

Subject: Important Plan Changes Texas Small Group 2025

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

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,200.
- Your Primary Care Provider office visit copayment will change to \$50 from \$45.
- Your Specialist Office Visit copayment will change to \$90 from \$80.
- Your Urgent Care Office Visit copayment will change to \$50 from \$35.
- 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 \$500 from \$250.
- Your Preferred Drug Cost Shares will change to \$5/\$15/\$50/\$100/\$150/\$250 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$70/\$120/\$150/\$250 from \$10/\$20/\$70/\$120/\$150/\$250. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Platinum HMO 301; P9M1ADT Blue Choice Platinum PPO 301; P9M1CHC

- Your Plan coinsurance will change to 90% from 80%.
- Your emergency room coinsurance will change to 90% from 80%.
- Your Imaging Services coinsurance will change to 90% from 80%.
- Your in-network Facility Surgery coinsurance will change to 90% from 80%.
- Your Facility lab services coinsurance will change to 90% from 80%.
- Your Facility X-ray services coinsurance will change to 90% from 80%.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Texas

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 Platinum HMO 807; P610ADT Blue Choice Platinum PPO 810; P620CHC

- Your in-network individual Deductible will change to \$350 from \$250.
- Your in-network family Deductible will change to \$1,050 from \$750.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,600 from \$1,500.
- Your in-network family Out-of-Pocket Maximum will change to \$4,800 from \$4,500.
- Your out-of-network individual Deductible will change to \$700 from \$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 \$2,100 from \$1,500.
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 \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$70 from \$60.
- Your Urgent Care Office Visit copayment will change to \$35 from \$30.
- Your Virtual Visit copayment will change to \$35 from \$30.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Platinum HMO 202; P9K3ADT Blue Choice Platinum PPO 202; P9K3CHC

- Your in-network individual Deductible will change to \$600 from \$500.
- Your in-network family Deductible will change to \$1,200 from \$1,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,800 from \$1,500.
- Your in-network family Out-of-Pocket Maximum will change to \$3,600 from \$3,000.
- Your out-of-network individual Deductible will change to \$1,200 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 \$2,400 from \$20,000.
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 \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$70 from \$60.
- Your Virtual Visit copayment will change to \$35 from \$30.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Texas

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 814; G662ADT Blue Choice Gold PPO 114; G9K8CHC

- Your in-network individual Deductible will change to \$1,050 from \$1,000.
- Your in-network family Deductible will change to \$3,150 from \$3,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,300 from \$6,250.
- Your in-network family Out-of-Pocket Maximum will change to \$12,600 from \$12,500.
- Your out-of-network individual Deductible will change to \$2,100 from \$2,000.
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 \$6,300 from \$4,000.
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 \$55 from \$50.
- Your Specialist Office Visit copayment will change to \$100 from \$90.
- Your Virtual Visit copayment will change to \$55 from \$50.
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Platinum HMO 808; P611ADT Blue Choice Platinum PPO 811; P621CHC

- Your in-network individual Deductible will change to \$1,350 from \$1,250.
- Your in-network family Deductible will change to \$4,050 from \$3,750.
- Your in-network individual Out-of-Pocket Maximum will change to \$1,350 from \$1,250.
- Your in-network family Out-of-Pocket Maximum will change to \$4,050 from \$3,750.
- Your out-of-network individual Deductible will change to \$2,700 from \$2,500.
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 \$8,100 from \$7,500.
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 \$30 from \$25.
- Your Specialist Office Visit copayment will change to \$55 from \$45.
- Your Urgent Care Office Visit copayment will change to \$30 from \$25.
- Your Virtual Visit copayment will change to \$30 from \$25.
- Your Mental Health / Substance Usage copayment will change to \$30 from \$25.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Texas

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 923; G9E5ADT **Blue Choice Gold PPO 823; G654CHC**

- Your in-network individual Deductible will change to \$1,300 from \$1,250.
- Your in-network family Deductible will change to \$3,900 from \$3,750.
- Your out-of-network individual Deductible will change to \$2,600 from \$2,500.
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 \$7,800 from \$7,500.
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 \$55 from \$45.
- Your Specialist Office Visit copayment will change to \$100 from \$90.
- Your Virtual Visit copayment will change to \$55 from \$45.
- Your Mental Health / Substance Usage copayment will change to \$55 from \$45.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Gold HMO 816; G663ADT **Blue Choice Gold PPO 820; G652CHC**

