BlueCross BlueShield of Texas

Subject: Important Plan Changes Texas Small Group 2026

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

2026 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

To find your renewal group's 2026 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.

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

- Viscosupplements* will now be a contract exclusion and are no longer a covered benefit.
  *Viscosupplement is a gel like fluid called hyaluronic acid that is injected into the joint. Typically used for treatment of arthritis or osteoarthritis.
- Changes to the 2026 Health Insurance Drug List.
- Updates to the 2026 Preferred Pharmacy Network.

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2026 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

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Blue Advantage HMO

Blue Advantage Gold HMO 801; G660ADT

- Your in-network individual Deductible will change to $3,500 from $3,350.
- Your in-network family Deductible will change to $10,500 from $10,050.
- Your in-network individual Out-of-Pocket Maximum will change to $3,500 from $3,350.
- Your in-network family Out-of-Pocket Maximum will change to $10,500 from $10,050.

Blue Advantage Gold HMO 801-in vitro; GV60ADT

- Your in-network individual Deductible will change to $3,500 from $3,350.
- Your in-network family Deductible will change to $10,500 from $10,050.
- Your in-network individual Out-of-Pocket Maximum will change to $3,500 from $3,350.
- Your in-network family Out-of-Pocket Maximum will change to $10,500 from $10,050.

Blue Advantage Silver HMO 945; S9E5ADT

- Your in-network individual Out-of-Pocket Maximum will change to $8,750 from $8,350.
- Your in-network family Out-of-Pocket Maximum will change to $17,500 from $16,700.

Blue Advantage Silver HMO 945-in vitro; S9E6ADT

- Your in-network individual Out-of-Pocket Maximum will change to $8,750 from $8,350.
- Your in-network family Out-of-Pocket Maximum will change to $17,500 from $16,700.

Blue Advantage Silver HMO 846; S644ADT

- Your in-network individual Deductible will change to $8,400 from $8,200.
- Your in-network family Deductible will change to $16,800 from $16,400.
- Your in-network individual Out-of-Pocket Maximum will change to $8,400 from $8,200.
- Your in-network family Out-of-Pocket Maximum will change to $16,800 from $16,400.

Blue Advantage Silver HMO 846-in vitro; SV44ADT

- Your in-network individual Deductible will change to $8,400 from $8,200.
- Your in-network family Deductible will change to $16,800 from $16,400.
- Your in-network individual Out-of-Pocket Maximum will change to $8,400 from $8,200.
- Your in-network family Out-of-Pocket Maximum will change to $16,800 from $16,400.

Blue Cross and Blue Shield of Texas

2026 Affordable Care Act (ACA)/Metallic Plans *Small Group (2-50)*

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Blue Choice PPO

Blue Choice Gold PPO 801; G650CHC

- Your in-network individual Deductible will change to $3,500 from $3,350.
- Your in-network family Deductible will change to $10,500 from $10,050.
- Your in-network individual Out-of-Pocket Maximum will change to $3,500 from $3,350.
- Your in-network family Out-of-Pocket Maximum will change to $10,500 from $10,050.
- Your out-of-network individual Deductible will change to $7,000 from $6,700. 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 $20,100. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.

Blue Choice Gold PPO 801-in vitro; GV50CHC

- Your in-network individual Deductible will change to $3,500 from $3,350.
- Your in-network family Deductible will change to $10,500 from $10,050.
- Your in-network individual Out-of-Pocket Maximum will change to $3,500 from $3,350.
- Your in-network family Out-of-Pocket Maximum will change to $10,500 from $10,050.
- Your out-of-network individual Deductible will change to $7,000 from $6,700. 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 $20,100. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.

Blue Choice Silver PPO 845; S667CHC

- Your in-network individual Out-of-Pocket Maximum will change to $8,750 from $8,350.
- Your in-network family Out-of-Pocket Maximum will change to $17,500 from $16,700.

Blue Choice Silver PPO 845-in vitro; SV67CHC

- Your in-network individual Out-of-Pocket Maximum will change to $8,750 from $8,350.
- Your in-network family Out-of-Pocket Maximum will change to $17,500 from $16,700.

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Blue Choice Silver PPO 146; S9L7CHC

- Your in-network individual Deductible will change to $8,400 from $8,200.
- Your in-network family Deductible will change to $16,800 from $16,400.
- Your in-network individual Out-of-Pocket Maximum will change to $8,400 from $8,200.
- Your in-network family Out-of-Pocket Maximum will change to $16,800 from $16,400.
- Your out-of-network individual Deductible will change to $16,800 from $16,400. 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 $33,600 from $32,800. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.

Blue Choice Silver PPO 146-in vitro; S9L8CHC

- Your in-network individual Deductible will change to $8,400 from $8,200.
- Your in-network family Deductible will change to $16,800 from $16,400.
- Your in-network individual Out-of-Pocket Maximum will change to $8,400 from $8,200.
- Your in-network family Out-of-Pocket Maximum will change to $16,800 from $16,400.
- Your out-of-network individual Deductible will change to $16,800 from $16,400. 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 $33,600 from $32,800. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.