



BlueCross BlueShield
of Texas



Personalized just for you

See inside for information about your 2025 health plan

Prepared for: <Subscriber_First_Name> <Subscriber_Last_Name>

Member ID number: <Subscriber_ID>

<Authorized agent: <Agent_Name>>

<Agent phone: <Agent_phone_number>>

<For questions, contact a Health Plan Specialist at

<Sales_Producer_Number>.>

To access your health
plan highlights for 2025,
visit **StayBlueTX.com**.

Government-Required Notice

<First Name> <Last Name>

<Date>

<Address line 1>

<Address line 2>

<City> <State> <Zip>

Important: It's time to review your health coverage. **Take action by December 15, 2024**, or we'll automatically re-enroll you in the same or similar coverage. This may change some of your costs and coverage, so review your options carefully.

Thank you for choosing Blue Cross and Blue Shield of Texas for your health care needs. We're here to help you prepare for Open Enrollment.

Why am I getting this letter?

Your health coverage is still being offered in 2025, but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one. Unless you take action by December 15, we'll automatically keep you in this plan for 2025.

<Current_Health_Plan_Name> isn't a Health Insurance Marketplace® plan. You won't get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance) if you stay in this plan.

- To find out if you qualify for these savings and to enroll in a plan through the Marketplace, visit healthcare.gov by January 15.
- If you don't enroll in a plan through the Marketplace by January 15, you may not be able to do so for 2025, even if your finances change.

What's changing in 2025

Your new premium

- **Starting in January, your estimated monthly premium in <Current_Health_Plan_Name> will be \$<YYY.YY>. <<Percent>% change from 2024.>**

Important: This is only an estimate based on current information we have. It doesn't reflect any changes to your enrollment, such as adding additional members to your coverage. You'll see your new monthly premium amount when you get your January bill.

- Your 2024 monthly premium is \$<XXX.XX>.

Other changes

- Please see the enclosed **Benefit Changes** section.
- You can review more details about your plan at StayBlueTX.com and in your 2025 **Summary of Benefits and Coverage** at <SBC_URL>.

Government-Required Notice *continued*

What you need to do

Decide if you want to enroll in <Current_Health_Plan_Name> or choose another one.

I want to enroll in this plan.

Pay the new monthly premium by January 1, 2025, and you'll be automatically enrolled.

I want to pick a different plan.

You can choose a different plan between November 1, 2024, and January 15, 2025. Enroll by December 15, for coverage to start January 1.

Here are some ways to find other plans and enroll:

- Check with BCBSTX to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through the Marketplace.
- Visit healthcare.gov to see Marketplace plans. Compare plans to save money and find a plan that best meets your needs and budget. Select the Plan name and ID of the plan you want to enroll in.

We're here to help

- Call BCBSTX at 1-888-697-0683 or visit bcbstx.com.
- Visit healthcare.gov, or call 1-800-318-2596 (TTY: 1-855-889-4325) to learn more about the Marketplace and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at localhelp.healthcare.gov.
- <<Contact an agent or broker you've worked with before <like <Agent_Name>.> <Call <Agent_phone_number>>.>
- Call 1-888-697-0683 to get this information in an accessible format, like large print, Braille, or audio, at no cost to you.

Benefit Changes

Here Are Key Plan Changes

	2024 Health Plan	2025 Health Plan
Your plan name	<Current_Health_Plan_Name>	<Current_Health_Plan_New>
Your Benefits	2024	2025
Plan is compatible with a health savings account	<Yes><No>	<Yes><No>
In-network individual deductible	<\$X,XXX>	<\$X,XXX>
In-network family deductible	<\$X,XXX>	<\$X,XXX>
In-network individual out-of-pocket maximum	<\$X,XXX>	<\$X,XXX>
In-network family out-of-pocket maximum	<\$X,XXX>	<\$X,XXX>
In-network coinsurance	<XX%>	<XX%>

