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO SM 818 ^{2,7}	S642ADT	NA	\$3,500/NC	\$10,500/NC	\$8,550/NC	\$17,100/NC	70%/NC	\$50	\$80	\$100	\$250	\$600	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 118 ⁷	S9L9CHC	NA	\$3,500/\$7,000	\$10,500/\$14,000	\$8,550/Unlimited	\$17,100/Unlimited	70%/50%	\$50	\$80	\$100	\$250	\$600	\$350	\$300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO SM 804 ^{2,7}	S641ADT	NA	\$4,000/NC	\$12,000/NC	\$8,550/NC	\$17,100/NC	70%/NC	\$40	\$80	\$100	\$250	\$500	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 844 ⁷	S666CHC	NA	\$4,000/\$8,000	\$12,000/\$24,000	\$8,550/Unlimited	\$17,100/Unlimited	70%/50%	\$40	\$80	\$100	\$250	\$500	\$300	\$250	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO SM 201 ²	S9L1ADT	NA	\$5,000/NC	\$15,000/NC	\$8,700/NC	\$17,400/NC	70%/NC	\$30	\$60	\$75	DC	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 201	S9K1CHC	NA	\$5,000/\$10,000	\$15,000/\$20,000	\$8,700/Unlimited	\$17,400/Unlimited	70%/50%	\$30	\$60	\$75	DC	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO SM 803 ^{2,7}	S640ADT	NA	\$6,000/NC	\$12,000/NC	\$8,150/NC	\$16,300/NC	90%/NC	\$40	\$80	\$80	\$250	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 803 ⁷	S660CHC	NA	\$6,000/\$12,000	\$12,000/\$24,000	\$8,150/Unlimited	\$16,300/Unlimited	90%/70%	\$40	\$80	\$80	\$250	\$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	\$6,000/NC	\$12,000/NC	\$7,900/NC	\$15,800/NC	80%/NC	\$40	\$70	\$100	DC	\$750	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Choice Silver PPO SM 845	S667CHC	NA	\$6,000/\$12,000	\$12,000/\$24,000	\$7,900/Unlimited	\$15,800/Unlimited	80%/60%	\$40	\$70	\$100	DC	\$750	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	70%/70%
Blue Advantage Silver HMO SM 846 ^{2,7}	S644ADT	NA	\$7,900/NC	\$15,800/NC	\$7,900/NC	\$15,800/NC	100%/NC	\$30	\$60	\$75	\$250	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/100%
Blue Choice Silver PPO SM 146 ⁷	S9L7CHC	NA	\$7,900/\$15,800	\$15,800/\$31,600	\$7,900/Unlimited	\$15,800/Unlimited	100%/80%	\$30	\$60	\$75	\$250	\$500	\$250	\$200	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	100%/100%

