BlueCross BlueShield of Texas

Subject: Important Plan Changes Texas Small Group 2027

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 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

2027 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

HOW TO FIND PLAN

1. Locate 7-character Plan ID in renewal materials
2. Press CTRL + F
3. Enter the Plan ID or plan name

The following benefit changes will apply to all Small Group ACA plans in our product portfolio, not just ones listed on the following pages:

- Changes to the 2027 Health Insurance Drug List.
- Updates to the 2027 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Texas

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Advantage HMO

Blue Advantage Bronze HMO 806; B660ADT

- In-network individual Deductible will change from $7,500 to $8,000.
- In-network family Deductible will change from $15,000 to $16,000.
- In-network individual Out-of-Pocket Maximum will change from $7,500 to $8,000.
- In-network family Out-of-Pocket Maximum will change from $15,000 to $16,000.

Blue Advantage Bronze HMO 806-in vitro; BV60ADT

- In-network individual Deductible will change from $7,500 to $8,000.
- In-network family Deductible will change from $15,000 to $16,000.
- In-network individual Out-of-Pocket Maximum will change from $7,500 to $8,000.
- In-network family Out-of-Pocket Maximum will change from $15,000 to $16,000.

Blue Advantage Bronze HMO 833; B661ADT

- In-network individual Deductible will change from $8,650 to $9,500.
- In-network family Deductible will change from $17,300 to $19,000.
- In-network individual Out-of-Pocket Maximum will change from $8,650 to $9,500.
- In-network family Out-of-Pocket Maximum will change from $17,300 to $19,000.

Blue Advantage Bronze HMO 833-in vitro; BV61ADT

- In-network individual Deductible will change from $8,650 to $9,500.
- In-network family Deductible will change from $17,300 to $19,000.
- In-network individual Out-of-Pocket Maximum will change from $8,650 to $9,500.
- In-network family Out-of-Pocket Maximum will change from $17,300 to $19,000.

Blue Cross and Blue Shield of Texas

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Advantage Bronze HMO 905; B9E1ADT

- In-network individual Out-of-Pocket Maximum will change from $7,750 to $8,000.
- In-network family Out-of-Pocket Maximum will change from $15,500 to $16,000.

Blue Advantage Bronze HMO 905-in vitro; B9E2ADT

- In-network individual Out-of-Pocket Maximum will change from $7,750 to $8,000.
- In-network family Out-of-Pocket Maximum will change from $15,500 to $16,000.

Blue Advantage Gold HMO 204; G9K7ADT

- In-network individual Out-of-Pocket Maximum will change from $5,500 to $6,250.
- In-network family Out-of-Pocket Maximum will change from $11,000 to $12,500.

Blue Advantage Gold HMO 204-in vitro; G9K8ADT

- In-network individual Out-of-Pocket Maximum will change from $5,500 to $6,250.
- In-network family Out-of-Pocket Maximum will change from $11,000 to $12,500.

Blue Advantage Gold HMO 801; G660ADT

- In-network individual Deductible will change from $3,500 to $3,750.
- In-network family Deductible will change from $10,500 to $11,250.
- In-network individual Out-of-Pocket Maximum will change from $3,500 to $3,750.
- In-network family Out-of-Pocket Maximum will change from $10,500 to $11,250.

Blue Advantage Gold HMO 801-in vitro; GV60ADT

- In-network individual Deductible will change from $3,500 to $3,750.
- In-network family Deductible will change from $10,500 to $11,250.
- In-network individual Out-of-Pocket Maximum will change from $3,500 to $3,750.
- In-network family Out-of-Pocket Maximum will change from $10,500 to $11,250.

Blue Cross and Blue Shield of Texas

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Advantage Gold HMO 812; G661ADT

- In-network Inpatient copayment will change from NA to $100.
- In-network Facility Surgery copayment will change from NA to $100.

