

PY 2026 OE Product

Telesales

Time (CST)	Topic	Presenter
10:00am – 10:05am	Introduction	Terry Maslowski, Director of I&FM Telesales
10:05am - 10:50am	2026 Market Updates	Nicole Brahin, Sales Strategy Specialist
10:50am – 11:00am	Break	N/A
11:00am– 11:15am	Vision & Dental, Pharmacy & Prescriptions	Nicole Brahin, Sales Strategy Specialist
11:15am – 11:30am	Value Added Benefits	Chris Coco, Business Consultant
11:30am – 11:50am	Retention Playbook	Cory Norman, Manager of Supplier Ops
11:50am - 12:00pm	Questions	



Our Reach and Impact

All in on day 1 of the ACA for 13 years in over 450 counties. We're not going anywhere, and we're not standing still.

We offer a variety of qualified health plans to meet our members' health and financial needs

Illinois

- Four networks
- Two HMOs, a PPO, and a POS
- Statewide or metro-focused
- Catastrophic, Bronze, Silver and Gold QHPs

Montana

- Two networks
- PPO and POS
- Statewide or city-focused
- Catastrophic, Bronze, Silver and Gold QHPs

Oklahoma

- Three networks
- Two PPOs and an HMO
- Statewide or metro-focused
- Catastrophic, Bronze, Silver and Gold QHPs

Texas

- Three products, two networks
- HMO and POS
- Statewide or metro-focused
- Catastrophic, Bronze, Silver and Gold QHPs

New Mexico

- Statewide HMO

Serving our Members

Here's how we help to serve our 23.2 million members

- **Expanding access to care:** We offer a range health benefit products to meet the various needs and care preferences of members across all stages of their lives and across all reimbursement types.
- **Improving affordability of care:** We establish provider networks that connect members with high-quality care.
- **Enabling better health outcomes:** We offer a range of solutions to optimize health outcomes for our members, including care coordination, behavioral health management, and pharmacy management.
- **Driving innovation in care:** We continuously enhance our technology, capabilities, and programs to improve the affordability of our products and the member experience.

What's New for 2026?



PY2026 OPX, HDHP, HSA Limits

The new out-of-pocket amounts, HDHP minimum deductibles and HSA contribution limits take effect **January 1, 2026**

	2025 Individual Coverage	2026 Individual Coverage	2025 Family Coverage	2026 Family Coverage
ACA OPX Base Variant	\$9,200	\$10,600	\$18,400	\$21,200
ACA OPX 73% Cost Sharing	\$7,350	\$8,450	\$14,700	\$16,900
ACA OPX 87% & 94% Cost Sharing	\$3,050	\$3,500	\$6,100	\$7,000
HDHP OPX	\$8,300	\$8,500	\$16,600	\$17,000
HDHP Minimum Deductible	\$1,650	\$1,700	\$3,300	\$3,400
HSA Contribution Limits	\$4,300	\$4,400	\$8,550	\$8,750

PY2026 Standardized Plans Overview

As with PY2025, CMS requires QHP issuers in the federally facilitated exchange and state-based exchange that use the federal platform to offer standardized plans.

CMS sets the plan designs for standardized plans, which generally include:

- Pre-deductible coverage of several benefits
- Copays instead of coinsurance for many benefits
- A single network tier
- 4 pharmacy tiers

The requirement to offer a standardized plan is based on where the insurer offers a non-standardized plan in the individual market. QHP insurers in the FFE and SBE-FPs must offer a standardized plan at every product network type, at every metal level (except non-expanded bronze level), and throughout every service area where they also offer non-standardized options.

PY2026 Standardized Plans Overview

PY2026 Standardized Plans Benefit Designs (for all FFE and SBE-FP issuers, excluding issuers in Delaware, Louisiana, and Oregon).

Standardized Plans	ON or OFF Exchange	Deductible	OPX**	Co-Insurance	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Urgent Care Visit	Generic (Tier 1)	Brand: Preferred (Tier 2)	Brand: Non-Preferred (Tier 3)	Specialty (Tier 4)
Expanded Bronze	Both	\$7,500	\$10,000	50%	\$50	\$100	\$50	\$75	\$25	\$50*	\$100*	\$500*
Silver (70% Actuarial Value [AV])	Both	\$6,000	\$8,900	60%	\$40	\$80	\$40	\$60	\$20	\$40	\$80*	\$350*
Silver (73% AV‡)	Both	\$3,000	\$7,400	60%	\$40	\$80	\$40	\$60	\$20	\$40	\$80*	\$350*
Silver (87% AV‡)	Both	\$700	\$3,300	70%	\$20	\$50	\$20	\$30	\$10	\$20	\$60*	\$250*
Silver (94% AV‡)	Both	\$0	\$2,200	75%	\$0	\$10	\$0	\$5	\$0	\$15	\$50	\$150
Gold	Both	\$2,000	\$8,200	75%	\$30	\$60	\$30	\$45	\$15	\$30	\$60	\$250

‡ The Silver plan covers approximately 70% of costs but Silver plan variances cover more for those who qualify for cost-sharing reductions.

* Rx copays with an asterisk are subject to deductible. Rx copays with no asterisks are not subject to deductible.

** OPX is the out-of-pocket Maximum and includes the deductible.

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BCBSIL IFM



All in on day 1
of the ACA
for 13 years
in 102 counties

We're not
going anywhere,
and we're not
standing still

- We've been serving Illinois communities for **over 85 years**
- BCBSIL is proud to be the only carrier that has offered multiple qualified health plans **in every county** across Illinois for 13 years of ACA open enrollment

Rate Action and Stability

BCBSIL remains steadfast in its commitment to a stable health insurance market with a competitive plan choices in the individual market, as we have since the inception of the ACA.

- The proposed rates for 2026 coverage include both new and current individual ACA-compliant plans and reflect *industry-wide* changes to the market, including the anticipated expiration of enhanced premium tax credits at the end of 2025.
- Plans are priced to reflect anticipated health care needs. Medical Loss Ratio (MLR) rules require that for individual plans, no less than 80% of premiums are spent on medical care and quality improvement.
- We continuously promote programs that increase access to care and control costs for our members.
- We will continue to support members with tools and resources to evaluate their options during Open Enrollment and connect them with licensed agents as needed.

Big Changes Coming in 2026

- In Nov. 2025, GCI will launch as a fully state-run exchange for PY2026
- Certification for GCI is required for any business written **on exchange** in IL
- IL will provide continuing education credits for SBE certification
- As long as you are GCI certified, policies will stay attached to your book
- Certification opened in early August and must be completed by **10/17/25**
- No Enhanced Direct Enrollment options will be available
- Passive Renewal Process
- Brokers do not need to reside in IL
- Enrollment will move from Healthcare.gov to [GetCoveredIllinois.gov](https://www.getcoveredillinois.gov)
- Illinois gains full control over outreach, plan management, and enrollment operations

What is Get Covered Illinois?

- Illinois' health insurance state-based marketplace under the ACA
- Designed to increase access to affordable, comprehensive health coverage

Why Was it Created?

- To reduce the number of uninsured residents
- To centralize access to health plans that include essential health benefits
- To offer income-based financial assistance
- To support ACA implementation at the state level



What's the Difference?

	Get Covered IL	Off-Exchange
Subsidies	Yes, if you qualify	No
ACA Compliant Plans	Yes	May vary
Where to Buy	GetCoveredIllinois.gov	Insurance company websites

Key Provider Networks for IFM Market



2026 Market Regulatory Changes

Regulatory Changes	Description
Enhanced ARP Subsidy Changes	Enhanced premium tax credits will sunset 12/31/25 if Congress does not act to extend them
SEP Changes	Monthly SEP for individuals with projected household income at or below 150% FPL is unavailable
State Based Exchange	Introduction of State Based Exchange – Get Covered Illinois
HSA Eligible Plan Update	Bronze and Catastrophic on-Exchange policies will be HSA eligible.* The following products will be HSA eligible in 2026: • Blue Precision Bronze HMO 205 • Blue Precision Bronze HMO 701 • Blue Precision Bronze HMO Standard - Select Rx Copays • BlueCare Direct Bronze Standard - Select Rx Copays with Advocate • Blue Choice Preferred Security PPO 200 • Blue Choice Preferred Bronze PPO 201 • Blue Choice Preferred Bronze PPO 701 • Blue Choice Preferred Bronze PPO Standard - Select Rx Copays • MyBlue Plus Bronze 903 • MyBlue Plus Bronze 912 • MyBlue Plus Bronze Standard - Select Rx Copays

*To the extent on exchange and off exchange bronze plans are on the same SCID, both plans will be HSA eligible.

Who's Coming, Who's Expanding, Who's Leaving?

Illinois		
Expansions	Cigna	Expanding to 1 county (Total 3 counties)
	UnitedHealthcare	Expanding to 7 counties (Total 31 counties)
Exits	Aetna	Aetna exiting ACA market
	Health Alliance	Health Alliance exiting ACA market
	Quartz	Quartz exiting IL market
	Cigna	Cigna exiting RA 4

2026 Illinois Competitive Highlights

New Competitor Entrants:

No new carriers are entering the IL exchange

Competitor Modifications:

Cigna

Expanding to Lake County (Total 3 counties)
(Cook, Grady, Kane, Kendall, and Will)

UnitedHealthCare

Expanding to 7 Counties (Total 31 counties)
(Cass, Effingham, Logan, Mason, Menard, Morgan, and Scott)

Competitors Exiting IL Exchange:

Aetna

Exiting 38 counties
(Rating Areas 1, 2, 3, 4, 6, 7, 10, and 11)

Health Alliance

Exiting 82 counties
(Rating Areas 6, 7, 8, 9, 10, 11, and 13)

Quartz

Exiting 7 counties
(Rating Area 5)

Cigna

Exiting 5 counties (Total 3 counties)

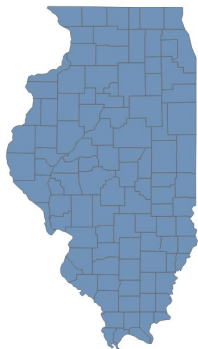
As a result, **approximately 70,000 new consumers are expected to enter the market** in search of new coverage in PY26

Additionally, **BCBSIL could potentially be the sole carrier in up to 65 counties** following these exits *(subject to change based on final regulatory filings and confirmation of competitor participation)*

Competitor Network Comparison in Illinois

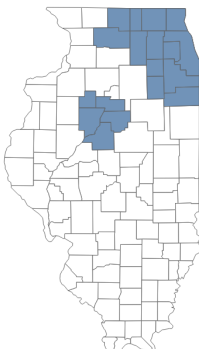
In 2026, Aetna, Health Alliance, and Quartz are exiting the market. Cigna is entering Lake County and exiting 4 counties. UnitedHealthcare is expanding to 7 counties. Oscar is entering 5 counties. Molina is entering 5 counties. MercyCare is entering 3 counties. Ambetter is entering 25 counties. BlueChoice Preferred PPO is statewide. Blue Precision HMO is in Chicago, Rockford, and Peoria. BlueCare Direct is in Cook, DuPage, Kane, and Lake. MyBlue Plus is in Cook, DuPage, Kane, Will, and Kankakee.