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Footnotes

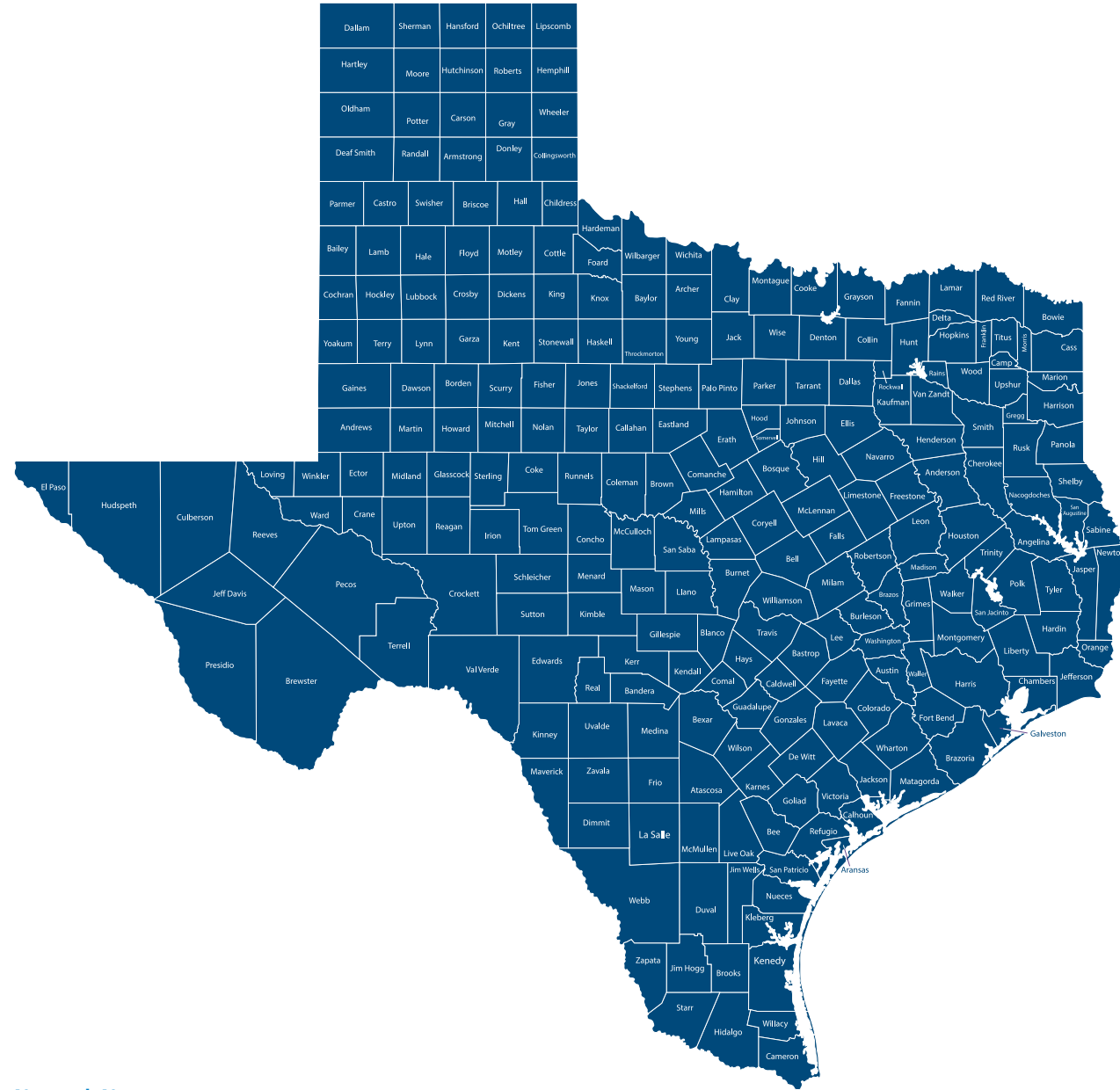
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Blue Cross and Blue Shield of Texas 2022 Small Group Plan Portfolio																	
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense		Coinsurance	Copayments							Pharmacy Benefits		Pediatric Dental
Plan Name	Plan ID	Range of HSA 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 ^{1,4}	Inpatient ^{1,4}	Outpatient Surgery ^{1,4}	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Pediatric Dental In/Out
Blue Advantage Bronze HMO SM 833 ²	B661ADT	NA	\$8,550/NC	\$17,100/NC	\$8,550/NC	\$17,100/NC	100%/NC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Choice Bronze PPO SM 833	B662CHC	NA	\$8,550/\$17,100	\$17,100/\$34,200	\$8,550/\$17,100	\$17,100/\$34,200	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Advantage Gold HMO SM 103 ^{2,5}	G9J1ADT	\$0/\$0	\$2,900/NC	\$8,400/NC	\$3,500/NC	\$10,500/NC	90%/NC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Choice Gold PPO SM 103 ⁵	G9K4CHC	\$0/\$0	\$2,900/\$10,000	\$8,400/\$20,000	\$3,500/Unlimited	\$10,500/Unlimited	90%/70%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Advantage Silver HMO SM 102 ^{2,5}	S9J5ADT	\$0/\$0	\$3,000/NC	\$6,000/NC	\$6,900/NC	\$13,800/NC	80%/NC	\$35	\$70	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/70%
Blue Choice Silver PPO SM 102 ⁵	S9L5CHC	\$0/\$0	\$3,000/\$6,000	\$6,000/\$12,000	\$6,900/Unlimited	\$13,800/Unlimited	80%/60%	\$35	\$70	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	70%/70%
Blue Advantage Gold HMO SM 919 ^{2,6}	G9E1ADT	\$125/\$125-\$195	\$3,000/NC	\$9,000/NC	\$3,000/NC	\$9,000/NC	100%/NC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Choice Gold PPO SM 819 ⁶	G651CHC	\$125/\$125-\$195	\$3,000/\$6,000	\$9,000/\$18,000	\$3,000/\$6,000	\$9,000/\$18,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Advantage Silver HMO SM 101 ^{2,5}	S9J3ADT	\$0/\$0	\$4,000/NC	\$12,000/NC	\$6,900/NC	\$13,800/NC	80%/NC	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Choice Silver PPO SM 101 ⁵	S9L3CHC	\$0/\$0	\$4,000/\$10,000	\$12,000/\$20,000	\$6,900/Unlimited	\$13,800/Unlimited	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Advantage Gold HMO SM 830 ^{2,6}	G666ADT	\$350/\$350-\$600	\$4,000/NC	\$12,000/NC	\$4,000/NC	\$12,000/NC	100%/NC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Choice Gold PPO SM 830 ⁶	G656CHC	\$350/\$350-\$600	\$4,000/\$8,000	\$12,000/\$24,000	\$4,000/\$8,000	\$12,000/\$24,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Advantage Silver HMO SM 925 ^{2,8}	S9E1ADT	\$0/\$0-\$195	\$5,000/NC	\$10,000/NC	\$5,000/NC	\$10,000/NC	100%/NC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Choice Silver PPO SM 825 ⁸	S662CHC	\$0/\$0-\$195	