- Your in-network individual Deductible will change to \$1,600 from \$1,500.
- Your in-network family Deductible will change to \$4,800 from \$4,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,350 from \$5,250.
- Your in-network family Out-of-Pocket Maximum will change to \$10,705 from \$10,500.
- Your out-of-network individual Deductible will change to \$3,200 from \$3,000.
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 \$9,600 from \$9,000.
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 Preferred Drug Cost Shares will change to \$5/\$15/\$50/\$100/\$150/\$250 from \$0/\$10/\$50/\$100/\$150/\$250.
- Your Non-Preferred Drug Cost Shares will change to \$15/\$25/\$70/\$120/\$150/\$250 from \$10/\$20/\$70/\$120/\$150/\$250. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
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- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Texas

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 922; G9E3ADT Blue Choice Gold PPO 822; G653CHC

- Your in-network individual Deductible will change to \$1,750 from \$1,500.
- Your in-network family Deductible will change to \$5,250 from \$4,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,750 from \$6,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$12,000.
- Your out-of-network individual Deductible will change to \$3,500 from \$3,000.
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 \$10,500 from \$9,000.
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 \$45 from \$40.
- Your Specialist Office Visit copayment will change to \$90 from \$80.
- Your Virtual Visit copayment will change to \$45 from \$40.
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40.
- Your Imaging Services coinsurance will change to 100% from 80%.
- Your Facility X-ray services coinsurance will change to 100% from 80%.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Gold HMO 812; G661ADT Blue Choice Gold PPO 112; G9K6CHC

- Your in-network individual Deductible will change to \$2,100 from \$2,000.
- Your in-network family Deductible will change to \$6,300 from \$6,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,200 from \$4,000.
- Your in-network family Out-of-Pocket Maximum will change to \$12,600 from \$12,000.
- Your out-of-network individual Deductible will change to \$4,200 from \$4,000.
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 \$12,600 from \$8,000.
Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
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Blue Cross and Blue Shield of Texas

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 817; G664ADT Blue Choice Gold PPO 117; G9L1CHC

- Your in-network individual Deductible will change to \$2,250 from \$2,000.
- Your in-network family Deductible will change to \$6,750 from \$6,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,750 from \$6,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$17,100.
- Your out-of-network individual Deductible will change to \$4,500 from \$4,000.
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 \$13,500 from \$8,000.
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 \$35 from \$30.
- Your Specialist Office Visit copayment will change to \$70 from \$60.
- Your Virtual Visit copayment will change to \$35 from \$30.
- Your Mental Health / Substance Usage copayment will change to \$35 from \$30.
- Your Emergency Room Services copayment will change to \$500 from \$300.
- Your in-network Inpatient copayment will change to \$300 from \$150.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Gold HMO 801; G660ADT Blue Choice Gold PPO 801; G650CHC

- Your in-network individual Deductible will change to \$3,350 from \$3,250.
- Your in-network family Deductible will change to \$10,050 from \$9,750.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,350 from \$3,250.
- Your in-network family Out-of-Pocket Maximum will change to \$10,050 from \$9,750.
- Your out-of-network individual Deductible will change to \$6,700 from \$6,500.
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 \$20,100 from \$19,500.
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 \$55 from \$50.
- Your Specialist Office Visit copayment will change to \$100 from \$90.
- Your Virtual Visit copayment will change to \$55 from \$50.
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
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Blue Cross and Blue Shield of Texas

2025 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 \$3,500 from \$3,200.
- Your in-network family Deductible will change to \$10,500 from \$9,600.
- Your in-network individual Out-of-Pocket Maximum will change to \$3,500 from \$3,200.
- Your in-network family Out-of-Pocket Maximum will change to \$10,500 from \$9,600.
- Your out-of-network individual Deductible will change to \$7,000 from \$6,400. 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 \$21,000 from \$19,200. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$7,000 from \$6,400. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network family Out-of-Pocket Maximum will change to \$21,000 from \$19,200. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Silver HMO 102; S9J5ADT Blue Choice Silver PPO 102; S9L5CHC