Blue Choice Preferred PPO SM



Statewide
(All Counties)

Blue Precision HMO SM



Chicago, Rockford, Peoria
(18 Counties)

BlueCare Direct SM



Cook, DuPage, Kane, Lake
(4 Counties)

MyBlue Plus SM



Cook, DuPage, Kane, Will,
Kankakee
(5 Counties)

2026 Competitor Service Areas

Ambetter



(25 Counties)

MercyCare



(3 Counties)

Molina



(5 Counties)

Oscar



(5 Counties)

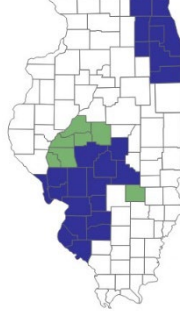
2026 Competitor Modifications

Cigna



(4 Counties)

UnitedHealthcare



(31 Counties)

2026 Competitor Exits

Aetna



(38 Counties)

Health Alliance



(82 Counties)

Quartz



(7 Counties)

Key



BCBSIL offers a variety of qualified health plans to meet our members' health and financial needs

- Four networks
- Two HMOs, a PPO, and a POS
- Statewide or metro focused
- Catastrophic, Bronze, Silver and Gold QHPs
- Several plans with \$5 to \$20 PCP office visits*
- Plans with deductibles as low as \$250*
- Several plans with \$0 to \$10 tier 1 drugs*
- One Bronze, Silver and Gold plan with flat copays in every tier*

*Costs for non-subsidized plans

Market Participation Executive Summary for BCBSIL

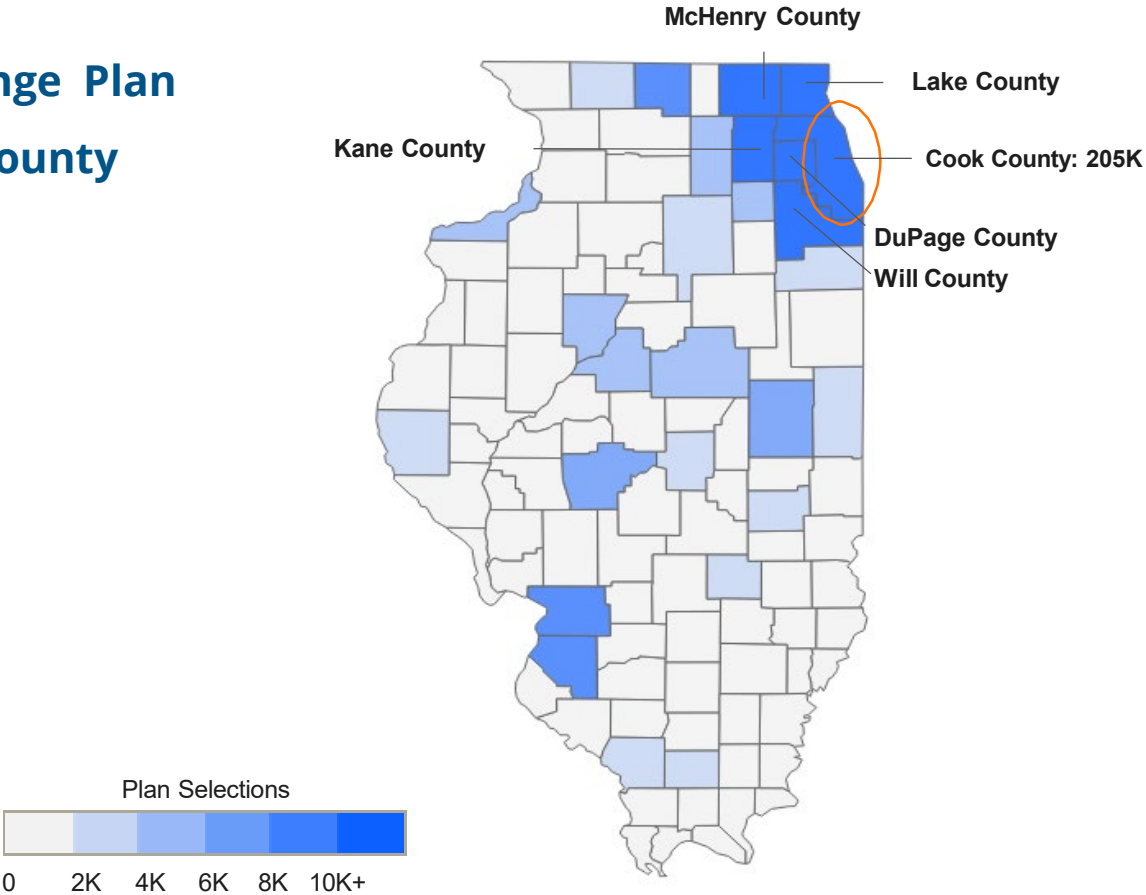
On-Exchange Market Opportunity	• 2025 Market Size (Selections): 466K • 44% (205K) of total plan selections in Cook County • April 2025 Enterprise On-Exchange Membership: 196K (excludes member in grace)	
Four Network Offerings	• MyBlue PlusSM, Blue Choice Preferred PPOSM, Blue Precision HMOSM, and BlueCare Direct	
Top Selling BCBSIL QHPs	• Blue Choice Preferred Bronze PPOSM 201 • Blue Precision Silver HMOSM 206 • Blue Choice Preferred Silver PPOSM 203	• Blue Choice Preferred Silver PPOSM 801 • MyBlue Plus SilverSM 906
Competitor Network Presence	• In 2025, Ambetter expanded to 2 counties near the Quad Cities, and Oscar expanded to Kendall county. Aetna expanded to 9 counties but will exit the market in 2026 • Aetna discontinued their bronze PPO in 2025, leaving BCBSIL as the only carrier offering a bronze PPO plan statewide • Health Alliance will exit the ACA market in 2026	
Key 2026 Highlights	• Illinois transitioning to a state-based exchange	• No introduction or discontinuance of QHPs since 2025

On-Exchange Market Opportunity

68% of the total Illinois on-exchange market opportunity lies within 5 counties.
44% of the total market is within Cook County.

2025 On-Exchange Plan Selections by County

Total On-Exchange
Plan Selections: **466K**

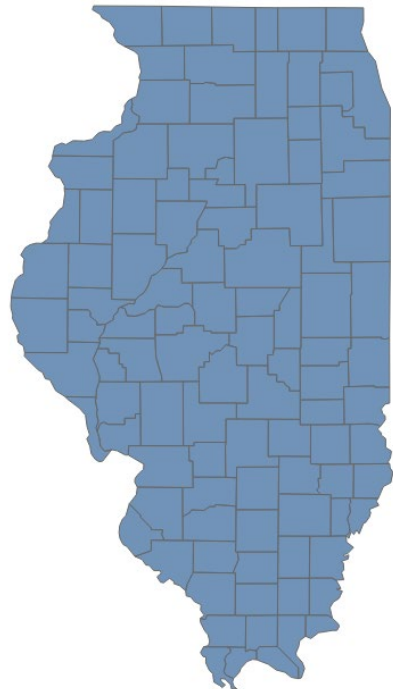


Rank	County	2025 On-Exchange Market Size
1	Cook	205,324
2	DuPage	42,811
3	Lake	26,272
4	Will	23,626
5	Kane	19,016
6	McHenry	13,140
7	Winnebago	8,131
8	St. Clair	7,405
9	Madison	7,300
10	Champaign	6,008
11	Sangamon	5,587
12	Kendall	4,905
13	McLean	4,742
Top 13 Total		374,267
All Other IL Counties		91,718
IL Total		465,985

Provider Networks Overview for BCBSIL

Blue Choice Preferred PPO

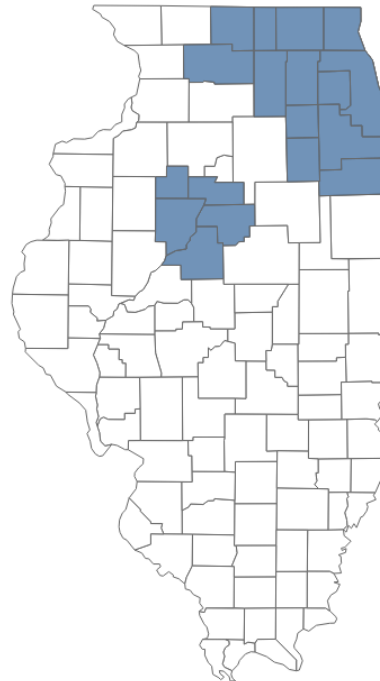
- Statewide network
- On and Off Exchange
- Metallics: Gold, Silver, Bronze, Catastrophic



**Approximately
219 hospitals, 90,270 providers**

Blue Precision HMO

- Chicago, Rockford, and Peoria areas
- On and Off Exchange
- Metallics: Gold, Silver, Bronze



**Approximately
182 hospitals, 28,686 providers**

BlueCare Direct HMO

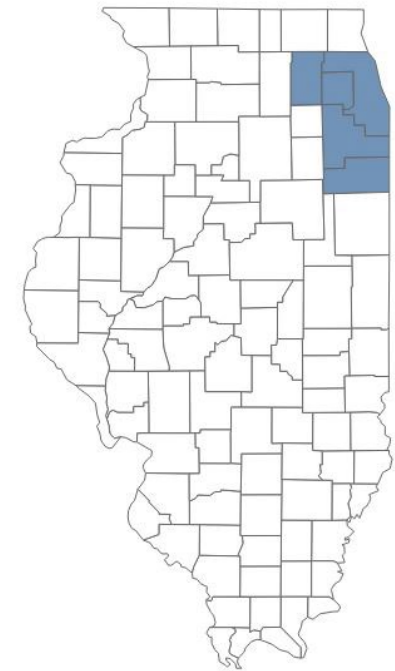
- Chicago area network
- On and Off Exchange
- Metallics: Gold, Silver, Bronze



**Approximately
13 hospitals, 5,578 providers**

MyBlue Plus POS

- Chicago area network
- On and Off Exchange
- Metallics: Gold, Silver, Bronze



**Approximately
12 hospitals, 20,817 providers**

Source: BCBSIL Network Team. Network status as of 06/13/2025. Counts subject to change. Hospital counts include Inpatient Behavioral Health (Psychiatric), Children's Acute Care, and General Acute Care. Providers: PCPs and Specialists. Providers counted on unique NPI.

Source: provider and hospital counts as of 06/05/2025. Pulled by G&IM Reporting and Analytics team

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2026 Illinois Key Product Offerings, Network and Product Features Updates

Key Product Offerings and Network Updates

Product Offering Updates	N/A
Active Contract Negotiations*	N/A

Key Enhancement to Product Features

TERMINATION: 24/7 Nurseline is being terminated for PY2026

NEW: MDLIVE will now offer asynchronous Urgent Care, allowing members to receive medical advice without a formal appointment by submitting photos.*

**Contract negotiations are still occurring*

Participating Health Systems by Network

Market	Blue Choice Preferred PPO	Blue Precision HMO	BlueCare Direct HMO	MyBlue Plus POS
Bloomington	Order of St. Francis & Carle	N/A	N/A	N/A
Cape Girardeau	N/A	N/A	N/A	N/A
Carbondale-Marion	SIH & Quorum	N/A	N/A	N/A
Champaign-Urbana	Order of St. Francis & Carle	N/A	N/A	N/A
Chicago-Naperville-Elgin	Northwestern, Endeavor, Ascension, Adventist, Trinity	Northwestern, Endeavor, Ascension, Adventist, Trinity	Advocate	UChicago, Advent Health, Endeavor, Ascension
Danville	Order of St. Francis & Carle	N/A	N/A	N/A
Davenport-Moline-Rock Island	Unity Point & Order of St. Francis	N/A	N/A	N/A
Decatur	Memorial & HSHS	N/A	N/A	N/A
Kankakee	Ascension	Ascension	N/A	UChicago, Advent Health, Endeavor, Ascension
Peoria	Order of St. Francis & Carle	Order of St. Francis & Carle	N/A	N/A
Rockford	Order of St. Francis & Swedish American	Swedish American	N/A	N/A
Springfield	Memorial & HSHS	N/A	N/A	N/A
St. Louis	HSHS & BJC	N/A	N/A	N/A

Some health systems excluded from this analysis, especially in the Chicago market. Not all hospital facilities are in-network within a given health system listed above. Network information current as of 6/13/25. Health system participation subject to change. MSA definition source: Bureau of Labor Statistics (cross-referenced with BCBSIL I&FM-Specific 2025 Network Service Area Grid).