Blue Advantage Gold HMO 812-in vitro; GV61ADT

- In-network Inpatient copayment will change from NA to $100.
- In-network Facility Surgery copayment will change from NA to $100.

Blue Advantage Gold HMO 822; G665ADT

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $7,500.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $15,000.
- Primary Care Provider office visit copayment will change from $50 to $70.
- Specialist Office Visit copayment will change from $90 to $140.
- Virtual Visit copayment will change from $50 to $70.
- Mental Health / Substance Usage copayment will change from $50 to $70.
- Emergency Room Services copayment will change from $750 to $1,000.
- Imaging Services copayment will change from $250 to $450.
- In-network Inpatient copayment will change from $500 to $2,750.
- In-network Facility Surgery copayment will change from $200 to $1,750.

Blue Advantage Gold HMO 822-in vitro; GV65ADT

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $7,500.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $15,000.
- Primary Care Provider office visit copayment will change from $50 to $70.
- Specialist Office Visit copayment will change from $90 to $140.
- Virtual Visit copayment will change from $50 to $70.
- Mental Health / Substance Usage copayment will change from $50 to $70.
- Emergency Room Services copayment will change from $750 to $1,000.
- Imaging Services copayment will change from $250 to $450.
- In-network Inpatient copayment will change from $500 to $2,750.
- In-network Facility Surgery copayment will change from $200 to $1,750.

Blue Cross and Blue Shield of Texas

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Advantage Platinum HMO 202; P9K3ADT

- In-network individual Out-of-Pocket Maximum will change from $1,800 to $2,500.
- In-network family Out-of-Pocket Maximum will change from $3,600 to $7,500.

Blue Advantage Platinum HMO 202 - in vitro; P9K4ADT

- In-network individual Out-of-Pocket Maximum will change from $1,800 to $2,500.
- In-network family Out-of-Pocket Maximum will change from $3,600 to $7,500.

Blue Advantage Platinum HMO 301; P9M1ADT

- Plan coinsurance will change from 90% to 80%.
- Emergency room coinsurance will change from 90% to 80%.
- Imaging Services coinsurance will change from 90% to 80%.
- In-network Facility Surgery coinsurance will change from 90% to 80%.
- Facility lab services coinsurance will change from 90% to 80%.
- Facility X-ray services coinsurance will change from 90% to 80%.

Blue Advantage Platinum HMO 301-in vitro; P9M2ADT

- Plan coinsurance will change from 90% to 80%.
- Emergency room coinsurance will change from 90% to 80%.
- Imaging Services coinsurance will change from 90% to 80%.
- In-network Facility Surgery coinsurance will change from 90% to 80%.
- Facility lab services coinsurance will change from 90% to 80%.
- Facility X-ray services coinsurance will change from 90% to 80%.

Blue Cross and Blue Shield of Texas

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Advantage Platinum HMO 807; P610ADT

- In-network individual Out-of-Pocket Maximum will change from $1,600 to $2,750.
- In-network family Out-of-Pocket Maximum will change from $4,800 to $8,250.

Blue Advantage Platinum HMO 807-in vitro; PV10ADT

- In-network individual Out-of-Pocket Maximum will change from $1,600 to $2,750.
- In-network family Out-of-Pocket Maximum will change from $4,800 to $8,250.

Blue Advantage Platinum HMO 808; P611ADT

- In-network individual Deductible will change from $1,350 to $2,500.
- In-network family Deductible will change from $4,050 to $7,500.
- In-network individual Out-of-Pocket Maximum will change from $1,350 to $2,500.
- In-network family Out-of-Pocket Maximum will change from $4,050 to $7,500.

Blue Advantage Platinum HMO 808-in vitro; PV11ADT

- In-network individual Deductible will change from $1,350 to $2,500.
- In-network family Deductible will change from $4,050 to $7,500.
- In-network individual Out-of-Pocket Maximum will change from $1,350 to $2,500.
- In-network family Out-of-Pocket Maximum will change from $4,050 to $7,500.