- Your in-network individual Deductible will change to \$3,600 from \$3,500.
- Your in-network family Deductible will change to \$7,200 from \$7,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,200 from \$7,000.
- Your in-network family Out-of-Pocket Maximum will change to \$14,400 from \$14,000.
- Your out-of-network individual Deductible will change to \$7,200 from \$7,000. 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 \$14,400 from \$14,000. 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 \$40 from \$35.
- Your Specialist Office Visit copayment will change to \$80 from \$70.
- Your Virtual Visit copayment will change to \$40 from \$35.
- Your Mental Health / Substance Usage copayment will change to \$40 from \$35.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Texas

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 127; S9J7ADT Blue Choice Silver PPO 827; S663CHC

- Your in-network individual Deductible will change to \$3,100 from \$3,000.
- Your in-network family Deductible will change to \$9,200 from \$9,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,000.
- Your out-of-network individual Deductible will change to \$6,200 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 \$18,400 from \$18,000.
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 Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$50/\$100/\$150/\$250.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Gold HMO 204; G9K7ADT Blue Choice Gold PPO 204; G9L7CHC

- Your in-network individual Out-of-Pocket Maximum will change to \$5,500 from \$8,000.
- Your in-network family Out-of-Pocket Maximum will change to \$11,000 from \$16,000.
- Your in-network Inpatient copayment will change to NA from \$200.
- Your in-network Facility Surgery copayment will change to NA from \$150.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

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2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

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Blue Advantage Gold HMO 203; G9K5ADT **Blue Choice Gold PPO 203; G9L5CHC**

- Your in-network individual Deductible will change to \$3,100 from \$3,000.
- Your in-network family Deductible will change to \$9,300 from \$9,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,800 from \$8,700.
- Your in-network family Out-of-Pocket Maximum will change to \$17,600 from \$17,400.
- Your out-of-network individual Deductible will change to \$6,200 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 \$18,600 from \$18,000.
Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Silver HMO 401; S9N1ADT **Blue Choice Silver PPO 401; S9N1CHC**

- Your in-network individual Deductible will change to \$4,100 from \$4,000.
- Your in-network family Deductible will change to \$12,300 from \$12,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,100.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,200.
- Your out-of-network individual Deductible will change to \$8,200 from \$8,000.
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 \$24,600 from \$24,000.
Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your Specialist Office Visit copayment will change to \$90 from \$80.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
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2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 402; S9N3ADT Blue Choice Silver PPO 402; S9N3CHC

- Your in-network individual Deductible will change to \$4,100 from \$4,000.
- Your in-network family Deductible will change to \$12,300 from \$12,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,200 from \$8,000.
- Your in-network family Out-of-Pocket Maximum will change to \$16,400 from \$16,000.
- Your out-of-network individual Deductible will change to \$8,200 from \$8,000.
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 \$24,600 from \$24,000.
Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your Specialist Office Visit copayment will change to \$110 from \$100.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Silver HMO 820; S643ADT Blue Choice Silver PPO 824; S661CHC

- Your in-network individual Deductible will change to \$3,650 from \$3,500.
- Your in-network family Deductible will change to \$10,950 from \$10,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,000.
- Your out-of-network individual Deductible will change to \$7,300 from \$7,000.
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 \$21,900 from \$21,000.
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 \$55 from \$50.
- Your Specialist Office Visit copayment will change to \$100 from \$90.
- Your Virtual Visit copayment will change to \$55 from \$50.
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$50/\$100/\$150/\$250.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Texas

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 134; S9J9ADT Blue Choice Silver PPO 834; S665CHC

- Your in-network individual Deductible will change to \$3,650 from \$3,500.
- Your in-network family Deductible will change to \$10,950 from \$10,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,000.
- Your out-of-network individual Deductible will change to \$7,300 from \$7,000.
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 \$21,900 from \$21,000.
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 \$55 from \$50.
- Your Specialist Office Visit copayment will change to \$100 from \$90.
- Your Virtual Visit copayment will change to \$55 from \$50.
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50.
- Your Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$50/\$100/\$150/\$250.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Silver HMO 935; S9E3ADT Blue Choice Silver PPO 135; S9M2CHC