Illinois Plan Portfolio

2026

2026 On- and Off-Exchange Plans

Network: Blue Choice Preferred PPO

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Choice Preferred Security PPO SM 200 [‡]	Both	\$10,600	\$10,600	0%	\$20	DC	DC	\$20	DC	0%
Blue Choice Preferred Bronze PPO SM 201 [‡]	Both	\$7,000	\$10,150	50%	\$45	DC	DC	\$45	\$60	\$10 / \$20 / 30% / 35% / 45% / 50%
Blue Choice Preferred Bronze PPO SM 202 [‡]	Off Only	\$4,500	\$8,300	40%	40%	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Choice Preferred Bronze PPO SM 701 [‡]	Both	\$8,600	\$10,600	50%	50%	DC	DC	DC	DC	\$25 / \$175 / 30% / 40% / 45% / 50%
Blue Choice Preferred Bronze PPOSM Standard – Select Rx Copays[‡]	Both	\$7,500	\$10,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
Blue Choice Preferred Silver PPO SM 203	Both	\$3,700	\$10,600	50%	\$5	DC	DC	\$5	\$15	\$5 / \$15 / 30% / 35% / 45% / 50%
Blue Choice Preferred Silver PPO SM 303	Off Only	\$1,500	\$9,200	50%	\$10	DC	DC	\$10	\$15	\$5 / \$15 / 30% / 35% / 45% / 50%
Blue Choice Preferred Silver PPOSM Standard – Select Rx Copays	Both	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Choice Preferred Silver PPO SM 801	Both	\$4,300	\$10,150	40%	\$30	\$40	\$30	\$30	\$40	\$10 / \$65 / 30% / 35% / 45% / 50%
Blue Choice Preferred Gold PPO SM 204	Both	\$1,500	\$10,600	30%	\$20	DC	DC	\$20	\$25	\$0 / \$10 / 20% / 35% / 45% / 50%
Blue Choice Preferred Gold PPO SM 901	Both	\$2,000	\$10,150	30%	\$5	\$45	\$5	\$5	\$45	\$5 / \$10 / \$50 / 35% / 45% / 50%
Blue Choice Preferred Gold PPOSM Standard – Rx Copays	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

[‡] HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2026 Silver CSR Variants

Network: Blue Choice Preferred PPO

2026 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Choice Preferred Silver PPO SM 203	\$3,700	\$10,600	50%	\$5	DC	DC	\$5	\$15	\$5 / \$15 / 30% / 35% / 45% / 50%
Blue Choice Preferred Silver PPO SM 203 (73% CSR)	\$1,600	\$8,450	50%	\$5	DC	DC	\$5	\$15	\$5 / \$15 / 30% / 35% / 45% / 50%
Blue Choice Preferred Silver PPO SM 203 (87% CSR)	\$400	\$3,500	40%	\$0	DC	DC	\$0	\$15	\$5 / \$15 / 30% / 35% / 45% / 50%
Blue Choice Preferred Silver PPO SM 203 (94% CSR)	\$0	\$1,600	30%	\$0	DC	DC	\$0	\$10	\$5 / \$15 / 30% / 35% / 45% / 50%
Blue Choice Preferred Silver PPOSM Standard – Select Rx Copays	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Choice Preferred Silver PPOSM Standard – Select Rx Copays (73% CSR)	\$3,000	\$7,400	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Choice Preferred Silver PPOSM Standard – Select Rx Copays (87% CSR)	\$700	\$3,300	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60* / \$250*
Blue Choice Preferred Silver PPOSM Standard – Select Rx Copays (87% CSR)	\$0	\$2,200	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50 / \$150
Blue Choice Preferred Silver PPO SM 801	\$4,300	\$10,150	40%	\$30	\$40	\$30	\$30	\$40	\$10 / \$65 / 30% / 35% / 45% / 50%
Blue Choice Preferred Silver PPO SM 801 (73% CSR)	\$4,250	\$8,100	40%	\$20	\$30	\$20	\$20	\$30	\$10 / \$65 / 30% / 35% / 45% / 50%
Blue Choice Preferred Silver PPO SM 801 (87% CSR)	\$500	\$3,350	30%	\$20	\$25	\$20	\$20	\$30	\$10 / \$65 / 30% / 35% / 45% / 50%
Blue Choice Preferred Silver PPO SM 801 (94% CSR)	\$200	\$900	30%	\$0	\$10	\$0	\$0	\$10	\$10 / \$65 / 30% / 35% / 45% / 50%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2026 On- and Off-Exchange Plans

Network: Blue Precision HMO

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Precision Bronze HMO SM 205‡	Both	\$7,400	\$10,600	50%	\$65	\$105	\$65	NA	\$105	10% / 15% / 20% / 30% / 40% / 50%
Blue Precision Bronze HMO SM 701‡	Both	\$4,500	\$10,150	50%	\$50	\$120	\$50	NA	\$120	\$15 / \$150 / 35% / 40% / 45% / 50%
Blue Precision Bronze HMOSM Standard – Select Rx Copays‡	Both	\$7,500	\$10,000	50%	\$50	\$100	\$50	NA	\$75	\$25 / \$50* / \$100* / \$500*
Blue Precision Silver HMO SM 206	Both	\$6,500	\$10,600	50%	\$35	\$90	\$35	NA	\$90	0% / 10% / 20% / 30% / 40% / 50%
Blue Precision Silver HMO SM 306	Off only	\$6,000	\$10,150	50%	\$15	\$40	\$15	NA	\$40	\$10 / \$20 / 30% / 40% / 45% / 50%
Blue Precision Silver HMO SM 704	Both	\$7,000	\$8,200	50%	\$65	\$90	\$65	NA	\$90	\$5 / \$15 / 35% / 40% / 45% / 50%
Blue Precision Silver HMOSM Standard – Select Rx Copays	Both	\$6,000	\$8,900	40%	\$40	\$80	\$40	NA	\$60	\$20 / \$40 / \$80* / \$350*
Blue Precision Gold HMO SM 207	Both	\$750	\$10,150	30%	\$20	\$40	\$20	NA	\$40	10% / 15% / 20% / 30% / 40% / 50%
Blue Precision Gold HMO SM 703	Both	\$2,900	\$10,600	30%	\$15	\$60	\$15	NA	\$60	\$0 / \$20 / 20% / 30% / 40% / 50%
Blue Precision Gold HMOSM Standard – Rx Copays	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	NA	\$45	\$15 / \$30 / \$60 / \$250

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

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2026 Silver CSR Variants

Network: Blue Precision HMO

2026 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Precision Silver HMO SM 206	\$6,500	\$10,600	50%	\$35	\$90	\$35	NA	\$90	0% / 10% / 20% / 30% / 40% / 50%
Blue Precision Silver HMO SM 206 (73% CSR)	\$4,200	\$8,450	50%	\$35	\$75	\$35	NA	\$75	0% / 10% / 20% / 30% / 40% / 50%
Blue Precision Silver HMO SM 206 (87% CSR)	\$1,950	\$3,500	40%	\$0	\$40	\$0	NA	\$40	0% / 10% / 20% / 30% / 40% / 50%
Blue Precision Silver HMO SM 206 (94% CSR)	\$0	\$3,000	30%	\$0	\$0	\$0	NA	\$0	0% / 10% / 20% / 30% / 40% / 50%
Blue Precision Silver HMO SM 704	\$7,000	\$8,200	50%	\$65	\$90	\$65	NA	\$90	\$5 / \$15 / 35% / 40% / 45% / 50%
Blue Precision Silver HMO SM 704 (73% CSR)	\$1,500	\$8,100	50%	\$65	\$90	\$65	NA	\$90	\$5 / \$15 / 35% / 40% / 45% / 50%
Blue Precision Silver HMO SM 704 (87% CSR)	\$750	\$3,100	50%	\$30	\$55	\$30	NA	\$55	\$0 / \$5 / 35% / 40% / 45% / 50%
Blue Precision Silver HMO SM 704 (94% CSR)	\$500	\$1,500	20%	\$0	\$0	\$0	NA	\$0	\$0 / \$5 / 35% / 40% / 45% / 50%
Blue Precision Silver HMOSM Standard – Select Rx Copays	\$6,000	\$8,900	40%	\$40	\$80	\$40	NA	\$60	\$20 / \$40 / \$80* / \$350*
Blue Precision Silver HMOSM Standard – Select Rx Copays (73% CSR)	\$3,000	\$7,400	40%	\$40	\$80	\$40	NA	\$60	\$20 / \$40 / \$80* / \$350*
Blue Precision Silver HMOSM Standard – Select Rx Copays (87% CSR)	\$700	\$3,300	30%	\$20	\$40	\$20	NA	\$30	\$10 / \$20 / \$60* / \$250*
Blue Precision Silver HMOSM Standard – Select Rx Copays (94% CSR)	\$0	\$2,200	25%	\$0	\$10	\$0	NA	\$5	\$0 / \$15 / \$50 / \$150

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2026 On- and Off-Exchange Plans

Network: BlueCare Direct HMO

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
BlueCare Direct BronzeSM Standard – Select Rx Copays with Advocate[‡]	Both	\$7,500	\$10,000	50%	\$50	\$100	\$50	NA	\$75	\$25 / \$50* / \$100* / \$500*
BlueCare Direct SilverSM Standard – Select Rx Copays with Advocate	Both	\$6,000	\$8,900	40%	\$40	\$80	\$40	NA	\$60	\$20 / \$40 / \$80* / \$350*
BlueCare Direct GoldSM Standard – Rx Copays with Advocate	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	NA	\$45	\$15 / \$30 / \$60 / \$250

All copay dollar amounts, and coinsurance percentages are displayed as the member’s shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., “0%” means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2026 Silver CSR Variants

Network: BlueCare Direct HMO

2026 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
BlueCare Direct SilverSM Standard – Select Rx Copays with Advocate	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
BlueCare Direct SilverSM Standard – Select Rx Copays with Advocate (73% CSR)	\$3,000	\$7,400	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
BlueCare Direct SilverSM Standard – Select Rx Copays with Advocate (87% CSR)	\$700	\$3,300	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60* / \$250*
BlueCare Direct SilverSM Standard – Select Rx Copays with Advocate (94% CSR)	\$0	\$2,200	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50 / \$150

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2026 On- and Off-Exchange POS Plans

Network: MyBlue Plus

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
MyBlue Plus Bronze SM 903 [‡]	Both	\$4,000	\$9,500	50%	\$20	DC	DC	\$20	\$60	0% / 10% / 20% / 35% / 45% / 50%
MyBlue Plus Bronze SM 912 [‡]	Both	\$1,500	\$10,000	50%	\$30	\$140	\$30	\$30	\$150	\$40 / \$150 / 35% / 40% / 45% / 50%
MyBlue Plus BronzeSM Standard – Select Rx Copays[‡]	Both	\$7,500	\$10,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
<i>MyBlue Plus SilverSM 907</i>	<i>Off Only</i>	<i>\$1,800</i>	<i>\$8,900</i>	<i>50%</i>	<i>\$5</i>	<i>DC</i>	<i>DC</i>	<i>\$5</i>	<i>\$15</i>	<i>\$5 / \$15 / 30% / 35% / 45% / 50%</i>
MyBlue Plus Silver SM 905	Both	\$5,000	\$8,000	50%	\$65	\$90	\$65	\$65	\$100	\$5 / \$15 / 15% / 40% / 45% / 50%
MyBlue Plus Silver SM 906	Both	\$7,000	\$10,600	40%	\$30	\$85	\$30	\$30	\$45	0% / 10% / 20% / 30% / 40% / 50%
MyBlue Plus SilverSM Standard – Select Rx Copays	Both	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
MyBlue Plus Gold SM 910	Both	\$250	\$7,000	40%	20%	DC	20%	DC	DC	10% / 20% / 30% / 35% / 45% / 50%
MyBlue Plus Gold SM 909	Both	\$1,000	\$8,000	30%	\$10	\$60	\$10	\$10	\$60	\$0 / \$20 / 20% / 30% / 40% / 50%
MyBlue Plus GoldSM Standard – Rx Copays	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2026 Silver CSR Variants

Network: MyBlue Plus

2026 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
MyBlue Plus Silver SM 905	\$5,000	\$8,000	50%	\$65	\$90	\$65	\$65	\$100	\$5 / \$15 / 15% / 40% / 45% / 50%
MyBlue Plus Silver SM 905 (73% CSR)	\$2,000	\$7,400	50%	\$65	\$90	\$65	\$65	\$100	\$5 / \$15 / 15% / 40% / 45% / 50%
MyBlue Plus Silver SM 905 (87% CSR)	\$750	\$3,300	50%	\$30	\$55	\$30	\$30	\$60	\$0 / \$5 / 15% / 40% / 45% / 50%
MyBlue Plus Silver SM 905 (94% CSR)	\$0	\$2,200	20%	\$0	\$0	\$0	\$0	\$0	\$0 / \$5 / 15% / 40% / 45% / 50%
MyBlue Plus Silver SM 906	\$7,000	\$10,600	40%	\$30	\$85	\$30	\$30	\$45	0% / 10% / 20% / 30% / 40% / 50%
MyBlue Plus Silver SM 906 (73% CSR)	\$3,000	\$7,900	40%	\$25	\$45	\$25	\$25	\$45	0% / 10% / 20% / 30% / 40% / 50%
MyBlue Plus Silver SM 906 (87% CSR)	\$600	\$2,950	30%	\$20	\$35	\$20	\$20	\$35	0% / 10% / 20% / 30% / 40% / 50%
MyBlue Plus Silver SM 906 (94% CSR)	\$500	\$700	20%	\$10	\$25	\$10	\$10	\$25	0% / 10% / 20% / 30% / 40% / 50%
MyBlue Plus SilverSM Standard – Select Rx Copays	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
MyBlue Plus SilverSM Standard – Select Rx Copays (73% CSR)	\$3,000	\$7,400	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
MyBlue Plus SilverSM Standard – Select Rx Copays (87% CSR)	\$700	\$3,300	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60* / \$250*
MyBlue Plus SilverSM Standard – Select Rx Copays (94% CSR)	\$0	\$2,200	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50 / \$150

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2026 Illinois IFM Key Product Setup Summary

	BlueCare Direct HMO	Blue Precision HMO	Blue Choice Preferred PPO	MyBlue Plus POS
Are members required to select a PCP?	Yes, members are required to select a PCP	Yes, members are required to select a PCP	No	Yes, members are required to select a PCP
Is a referral needed to see a specialist?	No	Yes, a referral is required to be seen by a specialist	No	Yes, a referral is required to be seen by a specialist
Do members have Out-of-Network benefits?	No	No	Yes	Yes
Is virtual care through MDLIVE available?	No	No	Yes	Yes
Can members receive non-urgent or non-emergent care out-of-state?	No	No	Emergency and urgent care is covered nationwide. A pre-approved waiver from BCBSIL is required to access non-emergency or non-urgent care outside the plan's service area.	Emergency and urgent care is covered nationwide. A pre-approved waiver from BCBSIL is required to access non-emergency or non-urgent care outside the plan's service area.
Are members able to receive care for emergent and urgent services outside of IL?	Yes	Yes	Yes	Yes

BCBS Oklahoma



**All in on day 1
of the ACA
for 13 years
in 77 counties**

**We're not
going anywhere,
and we're not
standing still**

- We've been serving Oklahoma communities for **more than 85 years**
- BCBSOK is the only insurer that has continually offered coverage since the ACA Exchanges started in 2014. Additionally, BCBSOK is the only insurance company that's offered plans statewide in all 77 counties.
- In 2026, **MyBlue HMO**, will be available in 15 counties across the Oklahoma City and Tulsa metro areas, offering a lower-cost option in our core markets.