Blue Advantage Silver HMO 101; S9J3ADT

- In-network individual Out-of-Pocket Maximum will change from $7,000 to $7,500.
- In-network family Out-of-Pocket Maximum will change from $14,000 to $15,000.

Blue Advantage Silver HMO 101-in vitro; S9J4ADT

- In-network individual Out-of-Pocket Maximum will change from $7,000 to $7,500.
- In-network family Out-of-Pocket Maximum will change from $14,000 to $15,000.

Blue Cross and Blue Shield of Texas

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Advantage Silver HMO 102; S9J5ADT

- In-network individual Out-of-Pocket Maximum will change from $7,200 to $8,000.
- In-network family Out-of-Pocket Maximum will change from $14,400 to $16,000.

Blue Advantage Silver HMO 102-in vitro; S9J6ADT

- In-network individual Out-of-Pocket Maximum will change from $7,200 to $8,000.
- In-network family Out-of-Pocket Maximum will change from $14,400 to $16,000.

Blue Advantage Silver HMO 127; S9J7ADT

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $20,000.

Blue Advantage Silver HMO 127-in vitro; S9J8ADT

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $20,000.

Blue Advantage Silver HMO 134; S9J9ADT

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,950.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $21,900.

Blue Advantage Silver HMO 134-in vitro; S9K1ADT

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,950.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $21,900.

Blue Cross and Blue Shield of Texas

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Advantage Silver HMO 201; S9L1ADT

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $10,500.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $21,000.

Blue Advantage Silver HMO 201 -in vitro; S9L2ADT

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $10,500.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $21,000.

Blue Advantage Silver HMO 803; S640ADT

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,500.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $21,000.

Blue Advantage Silver HMO 803-in vitro; SV40ADT

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,500.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $21,000.

Blue Advantage Silver HMO 804; S641ADT

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $11,000.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $22,000.

Blue Advantage Silver HMO 804-in vitro; SV41ADT

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $11,000.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $22,000.

Blue Advantage Silver HMO 818; S642ADT

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $20,000.

Blue Advantage Silver HMO 818-in vitro; SV42ADT

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $20,000.

Blue Cross and Blue Shield of Texas

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Advantage Silver HMO 820; S643ADT

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $20,000.

Blue Advantage Silver HMO 820-in vitro; SV43ADT

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $20,000.

Blue Advantage Silver HMO 846; S644ADT

- In-network individual Deductible will change from $8,400 to $9,500.
- In-network family Deductible will change from $16,800 to $19,000.
- In-network individual Out-of-Pocket Maximum will change from $8,400 to $9,500.
- In-network family Out-of-Pocket Maximum will change from $16,800 to $19,000.
- Emergency Room Services copayment will change from $500 to $750.
- In-network Inpatient copayment will change from $350 to $500.
- In-network Facility Surgery copayment will change from $300 to $450.

Blue Advantage Silver HMO 846-in vitro; SV44ADT

- In-network individual Deductible will change from $8,400 to $9,500.
- In-network family Deductible will change from $16,800 to $19,000.
- In-network individual Out-of-Pocket Maximum will change from $8,400 to $9,500.
- In-network family Out-of-Pocket Maximum will change from $16,800 to $19,000.
- Emergency Room Services copayment will change from $500 to $750.
- In-network Inpatient copayment will change from $350 to $500.
- In-network Facility Surgery copayment will change from $300 to $450.

Blue Cross and Blue Shield of Texas

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Advantage Silver HMO 925; S9E1ADT

- In-network individual Deductible will change from $5,500 to $5,750.
- In-network family Deductible will change from $11,000 to $11,500.
- In-network individual Out-of-Pocket Maximum will change from $5,500 to $5,750.
- In-network family Out-of-Pocket Maximum will change from $11,000 to $11,500.