- Your in-network individual Deductible will change to \$3,850 from \$3,750.
- Your in-network family Deductible will change to \$11,550 from \$11,250.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,100 from \$9,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,200 from \$18,000.
- Your out-of-network individual Deductible will change to \$7,700 from \$7,500.
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 \$23,100 from \$22,500.
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.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Texas

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 818; S642ADT Blue Choice Silver PPO 118; S9L9CHC

- Your in-network individual Deductible will change to \$3,850 from \$3,750.
- Your in-network family Deductible will change to \$11,550 from \$11,250.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,100 from \$9,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,200 from \$18,000.
- Your out-of-network individual Deductible will change to \$7,700 from \$7,500.
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 \$23,100 from \$22,500.
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 \$55 from \$50.
- Your Specialist Office Visit copayment will change to \$100 from \$90.
- Your Virtual Visit copayment will change to \$55 from \$50.
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Gold HMO 830; G666ADT Blue Choice Gold PPO 830; G656CHC

- Your in-network individual Deductible will change to \$4,100 from \$4,000.
- Your in-network family Deductible will change to \$12,300 from \$12,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$4,100 from \$4,000.
- Your in-network family Out-of-Pocket Maximum will change to \$12,300 from \$12,000.
- Your out-of-network individual Deductible will change to \$8,200 from \$8,000.
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 \$24,600 from \$24,000.
Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$8,200 from \$8,000. 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 \$24,600 from \$24,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Texas

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 101; S9J3ADT Blue Choice Silver PPO 101; S9L3CHC

- Your in-network individual Deductible will change to \$4,100 from \$4,000.
- Your in-network family Deductible will change to \$12,300 from \$12,000.
- 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 \$8,200 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 \$24,600 from \$20,000.
Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Silver HMO 804; S641ADT Blue Choice Silver PPO 844; S666CHC

- Your in-network individual Deductible will change to \$4,350 from \$4,250.
- Your in-network family Deductible will change to \$13,050 from \$12,750.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,100 from \$9,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,200 from \$18,000.
- Your out-of-network individual Deductible will change to \$8,700 from \$8,500.
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 \$26,100 from \$25,500.
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 \$55 from \$50.
- Your Specialist Office Visit copayment will change to \$100 from \$90.
- Your Virtual Visit copayment will change to \$55 from \$50.
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Texas

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 925; S9E1ADT Blue Choice Silver PPO 825; S662CHC

- Your in-network individual Deductible will change to \$5,500 from \$5,250.
- Your in-network family Deductible will change to \$11,000 from \$10,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$5,500 from \$5,250.
- Your in-network family Out-of-Pocket Maximum will change to \$11,000 from \$10,500.
- Your out-of-network individual Deductible will change to \$11,000 from \$10,500. 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 \$22,000 from \$21,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$11,000 from \$10,500. 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 \$22,000 from \$21,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Silver HMO 201; S9L1ADT Blue Choice Silver PPO 201; S9K1CHC

- Your in-network individual Deductible will change to \$5,100 from \$5,000.
- Your in-network family Deductible will change to \$15,300 from \$15,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,100 from \$9,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,200 from \$18,000.
- Your out-of-network individual Deductible will change to \$10,200 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 \$30,600 from \$20,000. 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 \$45 from \$40.
- Your Specialist Office Visit copayment will change to \$90 from \$80.
- Your Virtual Visit copayment will change to \$45 from \$40.
- Your Mental Health / Substance Usage copayment will change to \$45 from \$40.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Texas

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 120; S9K2ADT Blue Choice Silver PPO 120; S9M4CHC

- Your in-network individual Deductible will change to \$6,100 from \$6,000.
- Your in-network family Deductible will change to \$12,200 from \$12,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$6,100 from \$6,000.
- Your in-network family Out-of-Pocket Maximum will change to \$12,200 from \$12,000.
- Your out-of-network individual Deductible will change to \$12,200 from \$12,000. 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 \$24,400 from \$24,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$12,200 from \$12,000. 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 \$24,400 from \$24,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Silver HMO 945; S9E5ADT Blue Choice Silver PPO 845; S667CHC