BCBSOK offers a variety of qualified health plans to meet our members' health and financial needs

- Three networks
- Two PPOs and an HMO
- Statewide or metro-focused
- Catastrophic, Bronze, Silver and Gold QHPs
- Several plans with \$0 PCP office visits*
- One \$700 low-deductible plan*
- Several plans with \$0 to \$5 tier drugs*

*Costs for non-subsidized plans

Market Participation Executive Summary for BCBSOK

On-Exchange Market Opportunity	• 2025 On-Exchange Market Size (Selections): 308K • 30% (13K) of total plan selections were from Oklahoma County (Oklahoma City) • April 2025 HCSC On-Exchange Membership: 122K (excludes members in grace)	
Three Network Offerings	• Blue Preferred PPOSM, Blue Advantage PPOSM and MyBlue HMOSM	
Top Selling BCBSOK QHPs	• Blue Advantage Bronze PPOSM 202 • Blue Advantage Bronze PPOSM Standard	
Competitor Network Presence	• Six competitors currently with Ambetter and Medica competing statewide • Oscar expanded to 7 counites, United Health expanded to 9 counties and Taro expanded to 24 counties	
Key 2026 Highlights	• Expanded Blue Advantage Silver PPOSM 501 to all rating areas.	• Continue to offer statewide coverage on Blue Preferred PPOSM and Blue Advantage PPO

2026 Market Regulatory Changes

Regulatory Changes	Description
Enhanced ARP Subsidy Changes	Enhanced premium tax credits are set to expire 12/31/25 if Congress does not act to extend them
SEP Changes	Monthly SEP for individuals with projected household income at or below 150% FPL is unavailable
HSA Eligible Plan Update	All Bronze on-exchange plans, their corresponding off-exchange variants, and select Catastrophic plans will be HSA eligible*. The following products will be HSA eligible in 2026: • Blue Advantage Bronze PPOSM 203 • Blue Advantage Bronze PPO 202 • Blue Advantage Bronze PPO Standard • MyBlue Bronze HMOSM Standard • MyBlue Bronze HMO 902 • MyBlue Bronze HMO 904

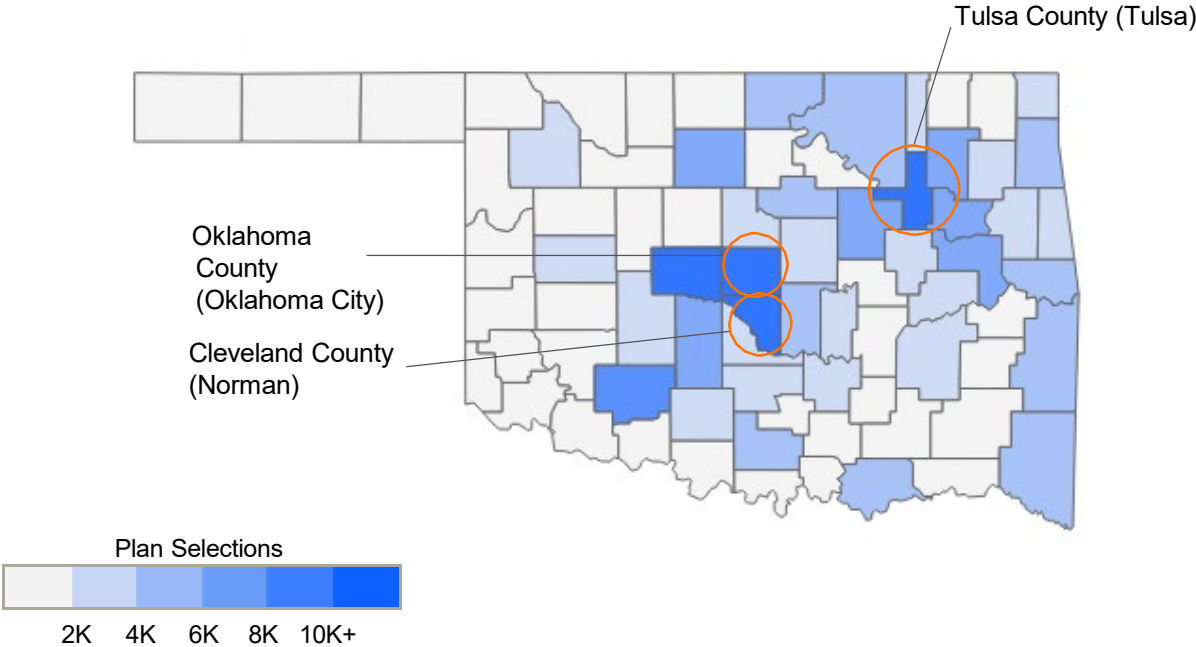
*To the extent on exchange and off exchange bronze plans are on the same SCID, both plans will be HSA eligible.

On-Exchange Market Opportunity

49% of 2025 market wide on-exchange plan selections came from five of Oklahoma's 77 counties.
66% of selections came from the state's 15 largest counties.

2025 On-Exchange Plan Selections by County

Total On-Exchange Plan Selections: 308K



Rank	County	2025 On-Exchange Market Size
1	Oklahoma	63,669
2	Tulsa	52,352
3	Cleveland	17,700
4	Canadian	10,251
5	Comanche	7,923
6	Rogers	6,106
7	Creek	5,750
8	Wagoner	5,677
9	Muskogee	5,541
10	Garfield	5,476
11	Grady	5,469
12	Pottawatomie	5,062
13	Le Flore	4,662
14	Bryan	4,384
15	McCurtain	3,935
Top 15 Total		203,957
All Other OK Counties		104,032
Oklahoma Total		307,989

Source: CMS 2025 Open Enrollment Public Use File; Represents on-exchange plan selections for all carriers in the market

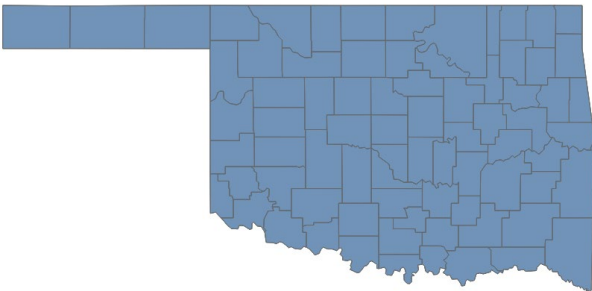
PROPRIETARY AND CONFIDENTIAL This information is preliminary in nature and is being shared for educational and training purposes only. It may not be used for any other purposes, including marketing.

Key Provider Networks for IFM Market

Provider Network Overview

Blue Preferred PPO

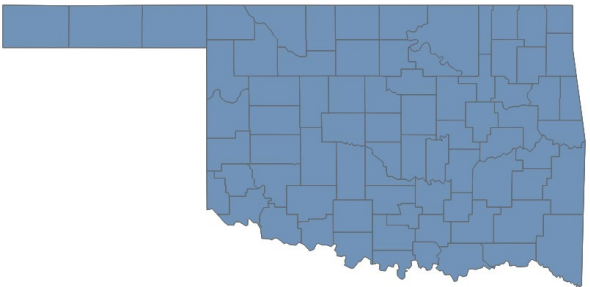
- Existing statewide network
- On and Off Exchange
- Metallic Plans: Gold, Silver, Bronze, Catastrophic



**Approximately
134 hospitals and
27,657 providers**

Blue Advantage PPO

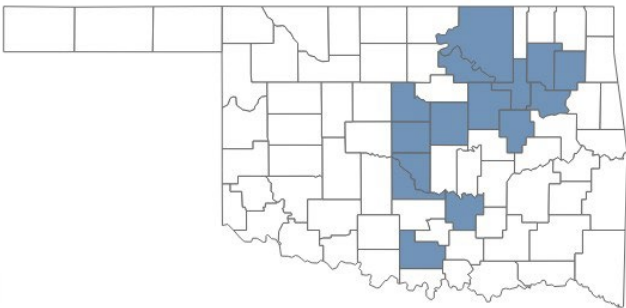
- Existing statewide network
- On and Off Exchange
- Metallic Plans: Gold, Silver, Bronze



**Approximately
126 hospitals and
27,011 providers**

MyBlue HMO

- Existing network in 15 counties
- On and Off Exchange
- Metallic Plans: Gold, Silver, Bronze



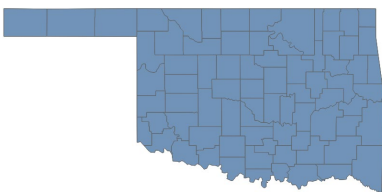
**Approximately
52 hospitals and
15,344 providers**

Source: BCBSOK Network Team. Network status as of 6/18/2025. Hospital types: General Acute Care, Long Term Acute Care, Veteran, Military, and Indian Health. PCP specialties: when provider type is Medical Doctor or Osteopath and specialty is General Practice, Family Practice, Internal Medicine, OB/GYN, or Pediatrics (every other provider specialty is PSP/Specialist). Providers: PCPs + PSPs.

2025 Competitor Network Comparison in Oklahoma

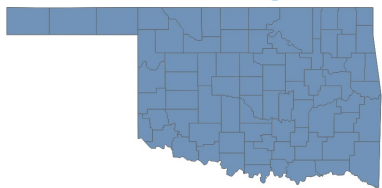
Blue Preferred PPO and Blue Advantage PPO are statewide
MyBlue HMO is available in 15 counties, primarily in the Tulsa and OKC markets
In 2025, Oscar, Taro, and UnitedHealthcare expanded to multiple counties.