Blue Advantage Silver HMO 925-in vitro; S9E2ADT

- In-network individual Deductible will change from $5,500 to $5,750.
- In-network family Deductible will change from $11,000 to $11,500.
- In-network individual Out-of-Pocket Maximum will change from $5,500 to $5,750.
- In-network family Out-of-Pocket Maximum will change from $11,000 to $11,500.

Blue Advantage Silver HMO 935; S9E3ADT

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $20,000.

Blue Advantage Silver HMO 935-in vitro; S9E4ADT

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $20,000.

Blue Advantage Silver HMO 945; S9E5ADT

- In-network individual Out-of-Pocket Maximum will change from $8,750 to $9,750.
- In-network family Out-of-Pocket Maximum will change from $17,500 to $19,500.

Blue Advantage Silver HMO 945-in vitro; S9E6ADT

- In-network individual Out-of-Pocket Maximum will change from $8,750 to $9,750.
- In-network family Out-of-Pocket Maximum will change from $17,500 to $19,500.

Blue Cross and Blue Shield of Texas

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Choice PPO

Blue Choice Bronze PPO 805; B660CHC

- In-network individual Out-of-Pocket Maximum will change from $7,750 to $8,000.
- In-network family Out-of-Pocket Maximum will change from $15,500 to $16,000.

Blue Choice Bronze PPO 805-in vitro; BV60CHC

- In-network individual Out-of-Pocket Maximum will change from $7,750 to $8,000.
- In-network family Out-of-Pocket Maximum will change from $15,500 to $16,000.

Blue Choice Bronze PPO 806; B661CHC

- In-network individual Deductible will change from $7,500 to $8,000.
- In-network family Deductible will change from $15,000 to $16,000.
- In-network individual Out-of-Pocket Maximum will change from $7,500 to $8,000.
- In-network family Out-of-Pocket Maximum will change from $15,000 to $16,000.
- Out-of-network individual Deductible will change from $15,000 to $16,000. Reminder: Out-of-network-of-network-of-network benefits only apply to PPO plans. HMO plans do not offerOut-of-network benefits.
- Out-of-network family Deductible will change from $30,000 to $32,000. Reminder: Out-of-network-of-network benefits only apply to PPO plans. HMO plans do not offerOut-of-network benefits.
- Out-of-network individual Out-of-Pocket Maximum will change from $15,000 to $16,000. Reminder: Out-of-network-of-network benefits only apply to PPO plans. HMO plans do not offerOut-of-network benefits.
- Out-of-network family Out-of-Pocket Maximum will change from $30,000 to $32,000. Reminder: Out-of-network-of-network benefits only apply to PPO plans. HMO plans do not offerOut-of-network benefits.

Blue Choice Bronze PPO 806-in vitro; BV61CHC

- In-network individual Deductible will change from $7,500 to $8,000.
- In-network family Deductible will change from $15,000 to $16,000.
- In-network individual Out-of-Pocket Maximum will change from $7,500 to $8,000.
- In-network family Out-of-Pocket Maximum will change from $15,000 to $16,000.
- Out-of-network individual Deductible will change from $15,000 to $16,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Deductible will change from $30,000 to $32,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network individual Out-of-Pocket Maximum will change from $15,000 to $16,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Out-of-Pocket Maximum will change from $30,000 to $32,000. 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

2027 Affordable Care Act (ACA)/Metallic Plans

The following updates apply at renewal:

Small Group (2-50)

Blue Choice Bronze PPO 833; B662CHC

- In-network individual Deductible will change from $8,650 to $9,500.
- In-network family Deductible will change from $17,300 to $19,000.
- In-network individual Out-of-Pocket Maximum will change from $8,650 to $9,500.
- In-network family Out-of-Pocket Maximum will change from $17,300 to $19,000.
- Out-of-network individual Deductible will change from $17,300 to $19,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Deductible will change from $34,600 to $38,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network individual Out-of-Pocket Maximum will change from $17,300 to $19,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Out-of-Pocket Maximum will change from $34,600 to $38,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.