- Your in-network individual Deductible will change to \$6,100 from \$6,000.
- Your in-network family Deductible will change to \$12,200 from \$12,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,350 from \$8,250.
- Your in-network family Out-of-Pocket Maximum will change to \$16,700 from \$16,500.
- Your out-of-network individual Deductible will change to \$12,200 from \$12,000. 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 \$24,400 from \$24,000. 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 \$55 from \$50.
- Your Specialist Office Visit copayment will change to \$100 from \$90.
- Your Virtual Visit copayment will change to \$55 from \$50.
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Texas

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 Deductible will change to \$6,500 from \$6,250.
- Your in-network family Deductible will change to \$13,000 from \$12,500.
- Your in-network individual Out-of-Pocket Maximum will change to \$9,200 from \$9,000.
- Your in-network family Out-of-Pocket Maximum will change to \$18,400 from \$18,000.
- Your out-of-network individual Deductible will change to \$13,000 from \$12,500. 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 \$25,000. 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 Preferred Drug Cost Shares will change to \$5/\$10/\$50/\$100/\$150/\$250 from \$0/\$10/\$50/\$100/\$150/\$250.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Bronze HMO 905; B9E1ADT Blue Choice Bronze PPO 805; B660CHC

- Your in-network individual Deductible will change to \$6,750 from \$6,500.
- Your in-network family Deductible will change to \$13,500 from \$13,000.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,750 from \$7,250.
- Your in-network family Out-of-Pocket Maximum will change to \$15,500 from \$14,500.
- Your out-of-network individual Deductible will change to \$13,500 from \$13,000. 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 \$27,000 from \$26,000. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Texas

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 Bronze HMO 806; B660ADT Blue Choice Bronze PPO 806; B661CHC

- Your in-network individual Deductible will change to \$7,500 from \$7,100.
- Your in-network family Deductible will change to \$15,000 from \$14,200.
- Your in-network individual Out-of-Pocket Maximum will change to \$7,500 from \$7,100.
- Your in-network family Out-of-Pocket Maximum will change to \$15,000 from \$14,200.
- Your out-of-network individual Deductible will change to \$15,000 from \$14,200. 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 \$30,000 from \$28,400. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$15,000 from \$14,200. 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 \$30,000 from \$28,400. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your Emergency Room Services copayment will change to \$750 from \$650.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Advantage Silver HMO 846; S644ADT Blue Choice Silver PPO 146; S9L7CHC

- Your in-network individual Deductible will change to \$8,200 from \$8,100.
- Your in-network family Deductible will change to \$16,400 from \$16,200.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,200 from \$8,100.
- Your in-network family Out-of-Pocket Maximum will change to \$16,400 from \$16,200.
- Your out-of-network individual Deductible will change to \$16,400 from \$16,200. 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 \$32,800 from \$32,400. 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 \$55 from \$50.
- Your Specialist Office Visit copayment will change to \$110 from \$100.
- Your Virtual Visit copayment will change to \$55 from \$50.
- Your Mental Health / Substance Usage copayment will change to \$55 from \$50.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network.

Blue Cross and Blue Shield of Texas

2025 Affordable Care Act (ACA)/Metallic Plans

Small Group (2-50)

To find your renewal group's 2025 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 Bronze HMO 833; B661ADT **Blue Choice Bronze PPO 833; B662CHC**

- Your in-network individual Deductible will change to \$8,650 from \$8,550.
- Your in-network family Deductible will change to \$17,300 from \$17,100.
- Your in-network individual Out-of-Pocket Maximum will change to \$8,650 from \$8,550.
- Your in-network family Out-of-Pocket Maximum will change to \$17,300 from \$17,100.
- Your out-of-network individual Deductible will change to \$17,300 from \$17,100. 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 \$34,600 from \$34,200. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Your out-of-network individual Out-of-Pocket Maximum will change to \$17,300 from \$17,100. 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 \$34,600 from \$34,200. Reminder: Out-of-network benefits only apply to PPO plans. HMO plans do not offer out-of-network benefits.
- Beginning January 1, 2025, coverage for Reduction Mammoplasty has been expanded. Reduction Mammoplasty will be covered when medically necessary.
- Changes to the 2025 Health Insurance Drug List.
- Updates to the 2025 Preferred Pharmacy Network