

Same
Value.
More
Choice.

SMALL GROUP 1-50 EMPLOYEES

2021 Small Group Plans

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

The 2021 Small Group Portfolio is available from January 1 until December 31, 2021. Employers can choose from a variety of plans that give members access to plenty of features and benefits. Here are some of the 2021 highlights.

Provider Telehealth Visits

Members have more access to health care through our in-network telehealth benefit. There's no need to put off care. They can see their own, in-network PCP or Specialist by phone, video or mobile app (if available) for the same copay as an in-office visit. If the group benefits already include 24/7 Virtual Visits, powered by MDLIVE®, in-network telehealth is in addition to those benefits.

\$0 Preventive Drugs on Health Savings Account (HSA) Plans

Select HSA plans now feature a \$0 copay for certain preventive drugs. This helps members stick to their treatment plans and better manage their health conditions.

HSA Copays

Certain HSA-compatible plans now have copays for primary care and specialist office visits, and pharmacy benefit copays after the deductible is met.

Behavioral Health Program Services

- A Behavioral Health Member Services team that can help members find providers and answer questions about eligibility, benefits and more
- 24-hour access to a single point of contact for members and providers
- Information about inpatient and outpatient services (counseling, testing and more)
- Assistance with prior authorizations (when required) and case management services for all Behavioral Health levels of care and services

Virtual Visits: Care When and Where You Need It

Virtual Visits, powered by MDLIVE

Members have access to Virtual Visits, 24 hours a day, seven days a week. Virtual Visits provide a live consultation between a doctor and a member for many non-emergency medical issues and behavioral health needs.

Based on your location, consult with a board-certified doctor by phone at **888-680-8646**, online at **MDLIVE.com/bcbstx** or with the MDLIVE mobile app. Doctors are available on demand or by appointment.

Members may set up their profiles to include their member ID number, preferred pharmacy for e-prescriptions and credit card number for easy payment.

MDLIVE doctors and therapists can treat a variety of non-emergency conditions, including:

- Allergies
- Anxiety
- Asthma
- Cold/flu
- Depression
- Ear problems
- Nausea
- Pink Eye
- Rash
- Sinus Infections
- Skin rashes
- Stress Management
- Urinary symptoms
- And more!

Members have access to Virtual Visits at the same PCP office visit copay outlined in their group benefits.*

*Copays on certain HSA plans will vary.