Blue Choice Bronze PPO 833-in vitro; BV62CHC

- In-network individual Deductible will change from $8,650 to $9,500.
- In-network family Deductible will change from $17,300 to $19,000.
- In-network individual Out-of-Pocket Maximum will change from $8,650 to $9,500.
- In-network family Out-of-Pocket Maximum will change from $17,300 to $19,000.
- Out-of-network individual Deductible will change from $17,300 to $19,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Deductible will change from $34,600 to $38,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network individual Out-of-Pocket Maximum will change from $17,300 to $19,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Out-of-Pocket Maximum will change from $34,600 to $38,000. 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

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Choice Gold PPO 112; G9K6CHC

- In-network Inpatient copayment will change from NA to $100.
- Out-of-network Inpatient copayment will change from NA to $200. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- In-network Facility Surgery copayment will change from NA to $100.
- Out-of-network Surgery copayment will change from NA to $200. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.

Blue Choice Gold PPO 112-in vitro; G9K7CHC

- In-network Inpatient copayment will change from NA to $100.
- Out-of-network Inpatient copayment will change from NA to $200. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- In-network Facility Surgery copayment will change from NA to $100.
- Out-of-network Surgery copayment will change from NA to $200. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.

Blue Choice Gold PPO 204; G9L7CHC

- In-network individual Out-of-Pocket Maximum will change from $5,500 to $6,250.
- In-network family Out-of-Pocket Maximum will change from $11,000 to $12,500.

Blue Choice Gold PPO 204-in vitro; G9L8CHC

- In-network individual Out-of-Pocket Maximum will change from $5,500 to $6,250.
- In-network family Out-of-Pocket Maximum will change from $11,000 to $12,500.

Blue Choice Gold PPO 801; G650CHC

- In-network individual Deductible will change from $3,500 to $3,750.
- In-network family Deductible will change from $10,500 to $11,250.
- In-network individual Out-of-Pocket Maximum will change from $3,500 to $3,750.
- In-network family Out-of-Pocket Maximum will change from $10,500 to $11,250.
- Out-of-network individual Deductible will change from $7,000 to $7,500. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Deductible will change from $21,000 to $22,500. 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

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Choice Gold PPO 801-in vitro; GV50CHC

- In-network individual Deductible will change from $3,500 to $3,750.
- In-network family Deductible will change from $10,500 to $11,250.
- In-network individual Out-of-Pocket Maximum will change from $3,500 to $3,750.
- In-network family Out-of-Pocket Maximum will change from $10,500 to $11,250.
- Out-of-network individual Deductible will change from $7,000 to $7,500. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Deductible will change from $21,000 to $22,500. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.

Blue Choice Platinum PPO 202; P9K3CHC

- In-network individual Out-of-Pocket Maximum will change from $1,800 to $2,500.
- In-network family Out-of-Pocket Maximum will change from $3,600 to $7,500.

Blue Choice Platinum PPO 202-in vitro; P9K4CHC

- In-network individual Out-of-Pocket Maximum will change from $1,800 to $2,500.
- In-network family Out-of-Pocket Maximum will change from $3,600 to $7,500.

Blue Choice Platinum PPO 301; P9M1CHC

- Plan coinsurance will change from 90% to 80%.
- emergency room coinsurance will change from 90% to 80%.
- Imaging Services coinsurance will change from 90% to 80%.
- In-network Facility Surgery coinsurance will change from 90% to 80%.
- Facility lab services coinsurance will change from 90% to 80%.
- Facility X-ray services coinsurance will change from 90% to 80%.

Blue Choice Platinum PPO 301-in vitro; P9M2CHC

- Plan coinsurance will change from 90% to 80%.
- Emergency room coinsurance will change from 90% to 80%.
- Imaging Services coinsurance will change from 90% to 80%.
- In-network Facility Surgery coinsurance will change from 90% to 80%.
- Facility lab services coinsurance will change from 90% to 80%.
- Facility X-ray services coinsurance will change from 90% to 80%.