Blue Preferred PPO



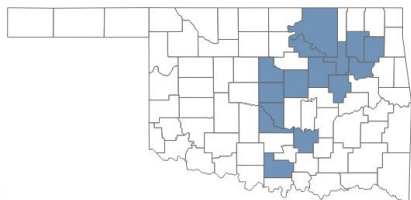
(All 77 Counties)

Blue Advantage PPO



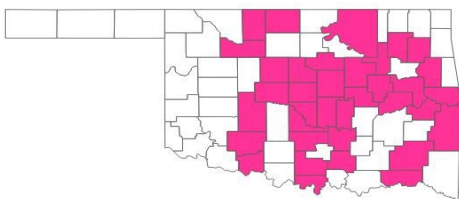
(All 77 Counties)

MyBlue HMO



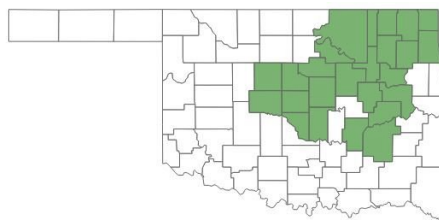
(15 Counties)

Ambetter



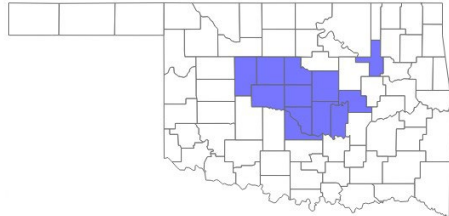
(36 Counties)

CommunityCare



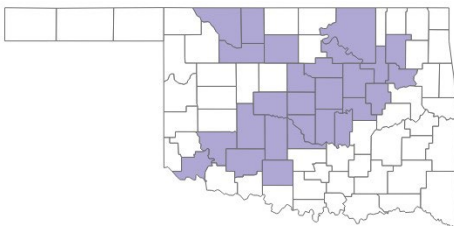
(25 Counties)

Oscar



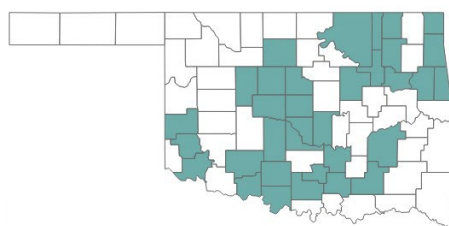
(12 Counties)

Taro



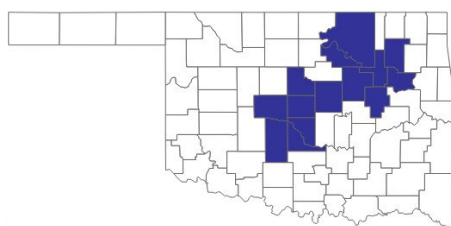
(27 Counties)

Medica



(34 Counties)

UnitedHealthcare

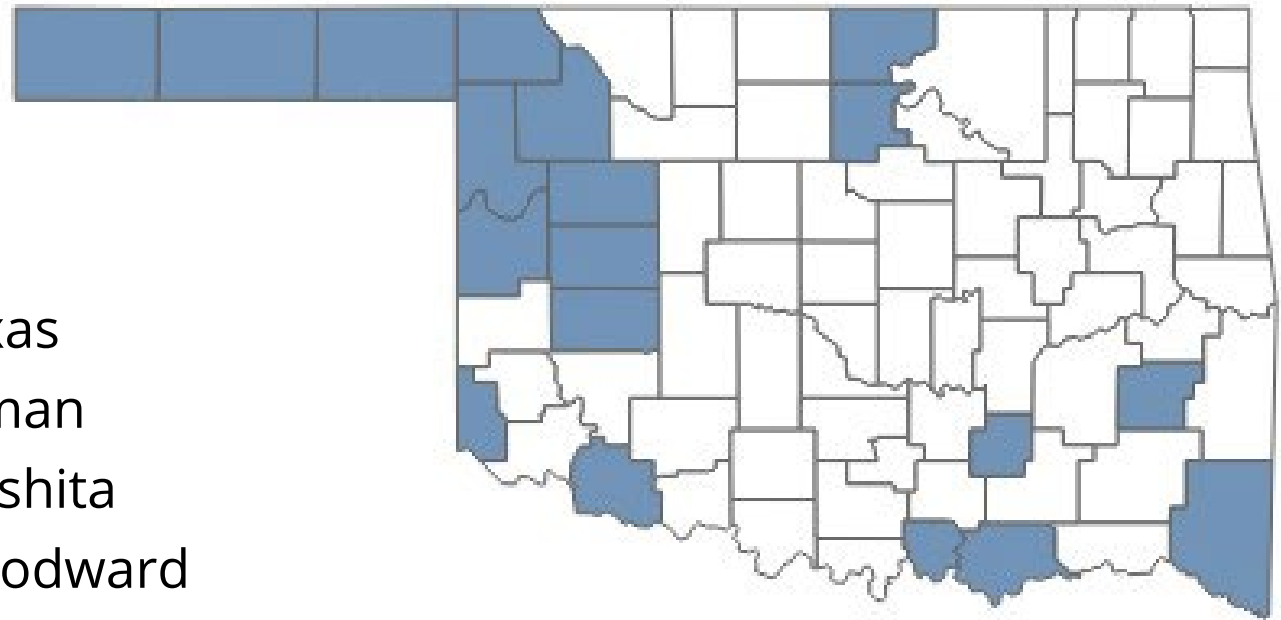


(14 Counties)

The Only Network in 19 Counties

Being the only network in 19 counties isn't just about growth. It's about being present where it matters most. We're committed to valuing and supporting our members in every community we serve.

- Beaver
- Bryan
- Cimarron
- Coal
- Custer
- Dewey
- Ellis
- Harmon
- Harper
- Kay
- Latimer
- Marshall
- Mccurtain
- Noble
- Roger Mills
- Texas
- Tilman
- Washita
- Woodward



Participating Health Systems by Network

Market	Blue Preferred PPO	Blue Advantage PPO	MyBlue HMO
Fort Smith	Eastern Oklahoma Medical Center, Poteau, OK, Sequoyah Memorial Hospital, Sallisaw, OK	Eastern Oklahoma Medical Center, Poteau, OK, Sequoyah Memorial Hospital, Sallisaw, OK	N/A
Lawton	Comanche County Memorial Hospital , Southwestern Medical Center	Comanche County Memorial Hospital, Southwestern Medical Center	N/A
Oklahoma City	Mercy Health System, Integris Health System, St. Anthony (SSM) Health System, OU Health University of Oklahoma Health System, Norman Regional Health System	Mercy Health System, Integris Health System, St. Anthony (SSM) Health System, OU Health University of Oklahoma Health System, Norman Regional Health System	Mercy Health System
Tulsa	Saint Francis Health System, Ascension St. John's Health System, Ardent (Hillcrest) Health System, Oklahoma State University Health System, Wagoner Community Hospital	Saint Francis Health System, Ascension St. John's Health System, Ardent (Hillcrest) Health System, Oklahoma State University Health System, Wagoner Community Hospital	Ardent (Hillcrest) Health System Wagoner Community Hospital
Non-MSA	Clinton Regional Hospital	Clinton Regional Hospital	Ardent Health System Mercy Health System Holdenville General Hospital Clinton Regional Hospital

*N/A represents not offered in this county

Not all participating network health systems may be represented in this analysis. Not all hospital facilities are in-network within a given health system listed above. Network information current as of 6/17/2025. Health system participation subject to change. MSA definition source: Bureau of Labor Statistics (cross-referenced with BCBSOK I&FM-Specific 2025 Network Service Area Grid). Source: BCBSOK Network Management Team

Qualified Health Plans

2026 BCBSOK On- and Off-Exchange Plans

Network: Blue Preferred PPO

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Preferred Security PPO SM 200 [‡]	Both	\$10,600	\$10,600	0%	\$20	DC	DC	\$20	DC	0%
Blue Preferred Bronze PPO SM 206	Off Only	\$6,000	\$10,150	50%	40%	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Bronze PPOSM Standard[‡]	Both	\$7,500	\$10,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
Blue Preferred Silver PPO SM 306	Off only	\$1,000	\$10,150	50%	40%	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Silver PPOSM Standard	Both	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Preferred Gold PPO SM 205	Off Only	\$700	\$7,500	40%	\$40	DC	DC	\$40	\$90	\$0 / \$10 / 20% / 35% / 45% / 50%
Blue Preferred Gold PPOSM Standard	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2026 BCBSOK Silver CSR Variants

Network: Blue Preferred PPO

2026 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Preferred Silver PPO SM Standard	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Preferred Silver PPO SM Standard (73% CSR)	\$3,000	\$7,400	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Preferred Silver PPO SM Standard (87% CSR)	\$700	\$3,300	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60* / \$250*
Blue Preferred Silver PPO SM Standard (94% CSR)	\$0	\$2,200	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50 / \$150

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs
‡ HDHP and HSA compatible plan
Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible
Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2026 BCBSOK On- and Off-Exchange Plans

Network: MyBlue HMO

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
MyBlue Bronze HMO SM 706	Off only	\$7,400	\$10,150	50%	\$95	DC	DC	\$95	\$145	\$10 / \$20 / 30% / 35% / 45% / 50%
MyBlue Bronze HMOSM Standard[‡]	Both	\$7,500	\$10,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
MyBlue Bronze HMO SM 902 [‡]	Both	\$10,600	\$10,600	0%	0%	DC	DC	DC	DC	0%
MyBlue Bronze HMO SM 904 [‡]	Both	\$4,500	\$10,150	40%	\$50	DC	DC	\$50	DC	20% / 25% / 30% / 35% / 45% / 50%
MyBlue Silver HMO SM 705	Both	\$2,950	\$10,150	40%	\$0	DC	\$0	\$0	\$40	\$5 / \$15 / 30% / 35% / 45% / 50%
MyBlue Silver HMOSM Standard	Both	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
MyBlue Silver HMO SM 803	Both	\$7,300	\$10,600	40%	\$25	\$75	\$25	\$25	\$60	0% / 10% / 20% / 30% / 40% / 50%
MyBlue Silver HMO SM 903	Off Only	\$5,500	\$7,000	40%	\$0	DC	DC	\$0	\$20	\$0 / \$15 / 30% / 35% / 45% / 50%
MyBlue Gold HMO SM 704	Both	\$1,000	\$7,000	30%	\$10	DC	DC	\$10	\$30	\$5 / \$15 / 30% / 35% / 45% / 50%
MyBlue Gold HMOSM Standard	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250
MyBlue Gold HMO SM 804	Both	\$1,650	\$10,600	30%	\$0	DC	DC	\$0	DC	\$0 / \$5 / 30% / 35% / 45% / 50%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

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2026 BCBSOK Silver CSR Variants

Network: MyBlue HMO

2026 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
MyBlue Silver HMO SM 705	\$2,950	\$10,150	40%	\$0	40%	\$0	\$0	\$40	\$5 / \$15 / 30% / 35% / 45% / 50%
MyBlue Silver HMO SM 705 (73% CSR)	\$2,175	\$8,100	40%	\$0	40%	\$0	\$0	\$40	\$5 / \$15 / 30% / 35% / 45% / 50%
MyBlue Silver HMO SM 705 (87% CSR)	\$225	\$3,350	40%	\$0	40%	\$0	\$0	\$25	\$5 / \$15 / 30% / 35% / 45% / 50%
MyBlue Silver HMO SM 705 (94% CSR)	\$0	\$1,050	30%	\$0	30%	\$0	\$0	\$10	\$5 / \$15 / 30% / 35% / 45% / 50%
MyBlue Silver HMOSM Standard	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
MyBlue Silver HMOSM Standard (73% CSR)	\$3,000	\$7,400	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
MyBlue Silver HMOSM Standard (87% CSR)	\$700	\$3,300	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60* / \$250*
MyBlue Silver HMOSM Standard (94% CSR)	\$0	\$2,200	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50 / \$150
MyBlue Silver HMO SM 803	\$7,300	\$10,600	40%	\$25	\$75	\$25	\$25	\$60	0% / 10% / 20% / 30% / 40% / 50%
MyBlue Silver HMO SM 803 (73% CSR)	\$3,100	\$8,450	40%	\$25	\$75	\$25	\$25	\$60	0% / 10% / 20% / 30% / 40% / 50%
MyBlue Silver HMO SM 803 (87% CSR)	\$900	\$3,500	30%	\$15	\$45	\$15	\$15	\$45	0% / 10% / 20% / 30% / 40% / 50%
MyBlue Silver HMO SM 803 (94% CSR)	\$200	\$1,500	30%	\$0	\$30	\$0	\$0	\$30	0% / 10% / 20% / 30% / 40% / 50%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2026 BCBSOK On- and Off-Exchange Plans

Network: Blue Advantage PPO

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Advantage Bronze PPO SM 202 [‡]	Both	\$6,800	\$10,600	50%	\$50	DC	DC	\$50	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Advantage Bronze PPO SM 203 [‡]	Both	\$4,500	\$8,300	40%	40%	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Advantage Bronze PPOSM Standard[‡]	Both	\$7,500	\$10,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
Blue Advantage Silver PPO SM 204	Both	\$1,025	\$10,150	50%	\$35	DC	DC	\$35	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Advantage Silver PPO SM 306	Off only	\$1,300	\$9,300	50%	\$30	DC	DC	\$30	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Advantage Silver PPO SM 501	Both	\$6,000	\$10,600	50%	\$5	\$80	\$5	\$5	\$10	\$0 / \$15 / 30% / 35% / 45% / 50%
Blue Advantage Silver PPOSM Standard	Both	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Advantage Gold PPO SM 309	Both	\$1,650	\$10,600	25%	\$25	DC	DC	\$25	\$40	\$5 / \$10 / 30% / 35% / 45% / 50%
Blue Advantage Gold PPO SM 604	Both	\$1,100	\$8,600	30%	\$0	DC	DC	\$0	DC	\$0 / \$5 / 30% / 35% / 45% / 50%
Blue Advantage Gold PPOSM Standard	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

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2026 BCBSOK Silver CSR Variants