Coinsurance (%) and Copay (\$) Changes

Your Out-of-Pocket Costs for:	2024	2025
In-network PCP office visit	<XX> copay	<XX%> coinsurance after deductible is paid
In-network specialist office visit	<XX%> coinsurance after deductible is paid	<\$XX> copay
In-network urgent care visit	<XX> copay	<XX%> coinsurance after deductible is paid
In-network mental health and substance abuse office visit	<XX%> coinsurance after deductible is paid	<\$XX> copay
Generic (Preferred) drug	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Generic (Non-Preferred) drug	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Brand (Preferred) drug	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Brand (Non-Preferred) drug	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Specialty (Preferred) drug	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Specialty (Non-Preferred) drug	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Generic drug	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Brand (Preferred) drug	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>

6-tier plans

4-tier plans

Benefit Changes *continued*

Your Out-of-Pocket Costs for:	2024	2025
Brand (Non-Preferred) drug	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Specialty drug	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Generic drug	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Brand (Preferred) drug	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Brand (Non-Preferred) drug	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Specialty (Preferred) drug	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>
Specialty (Non-Preferred) drug	<\$XX copay> <XX% coinsurance>	<\$XX copay> <XX% coinsurance>

- In 2025, the number of services that need prior authorization may change. Visit [KnowYourPlanTX.com](https://www.knowyourplantx.com) for a list of services and categories that need prior authorization. This list is updated when services are added or removed. You can also call customer service at the toll-free number on the back of your member ID card.
- Please review the 2025 drug list at [BlueRxTX.com](https://www.bluerxTX.com) to see if the drugs that you take or are prescribed are affected by any changes. For example, a drug may have moved to a lower or higher drug tier or no longer be covered.
Review your 2025 **Summary of Benefits and Coverage** for cost share differences between using a network preferred pharmacy vs. a network non-preferred pharmacy.
- <Outside Texas and bordering counties, only urgent and emergency services are covered. Non-emergency and non-urgent services received outside Texas and bordering counties may be covered if the service is not available in your plan's service area. You will need to get an approved service area waiver from BCBSTX. For more information about this change, please contact the Customer Service number on your member ID card <or contact your insurance agent>.>
- <Your plan has moved from a six-tier to a four-tier pharmacy cost-share structure. For more information about pharmacy tiers and your pharmacy benefits, please visit [BlueRxTX.com](https://www.bluerxTX.com).>

This is not a complete list of benefit changes.

For a more complete summary of your benefits, see the enclosed **Summary of Benefits and Coverage** for 2025, also available online at <[SBC_URL](#)>.

Benefit Changes *continued*

About Dental Coverage

<HAS DENTAL PLAN><**If you have a separate dental plan from BCBSTX:** Details about dental coverage, such as your monthly rate and any benefit changes, may be included in this packet. If you bought your dental coverage through the Health Insurance Marketplace in Texas, look for a separate letter in the mail.>

<DOES NOT HAVE DENTAL PLAN><**If you don't have a separate dental plan from BCBSTX:** When you bought your health plan from BCBSTX, you told us you have what is known as an "exchange-certified stand-alone dental plan," which provides coverage for the "Pediatric Dental Essential Health Benefit." Please contact us if you no longer have this required coverage. If we don't hear from you, our records will show that you have the Pediatric Dental EHB from another insurance company.>

Prescription Drug Changes

Changes to your pharmacy benefit program will start on January 1, 2025.

View your 2025 drug list and coverage changes or get more info at [BlueRxTX.com](https://www.blue-rx-tx.com). Some drugs may:

- Be newly covered on your drug list.
- Be moving to a higher or lower drug tier.
- Be no longer covered.
- Have additional requirements such as prior authorization.

If these changes affect your drugs, talk to your doctor about your treatment options.

