

Same Value. More Choice.

MID-MARKET 51-150 EMPLOYEES

2020 Mid-Market Group Plans

Blue Cross and Blue Shield of Texas (BCBSTX) offers health care plans with the choice, flexibility and affordable options that growing companies want. The 2020 Mid-Market Portfolio will be launched on July 1, 2020 and available until June 30, 2021. Employers can select from a variety of plans. As always, members have access to plenty of features and benefits. Here are some updates for 2020.

Virtual Visits (Powered by MDLIVE) and Primary Care Physician (PCP) Telehealth Visits

Members in specific plans have access to virtual visits powered by MDLIVE and to PCP telehealth at a zero-dollar cost share. The PCP telehealth benefit value applies to in-network PCPs only. Out-of-network PCP telehealth visits would be subject to the out-of-network deductible and coinsurance specified on the plan design. To verify the plans with this benefit enhancement, please review the plan charts provided in this brochure.

\$0 Health Savings Account (HSA) Plan Preventive Drugs

This benefit enhancement is available on select HSA plans to allow certain preventive drugs to be filled at zero cost to our members. Those plans are marked with an asterisk in the plan charts within this brochure.

Behavioral Health

- A new opioid/substance use effort identifies abuse risks and provides outreach and coordination of care for members facing these issues.
- We've made it easier for members to identify appropriate specialists such as Medication Assisted Therapy (MAT) providers – in our online Provider Finder[®].
- Advanced analytics and reporting add value by helping to keep an eye on the cost of care for both members and employers.

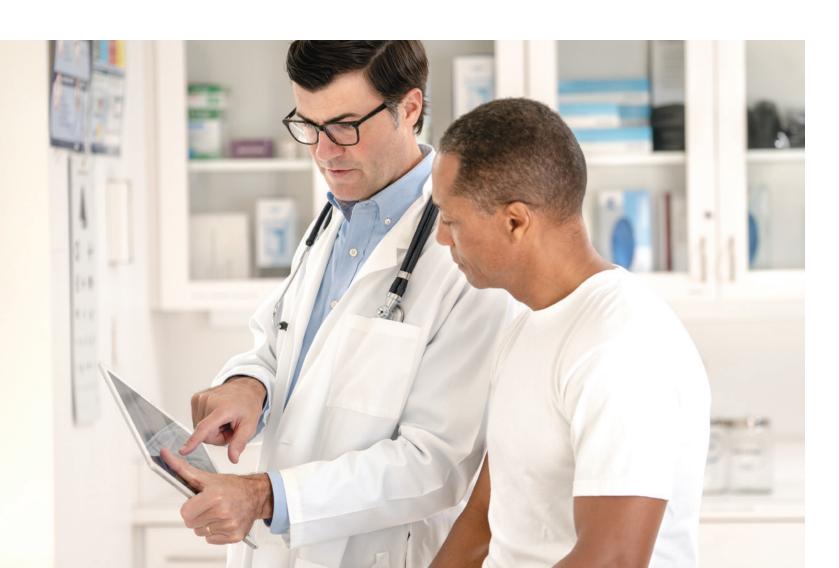
2020 Mid-Market Group Plans

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Wellbeing Management

- This is an enhanced approach to improving health outcomes and helping ensure health care dollars are spent wisely. Members are supported across the health continuum – from chronic and complex conditions to lifelong wellness.
- A health advisor engages with and helps educate members facing high-cost, high-complexity health challenges. This specially trained clinician works with a multi-disciplinary team to address medical, pharmacy and behavioral issues, as well as barriers to health care.
- Personalized reminders of annual visits, preventive screenings and immunizations can also help to improve member health.
- Members can visit Well onTarget[®] to access tools and wellness resources to help manage their health:

- Earn points with the Blue PointssM program by completing specific activities and achieving goals online, then redeem them in the online shopping mall
- Track healthy behaviors, sync fitness and nutrition devices with the Well onTarget portal or download the app
- The Special Beginnings[®] maternity program enables early identification of high-risk pregnancies and increased opportunities for interventions that can result in better clinical outcomes and cost savings.
- Registered nurses are available 24/7 to guide members to their doctors or emergency care if necessary. In addition, the 24/7 Nurseline can answer general health questions or direct members to an audio library of over 1,000 health topics.





Virtual Visits Care When and Where You Need It

Schedule a Virtual Visit Through MDLIVE 24/7

Virtual Visits, powered by MDLIVE[®]

Employees who select plans in Blue Premier Access[™] network will also have access to virtual visits.

Virtual visits provides a live consultation between a doctor and a member for many non-emergency medical issues and behavioral health needs, 24 hours a day, seven days a week.

Based on your location, consult with a board-certified doctor by phone at 888-680-8646, online at MDLIVE.com/bcbstx or with the MDLIVE® mobile app. Doctors are available on demand or by appointment.

Members may set up their profiles to include their member ID number, preferred pharmacy for e-prescriptions and credit card number for easy payment.

| MDLIVE doctors can help treat the following conditions: | | | | | | | | | | |
|---|----------------|-------------------|--|--|--|--|--|--|--|--|
| General Health | Pediatric Care | Many more | | | | | | | | |
| Allergies | Cold and flu | Skin rashes | | | | | | | | |
| Nausea | Ear problems | Cough/sore throat | | | | | | | | |
| Sinus infection | Pinkeye | Urinary symptoms | | | | | | | | |

MDLIVE.COM/BCBSTX 888-680-8646

MDLIVE, a separate company, operates and administers the virtual visits program for Blue Cross and Blue Shield of Texas and is solely responsible for its operations and for those of its contracted providers. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

Members in specific plans have access to virtual visits powered by MDLIVE at a zero-dollar cost share.