MDLIVE.COM/BCBSTX

1-888-680-8646

Powered by
MDLIVE



Blue Cross and Blue Shield of Texas 2021 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	\$0	\$8,550	\$17,100	100%	\$25	\$45	\$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	\$750	\$1,250	\$3,750	80%	\$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 Gold HMO SM 814 ^{2,7}	G662ADT	NA	\$1,000	\$3,000	\$6,000	\$12,000	80%	\$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	\$3,750	\$1,250	\$3,750	100%	\$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	\$3,750	\$5,000	\$10,000	80%	\$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	\$4,500	\$5,000	\$10,000	80%	\$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	\$4,500	\$6,000	\$12,000	80%	\$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	\$6,000	\$4,000	\$12,000	90%	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	\$6,000	\$6,000	\$17,100	80%	\$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	\$9,000	\$3,000	\$9,000	100%	\$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	\$9,000	\$8,550	\$17,100	70%	\$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%
Blue Advantage Silver HMO SM 820 ²	S643ADT	NA	\$3,000	\$9,000	\$8,550	\$17,100	70%	\$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	\$8,550/Unlimited	\$17,100/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 Silver HMO SM 134 ²	S9J9ADT	NA	\$3,250	\$9,750	\$8,550	\$17,100	60%	\$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 Cross and Blue Shield of Texas 2021 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 935 ²	S9E3ADT	NA	\$3,500	\$9,750	\$8,550	\$17,100	80%	\$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	\$10,500	\$8,550	\$17,100	70%	\$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	\$12,000	\$8,550	\$17,100	70%	\$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 803 ^{2,7}	S640ADT	NA	\$6,000	\$12,000	\$8,150	\$16,300	90%	\$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	\$12,000	\$7,900	\$15,800	80%	\$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	\$15,800	\$7,900	\$15,800	100%	\$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%
Blue Advantage Bronze HMO SM 833	B661ADT	NA	\$8,550	\$17,100	\$8,550	\$17,100	100%	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 ^{2,5,8}	G9J1ADT	\$0	\$2,800	\$8,400	\$3,500	\$10,500	90%	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 ^{5,8}	G9K4CHC	\$0	\$2,800/\$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	\$3,000	\$6,000	\$6,900	\$13,800	80%	\$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	\$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-\$195	\$3,000	\$9,000	\$3,000	\$9,000	100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Choice Gold PPO SM 819 ⁶	G651CHC	\$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 ^{2,5,8}	S9J3ADT	\$0	\$4,000	\$12,000	\$6,900	\$13,800	80%	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 ^{5,8}	S9L3CHC	\$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-\$600	\$4,000	\$12,000	\$4,000	\$12,000	100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Choice Gold PPO SM 830 ⁶	G656CHC	\$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 ^{2,5}	S9E1ADT	\$0-\$195	\$5,000	\$10,000	\$5,000	\$10,000	100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Choice Silver PPO SM 825 ⁵	S662CHC	\$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 Cross and Blue Shield of Texas 2021 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 120 ^{2,5}	S9K2ADT	\$0	\$6,000	\$12,000	\$6,000	\$12,000	100%	DC	DC	DC	DC	DC	DC	DC	100%	100%	100%/100%
Blue Choice Silver PPO SM 120 ⁵	S9M4CHC	\$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	\$6,350	\$12,500	\$6,900	\$13,800	70%	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	\$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	\$6,900	\$13,800	\$6,900	\$13,800	100%	DC	DC	DC	DC	\$650	DC	DC	100%	100%	100%/100%
Blue Choice Bronze PPO SM 806 ⁵	B661CHC	\$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; 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 PT scans.
4. Copay plus deductible applies. Once deductible is met, copay plus coinsurance applies until the out-of-pocket maximum is met. For plans with an ER copay, the copay is waived if admitted and the charges described in your benefit booklet under *Inpatient Hospital Services* will apply. Please see your benefit booklet for complete details.
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. Under these High Deductible Health Plan-HSAs, select preventive prescription drugs will be covered with no member cost share.

Vision Insurance from Blue Cross and Blue Shield of Texas

2021 HMO Pediatric Vision Care

Insured Benefit		
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$0 Copay	\$30
Frames		
Frames	\$0 Copay on provider-designated frame; \$150 allowance on non-provider designated frame, 20% off balance over \$150	
Any available frame at provider location	\$75	
Standard Plastic Lenses		
Single Vision	\$0 Copay	\$25
Bifocal	\$0 Copay	\$40
Trifocal	\$0 Copay	\$55
Lenticular	\$0 Copay	\$55
Lens Options		
UV Treatment	\$0 Copay	NA
Tint (Fashion & Gradient & Glass-Grey)	\$0 Copay	\$12
Standard Plastic Scratch Coating	\$0 Copay	\$12
Standard Polycarbonate - Kids under 19	\$0 Copay	\$32
Glass	\$0 Copay	NA
Oversized	\$0	NA
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$150 allowance, 15% off balance over \$150	\$150
Disposable	\$0 Copay; \$150 allowance, plus balance over \$150	\$150
Medically Necessary	\$0 Copay, Paid-in-Full	\$210
Discounts on Services and Materials on Non-Insured Items		
Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Retinal Imaging Benefit	Up to \$39	NA
Exam Options		
Standard Contact Lens Fit and Follow-Up	Up to \$40	NA
Premium Contact Lens Fit and Follow-Up	10% off Retail Price	NA
Standard Plastic Lenses		
Standard Progressive Lens	\$65 Copay	NA
Premium Progressive Lens Tier 1	\$85 Copay	NA
Premium Progressive Lens Tier 2	\$95 Copay	NA
Premium Progressive Lens Tier 3	\$110 Copay	NA
Premium Progressive Lens Tier 4	\$65 copay, 80% of charge less \$120 Allowance	NA
Lens Options		
Standard Polycarbonate - Adults	\$40	NA
Standard Anti-Reflective Coating	\$45	NA
Premium Anti-Reflective Coating Tier 1	\$57	NA
Premium Anti-Reflective Coating Tier 2	\$68	NA
Premium Anti-Reflective Coating Tier 3	20% off Retail Price	NA
Polarized	20% off Retail Price	NA
Photochromatic/Transitions Plastic	\$75	NA
Other Add-Ons	20% off Retail Price	NA
Other		
Laser Vision Correction	15% off Retail Price or 5% off promotional price	NA
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	NA