Network: Blue Advantage PPO

2026 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Advantage Silver PPO SM 204	\$1,025	\$10,150	50%	\$35	DC	DC	\$35	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Advantage Silver PPO SM 204 (73% CSR)	\$1,025	\$10,150	50%	\$35	DC	DC	\$35	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Advantage Silver PPO SM 204 (87% CSR)	\$200	\$3,250	40%	\$20	DC	DC	\$20	DC	0% / 10% / 20% / 35% / 45% / 50%
Blue Advantage Silver PPO SM 204 (94% CSR)	\$0	\$1,175	30%	\$5	DC	DC	\$5	DC	0% / 10% / 20% / 35% / 45% / 50%
Blue Advantage Silver PPO SM 501	\$6,000	\$10,600	50%	\$5	\$80	\$5	\$5	\$10	\$0 / \$15 / 30% / 35% / 45% / 50%
Blue Advantage Silver PPO SM 501(73% CSR)	\$4,400	\$8,450	50%	\$5	\$80	\$5	\$5	\$10	\$0 / \$15 / 30% / 35% / 45% / 50%
Blue Advantage Silver PPO SM 501 (87% CSR)	\$1,500	\$3,500	40%	\$0	\$15	\$0	\$0	\$5	\$0 / \$15 / 30% / 35% / 45% / 50%
Blue Advantage Silver PPO SM 501 (94% CSR)	\$100	\$1,800	30%	\$0	\$0	\$0	\$0	\$5	\$0 / \$15 / 30% / 35% / 45% / 50%
Blue Advantage Silver PPOSM Standard	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Advantage Silver PPOSM Standard (73% CSR)	\$3,000	\$7,400	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Advantage Silver PPOSM Standard (87% CSR)	\$700	\$3,300	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60* / \$250*
Blue Advantage Silver PPOSM Standard (94% CSR)	\$0	\$2,200	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50 / \$150

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

2026 Oklahoma IFM Key Product Setup Summary

	MyBlue HMO	Blue Preferred PPO	Blue Advantage PPO
Are members required to select a PCP?	Yes, members are required to select a PCP	No	No
Is a referral needed to see a specialist?	Yes, a referral is required to be seen by a specialist	No	No
Do members have Out-of-Network benefits?	No	Yes	Yes
Is virtual care through MDLIVE available?	Yes	Yes	Yes
Can members receive non-urgent or non-emergent care out-of-state?	No	Emergency and urgent care is covered nationwide. A pre-approved waiver from BCBSOK is required to access non-emergency or non-urgent care outside the plan's service area.	Emergency and urgent care is covered nationwide. A pre-approved waiver from BCBSOK is required to access non-emergency or non-urgent care outside the plan's service area.
Are members able to receive care for emergent and urgent services outside of OK?	Yes	Yes	Yes

BCBS TX



**All in on day 1
of the ACA
for 13 years
in 254 counties**

**We're not
going anywhere,
and we're not
standing still**

- BCBSTX is proud to be the only carrier that has offered multiple qualified health plans across Texas for 13 years of ACA open enrollment
- We've been serving Texas communities for **over 90 years**
- We offer 3 products:
 - Blue Advantage HMO
 - Blue Advantage Plus - POS
 - MyBlue Health - HMO
- MyBlue Health expanding into **2 new counties**



BCBSTX offers a variety of qualified health plans to meet our members' health and financial needs

- Three products, two networks
- HMO and POS
- Statewide or metro-focused
- Catastrophic, Bronze, Silver and Gold QHPs
- Several plans with \$0 to \$20 PCP office visits*
- Plans with \$0 deductibles
- Several plans with \$0 to \$5 tier drugs*

*Costs for non-subsidized plans

Market Participation Executive Summary for BCBSTX

On-Exchange Market Opportunity	• 2025 On-Exchange Market Size (Selections): 3.97M • 24.6% (190K) of total plan selections in Harris County • April 2025 HCSC On-Exchange Membership: 1.04M (excludes members in grace)	
Two Network Offerings	• Blue Advantage HMOSM Network and MyBlue HealthSM	
Top Selling BCBSTX QHPs	• MyBlue Health GoldSM 403 • Blue Advantage Gold HMOSM 206 • Blue Advantage Silver HMOSM 205	• Blue Advantage Bronze HMOSM 204 • MyBlue Health GoldSM Standard
Competitor Network Presence	• Major competitors in this market including UnitedHealth, Molina, Ambetter • Competitor networks primarily concentrated in large metro areas (Dallas, Austin, San Antonio, and Houston), but have been expanding rapidly • Aetna exiting ACA market in 2026	
Key 2026 Highlights	• Continue to offer statewide coverage on Blue Advantage HMO	• MyBlue Health expanding to Fort Bend and Montgomery

2026 Market Regulatory Changes

Regulatory Changes	Description
Enhanced ARP Subsidy Changes	Enhanced premium tax credits are set to expire 12/31/25 if Congress does not act to extend them
SEP Changes	Monthly SEP for individuals with projected household income at or below 150% FPL is unavailable
HSA Eligible Plan Update	Bronze and Catastrophic on-Exchange policies will be HSA eligible.* The following products will be HSA eligible in 2026: • Blue Advantage Security HMO 200 • Blue Advantage Bronze HMO 204 • Blue Advantage Bronze HMO 301 • Blue Advantage Bronze HMO Standard • MyBlue Health Bronze 402 • MyBlue Health Bronze Standard • Blue Advantage Plus Bronze 303 • Blue Advantage Plus Bronze 305 • Blue Advantage Plus Bronze Standard

2026 Texas Competitive Highlights

BCBSTX New Expansions:

MyBlue Health expanding to Fort Bend and Montgomery

New Competitor Entrants:

Harbor Health will be entering Williamson, Travis and Hays counties

Competitor Modifications:

Molina

Adding 5 Counties (Total 29 counties)
(Fannin, Grayson, Hood, Rockwall, and Wise)

UnitedHealthCare

Adding 8 Counties (Total 217 counties)
(Aransas, Bee, Jim Wells, Kleberg, Live Oak, Nueces, San Patricia and Refugio)

Wellpoint

Adding 6 Counties (Total 30 counties)
(Cameron, Collin, Denton, Hidalgo, Johnson, and Kaufman)

Competitors Exiting TX Exchange:

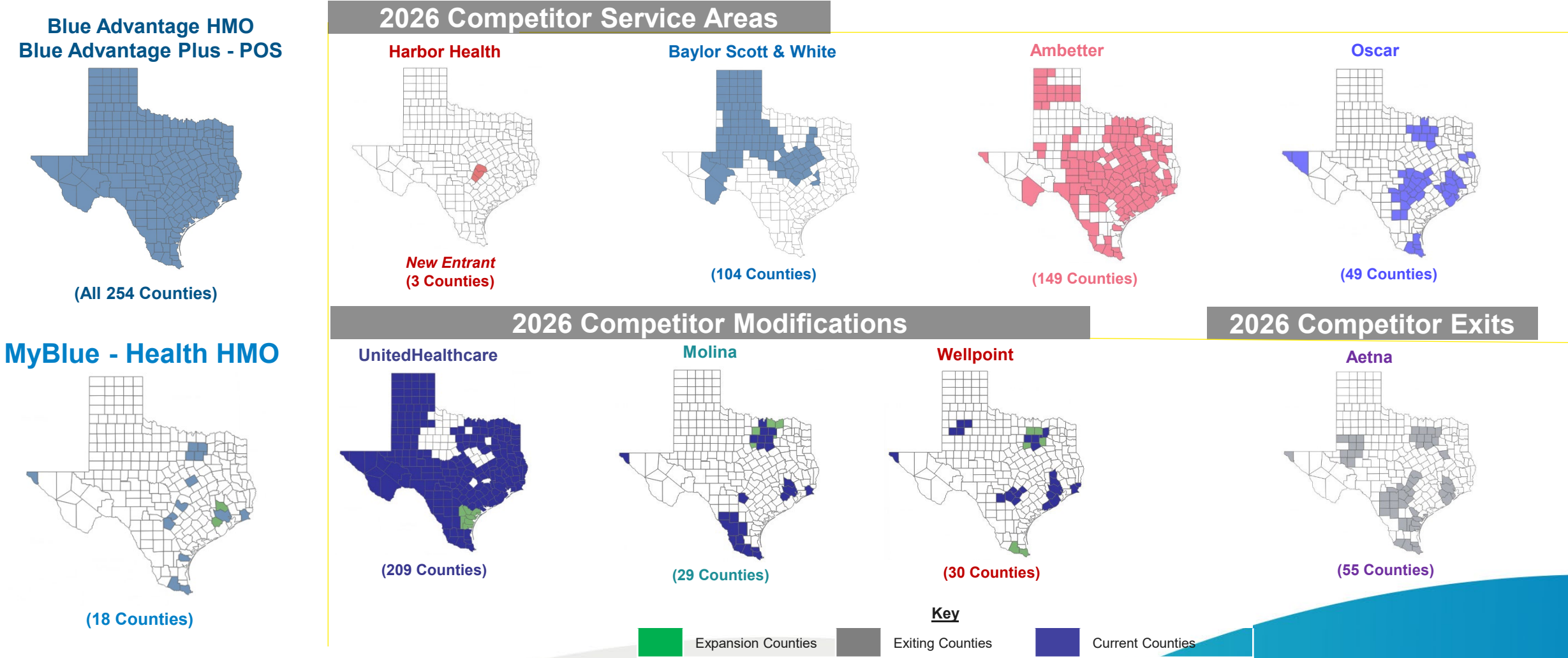
Aetna

Exiting 55 counties
(Rating Areas 3, 5, 7, 8, 9, 10, 12, 15, 16, 18, 25, 26, and 27)

As a result, approximately **237,000 new consumers are expected to enter the market** in search of new coverage in PY26

Competitor Network Comparison in Texas

Blue Advantage HMO and Blue Advantage Plus - POS Network is statewide. MyBlue Health HMO will expand further to Fort Bend and Montgomery (total 18 counties). In 2026, Aetna is exiting the market. Harbor Health is entering the market. UnitedHealthcare, Wellpoint, and Molina are expanding to multiple counties.



Qualified Health Plans



2026 BCBSTX On- and Off-Exchange Plans

Network: Blue Advantage HMO

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE® providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Advantage Security HMO SM 200 [‡]	Both	\$10,600	\$10,600	0%	\$20	DC	DC	\$20	DC	0%
Blue Advantage Bronze HMO SM 204 [‡]	Both	\$6,000	\$10,150	50%	\$45	DC	DC	\$45	\$60	\$5 / \$15 / 30% / 35% / 45% / 50%
Blue Advantage Bronze HMO SM 301 [‡]	Both	\$10,600	\$10,600	0%	0%	DC	DC	DC	DC	0%
Blue Advantage Bronze HMO SM 302 [‡]	Both	\$8,300	\$8,300	0%	0%	DC	DC	DC	DC	0%
Blue Advantage Bronze HMOSM Standard[‡]	Both	\$7,500	\$10,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
Blue Advantage Silver HMO SM 205	Both	\$4,000	\$10,600	50%	\$0	DC	DC	\$0	\$60	\$5 / \$15 / \$30 / 35% / 45% / 50%
<i>Blue Advantage Silver HMOSM 306</i>	<i>Off Only</i>	<i>\$1,600</i>	<i>\$10,150</i>	<i>0%</i>	<i>\$15</i>	<i>DC</i>	<i>DC</i>	<i>\$15</i>	<i>\$25</i>	<i>\$0 / \$5 / \$75 / 35% / 45% / 50%</i>
Blue Advantage Silver HMO SM 601	Off Only	\$2,500	\$10,100	30%	\$40	\$85	\$40	\$40	\$60	\$0 / \$10 / \$50 / \$100 / \$150 / \$250
Blue Advantage Silver HMOSM Standard	Both	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Advantage Silver HMO SM 801	Both	\$4,000	\$9,200	40%	\$30	\$60	\$30	\$30	\$60	0% / 10% / 20% / 30% / 40% / 50%
Blue Advantage Gold HMO SM 206	Both	\$1,000	\$10,600	35%	\$30	\$110	\$30	\$30	\$45	\$0 / \$10 / \$50 / 35% / 45% / 50%
Blue Advantage Gold HMO SM 207	Off Only	\$0	\$10,150	0%	\$55	\$100	\$55	\$55	\$60	\$5 / \$20 / \$50 / \$100 / 40% / 50%
Blue Advantage Gold HMO SM 603	Both	\$1,000	\$8,200	35%	\$20	\$30	\$20	\$20	\$60	\$0 / \$10 / \$50 / 35% / 45% / 50%
Blue Advantage Gold HMOSM Standard	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Italicized= ICHRA Focused Plan Design. Please note all plans are ICHRA compatible

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2026 BCBSTX Silver CSR Variants