See the plan charts in this brochure for more information.



| BCBSTX 2020 Mid-Market Group Plan Portfolio | | | | | | | | | | | | | | | | | | |
|---|------------------------|----------|------------------------|------------------------|----------------------|----------------------------|-------------------------|-------------------------|---------------------------|------------------------|-------------------------------------|------------------------|----------------|-------------------------------------|----------------------------|-----------------------------|---------------------------------|-----------------------------------|
| | | | Deductible Type | Calenda Deduc | | Medical Out-of-Pock | | Coinsurance | | | Copayn | nents | | | Inpatient & | Outpatient | Pharmac | y Benefits |
| Plan | Plan Name | Plan ID | Aggregate/ Embedded | Individual (ln/Out) | Family (In/Out) | Individual OPX (In/Out) | Family OPX (In/Out) | Coinsurance (In/Out) | Primary Care Physician | Virtual Visit Copay | Specialist Office Visit Copay | ER Visit Copay POD* | Urgent Care | Lab, X-ray & Other Diagnostic | Inpatient (In/Out POD*) | Outpatient (In/Out POD*) | Preferred Pharmacy Network | Non-Preferred Pharmacy Network |
| | Blue Choice PPO 002 | MTBCP002 | Embedded | \$500/ \$10,000 | \$1,500/ \$20,000 | \$1,500/ UNLIMITED | \$4,500/ UNLIMITED | 100%/50% | \$30 | \$0 | \$60 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 004 | MTBCP004 | Embedded | \$500/ \$10,000 | \$1,500/ \$20,000 | \$1,500/ UNLIMITED | \$4,500/ UNLIMITED | 70%/50% | \$30 | \$0 | \$60 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 005 | MTBCP005 | Embedded | \$500/ \$10,000 | \$1,500/ \$20,000 | \$1,500/ UNLIMITED | \$4,500/ UNLIMITED | 60%/50% | \$30 | \$0 | \$60 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 006 | MTBCP006 | Embedded | \$500/ \$1,000 | \$1,500/ \$3,000 | \$3,000/ UNLIMITED | \$9,000/ UNLIMITED | 80%/60% | \$30 | \$0 | \$60 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 007 | MTBCP007 | Embedded | \$1,000/ \$10,000 | \$3,000/ \$20,000 | \$3,000/ UNLIMITED | \$9,000/ UNLIMITED | 100%/50% | \$30 | \$0 | \$60 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 009 | MTBCP009 | Embedded | \$1,000/ \$10,000 | \$3,000/ \$20,000 | \$3,000/ UNLIMITED | \$9,000/ UNLIMITED | 70%/50% | \$30 | \$0 | \$60 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 010 | MTBCP010 | Embedded | \$1,000/ \$10,000 | \$3,000/ \$20,000 | \$3,000/ UNLIMITED | \$9,000/ UNLIMITED | 60%/50% | \$30 | \$0 | \$60 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 011 | MTBCP011 | Embedded | \$1,000/ \$2,000 | \$3,000/ \$6,000 | \$4,000/ UNLIMITED | \$12,000/ UNLIMITED | 80%/60% | \$30 | \$0 | \$60 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 012 | MTBCP012 | Embedded | \$1,500/ \$10,000 | \$4,500/ \$20,000 | \$4,500/ UNLIMITED | \$13,500/ UNLIMITED | 100%/50% | \$30 | \$0 | \$60 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 013 | MTBCP013 | Embedded | \$1,500/ \$10,000 | \$4,500/ \$20,000 | \$4,500/ UNLIMITED | \$13,500 / UNLIMITED | 60%/50% | \$30 | \$0 | \$60 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| PPO SM | Blue Choice PPO 014 | MTBCP014 | Embedded | \$1,500/ \$3,000 | \$4,500/ \$9,000 | \$4,500/ UNLIMITED | \$13,500/ UNLIMITED | 80%/60% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 015 | MTBCP015 | Embedded | \$1,500/ \$3,000 | \$4,500/ \$9,000 | \$5,500/ UNLIMITED | \$14,700/ UNLIMITED | 70%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| Blue Choice | Blue Choice PPO 016 | MTBCP016 | Embedded | \$2,000/ \$10,000 | \$6,000/ \$20,000 | \$6,000/ UNLIMITED | \$15,800/ UNLIMITED | 100%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 018 | MTBCP018 | Embedded | \$2,000/ \$10,000 | \$6,000/ \$20,000 | \$6,000/ UNLIMITED | \$15,800/ UNLIMITED | 60%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 019 | MTBCP019 | Embedded | \$2,000/ \$4,000 | \$6,000/ \$12,000 | \$5,000/ UNLIMITED | \$14,700/ UNLIMITED | 80%/60% | \$30 | \$0 | \$60 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 020 | MTBCP020 | Embedded | \$2,500/ \$10,000 | \$7,500/ \$20,000 | \$7,500/ UNLIMITED | \$15,800/ UNLIMITED | 100%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 022 | MTBCP022 | Embedded | \$2,500/ \$10,000 | \$7,500/ \$20,000 | \$7,500/ UNLIMITED | \$15,800/ UNLIMITED | 60%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 023 | MTBCP023 | Embedded | \$2,500/ \$5,000 | \$7,500/ \$15,000 | \$5,500/ UNLIMITED | \$14,700/ UNLIMITED | 80%/60% | \$30 | \$0 | \$60 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 024 | MTBCP024 | Embedded | \$2,500/ \$5,000 | \$7,500/ \$15,000 | \$5,500/ UNLIMITED | \$14,700/ UNLIMITED | 70%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 025 | MTBCP025 | Embedded | \$3,000/ \$6,000 | \$9,000/ \$18,000 | \$3,500/ UNLIMITED | \$10,500/ UNLIMITED | 100%/70% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 026 | MTBCP026 | Embedded | \$3,000/ \$6,000 | \$9,000/ \$18,000 | \$7,350/ UNLIMITED | \$14,700/ UNLIMITED | 70%/50% | \$50 | \$0 | \$100 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 027 | MTBCP027 | Embedded | \$3,000/ \$10,000 | \$9,000/ \$20,000 | \$7,900/ UNLIMITED | \$15,800/ UNLIMITED | 100%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 029 | MTBCP029 | Embedded | \$3,000/ \$10,000 | \$9,000/ \$20,000 | \$8,150/ UNLIMITED | \$16,300/ UNLIMITED | 60%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |

NA = Not Applicable; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network

When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy. They can also get covered 90-day supply prescriptions at these preferred pharmacies in the Preferred Pharmacy Network. Members can find a preferred pharmacy and other in-network pharmacies at myprime.com. Preferred pharmacies include Walgreens; Walmart (including Sam's Club); Albertsons LLC (includes Albertsons Market, Savon, Amigos, Market Street, Randalls, Tom Thumb, United Supermarkets); Brookshire's (Super 1 Foods); H-E-B and select independent pharmacies. Please note that changes may be made to the pharmacies in the future.

All plans include prescription drug benefits. The benefit plan is based on the Performance Annual drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.

| BCBS | BCBSTX 2020 Mid-Market Group Plan Portfolio Deductible Calendar Year Medical and Rx Calendar Year Server Provide Comments Comments Comments Comments | | | | | | | | | | | | | | | | | |
|----------|--|----------|------------------------|------------------------|-----------------------|----------------------------|------------------------|-------------------------|---------------------------|------------------------|-------------------------------------|------------------------|----------------|-------------------------------------|----------------------------|-----------------------------|---------------------------------|-----------------------------------|
| | | | Deductible Type | | lar Year ctibles | Medical Out-of-Pock | | Coinsurance | | | Copayn | nents | | | Inpatient & | Outpatient | Pharmac | y Benefits |
| Plan | Plan Name | Plan ID | Aggregate/ Embedded | Individual (In/Out) | Family (In/Out) | Individual OPX (In/Out) | Family OPX (In/Out) | Coinsurance (ln/Out) | Primary Care Physician | Virtual Visit Copay | Specialist Office Visit Copay | ER Visit Copay POD* | Urgent Care | Lab, X-ray & Other Diagnostic | Inpatient (In/Out POD*) | Outpatient (In/Out POD*) | Preferred Pharmacy Network | Non-Preferred Pharmacy Network |
| | Blue Choice PPO 030 | MTBCP030 | Embedded | \$3,500/ \$10,000 | \$10,500/ \$20,000 | \$7,900/ UNLIMITED | \$15,800/ UNLIMITED | 100%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 031 | MTBCP031 | Embedded | \$3,500/ \$10,000 | \$10,500/ \$20,000 | \$7,900/ UNLIMITED | \$15,800/ UNLIMITED | 80%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 032 | MTBCP032 | Embedded | \$3,500/ \$10,000 | \$10,500/ \$20,000 | \$8,150/ UNLIMITED | \$16,300/ UNLIMITED | 70%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 033 | MTBCP033 | Embedded | \$3,500/ \$10,000 | \$10,500/ \$20,000 | \$7,900/ UNLIMITED | \$15,800/ UNLIMITED | 60%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 034 | MTBCP034 | Embedded | \$4,000/ \$10,000 | \$12,000/ \$20,000 | \$7,900/ UNLIMITED | \$15,800/ UNLIMITED | 100%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 035 | MTBCP035 | Embedded | \$4,000/ \$10,000 | \$12,000/ \$20,000 | \$8,150/ UNLIMITED | \$16,300/ UNLIMITED | 80%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 036 | MTBCP036 | Embedded | \$4,000/ \$10,000 | \$12,000/ \$20,000 | \$8,150/ UNLIMITED | \$16,300/ UNLIMITED | 70%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 037 | MTBCP037 | Embedded | \$4,000/ \$10,000 | \$12,000/ \$20,000 | \$7,900/ UNLIMITED | \$15,800/ UNLIMITED | 60%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 038 | MTBCP038 | Embedded | \$5,000/ \$10,000 | \$14,700/ \$29,400 | \$5,600/ UNLIMITED | \$14,700/ UNLIMITED | 70%/50% | \$45 | \$0 | \$90 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| MS(| Blue Choice PPO 039 | MTBCP039 | Embedded | \$5,000/ \$10,000 | \$15,000/ \$20,000 | \$8,150/ UNLIMITED | \$16,300/ UNLIMITED | 100%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| ce PPO⁵ | Blue Choice PPO 041 | MTBCP041 | Embedded | \$5,000/ \$10,000 | \$15,000/ \$20,000 | \$7,900/ UNLIMITED | \$15,800/ UNLIMITED | 60%/50% | \$40 | \$0 | \$80 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| e Choice | Blue Choice PPO 042 | MTBCP042 | Embedded | \$5,000/ \$10,000 | \$14,700/ \$29,400 | \$7,350/ UNLIMITED | \$14,700/ UNLIMITED | 80%/60% | \$45 | \$0 | \$90 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| Blue | Blue Choice PPO 043 | MTBCP043 | Embedded | \$6,000/ \$10,000 | \$15,800/ \$20,000 | \$7,900/ UNLIMITED | \$15,800/ UNLIMITED | 100%/50% | \$40 | \$0 | \$80 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 044 | MTBCP044 | Embedded | \$6,000/ \$10,000 | \$15,800/ \$20,000 | \$8,150/ UNLIMITED | \$16,300/ UNLIMITED | 80%/50% | \$40 | \$0 | \$80 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 045 | MTBCP045 | Embedded | \$6,000/ \$10,000 | \$15,800/ \$20,000 | \$8,150/ UNLIMITED | \$16,300/ UNLIMITED | 70%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 046 | MTBCP046 | Embedded | \$6,000/ \$10,000 | \$15,800/ \$20,000 | \$7,900/ UNLIMITED | \$15,800/ UNLIMITED | 60%/50% | \$40 | \$0 | \$80 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 047 | MTBCP047 | Embedded | \$7,000/ \$10,000 | \$15,800/ \$20,000 | \$7,900/ UNLIMITED | \$15,800/ UNLIMITED | 100%/50% | \$40 | \$0 | \$80 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 048 | MTBCP048 | Embedded | \$7,000/ \$10,000 | \$15,800/ \$20,000 | \$7,900/ UNLIMITED | \$15,800/ UNLIMITED | 80%/50% | \$40 | \$0 | \$80 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 049 | MTBCP049 | Embedded | \$7,000/ \$10,000 | \$15,800/ \$20,000 | \$8,150/ UNLIMITED | \$16,300/ UNLIMITED | 70%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 050 | MTBCP050 | Embedded | \$7,000/ \$10,000 | \$15,800/ \$20,000 | \$7,900/ UNLIMITED | \$15,800/ UNLIMITED | 60%/50% | \$40 | \$0 | \$80 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 051 | MTBCP051 | Embedded | \$750/ \$10,000 | \$2,250/ \$20,000 | \$2,250/ UNLIMITED | \$6,750/ UNLIMITED | 90%/70% | \$30 | \$0 | \$60 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO 052 | MTBCP052 | Embedded | \$3,000/ \$10,000 | \$9,000/ \$20,000 | \$7,900/ UNLIMITED | \$15,800/ UNLIMITED | 90%/70% | \$30 | \$0 | \$60 | \$500* | \$75 | Included in OV Copay | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |

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| BCBS | STX 2020 Mid-Market Group Plan Portfolio | | | | | | | | | | | | | | | | | |
|---------------------|--|-----------|--------------------|------------------------|-----------------------|----------------------------|------------------------|-------------------------|---------------------------|------------------------|-------------------------------------|------------------------|----------------|-------------------------------------|----------------------------|-----------------------------|---------------------------------|-----------------------------------|
| | | | Deductible Type | Calend Dedu | lar Year ctibles | Medical Out-of-Pock | | Coinsurance | | | Copaym | nents | | | Inpatient & | Outpatient | Pharmacy | / Benefits |
| Plan | Plan Name | Plan ID | | Individual (In/Out) | Family (In/Out) | Individual OPX (In/Out) | Family OPX (In/Out) | Coinsurance (In/Out) | Primary Care Physician | Virtual Visit Copay | Specialist Office Visit Copay | ER Visit Copay POD* | Urgent Care | Lab, X-ray & Other Diagnostic | Inpatient (In/Out POD*) | Outpatient (In/Out POD*) | Preferred Pharmacy Network | Non-Preferred Pharmacy Network |
| | Blue Choice PPO Basic 014 | MTBCB014 | Embedded | \$1,500/ \$3,000 | \$4,500/ \$9,000 | \$4,500/ UNLIMITED | \$13,500/ UNLIMITED | 80%/60% | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO Basic 024 | MTBCB024 | Embedded | \$2,500/ \$5,000 | \$7,500/ \$15,000 | \$5,500/ UNLIMITED | \$14,700/ UNLIMITED | 70%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO Basic 026 | MTBCB026 | Embedded | \$3,000/ \$6,000 | \$9,000/ \$18,000 | \$7,350/ UNLIMITED | \$14,700/ UNLIMITED | 70%/50% | \$50 | \$0 | \$100 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| Basic sM | Blue Choice PPO Basic 032 | MTBCB032 | Embedded | \$3,500/ \$10,000 | \$10,500/ \$20,000 | \$8,150/ UNLIMITED | \$16,300/ UNLIMITED | 70%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| oice PPO | Blue Choice PPO Basic 036 | MTBCB036 | Embedded | \$4,000/ \$10,000 | \$12,000/ \$20,000 | \$8,150/ UNLIMITED | \$16,300/ UNLIMITED | 70%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| Blue Choice | Blue Choice PPO Basic 038 | MTBCB038 | Embedded | \$5,000/ \$10,000 | \$14,700/ \$29,400 | \$5,600/ UNLIMITED | \$14,700/ UNLIMITED | 70%/50% | \$45 | \$0 | \$90 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO Basic 039 | MTBCB039 | Embedded | \$5,000/ \$10,000 | \$15,000/ \$20,000 | \$8,150/ UNLIMITED | \$16,300/ UNLIMITED | 100%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO Basic 045 | MTBCB045 | Embedded | \$6,000/ \$10,000 | \$15,800/ \$20,000 | \$8,150/ UNLIMITED | \$16,300/ UNLIMITED | 70%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO Basic 049 | MTBCB049 | Embedded | \$7,000/ \$10,000 | \$15,800/ \$20,000 | \$8,150/ UNLIMITED | \$16,300/ UNLIMITED | 70%/50% | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Choice PPO HSA 001H | MTBCP001H | Embedded | \$2,800/ \$5,600 | \$5,600/ \$11,200 | \$2,800/ UNLIMITED | \$5,600/ UNLIMITED | 100%/70% | DC | DC | DC | DC | DC | DC | DC | DC | 100% | 100% |
| | Blue Choice PPO HSA 002H | MTBCP002H | Embedded | \$2,800/ \$5,600 | \$5,600/ \$11,200 | \$5,600/ UNLIMITED | \$11,200/ UNLIMITED | 80%/60% | DC | DC | DC | DC | DC | DC | DC | DC | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% |
| MsA | Blue Choice PPO HSA 003H | МТВСР003Н | Embedded | \$3,000/ \$6,000 | \$6,000/ \$12,000 | \$3,000/ UNLIMITED | \$6,000/ UNLIMITED | 100%/70% | DC | DC | DC | DC | DC | DC | DC | DC | 100% | 100% |
| PPO HS/ | Blue Choice PPO HSA 004H | MTBCP004H | Embedded | \$3,500/ \$7,000 | \$7,000/ \$14,000 | \$3,500/ UNLIMITED | \$7,000/ UNLIMITED | 100%/70% | DC | DC | DC | DC | DC | DC | DC | DC | 100% | 100% |
| ue Choice | Blue Choice PPO HSA 005H | MTBCP005H | Embedded | \$3,500/ \$7,000 | \$7,000/ \$14,000 | \$5,000/ UNLIMITED | \$10,000/ UNLIMITED | 80%/60% | DC | DC | DC | DC | DC | DC | DC | DC | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% |
| BI | Blue Choice PPO HSA 006H | MTBCP006H | Embedded | \$4,000/ \$8,000 | \$8,000/ \$16,000 | \$4,000/ UNLIMITED | \$8,000/ UNLIMITED | 100%/70% | DC | DC | DC | DC | DC | DC | DC | DC | 100% | 100% |
| | Blue Choice PPO HSA 007H | МТВСР007Н | Embedded | \$5,000/ \$10,000 | \$10,000/ \$20,000 | \$5,000/ UNLIMITED | \$10,000/ UNLIMITED | 100%/70% | DC | DC | DC | DC | DC | DC | DC | DC | 100% | 100% |
| | Blue Choice PPO HSA 008H | MTBCP008H | Embedded | \$6,000/ \$12,000 | \$12,000/ \$24,000 | \$6,000/ UNLIMITED | \$12,000/ UNLIMITED | 100%/70% | DC | DC | DC | DC | DC | DC | DC | DC | 100% | 100% |