2021 Non-HMO Pediatric Vision Care

Insured Benefit		
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$0 Copay	\$30
Frames		
Frames	\$0 Copay on provider-designated frame; \$150 allowance on non-provider designated frame, 20% off balance over \$150	
Any available frame at provider location	\$75	
Standard Plastic Lenses		
Single Vision	\$0 Copay	\$25
Bifocal	\$0 Copay	\$40
Trifocal	\$0 Copay	\$55
Lenticular	\$0 Copay	\$55
Lens Options		
UV Treatment	\$0 Copay	NA
Tint (Fashion & Gradient & Glass-Grey)	\$0 Copay	\$12
Standard Plastic Scratch Coating	\$0 Copay	\$12
Standard Polycarbonate - Kids under 19	\$0 Copay	\$32
Glass	\$0 Copay	NA
Oversized	\$0	NA
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$150 allowance, 15% off balance over \$150	\$150
Disposable	\$0 Copay; \$150 allowance, plus balance over \$150	\$150
Medically Necessary	\$0 Copay, Paid-in-Full	\$210
Discounts on Services and Materials on Non-Insured Items		
Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Retinal Imaging Benefit	Up to \$39	NA
Exam Options		
Standard Contact Lens Fit and Follow-Up	Up to \$40	NA
Premium Contact Lens Fit and Follow-Up	10% off Retail Price	NA
Standard Plastic Lenses		
Standard Progressive Lens	\$65 Copay	NA
Premium Progressive Lens Tier 1	\$85 Copay	NA
Premium Progressive Lens Tier 2	\$95 Copay	NA
Premium Progressive Lens Tier 3	\$110 Copay	NA
Premium Progressive Lens Tier 4	\$65 copay, 80% of charge less \$120 Allowance	NA
Lens Options		
Standard Polycarbonate - Adults	\$40	NA
Standard Anti-Reflective Coating	\$45	NA
Premium Anti-Reflective Coating Tier 1	\$57	NA
Premium Anti-Reflective Coating Tier 2	\$68	NA
Premium Anti-Reflective Coating Tier 3	20% off Retail Price	NA
Polarized	20% off Retail Price	NA
Photochromatic/Transitions Plastic	\$75	NA
Other Add-Ons	20% off Retail Price	NA
Other		
Laser Vision Correction	15% off Retail Price or 5% off promotional price	NA
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	NA

