



**BlueCross BlueShield
of Texas**

Subject: Important Plan Changes Texas Small Group 2024

Dear Group Administrator:

On your plan renewal date, there will be some changes to the benefits offered in your current plans.

Included with this letter is a list of all Blue Cross and Blue Shield of Texas (BCBSTX) small group plans and their benefit level changes. Note: This is only a list of plans with benefit changes – not a list of all BCBSTX plans.

Your next steps:

- Find the seven-digit plan ID for your current plan(s), in the “Current Health Plans” section of your renewal exhibit
- Use that seven-digit plan ID to find your group’s benefit changes in the “Plan Changes” document

If you would like to keep your current plan(s) at renewal, with modifications outlined in the “Plan Changes” document, nothing else is needed. Your plan(s) will continue with no interruption. If you would like to make a change, contact your broker or call us with questions. A Benefit Program Application Amendment must be completed and returned to us for any changes to your group’s coverage.

Our goal is to serve your health care coverage needs through all of life’s changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of Texas

Blue Cross and Blue Shield of Texas

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Gold HMO 822; G665ADT

- Your Imaging Services copayment will change to \$250 from \$200.
- Your Primary Care Provider office visit copayment will change to \$45 from \$35.
- Your Specialist Office Visit copayment will change to \$80 from \$70.
- Your Virtual Visit copayment will change to \$45 from \$35.
- Your Mental Health / Substance Usage copayment will change to \$45 from \$35.
- Your in-network Inpatient copayment will change to \$250 from \$150.
- Your in-network Facility Surgery copayment will change to \$200 from \$100.

Blue Cross and Blue Shield of Texas

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Gold HMO 103; G9J1ADT

Blue Choice Gold PPO 103; G9K4CHC

- Your in-network individual Deductible will change to \$3,200 from \$3,000.
- Your in-network family Deductible will change to \$9,600 from \$9,000.
- Your out-of-network individual Deductible will change to \$6,400 from \$10,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network family Deductible will change to \$19,200 from \$20,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.

Blue Cross and Blue Shield of Texas

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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Blue Advantage Gold HMO 801; G660ADT

Blue Choice Gold PPO 801; G650CHC

- Your in-network individual Deductible will change to \$3,250 from \$3,000.
- Your in-network family Deductible will change to \$9,750 from \$9,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,250 from \$3,000.
- Your in-network family Out-of-Pocket Maximum will change to \$9,750 from \$9,000.
- Your out-of-network individual Deductible will change to \$6,500 from \$6,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network family Deductible will change to \$19,500 from \$18,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.

Blue Cross and Blue Shield of Texas

2024 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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Blue Advantage Gold HMO 919; G9E1ADT

Blue Choice Gold PPO 819; G651CHC

- Your in-network individual Deductible will change to \$3,200 from \$3,000.
- Your in-network family Deductible will change to \$9,600 from \$9,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,200 from \$3,000.
- Your in-network family Out-of-Pocket Maximum will change to \$9,600 from \$9,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$6,400 from \$6,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network family Out-of-Pocket Maximum will change to \$19,200 from \$18,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network individual Deductible will change to \$6,400 from \$6,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network family Deductible will change to \$19,200 from \$18,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.

Blue Cross and Blue Shield of Texas

2024 Affordable Care Act (ACA)/Metallic Plans

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Blue Advantage Silver HMO 102; S9J5ADT

Blue Choice Silver PPO 102; S9L5CHC

- Your in-network individual Deductible will change to \$3,500 from \$3,000.
- Your in-network family Deductible will change to \$7,000 from \$6,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,000 from \$6,900.
- Your in-network family Out-of-Pocket Maximum will change to \$14,000 from \$13,800.
- Your out-of-network individual Deductible will change to \$7,000 from \$6,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network family Deductible will change to \$14,000 from \$12,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.