NA = Not Applicable; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network

When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy. They can also get covered 90-day supply prescriptions at these preferred pharmacies in the Preferred Pharmacy Network. Members can find a preferred pharmacy and other in-network pharmacies at myprime.com. Preferred pharmacies include Walgreens; Walmart (including Sam's Club); Albertsons LLC (includes Albertsons Market, Savon, Amigos, Market Street, Randalls, Tom Thumb, United Supermarkets); Brookshire's (Super 1 Foods); H-E-B and select independent pharmacies. Please note that changes may be made to the pharmacies in the future.

All plans include prescription drug benefits. The benefit plan is based on the Performance Annual drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.

| BCBSTX 2020 Mid-Market Group Plan Portfolio | | | | | | | | | | | | | | | | | | |
|---|---------------------------------|-----------|------------------------|------------------------|-----------------------|----------------------------|------------------------|-------------------------|---------------------------|------------------------|-------------------------------------|------------------------|----------------|-------------------------------------|----------------------------|-----------------------------|---------------------------------|-----------------------------------|
| | | | Deductible Type | | lar Year ctibles | Medical Out-of-Pock | | Coinsurance | | | Copayn | nents | | | Inpatient & | Outpatient | Pharmacy | / Benefits |
| Plan | Plan Name | Plan ID | Aggregate/ Embedded | Individual (In/Out) | Family (In/Out) | Individual OPX (In/Out) | Family OPX (In/Out) | Coinsurance (In/Out) | Primary Care Physician | Virtual Visit Copay | Specialist Office Visit Copay | ER Visit Copay POD* | Urgent Care | Lab, X-ray & Other Diagnostic | Inpatient (In/Out POD*) | Outpatient (ln/Out POD*) | Preferred Pharmacy Network | Non-Preferred Pharmacy Network |
| | Blue Choice PPO HSA 009H | МТВСР009Н | Embedded | \$6,650/ \$13,300 | \$13,300/ \$26,600 | \$6,650/ UNLIMITED | \$13,300/ UNLIMITED | 100%/50% | DC | DC | DC | DC | DC | DC | DC | DC | 100% | 100% |
| | Blue Choice PPO HSA 010H | МТВСР010Н | Embedded | \$4,500/ \$9,000 | \$10,000/ \$20,000 | \$6,900/ UNLIMITED | \$13,800/ UNLIMITED | 80%/60% | DC | DC | DC | DC | DC | DC | DC | DC | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% |
|) HSA sm | Blue Choice PPO HSA 011H | MTBCP011H | Embedded | \$5,500/ \$11,000 | \$11,000/ \$22,000 | \$6,900/ UNLIMITED | \$13,800/ UNLIMITED | 80%/60% | DC | DC | DC | DC | DC | DC | DC | DC | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% |
| noice PPC | Blue Choice PPO HSA 012H | MTBCP012H | Embedded | \$5,000/ \$10,000 | \$10,000/ \$20,000 | \$6,900/ UNLIMITED | \$13,800/ UNLIMITED | 80%/60% | DC | DC | DC | DC | DC | DC | DC | DC | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% |
| Blue Ch | Blue Choice PPO HSA 013H | MTBCP013H | Embedded | \$6,900/ \$13,800 | \$13,800/ \$27,600 | \$6,900/ UNLIMITED | \$13,800/ UNLIMITED | 100%/70% | DC | DC | DC | DC | DC | DC | DC | DC | 100% | 100% |
| | Blue Choice PPO HSA 014H* | MTBCP014H | Embedded | \$5,000/ \$10,000 | \$10,000/ \$20,000 | \$5,000/ UNLIMITED | \$10,000/ UNLIMITED | 100%/70% | DC | DC | DC | DC | DC | DC | DC | DC | 100% | 100% |
| | Blue Choice PPO HSA 015H* | MTBCP015H | Embedded | \$6,000/ \$12,000 | \$12,000/ \$24,000 | \$6,000/ UNLIMITED | \$12,000/ UNLIMITED | 100%/70% | DC | DC | DC | DC | DC | DC | DC | DC | 100% | 100% |
| | Blue Essentials 001 | MTBEE001 | Embedded | \$0/NA | \$0/NA | \$1,500/NA | \$3,000/NA | 100%/NA | \$20 | \$0 | \$20 | \$750* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 002 | MTBEE002 | Embedded | \$500/NA | \$1,500/NA | \$1,500/NA | \$4,500/NA | 100%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 003 | MTBEE003 | Embedded | \$500/NA | \$1,500/NA | \$1,500/NA | \$4,500/NA | 80%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 004 | MTBEE004 | Embedded | \$500/NA | \$1,500/NA | \$1,500/NA | \$4,500/NA | 70%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| entials sm | Blue Essentials 006 | MTBEE006 | Embedded | \$500/NA | \$1,500/NA | \$3,000/NA | \$9,000/NA | 80%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| Blue Ess | Blue Essentials 007 | MTBEE007 | Embedded | \$1,000/NA | \$3,000/NA | \$3,000/NA | \$9,000/NA | 100%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 008 | MTBEE008 | Embedded | \$1,000/NA | \$3,000/NA | \$3,000/NA | \$9,000/NA | 80%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 009 | MTBEE009 | Embedded | \$1,000/NA | \$3,000/NA | \$3,000/NA | \$9,000/NA | 70%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 011 | MTBEE011 | Embedded | \$1,000/NA | \$3,000/NA | \$4,000/NA | \$12,000/NA | 80%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 012 | MTBEE012 | Embedded | \$1,500/NA | \$4,500/NA | \$4,500/NA | \$13,500/NA | 100%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |