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Advantage Silver HMO SM 120 ^{2,5}	S9K2ADT	\$0/\$0	\$6,000/NC	\$12,000/NC	\$6,000/NC	\$12,000/NC	100%/NC	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Choice Silver PPO SM 120 ⁵	S9M4CHC	\$0/\$0	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/\$12,000	\$12,000/\$24,000	100%/100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Advantage Bronze HMO SM 905 ^{2,5}	B9E1ADT	\$0/\$0	\$6,350/NC	\$12,500/NC	\$6,900/NC	\$13,800/NC	70%/NC	DC	DC	DC	DC	\$650	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	70%/70%
Blue Choice Bronze PPO SM 805 ⁵	B660CHC	\$0/\$0	\$6,350/\$11,500	\$12,500/\$26,200	\$6,900/Unlimited	\$13,800/Unlimited	70%/50%	DC	DC	DC	DC	\$650	DC	DC	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	\$6,900/NC	\$13,800/NC	\$6,900/NC	\$13,800/NC	100%/NC	DC	DC	DC	DC	\$650	DC	DC	100%	100%	100%/100%
Blue Choice Bronze PPO SM 806 ⁵	B661CHC	\$0/\$0	\$6,900/\$13,500	\$13,800/\$27,000	\$6,900/\$13,500	\$13,800/\$27,000	100%/100%	DC	DC	DC	DC	\$650	DC	DC	100%	100%	100%/100%

General Notes
NA = Not Applicable; DC = Deductible and Coinsurance; NC = Not Covered; In = In-Network; Out and OON = Out-of-Network
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.
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.
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.
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.
Pediatric dental benefits are subject to the medical deductible before coverage begins. In-network benefits refer to services provided by BlueCare Dental PPOSM providers.

Footnotes
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 for 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. HSA plan with an employer contribution range from \$0-\$195.

2022 Texas Small Group (1-50) Provider Networks by County



- Network Names**
- Blue Choice PPO and 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	Blue Advantage HMO
Network Name	Blue Choice PPO (Network Code: BCA)	Blue Advantage HMO (Network Code: BAV)
Type	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.

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Learn to Live provides educational behavioral health programs; members considering further medical treatment should consult with a physician.

Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Texas.

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

EyeMed Vision Care, LLC, an independent company, provides customer service and network administration services for BCBSTX. BCBSTX has contracted with First American Administrators (FAA), an independent company, to provide claims administration. The relationship between BCBSTX, FAA, and EyeMed is that of independent contractors.

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

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