Commonly Used Drugs That Will No Longer Be Covered as of January 1, 2025				
Generic	Brand			Specialty
	CELONTIN CAP 300 mg	INSULIN ASPA FLEXPEN	PREZISTA TAB 600 mg, 800 mg	AMJEVITA INJ 10 mg/0.2 mL, 20 mg/0.4 mL, 40 mg/0.8 mL
	ESTROGEL GEL	INSULIN ASPA PENFILL	RECTIV OIN 0.4%	EXKIVITY CAP 40 mg
	INSULIN ASPA PROT FLEXPEN (70/30)	IRESSA TAB 250 mg	SYMJEPI INJ 0.15 mg, 0.3 mg	FORTEO INJ 600 mcg/2.4 mL
	INSULIN ASPA INJ 100 unit/mL	OXANDROLONE TAB 2.5 mg, 10 mg	VYVANSE CAP 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	NORDITROPIN INJ 5 mg/1.5 mL, 10 mg/1.5 mL, 15 mg/1.5 mL, 30 mg/3 mL
	INSULIN ASPA PROT INJ (70/30)	PRADAXA CAP 110 mg	VYVANSE CHW 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	VOTRIENT TAB 200 mg

This is not a complete list of changes. Please go to [BlueRxTX.com](https://www.blue-rx-tx.com) for more information.

Be sure to use your member ID card when you fill prescriptions at any in-network pharmacy. To find an in-network pharmacy or make sure that your pharmacy is still in your network, visit [myprime.com](https://www.myprime.com).

Commonly used drugs that are no longer covered may not apply to all strengths/formulations. Third-party brand names are the property of their respective owners.

Coverage is based on the limits and terms noted in your plan materials. For some medicines, members must meet certain criteria before prescription drug coverage may be approved. See your plan materials for details. **As always, treatment decisions are between you and your doctor.**

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSTX to provide pharmacy benefit management and related other services. In addition, contracting pharmacies are contracted through Prime Therapeutics. The relationship between BCBSTX and contracting pharmacies is that of independent contractors. 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.

Your Dental Plan

<Date>

<Dental_Subscriber_First_Name> <Dental_Subscriber_Last_Name>

<Dental_Plan_Member_ID>



Your dental plan from Blue Cross and Blue Shield of Texas will renew in 2025.

Changes to Your 2025 Dental Plan

- Your coverage is: <Current_Dental_Plan>. This plan is being renewed for 2025.
- <Your dental plan, BlueCare DentalSM 2A, will not be available in 2025. We've selected a new plan for you, BlueCare Dental 1B. You won't need to re-enroll if you want coverage under this plan. This new plan may provide similar benefits to your 2024 dental plan.>
- Your new dental monthly payment amount will be \$<2025_Dental_Rate>. Your rate adjustment will take effect January 1, 2025.
- You may continue to use your coverage as long as you keep your payments up to date.

Review Your Information and Make Any Changes Needed

If you no longer need dental coverage from BCBSTX, you would need to call the number below to remove your dental coverage.



Still have questions?

<If you have questions, contact your authorized agent, <AGENT NAME>, <at <Agent_Phone_Number>><or call <Producer_Number>>.>

<If you have questions, contact a licensed Health Plan Specialist at <Sales_Phone_Number>.>

Notes

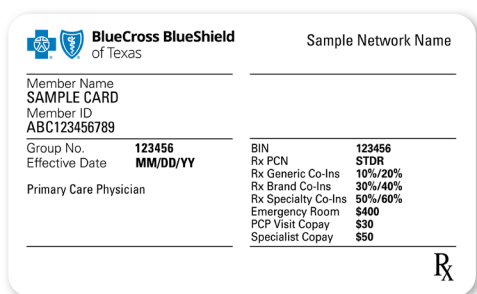
Help is Available

Visit StayBlueTX.com to:



- Find in-network doctors and hospitals.
- Sign up to get your health plan information electronically instead of by mail.
- Review other health plan options and connect to our online shopping experience.
- Download the mobile app to access all these features and more.