Network: Blue Advantage HMO

2026 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Advantage Silver HMO SM 205	\$4,000	\$10,600	50%	\$0	DC	DC	\$0	\$60	\$5 / \$15 / \$30 / 35% / 45% / 50%
Blue Advantage Silver HMO SM 205 (73% CSR)	\$1,500	\$8,450	50%	\$0	DC	DC	\$0	\$25	\$5 / \$15 / \$30 / 35% / 45% / 50%
Blue Advantage Silver HMO SM 205 (87% CSR)	\$700	\$3,000	60%	\$0	DC	DC	\$0	\$25	\$0 / \$10 / \$20 / 65% / 45% / 50%
Blue Advantage Silver HMO SM 205 (94% CSR)	\$0	\$1,550	70%	\$0	DC	DC	\$0	\$15	\$0 / \$10 / \$20 / 65% / 45% / 50%
Blue Advantage Silver HMO SM 801	\$4,000	\$9,200	40%	\$30	\$60	\$30	\$30	\$60	0% / 10% / 20% / 30% / 40% / 50%
Blue Advantage Silver HMO SM 801 (73% CSR)	\$2,500	\$8,100	40%	\$30	\$60	\$30	\$30	\$60	0% / 10% / 20% / 30% / 40% / 50%
Blue Advantage Silver HMO SM 801 (87% CSR)	\$550	\$3,350	30%	\$10	\$50	\$10	\$10	\$50	0% / 10% / 20% / 30% / 40% / 50%
Blue Advantage Silver HMO SM 801 (94% CSR)	\$50	\$1,750	20%	\$0	\$40	\$0	\$0	\$50	0% / 10% / 20% / 30% / 40% / 50%
Blue Advantage Silver HMOSM Standard	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Advantage Silver HMOSM Standard (73% CSR)	\$3,000	\$7,400	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Advantage Silver HMOSM Standard (87% CSR)	\$700	\$3,300	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60* / \$250*
Blue Advantage Silver HMOSM Standard (94% CSR)	\$0	\$2,200	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50* / \$150*

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Italicized = ICHRA Focused Plan Design. Please note all plans are ICHRA compatible

2026 BCBSTX On- and Off-Exchange Plans

Network: Blue Advantage PlusSM - POS

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Advantage Plus Bronze SM 201 [‡]	Off Only	\$4,500	\$8,300	40%	40%	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Advantage Plus Bronze SM 303 [‡]	Both	\$7,000	\$10,150	50%	\$75	DC	DC	\$75	\$120	\$5 / \$15 / \$130 / 35% / 45% / 50%
Blue Advantage Plus Bronze SM 305 [‡]	Both	\$7,300	\$10,600	50%	40%	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Advantage Plus BronzeSM Standard[‡]	Both	\$7,500	\$10,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
Blue Advantage Plus Silver SM 202	Both	\$3,000	\$10,600	50%	\$25	DC	DC	\$25	\$40	\$5 / \$15 / 30% / 35% / 45% / 50%
Blue Advantage Plus Silver SM 306	Off Only	\$1,650	\$9,950	50%	\$15	DC	DC	\$15	\$25	\$0 / \$5 / \$75 / 35% / 45% / 50%
Blue Advantage Plus Silver SM 605	Both	\$0	\$10,150	50%	\$115	\$125	\$115	\$115	\$60	\$40 / \$45 / 20% / 45% / 50% / 60%
Blue Advantage Plus SilverSM Standard	Both	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Advantage Plus Gold SM 203	Both	\$1,700	\$10,150	30%	\$20	\$45	\$20	\$20	\$45	\$0 / \$10 / \$50 / 35% / 45% / 50%
Blue Advantage Plus GoldSM Standard	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250
Blue Advantage Plus Gold SM 803	Both	\$3,800	\$10,600	30%	\$0	\$35	\$0	\$0	\$20	\$0 / \$10 / \$50 / 35% / 45% / 50%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

[‡] HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Italicized = ICHRA Focused Plan Design. Please note all plans are ICHRA compatible

2026 BCBSTX Silver CSR Variants

Network: Blue Advantage PlusSM - POS

2026 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies‡
Blue Advantage Plus Silver SM 202	\$3,000	\$10,600	50%	\$25	DC	DC	\$25	\$40	\$5 / \$15 / 30% / 35% / 45% / 50%
Blue Advantage Plus Silver SM 202 (73% CSR)	\$1,300	\$8,450	50%	\$20	DC	DC	\$20	\$30	\$5 / \$15 / 30% / 35% / 45% / 50%
Blue Advantage Plus Silver SM 202 (87% CSR)	\$300	\$3,500	40%	\$5	DC	DC	\$5	\$15	\$5 / \$15 / 30% / 35% / 45% / 50%
Blue Advantage Plus Silver SM 202 (94% CSR)	\$0	\$1,450	30%	\$0	DC	DC	\$0	\$10	\$5 / \$15 / 30% / 35% / 45% / 50%
Blue Advantage Plus Silver SM 605	\$0	\$10,150	50%	\$115	\$125	\$115	\$115	\$60	\$40 / \$45 / 20% / 45% / 50% / 60%
Blue Advantage Plus Silver SM 605 (73% CSR)	\$0	\$8,000	50%	\$105	\$115	\$105	\$105	\$60	\$40 / \$45 / 20% / 45% / 50% / 60%
Blue Advantage Plus Silver SM 605 (87% CSR)	\$0	\$2,700	40%	\$60	\$80	\$60	\$60	\$60	\$20 / \$30 / 20% / 45% / 50% / 60%
Blue Advantage Plus Silver SM 605 (94% CSR)	\$0	\$800	30%	\$40	\$50	\$40	\$40	\$50	\$20 / \$30 / 20% / 45% / 50% / 60%
Blue Advantage Plus SilverSM Standard	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Advantage Plus SilverSM Standard (73% CSR)	\$3,000	\$7,400	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Advantage Plus SilverSM Standard (87% CSR)	\$700	\$3,300	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60* / \$250*
Blue Advantage Plus SilverSM Standard (94% CSR)	\$0	\$2,200	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50* / \$150*

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Italicized = ICHRA Focused Plan Design. Please note all plans are ICHRA compatible

2026 BCBSTX On- and Off-Exchange Plans

Network: MyBlue Health SM - HMO

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
MyBlue Health Bronze SM 402 [‡]	Both	\$5,000	\$9,000	50%	\$0/\$60	DC	DC	\$60	\$0**	\$10 / \$20 / 30% / 35% / 45% / 50%
MyBlue Health BronzeSM Standard[‡]	Both	\$7,500	\$10,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
MyBlue Health Silver SM 405	Both	\$3,400	\$10,600	40%	\$0/\$30	DC	DC	\$10	\$0**	\$0 / \$15 / 30% / 35% / 45% / 50%
<i>MyBlue Health SilverSM 901</i>	<i>Off Only</i>	<i>\$1,400</i>	<i>\$10,150</i>	<i>50%</i>	<i>\$0/\$15</i>	<i>DC</i>	<i>DC</i>	<i>\$15</i>	<i>\$0**</i>	<i>\$0 / \$5 / \$75 / 35% / 45% / 50%</i>
MyBlue Health SilverSM Standard	Both	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
MyBlue Health Gold SM 403	Both	\$500	\$8,500	30%	\$0/\$20	DC	DC	\$20	\$0**	\$5 / \$15 / 30% / 35% / 45% / 50%
MyBlue Health GoldSM Standard	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

** First two urgent care visits free

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Italicized= ICHRA Focused Plan Design. Please note all plans are ICHRA compatible

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2026 BCBSTX Silver CSR Variants

Network: MyBlue Health SM - HMO

2026 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
MyBlue Health Silver SM 405	\$3,400	\$10,600	40%	\$0/\$30	DC	DC	\$10	\$0**	\$0 / \$15 / 30% / 35% / 45% / 50%
MyBlue Health Silver SM 405 (73% CSR)	\$1,100	\$8,350	40%	\$0/\$20	DC	DC	\$10	\$0**	\$0 / \$15 / 30% / 35% / 45% / 50%
MyBlue Health Silver SM 405 (87% CSR)	\$150	\$2,900	40%	\$0/\$15	DC	DC	\$5	\$0**	\$0 / \$15 / 30% / 35% / 45% / 50%
MyBlue Health Silver SM 405 (94% CSR)	\$0	\$925	30%	\$0/\$5	DC	DC	\$5	\$0**	\$0 / \$15 / 30% / 35% / 45% / 50%
MyBlue Health Silver SM Standard	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
MyBlue Health Silver SM Standard (73% CSR)	\$3,000	\$7,400	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
MyBlue Health Silver SM Standard (87% CSR)	\$700	\$3,300	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60* / \$250*
MyBlue Health Silver SM Standard (94% CSR)	\$0	\$2,200	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50 / \$150

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

** First two urgent care visits free

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

Italicized= ICHRA Focused Plan Design. Please note all plans are ICHRA compatible

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2026 Texas IFM Key Product Setup Summary

	MyBlue Health - HMO	Blue Advantage HMO	Blue Advantage Plus - POS
Are members required to select a PCP?	Yes, members are required to select a PCP	Yes, members are required to select a PCP	No
Is a referral needed to see a specialist?	Yes, a referral is required to be seen by a specialist	Yes, a referral is required to be seen by a specialist	No
Do members have Out-of-Network benefits?	No	No	Yes
Is virtual care through MDLIVE available?	Yes	Yes	Yes
Can members receive non-urgent or non-emergent care out-of-state?	No	No	No
Are members able to receive care for emergent and urgent services outside of TX?	Yes	Yes	Yes

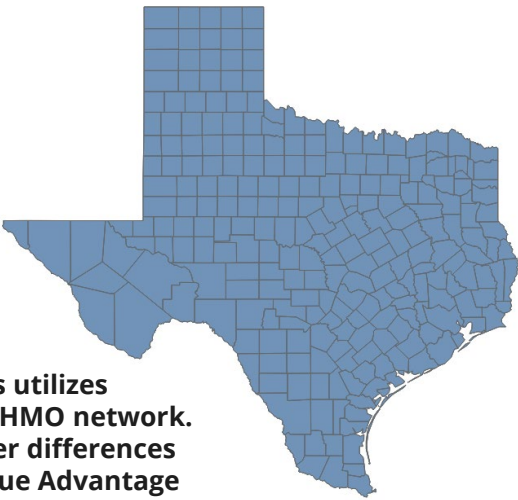
Key Provider Networks for IFM Market



Provider Networks Overview for BCBSTX

Blue Advantage HMO & Blue Advantage Plus* - POS

- Statewide existing network in all 254 counties
- On and Off Exchange
- Metallic Plans: Gold, Silver, Bronze, Catastrophic

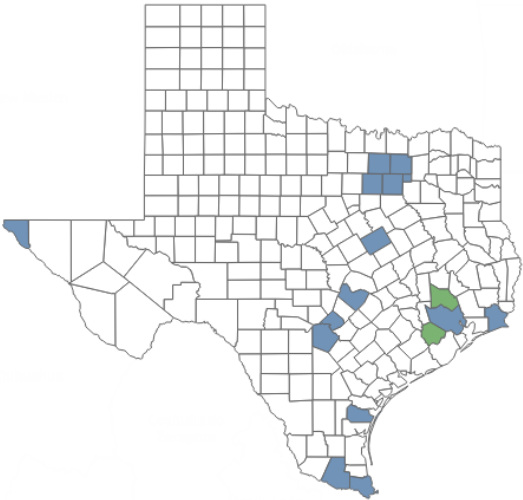


*Blue Advantage Plus utilizes the Blue Advantage HMO network. There are no provider differences between the two. Blue Advantage Plus plans offer some OON/point-of-service benefits.

**Approximately
734 hospitals and 134,334 providers**

MyBlue Health - HMO

- Bexar, Collin, Cameron, Comal, El Paso, Dallas, Denton, Harris, Hidalgo, Jefferson, McLennan, Rockwall, Tarrant, Travis, Williamson, **Fort Bend (NEW)**, and **Montgomery (NEW)** Counties
- On and Off Exchange
- Metallic Plans: Gold, Silver, Bronze



**Approximately
230 hospitals and 61,719 providers**

Source: BCBSTX Network Team. Network status as of 6/18/2025. 2025 Rate Landscape File. Internal TX Network provider counts for where network is currently loaded (contracted). Hospital counts are acute care unique parent PFINs (Practice Locations) – does not count satellite locations billed under another entity. Provider counts are unique NPIs. Providers: PCPs and Specialists. PCP = Internal Medicine, Family Practice, General Practice, Geriatric Medicine, and Pediatrics. Specialist = non-PCP providers. Duplication of counts is possible: one provider may have multiple practice locations and one NPI may have multiple specialty records (i.e., one NPI could be a family practice MD and an Emergency Medicine MD).