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2024 Affordable Care Act (ACA)/Metallic Plans

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Blue Advantage Gold HMO 204; G9K7ADT

Blue Choice Gold PPO 204; G9L7CHC

- Your in-network individual Out-of-Pocket Maximum will change to \$8,000 from \$8,500.
- Your in-network family Out-of-Pocket Maximum will change to \$16,000 from \$17,000.
- Your Imaging Services copayment will change to \$100 from \$150.
- Your Specialist Office Visit copayment will change to \$50 from \$60.
- Your Emergency Room Services copayment will change to \$300 from \$400.
- Your in-network Inpatient copayment will change to \$200 from \$350.
- Your in-network Facility Surgery copayment will change to \$150 from \$250.

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Blue Advantage Silver HMO 925; S9E1ADT

Blue Choice Silver PPO 825; S662CHC

- Your in-network individual Deductible will change to \$5,250 from \$5,000.
- Your in-network family Deductible will change to \$10,500 from \$10,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,250 from \$5,000.
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$10,000.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$10,500 from \$10,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network family Out-of-Pocket Maximum will change to \$21,000 from \$20,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network individual Deductible will change to \$10,500 from \$10,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network family Deductible will change to \$21,000 from \$20,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.

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2024 Affordable Care Act (ACA)/Metallic Plans

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Blue Advantage Silver HMO 945; S9E5ADT

Blue Choice Silver PPO 845; S667CHC

- Your Imaging Services copayment will change to \$200 from NA.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Virtual Visit copayment will change to \$50 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45.
- Your in-network Inpatient copayment will change to \$350 from \$250.
- Your in-network Facility Surgery copayment will change to \$300 from \$200.
- Your in-network Facility X-ray services copayment will change to \$150 from NA.

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To find your renewal group's 2024 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or 7-character plan ID in the search field and press enter.

Blue Advantage Silver HMO 803; S640ADT

Blue Choice Silver PPO 803; S660CHC

- Your in-network individual Out-of-Pocket Maximum will change to \$9,000 from \$8,500.
- Your in-network family Out-of-Pocket Maximum will change to \$18,000 from \$17,000.
- Your in-network Inpatient copayment will change to \$350 from \$250.
- Your in-network Facility Surgery copayment will change to \$300 from \$200.

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Blue Advantage Bronze HMO 905; B9E1ADT

Blue Choice Bronze PPO 805; B660CHC

- Your in-network individual Deductible will change to \$6,500 from \$6,350.
- Your in-network family Deductible will change to \$13,000 from \$12,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,250 from \$6,900.
- Your in-network family Out-of-Pocket Maximum will change to \$14,500 from \$13,800.
- Your out-of-network individual Deductible will change to \$13,000 from \$11,500. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network family Deductible will change to \$26,000 from \$26,200. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.

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Blue Advantage Bronze HMO 806; B660ADT

Blue Choice Bronze PPO 806; B661CHC

- Your in-network individual Deductible will change to \$7,100 from \$6,900.
- Your in-network family Deductible will change to \$14,200 from \$13,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,100 from \$6,900.
- Your in-network family Out-of-Pocket Maximum will change to \$14,200 from \$13,800.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$14,200 from \$13,500. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network family Out-of-Pocket Maximum will change to \$28,400 from \$27,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network individual Deductible will change to \$14,200 from \$13,500. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network family Deductible will change to \$28,400 from \$27,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.

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Blue Advantage Silver HMO 846; S644ADT

Blue Choice Silver PPO 146; S9L7CHC

- Your in-network individual Deductible will change to \$8,100 from \$7,900.
- Your in-network family Deductible will change to \$16,200 from \$15,800.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,100 from \$7,900.
- Your in-network family Out-of-Pocket Maximum will change to \$16,200 from \$15,800.
- Your out-of-network individual Deductible will change to \$16,200 from \$15,800. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network family Deductible will change to \$32,400 from \$31,600. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Specialist Office Visit copayment will change to \$100 from \$90.
- Your Virtual Visit copayment will change to \$50 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$50 from \$45.
- Your in-network Inpatient copayment will change to \$350 from \$250.
- Your in-network Facility Surgery copayment will change to \$300 from \$200.
- Your in-network Facility X-ray services copayment will change to \$200 from NA.