Look for Your Member ID Card and Benefit Information



You will receive your 2025 member ID card(s) before the end of the year.

You will also receive a welcome kit with helpful information about your plan. Sign up at StayBlueTX.com to receive your welcome kit electronically instead of by mail.

Still have questions?



Talk with your authorized agent, <Agent_Name>, about your 2025 health plan options. <Please call <Agent_Phone_Number>.>

Or contact a licensed Health Plan Specialist at 855-414-6189. We are available:

- Monday through Friday: 8 a.m. to 8 p.m. CT
- Saturday: 8 a.m. to 6 p.m. CT
- Sunday: 10 a.m. to 2 p.m. CT

Expect longer wait times closer to January 15, when open enrollment ends.

To obtain a copy of our Notice of Privacy Practice, please visit bcbstx.com/privacy.htm, email NOPP@bcbstx.com or call the number on the back of your member ID card.

Should you have a complaint or dispute concerning your rates, you should contact Blue Cross and Blue Shield of Texas first. If the dispute is not resolved, or to find additional information and assistance, you may contact the following agencies:

- Texas Department of Insurance at 800-252-3439; online at tdi.texas.gov. Or you may write TDI at: PO Box 12030, Austin, TX 78711-2030.
– For information on how to file a complaint with TDI, please go to <https://www.tdi.texas.gov/consumer/get-help-with-an-insurance-complaint.html>
- Texas Consumer Health Assistance Program at 800-252-3439; or visit the website: <http://tdi.texas.gov>
- United States Department of Health and Human Services website: <http://cms.gov/ccio/index.html>

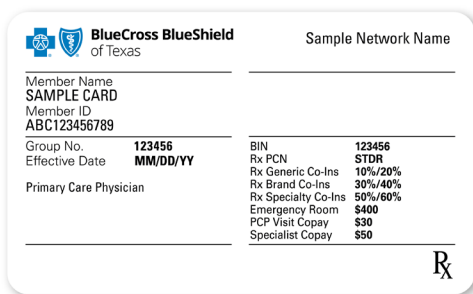
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- Monday through Friday: 8 a.m. to 8 p.m. CT
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- Texas Consumer Health Assistance Program at 800-252-3439; or visit the website: <http://tdi.texas.gov>
- United States Department of Health and Human Services website: <http://cms.gov/ccio/index.html>



BlueCross BlueShield
of Texas

PO Box 660819 • Dallas, TX 75266-0819

<First name> <Last name>
<Address Line 1>
<Address Line 2>
<City> <ST> <ZIP>
<Barcode if applicable>



Key Dates

- **November 1:** Open enrollment begins.
- **January 1:** The 2025 plan year begins. First payment is due.
- **January 15:** Open enrollment ends.

Decide if you want to enroll in your current health plan or choose another one.

- Pay your new monthly premium by January 1, 2025, and you'll automatically be enrolled in your current plan.
- You can choose a different plan between November 1, 2024, and December 15, 2024. Enroll by December 15, for coverage to start January 1. If you choose a plan between December 16 and January 15, the new plan will start February 1.

If you are age 64 or older, we may call you to provide information about Medicare plan options available to you from Blue Cross and Blue Shield of Texas. You may opt out of these calls by calling the number on your member ID card.

<Important Notice

Our agents and brokers help you choose and enroll in the health care coverage that's right for you. They also serve you throughout the year. When you enroll in or renew a plan, we pay them between \$20–\$25 (depending on the plan) per member per month for up to five total members. So, if there are three people on your policy, a broker receives \$60–\$75 per month in commissions.

They may also get other bonus and marketing payments from \$50–\$100 based on their total sales for a period of time.

These commissions or bonuses/marketing payments are paid by BCBSTX and don't affect how much you pay for your premium.

If you have questions, please contact your BCBSTX agent or broker.>