Blue Cross and Blue Shield of Texas

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Choice Platinum PPO 810; P620CHC

- In-network individual Out-of-Pocket Maximum will change from $1,600 to $2,750.
- In-network family Out-of-Pocket Maximum will change from $4,800 to $8,250.
- Out-of-network Inpatient copayment will change from $250 to $500. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network Surgery copayment will change from $200 to $400. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.

Blue Choice Platinum PPO 810-in vitro; PV20CHC

- In-network individual Out-of-Pocket Maximum will change from $1,600 to $2,750.
- In-network family Out-of-Pocket Maximum will change from $4,800 to $8,250.
- Out-of-network Inpatient copayment will change from $250 to $500. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network Surgery copayment will change from $200 to $400. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.

Blue Choice Platinum PPO 811; P621CHC

- In-network individual Deductible will change from $1,350 to $2,500.
- In-network family Deductible will change from $4,050 to $7,500.
- In-network individual Out-of-Pocket Maximum will change from $1,350 to $2,500.
- In-network family Out-of-Pocket Maximum will change from $4,050 to $7,500.
- Out-of-network individual Deductible will change from $2,700 to $5,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Deductible will change from $8,100 to $15,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network Inpatient copayment will change from $250 to NA. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network Surgery copayment will change from $200 to NA. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.

Blue Choice Platinum PPO 811-in vitro; PV21CHC

- In-network individual Deductible will change from $1,350 to $2,500.
- In-network family Deductible will change from $4,050 to $7,500.
- In-network individual Out-of-Pocket Maximum will change from $1,350 to $2,500.
- In-network family Out-of-Pocket Maximum will change from $4,050 to $7,500.
- Out-of-network individual Deductible will change from $2,700 to $5,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Deductible will change from $8,100 to $15,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network Inpatient copayment will change from $250 to NA. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network Surgery copayment will change from $200 to NA. 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

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Choice Silver PPO 101; S9L3CHC

- In-network individual Out-of-Pocket Maximum will change from $7,000 to $7,500.
- In-network family Out-of-Pocket Maximum will change from $14,000 to $15,000.

Blue Choice Silver PPO 101-in vitro; S9L4CHC

- In-network individual Out-of-Pocket Maximum will change from $7,000 to $7,500.
- In-network family Out-of-Pocket Maximum will change from $14,000 to $15,000.

Blue Choice Silver PPO 102; S9L5CHC

- In-network individual Out-of-Pocket Maximum will change from $7,200 to $8,000.
- In-network family Out-of-Pocket Maximum will change from $14,400 to $16,000.

Blue Choice Silver PPO 102-in vitro; S9L6CHC

- In-network individual Out-of-Pocket Maximum will change from $7,200 to $8,000.
- In-network family Out-of-Pocket Maximum will change from $14,400 to $16,000.

Blue Choice Silver PPO 118; S9L9CHC

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $20,000.

Blue Choice Silver PPO 118-in vitro; S9M1CHC

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $20,000.

Blue Choice Silver PPO 135; S9M2CHC

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $20,000.

Blue Choice Silver PPO 135-in vitro; S9M3CHC

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $20,000.

Blue Cross and Blue Shield of Texas

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Choice Silver PPO 146; S9L7CHC

- In-network individual Deductible will change from $8,400 to $9,500.
- In-network family Deductible will change from $16,800 to $19,000.
- In-network individual Out-of-Pocket Maximum will change from $8,400 to $9,500.
- In-network family Out-of-Pocket Maximum will change from $16,800 to $19,000.
- Out-of-network individual Deductible will change from $16,800 to $19,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Deductible will change from $33,600 to $38,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Emergency Room Services copayment will change from $500 to $750.
- In-network Inpatient copayment will change from $350 to $500.
- In-network Facility Surgery copayment will change from $300 to $450.