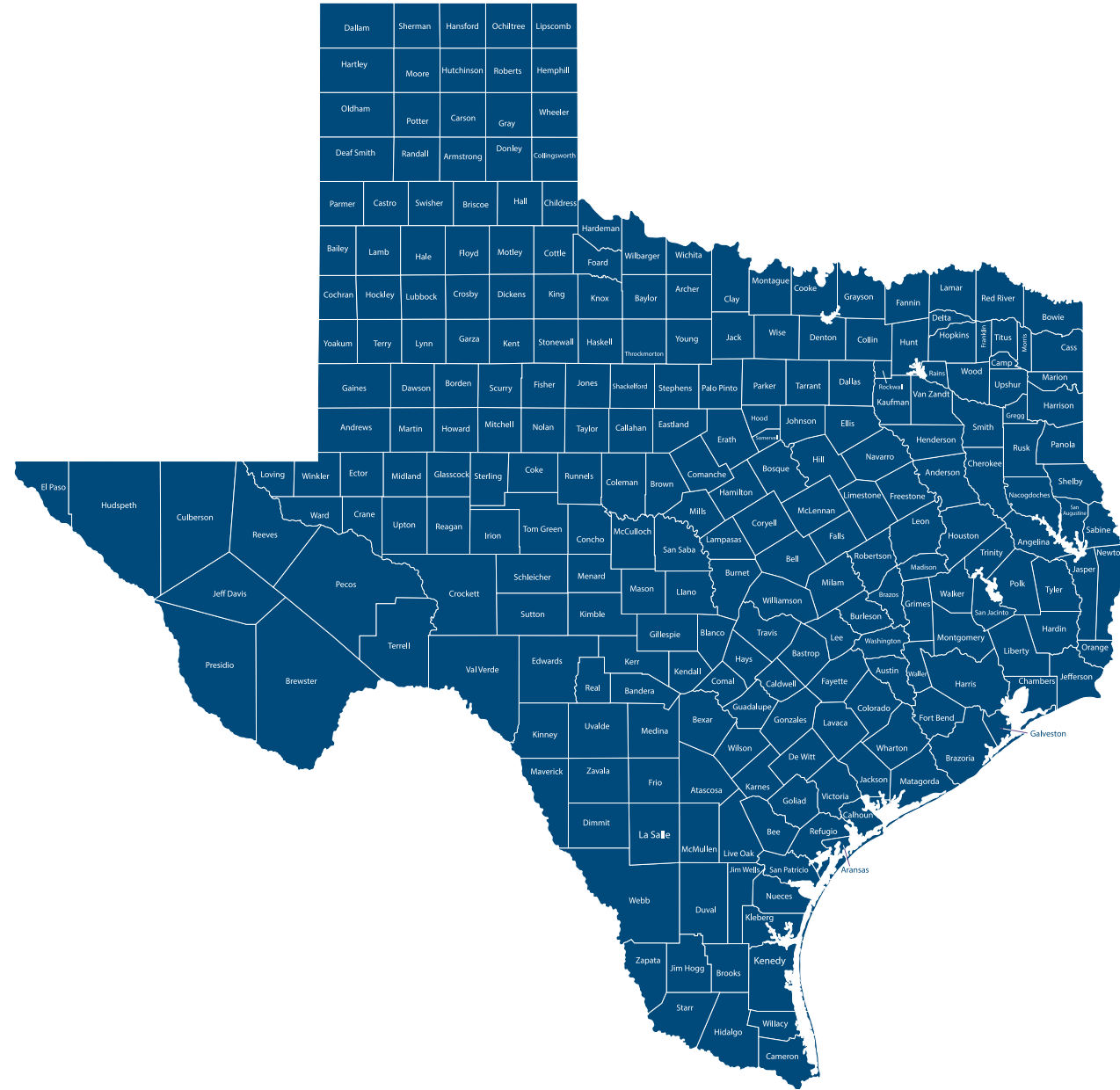
All plans utilize the EyeMed Select Network. Materials/services for a non-insured benefit are considered discounts and are subject to change at anytime without notice. Non-insured benefits must be paid to the provider in full.

*Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. This is a snapshot; the vision benefits and the Certificate of Insurance is the master.

PLAN EXCLUSIONS

1) Orthoptic or vision training; Aniseikonic spectacle lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care; 10) Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

2021 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.



Help Members Get More Value from Their Pharmacy Benefits

Here are some ways members can get more value from their pharmacy benefits:

- Consider using generic drugs.
- Ask their doctor to check the prescription drug list when recommending prescription drug options. Drugs on the list are chosen for their safety, cost and how well they work.
- Use an in-network pharmacy.
- Go to **bcbstx.com** to check Blue Access for MembersSM (BAMSM) for online pharmacy resources, out-of-pocket prescription cost estimates, claims history and more.
- Ask doctors or pharmacists about the choices available and which drug is right for them.



Want more information?
Talk with your BCBSTX account representative today.

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 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.
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 and is solely responsible for its operations and for those of its contracted providers.

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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.

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. Members should contact the vendor directly with questions about the products or services offered by third parties.