NA = Not Applicable; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network

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All plans include prescription drug benefits. The benefit plan is based on the Performance Annual drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.

| BCBSTX 2020 Mid-Market Group Plan Portfolio Deductible Calendar Year Medical and Rx Calendar Year Compared | | | | | | | | | | | | | | | | | | |
|--|---------------------------|----------|------------------------|------------------------|--------------------|----------------------------|------------------------|-------------------------|---------------------------|------------------------|-------------------------------------|------------------------|----------------|-------------------------------------|----------------------------|-----------------------------|---------------------------------|-----------------------------------|
| | | | Deductible Type | | ar Year ctibles | Medical Out-of-Pock | | Coinsurance | | | Copayn | nents | | | Inpatient & | Outpatient | Pharmac | y Benefits |
| Plan | Plan Name | Plan ID | Aggregate/ Embedded | Individual (In/Out) | Family (In/Out) | Individual OPX (In/Out) | Family OPX (In/Out) | Coinsurance (In/Out) | Primary Care Physician | Virtual Visit Copay | Specialist Office Visit Copay | ER Visit Copay POD* | Urgent Care | Lab, X-ray & Other Diagnostic | Inpatient (In/Out POD*) | Outpatient (In/Out POD*) | Preferred Pharmacy Network | Non-Preferred Pharmacy Network |
| | Blue Essentials 013 | MTBEE013 | Embedded | \$1,500/NA | \$4,500/NA | \$4,500/NA | \$13,500/NA | 80%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 014 | MTBEE014 | Embedded | \$1,500/NA | \$4,500/NA | \$4,500/NA | \$13,500/NA | 80%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 016 | MTBEE016 | Embedded | \$2,000/NA | \$6,000/NA | \$6,000/NA | \$15,800/NA | 100%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 017 | MTBEE017 | Embedded | \$2,000/NA | \$6,000/NA | \$6,000/NA | \$15,800/NA | 80%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 019 | MTBEE019 | Embedded | \$2,000/NA | \$6,000/NA | \$5,000/NA | \$14,700/NA | 80%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 020 | MTBEE020 | Embedded | \$2,500/NA | \$7,500/NA | \$7,500/NA | \$15,800/NA | 100%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 021 | MTBEE021 | Embedded | \$2,500/NA | \$7,500/NA | \$7,500/NA | \$15,800/NA | 80%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| MSSM | Blue Essentials 023 | MTBEE023 | Embedded | \$2,500/NA | \$7,500/NA | \$5,500/NA | \$14,700/NA | 80%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| e Essentia | Blue Essentials 024 | MTBEE024 | Embedded | \$2,500/NA | \$7,500/NA | \$5,500/NA | \$14,700/NA | 70%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| Blue | Blue Essentials 025 | MTBEE025 | Embedded | \$3,000/NA | \$9,000/NA | \$3,500/NA | \$10,500/NA | 100%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 026 | MTBEE026 | Embedded | \$3,000/NA | \$9,000/NA | \$7,350/NA | \$14,700/NA | 70%/NA | \$50 | \$0 | \$100 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 027 | MTBEE027 | Embedded | \$3,000/NA | \$9,000/NA | \$7,900/NA | \$15,800/NA | 100%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 028 | MTBEE028 | Embedded | \$3,000/NA | \$9,000/NA | \$8,150/NA | \$16,300/NA | 80%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 030 | MTBEE030 | Embedded | \$3,500/NA | \$10,500/ NA | \$7,900/NA | \$15,800/NA | 100%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 031 | MTBEE031 | Embedded | \$3,500/NA | \$10,500/ NA | \$7,900/NA | \$15,800/NA | 80%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 032 | MTBEE032 | Embedded | \$3,500/NA | \$10,500/ NA | \$7,900/NA | \$15,800/NA | 70%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 034 | MTBEE034 | Embedded | \$4,000/NA | \$12,000/ NA | \$7,900/NA | \$15,800/NA | 100%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |

NA = Not Applicable; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network

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| BCBST | CBSTX 2020 Mid-Market Group Plan Portfolio | | | | | | | | | | | | | | | | | |
|------------------------------|--|-----------|------------------------|------------------------|---------------------|----------------------------|------------------------|-------------------------|---------------------------|------------------------|-------------------------------------|------------------------|----------------|-------------------------------------|----------------------------|-----------------------------|---------------------------------|-----------------------------------|
| | | | Deductible Type | Calend Deduc | lar Year ctibles | Medical Out-of-Pock | | Coinsurance | | | Copaym | nents | | | Inpatient & | Outpatient | Pharmac | y Benefits |
| Plan | Plan Name | Plan ID | Aggregate/ Embedded | Individual (In/Out) | Family (In/Out) | Individual OPX (In/Out) | Family OPX (In/Out) | Coinsurance (In/Out) | Primary Care Physician | Virtual Visit Copay | Specialist Office Visit Copay | ER Visit Copay POD* | Urgent Care | Lab, X-ray & Other Diagnostic | Inpatient (In/Out POD*) | Outpatient (In/Out POD*) | Preferred Pharmacy Network | Non-Preferred Pharmacy Network |
| | Blue Essentials 035 | MTBEE035 | Embedded | \$4,000/NA | \$12,000/ NA | \$8,150/NA | \$16,300/NA | 80%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 036 | MTBEE036 | Embedded | \$4,000/NA | \$12,000/ NA | \$7,900/NA | \$15,800/NA | 70%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 038 | MTBEE038 | Embedded | \$5,000/NA | \$14,700/ NA | \$5,600/NA | \$14,700/NA | 70%/NA | \$45 | \$0 | \$90 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 039 | MTBEE039 | Embedded | \$5,000/NA | \$15,000/ NA | \$7,900/NA | \$15,800/NA | 100%/NA | \$40 | \$0 | \$80 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 040 | MTBEE040 | Embedded | \$5,000/NA | \$15,000 / NA | \$7,900/NA | \$15,800/NA | 80%/NA | \$40 | \$0 | \$80 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| entials sm | Blue Essentials 042 | MTBEE042 | Embedded | \$5,000/NA | \$14,700/ NA | \$7,350/NA | \$14,700/NA | 80%/NA | \$45 | \$0 | \$90 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| Blue Ess | Blue Essentials 043 | MTBEE043 | Embedded | \$6,000/NA | \$15,800/ NA | \$7,900/NA | \$15,800/NA | 100%/NA | \$40 | \$0 | \$80 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 044 | MTBEE044 | Embedded | \$6,000/NA | \$15,800/ NA | \$8,150/NA | \$16,300/NA | 80%/NA | \$40 | \$0 | \$80 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 045 | MTBEE045 | Embedded | \$6,000/NA | \$15,800/ NA | \$7,900/NA | \$15,800/NA | 70%/NA | \$40 | \$0 | \$80 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 047 | MTBEE047 | Embedded | \$7,000/NA | \$15,800/ NA | \$7,900/NA | \$15,800/NA | 100%/NA | \$40 | \$0 | \$80 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 048 | MTBEE048 | Embedded | \$7,000/NA | \$15,800/ NA | \$7,900/NA | \$15,800/NA | 80%/NA | \$40 | \$0 | \$80 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Essentials 049 | MTBEE049 | Embedded | \$7,000/NA | \$15,800/ NA | \$7,900/NA | \$15,800/NA | 70%/NA | \$40 | \$0 | \$80 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| Essentials HSA sm | Blue Essentials HSA 007H | MTBEE007H | Embedded | \$5,000/NA | \$10,000/ NA | \$5,000/NA | \$10,000/NA | 100%/NA | DC | DC | DC | DC | DC | DC | DC | DC | 100% | 100% |
| Blue Essent | Blue Essentials HSA 009H | MTBEE009H | Embedded | \$6,650/NA | \$13,300/ NA | \$6,650/NA | \$13,300/NA | 100%/NA | DC | DC | DC | DC | DC | DC | DC | DC | 100% | 100% |

General Notes:

NA = Not Applicable; DC = Deductible and Coinsurance; In = In-Network; Out and OON = Out-of-Network

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All plans include prescription drug benefits. The benefit plan is based on the Performance Annual drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.

| BCBS | BCBSTX 2020 Mid-Market Group Plan Portfolio Deductible Calendar Year Medical and Rx Consumants Consumants Consumants | | | | | | | | | | | | | | | | | |
|--------------------------|--|-----------|------------------------|------------------------|---------------------|----------------------------|------------------------|-------------------------|---------------------------|------------------------|-------------------------------------|------------------------|----------------|-------------------------------------|----------------------------|-----------------------------|---------------------------------|-----------------------------------|
| | | | Deductible Type | | lar Year ctibles | Medical Out-of-Pock | and Rx et Expense | Coinsurance | | | Copaym | ents | | | Inpatient & | Outpatient | Pharmac | y Benefits |
| Plan | Plan Name | Plan ID | Aggregate/ Embedded | Individual (In/Out) | Family (In/Out) | Individual OPX (In/Out) | Family OPX (In/Out) | Coinsurance (In/Out) | Primary Care Physician | Virtual Visit Copay | Specialist Office Visit Copay | ER Visit Copay POD* | Urgent Care | Lab, X-ray & Other Diagnostic | Inpatient (In/Out POD*) | Outpatient (In/Out POD*) | Preferred Pharmacy Network | Non-Preferred Pharmacy Network |
| | Blue Premier Access 006 | MTBPA006 | Embedded | \$500/NA | \$1,500/NA | \$3,000/NA | \$9,000/NA | 80%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Premier Access 011 | MTBPA011 | Embedded | \$1,000/NA | \$3,000/NA | \$4,000/NA | \$12,000/NA | 80%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Premier Access 014 | MTBPA014 | Embedded | \$1,500/NA | \$4,500/NA | \$4,500/NA | \$13,500/NA | 80%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| WS | Blue Premier Access 019 | MTBPA019 | Embedded | \$2,000/NA | \$6,000/NA | \$5,000/NA | \$14,700/NA | 80%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| er Access | Blue Premier Access 023 | MTBPA023 | Embedded | \$2,500/NA | \$7,500/NA | \$5,500/NA | \$14,700/NA | 80%/NA | \$30 | \$0 | \$60 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| Blue Premi | Blue Premier Access 024 | MTBPA024 | Embedded | \$2,500/NA | \$7,500/NA | \$5,500/NA | \$14,700/NA | 70%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| ā | Blue Premier Access 025 | MTBPA025 | Embedded | \$3,000/NA | \$9,000/NA | \$3,500/NA | \$10,500/NA | 100%/NA | \$35 | \$0 | \$70 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Premier Access 026 | MTBPA026 | Embedded | \$3,000/NA | \$9,000/NA | \$7,350/NA | \$14,700/NA | 70%/NA | \$50 | \$0 | \$100 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Premier Access 038 | MTBPA038 | Embedded | \$5,000/NA | \$14,700/ NA | \$5,600/NA | \$14,700/NA | 70%/NA | \$45 | \$0 | \$90 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| | Blue Premier Access 042 | MTBPA042 | Embedded | \$5,000/NA | \$14,700/ NA | \$8,150/NA | \$16,300/NA | 80%/NA | \$45 | \$0 | \$90 | \$500* | \$75 | DC | DC | DC | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 |
| Access HSA sm | Blue Premier Access HSA 007H | MTBPA007H | Embedded | \$5,000/NA | \$10,000/ NA | \$5,000/NA | \$10,000/NA | 100%/NA | DC | DC | DC | DC | DC | DC | DC | DC | 100% | 100% |
| Blue Premier Access | Blue Premier Access HSA 009H | MTBPA009H | Embedded | \$6,650/NA | \$13,300/ NA | \$6,650/NA | \$13,300/NA | 100%/NA | DC | DC | DC | DC | DC | DC | DC | DC | 100% | 100% |

