



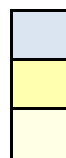
Plan Year 2023 Individual Retail Products

Below are links to Summaries of Benefits & Coverage (SBC), Benefit Highlights and Plan Comparison Charts for all Blue Cross and Blue Shield of Texas (BCBSTX) qualified health plans in the individual ACA market.

Plan Comparison Charts

Comparison Chart	Links to Charts
BCBSTX Combined Plan Comparison Chart	English • Spanish
BCBSTX Gold Plan Comparison Chart	English • Spanish
BCBSTX Silver Plan Comparison Chart	English • Spanish
BCBSTX Bronze Plan Comparison Chart	English • Spanish

Key



Off-exchange plans

On-exchange "base" plans with no cost-sharing reductions (CSRs)

On-exchange plans with CSRs:

AI/AN Limited and AI/AN Zero plans are available to eligible American Indians and Alaska Natives. Plans with an actuarial value (AV) of 73%, 87% and 94% are available to eligible consumers meeting household income requirements.

Gold Plans

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Gold HMO 207	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 206	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 206	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 206	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 206	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights

Gold Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Gold HMO 603	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 603	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 603	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 603	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 706	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 706	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 706	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Gold HMO 706	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Gold 203	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Gold 203	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Gold 203	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Gold 203	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Gold 706	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Gold 706	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Gold 706	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Gold 706	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
MyBlue Health Gold 403	Off-exchange Plan	Summary of Benefits	Benefit Highlights
MyBlue Health Gold 403	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
MyBlue Health Gold 403	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
MyBlue Health Gold 403	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights

Silver Plans

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Silver HMO 205	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 205	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 205	On-exchange 73% AV CSR Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 205	On-exchange 87% AV CSR Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 205	On-exchange 94% AV CSR Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 205	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 205	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 705	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 705	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 705	On-exchange 73% AV CSR Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 705	On-exchange 87% AV CSR Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 705	On-exchange 94% AV CSR Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 705	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 705	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 306	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Silver HMO 601	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 306	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 202	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 202	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 202	On-exchange 73% AV CSR Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 202	On-exchange 87% AV CSR Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 202	On-exchange 94% AV CSR Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 202	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 202	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights

Silver Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Plus Silver 605	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 605	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 605	On-exchange 73% AV CSR Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 605	On-exchange 87% AV CSR Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 605	On-exchange 94% AV CSR Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 605	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 605	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 705	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 705	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 705	On-exchange 73% AV CSR Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 705	On-exchange 87% AV CSR Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 705	On-exchange 94% AV CSR Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 705	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Silver 705	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
MyBlue Health Silver 405	Off-exchange Plan	Summary of Benefits	Benefit Highlights
MyBlue Health Silver 405	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
MyBlue Health Silver 405	On-exchange 73% AV CSR Plan	Summary of Benefits	Benefit Highlights
MyBlue Health Silver 405	On-exchange 87% AV CSR Plan	Summary of Benefits	Benefit Highlights
MyBlue Health Silver 405	On-exchange 94% AV CSR Plan	Summary of Benefits	Benefit Highlights
MyBlue Health Silver 405	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
MyBlue Health Silver 405	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights

Bronze Plans

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Bronze HMO 204	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 204	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 204	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 204	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 301	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 301	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 301	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 301	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 302	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 302	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 302	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 302	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 702	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 702	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 702	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 702	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 704	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 704	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 704	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 704	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 707	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 707	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 707	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Bronze HMO 707	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights

Bronze Plans (continued)

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Plus Bronze 201	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 303	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 303	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 303	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 303	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 305	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 305	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 305	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 305	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 501	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 704	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 704	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 704	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 704	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 707	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 707	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 707	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Plus Bronze 707	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights
MyBlue Health Bronze 402	Off-exchange Plan	Summary of Benefits	Benefit Highlights
MyBlue Health Bronze 402	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights
MyBlue Health Bronze 402	On-exchange AI/AN Limited Plan	Summary of Benefits	Benefit Highlights
MyBlue Health Bronze 402	On-exchange AI/AN Zero Plan	Summary of Benefits	Benefit Highlights

Catastrophic Plans

Plan Name	Plan Variance	Link to SBC Document	Link to Benefit Highlights
Blue Advantage Security HMO 200	Off-exchange Plan	Summary of Benefits	Benefit Highlights
Blue Advantage Security HMO 200	On-exchange "Base" Plan	Summary of Benefits	Benefit Highlights

Accessing Policy Booklets

We link to a plan's policy booklet in every SBC document. On the first page of an SBC, it's the first link at the top. On the next several pages of an SBC, the link to the policy booklet is located in the footer.

Summary of Benefits and Coverage: What This Plan Covers & What You Pay for Covered Services Coverage Period: 01/01/2022 – 12/31/2022

Blue Cross Blue Shield of Texas | Blue Advantage Plus BronzeSM 305 Coverage for: Individual/Family | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbstx.com/bb/ind/bb-bosh43havixp-bx-2022.pdf or by calling 1-888-697-0683. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: \$6,100 Individual/\$17,400 Family Out-of-Network: \$15,000	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
		This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/ . You don't have to meet deductibles for specific services.
		The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
		Even though you pay these expenses, they don't count toward the out-of-pocket limit.
		This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
		This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Providers (You will pay the least)	Non-Participating Providers (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	40% coinsurance	50% coinsurance	Virtual Visits are available. See your benefit booklet for details.
	Specialist visit	50% coinsurance	50% coinsurance	Referral required.
	Preventive care/screening/immunization	No Charge; deductible does not apply	50% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Freestanding Facility: 40% coinsurance Hospital: 50% coinsurance	50% coinsurance	Referral may be required. Preauthorization may also be required; see your benefit booklet for details.
	Imaging (CT/PET scans, MRIs)	Freestanding Facility: 40% coinsurance Hospital: 50% coinsurance	50% coinsurance	Referral may be required. Preauthorization may also be required; see your benefit booklet for details.

*For more information about limitations and exceptions, see the plan or policy document at www.bcbstx.com/bb/ind/bb-bosh43havixp-bx-2022.pdf Page 2 of 8

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