Blue Choice Silver PPO 146-in vitro; S9L8CHC

- In-network individual Deductible will change from $8,400 to $9,500.
- In-network family Deductible will change from $16,800 to $19,000.
- In-network individual Out-of-Pocket Maximum will change from $8,400 to $9,500.
- In-network family Out-of-Pocket Maximum will change from $16,800 to $19,000.
- Out-of-network individual Deductible will change from $16,800 to $19,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Deductible will change from $33,600 to $38,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Emergency Room Services copayment will change from $500 to $750.
- In-network Inpatient copayment will change from $350 to $500.
- In-network Facility Surgery copayment will change from $300 to $450.

Blue Cross and Blue Shield of Texas

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Choice Silver PPO 201; S9K1CHC

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $10,500.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $21,000.

Blue Choice Silver PPO 201 -in vitro; S9K2CHC

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $10,500.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $21,000.

Blue Choice Silver PPO 803; S660CHC

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,500.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $21,000.

Blue Choice Silver PPO 803-in vitro; SV60CHC

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,500.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $21,000.

Blue Choice Silver PPO 824; S661CHC

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $20,000.

Blue Choice Silver PPO 824-in vitro; SV61CHC

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $20,000.

Blue Cross and Blue Shield of Texas

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Choice Silver PPO 825; S662CHC

- In-network individual Deductible will change from $5,500 to $5,750.
- In-network family Deductible will change from $11,000 to $11,500.
- In-network individual Out-of-Pocket Maximum will change from $5,500 to $5,750.
- In-network family Out-of-Pocket Maximum will change from $11,000 to $11,500.
- Out-of-network individual Deductible will change from $11,000 to $11,500. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Deductible will change from $22,000 to $23,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network individual Out-of-Pocket Maximum will change from $11,000 to $11,500. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Out-of-Pocket Maximum will change from $22,000 to $23,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.

Blue Choice Silver PPO 825-in vitro; SV62CHC

- In-network individual Deductible will change from $5,500 to $5,750.
- In-network family Deductible will change from $11,000 to $11,500.
- In-network individual Out-of-Pocket Maximum will change from $5,500 to $5,750.
- In-network family Out-of-Pocket Maximum will change from $11,000 to $11,500.
- Out-of-network individual Deductible will change from $11,000 to $11,500. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Deductible will change from $22,000 to $23,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network individual Out-of-Pocket Maximum will change from $11,000 to $11,500. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.
- Out-of-network family Out-of-Pocket Maximum will change from $22,000 to $23,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer Out-of-network benefits.

Blue Choice Silver PPO 827; S663CHC

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $20,000.

Blue Cross and Blue Shield of Texas

2027 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

The following updates apply at renewal:

Blue Choice Silver PPO 827-in vitro; SV63CHC

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,000.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $20,000.

Blue Choice Silver PPO 834; S665CHC

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,950.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $21,900.

Blue Choice Silver PPO 834-in vitro; SV65CHC

- In-network individual Out-of-Pocket Maximum will change from $9,200 to $10,950.
- In-network family Out-of-Pocket Maximum will change from $18,400 to $21,900.

Blue Choice Silver PPO 844; S666CHC

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $11,000.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $22,000.

Blue Choice Silver PPO 844-in vitro; SV66CHC

- In-network individual Out-of-Pocket Maximum will change from $9,100 to $11,000.
- In-network family Out-of-Pocket Maximum will change from $18,200 to $22,000.

Blue Choice Silver PPO 845; S667CHC

- In-network individual Out-of-Pocket Maximum will change from $8,750 to $9,750.
- In-network family Out-of-Pocket Maximum will change from $17,500 to $19,500.

Blue Choice Silver PPO 845-in vitro; SV67CHC

- In-network individual Out-of-Pocket Maximum will change from $8,750 to $9,750.
- In-network family Out-of-Pocket Maximum will change from $17,500 to $19,500.