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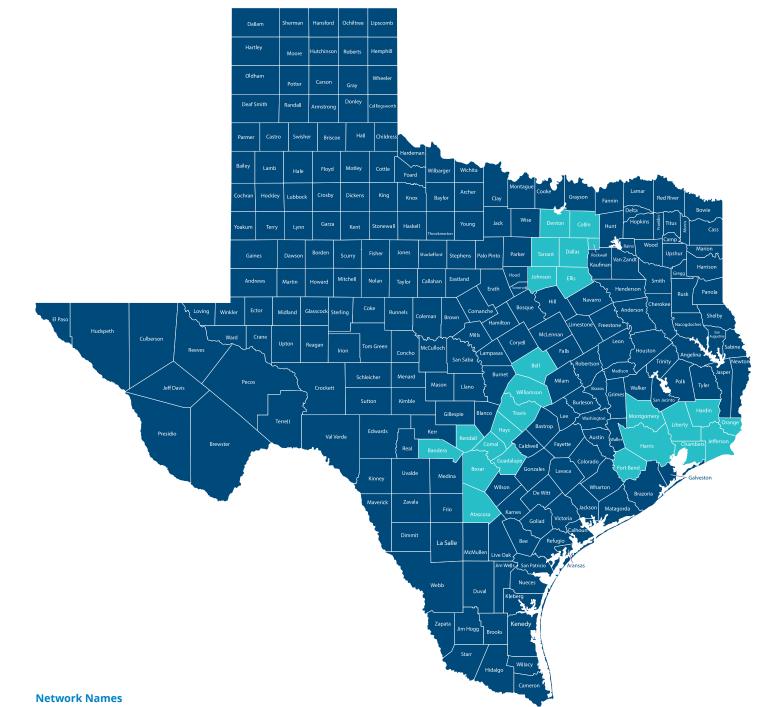
All plans include prescription drug benefits. The benefit plan is based on the Performance Annual drug list. Benefits include clinical programs such as Prior Authorization and Step Therapy.

All plans have an Embedded Deductible. This means that no more than one Individual Deductible will be required to be met by any one individual in a family contract.

Texas Mid-Market Network Offerings Comparison

| Plan Name | Blue Choice PPO | Blue Essentials (formerly HMO Blue ^s ™ TX) | Blue Premier Access | | | | | |
|---------------------------------------|------------------------------------|--|--|--|--|--|--|--|
| Network Name | Blue Choice PPO [™] (BCA) | Blue Essentials [™] (HMO) | Blue Premier ^s (HMH) | | | | | |
| Network Type | Broad | Broad | Narrow (Smart) | | | | | |
| Availability | 51-150 Fully Insured | 51-150 Fully Insured | 51-150 Fully Insured | | | | | |
| Medical Group Selection Required | No | Yes | No | | | | | |
| Referral Required | No | Yes | No | | | | | |
| OON Coverage | Yes | No, with the exception of emergency or accidentNo, with the exception of emergency or accident | | | | | | |
| BlueCard® | Yes | Available for when members need emergency or urgent care services while outside their service areas, the BlueCard program will help them locate participating doctors and hospitals, allowing them to receive covered care. | | | | | | |
| Away From Home Care® (AFHC) | N/A | outside of their HMO service are HMOs are not available in all loca Blue Shield Association HMOs p Benefits and the way members same as their Texas benefits. T | Blue Shield HMOs while traveling as for at least 90 days. Affiliated ations, and not all Blue Cross and articipate in the AFHC program. access services might not be the | | | | | |
| Blue Access for Members SM | Yes | Yes | Yes | | | | | |
| Provider Finder | Blue Choice PPO (BCA) | Blue Essentials (formerly known as TX HMO Blue) | lue) Blue Premier Access (HMH) | | | | | |
| Member Liability Estimator | Yes | Yes | Yes | | | | | |

2020 Texas Mid-Market (51-150) Provider Networks by County



- Blue Choice PPO, and Blue Essentials
- Blue Choice PPO, Blue Essentials, and Blue Premier

For more information on these plans, please contact your BCBSTX Account Representative.

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSTX to provide pharmacy benefit management and related other services. 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. A "preferred" or "participating" pharmacy has a contract with BCBSTX or BCBSTX's pharmacy benefit manager (Prime) to provide pharmacy services at a negotiated rate. The terms "preferred" and "participating" should not be construed as a recommendation, referral or any other statement as to the ability or quality of such pharmacy.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.