2026 Texas Key Product Offerings, Network and Product Features Updates

Key Product Offerings and Network Updates

2026 Product Offerings	MyBlue Health – HMO expanding to two new counties: Fort Bend and Montgomery
Active Contract Negotiations*	TBD

Key Enhancement to Product Features

TERMINATION: 24/7 Nurseline is being terminated for PY2026

TERMINATION: *Southwestern Health Resources* Network in North Texas is being terminated for PY2026

NEW: MDLIVE will now offer asynchronous Urgent Care, allowing members to receive medical advice without a formal appointment by submitting photos *

NEW: Mental Health Hub and Learn to Live will now be available across all Texas products

**Contract negotiations are still occurring*

2026 IFM Expansions

Texas HMO - MyBlue Health

Expanding to two new counties (**Fort Bend and Montgomery**) for a total service area presence of 18 counties.

Continue to offer Select PCP benefit (**\$0 copay**) on non-standardized plans.

MyBlue Health members receive Select Provider cost share differential when they see preferred providers at any location



MyBlue Health: Using PCPs vs Select PCPs

- Members **must** choose an in-network PCP. These include:
 - Participating Physician (family practitioner, internist, obstetrician/gynecologist, pediatrician)
 - Physician Assistant
 - Advanced Practice Registered Nurse
 - Advanced Practice Nurse
- Members **may** choose a Select PCP within designated Practice Groups, which results in a \$0 office visit copayment for scheduled PCP office visits
- When using in-network Non-Select PCPs, members will access care at standard benefit level

MDLIVE is available for all TX plans and is a virtual provider that offers Virtual Primary Care, Dermatology, Urgent Care, and Behavioral Health services 24/7/365 by phone and/or video in all 50 states and Puerto Rico.

Participating Health Systems by Network

Market	MyBlue Health - HMO	Blue Advantage HMO and Blue Advantage Plus POS
Abilene	N/A	Hendrick Medical Center
Amarillo	N/A	Ardent Health Services, NW Tx Healthcare
Austin-Round Rock	HCA Southwest	Baylor Scott & White, HCA Southwest, Seton Healthcare
Beaumont-Port Arthur	Baptist Beaumont Hospital	CHRISTUS, Steward Health
Bryan-College Station-Lufkin	N/A	Baylor Scott & White, Catholic Health Initiatives
Corpus Christi	HCA Southwest	CHRISTUS, HCA Southwest
Dallas	HCA North, Methodist Health, THR	Baylor Scott & White, HCA North, Methodist Health
El Paso	Tenet	HCA Southwest, Tenet, University Medical Center El Paso
Fort Worth-Arlington	HCA North, Methodist Health, THR	Baylor Scott & White, HCA North, Methodist Health, Texas Health Resources
Greenville-Denton	N/A	Baylor Scott & White, CHRISTUS, HCA North, LifePoint, Texas Health Resources

*N/A represents not offered in this county

Not all participating network health systems represented in this analysis. Does not include contracted independent hospitals (non-integrated facilities). Not all hospital facilities are in-network within a given health system listed above. Network information confirmed on 6/18/25. Health system participation subject to change.

Source: BCBSTX Network Performance Team

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Participating Health Systems by Network

Market	MyBlue Health - HMO	Blue Advantage HMO and Blue Advantage Plus POS
Houston/Pasadena/Bellaire (Harris County only)	Catholic Health Initiatives, Harris County Hospital District, HCA Southeast, Steward	Catholic Health Initiatives, HCA Houston, Memorial Hermann, Steward**
Jefferson	Baptist Beaumont & CHRISTUS & Triangle Area Network and Legacy Community Health Systems Facilities*	N/A
Killeen-Temple-Waco	N/A	Baylor Scott & White, Providence Health Alliance, Seton
Laredo	N/A	Doctors Hospital of Laredo, Laredo Medical Center
Brownsville-McAllen	Tenet (Cameron County), Universal Health System (Hidalgo County)	HCA Southwest, Prime, Tenet, Universal Health Systems
Lubbock	N/A	University Medical Center – Lubbock, Texas Tech Health Sciences Center, Lubbock Heart Hospital
Midland-Odessa-San Angelo	N/A	Midland Memorial Hospital, Medical Center Hospital – Odessa, Shannon Clinic, Steward
Nueces	HCA Southwest	Catholic Health Initiatives, HCA Southeast, Memorial Hermann UTMB
San Antonio	HCA Southwest	CHRISTUS, HCA Southwest, Tenet
Texarkana-Tyler-Longview	N/A	Baylor Scott & White, CHRISTUS, Steward UT Health East Texas
Victoria	N/A	Community Health Systems, Seton
Wichita Falls	N/A	United Regional, Kell West Regional Hospital, Momentum Specialty Surgery Center

*N/A represents not offered in this county

** Blue Advantage HMO and Blue Advantage Plus POS (Catholic Health Initiatives, HCA Houston, Memorial Hermann, Steward): ONLY available in Houston

Source: BCBSTX Network Performance Team

Not all participating network health systems represented in this analysis. Does not include contracted independent hospitals (non-integrated facilities). Not all hospital facilities are in-network within a given health system listed above. Network information confirmed on 6/18/25.

Health system participation subject to change.

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MyBlue Health - Select PCP Practice Groups

	County	Select PCP Practice Groups
Existing Counties	Bexar County	CentroMed (TIN: 741787031)
	Dallas County	Innovista Medical Center (TIN: 842579710)
	Harris County	Innovista Medical Center (TIN: 842579710)
	Travis County	CommUnityCare (TIN: 550853118) Lone Star Circle of Care (TIN: 743001674)
	Williamson County	CommUnityCare (TIN: 550853118) Lone Star Circle of Care (TIN: 743001674)
	Cameron County	Su Clinica Familiar (TIN: 742357970) Valley Baptist Physician Network (BHS) (TIN: 203059260) MedFirst Primary Care (BHS) TIN: 203059260
	Hidalgo County	South Texas Health System Clinics (TIN: 651255384)
	El Paso County	Project Vida Health Center Clinics (TIN: 680541648) Centro De Salud Familiar La Fe (TIN: 741842169)
	Collin / Denton / Tarrant Counties	VillageMD Primary Providers North Texas (operating in select Walgreens locations) (TIN: 853964646)
	Jefferson County	Baptist Beaumont Physician Group *
Expanded Counties	Nueces County	Quickcare*
	NEW: Fort Bend	Village MD**, Privia and Innovista.
	NEW: Montgomery	Village MD**, Privia and Innovista.

PCP = Primary Care Physician. Other independent community physicians may be eligible to serve as a Select PCP.

*Additional physician groups will be provided, updated information as of 6/17/25

** VillageMD is not accepting new patients in Fort Bend, Harris County, or Montgomery

MyBlue Health - Expansion Providers



2026 Expansion Counties	Anchor Hospital	Select PCP Practice Groups
NEW: Fort Bend	CHI St. Lukes	Village MD, Privia and Innovista.
NEW: Montgomery	CHI St. Lukes	Village MD, Privia and Innovista.

PCP = Primary Care Physician. Other independent community physicians may be eligible to serve as a Select PCP.
* Additional physician groups will be provided, updated information as of 8/26/25

Qualified Health Plans

**All in on day 1
of the ACA
for 13 years
in 56 counties**

**We're not
going anywhere,
and we're not
standing still**

- BCBSMT has been continuously serving Montana communities for **over 85 years**
- We offer both a statewide PPO and a city-focused POS network
- We have nearly **100%** of Montana's hospitals in our PPO network



BCBSMT offers a variety of qualified health plans to meet our members' health and financial needs

- Two networks
- PPO and POS
- Statewide or city-focused
- Catastrophic, Bronze, Silver and Gold QHPs
- Several plans with \$0 to \$20 PCP office visits*
- Three low deductibles plans: \$250, \$750 and \$1,200*
- Several plans with \$0 to \$10 tier 1 drugs*

*Costs for non-subsidized plans

Market Participation Executive Summary for BCBSMT

On-Exchange Market Opportunity	2025 Market Size (Selections): 77K 66% of selections in seven largest counties (by number of selections) - April 2025 Enterprise On-Exchange Membership: 40K (excludes member in grace)	
Two Network Offerings	Blue Preferred PPOSM and Blue Focus POSSM	
Top Selling QHPs	- Blue Preferred Bronze PPO 202 - Blue Preferred Bronze PPO 201 - Blue Preferred Silver PPOSM 308	- Blue Focus Bronze POS 205 - Blue Focus Silver POSSM 206
Competitor Network Presence	Two competitors (Mountain Health Co-op and PacificSource) are both present statewide. Our competitive position is strong as we are the lowest cost carrier on all metallic levels	
Key 2026 Highlights	Continue to offer statewide coverage on Blue Preferred PPO	MDLIVE[®] remains available on both Blue Focus POS and Blue Preferred PPO

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2026 Market Regulatory Changes

Regulatory Changes	Description
Entrance and Exits 2026 ACA Market	No market entrance or exits
Enhanced ARP Subsidy Changes	Enhanced premium tax credits are set to expire 12/31/25 if Congress does not act to extend them
SEP Changes	Monthly SEP for individuals with projected household income at or below 150% FPL is unavailable
HSA Eligible Plan Update	All Bronze on-exchange plans, their corresponding off-exchange variants, and select Catastrophic plans will be HSA eligible. The following products will be HSA eligible in 2026: • Blue Preferred BronzeSM PPO 201 • Blue Preferred Bronze PPO 202 • Blue Preferred Security PPOSM 200 • Blue Preferred Bronze PPO Standard • Blue Focus Bronze POSSM 205 • Blue Focus Bronze POS 705 • Blue Focus Bronze POS Standard

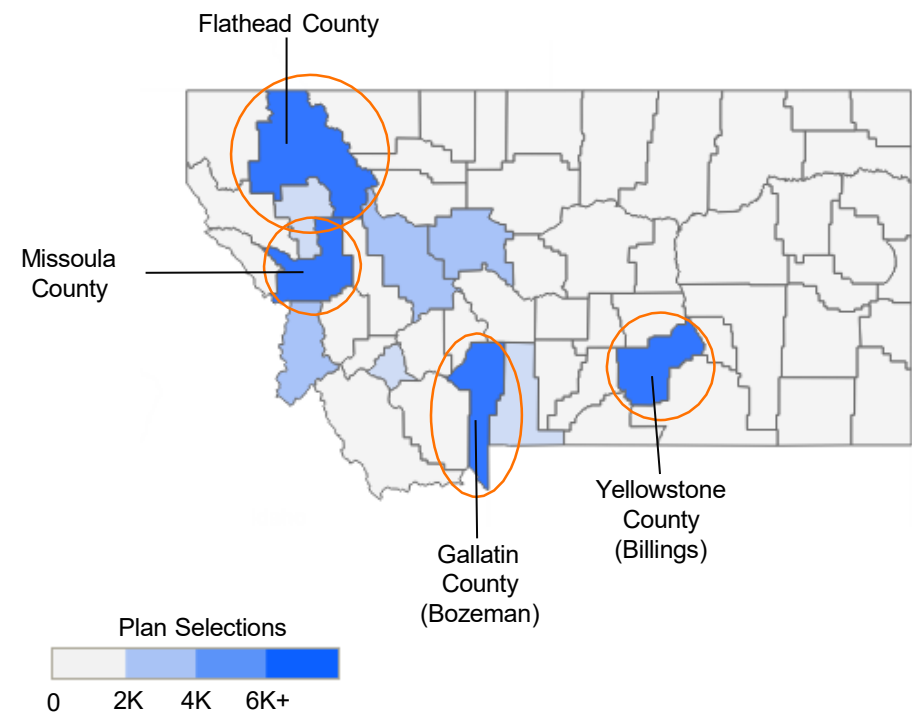
Key Provider Networks for IFM Market

On-Exchange Market Opportunity

51% of the total Montana on-exchange market opportunity lies within 4 counties.
Seven counties account for 66% of the total market opportunity

2025 On-Exchange Plan Selections by County

Total On-Exchange Plan Selections: **66K**



Rank	County	2025 On-Exchange Market Size
1	Gallatin	11,500
2	Flathead	9,954
3	Yellowstone	8,939
4	Missoula	8,925
5	Cascade	3,957
6	Lewis and Clark	3,767
7	Ravalli	3,660
8	Silver Bow	1,996
9	Park	1,873
10	Lake	1,790
11	Hill	1,168
12	Lincoln	1,128
13	Carbon	1,127
Top 13 Total		59,784
All Other MT Counties		17,437
Montana Total		77,221

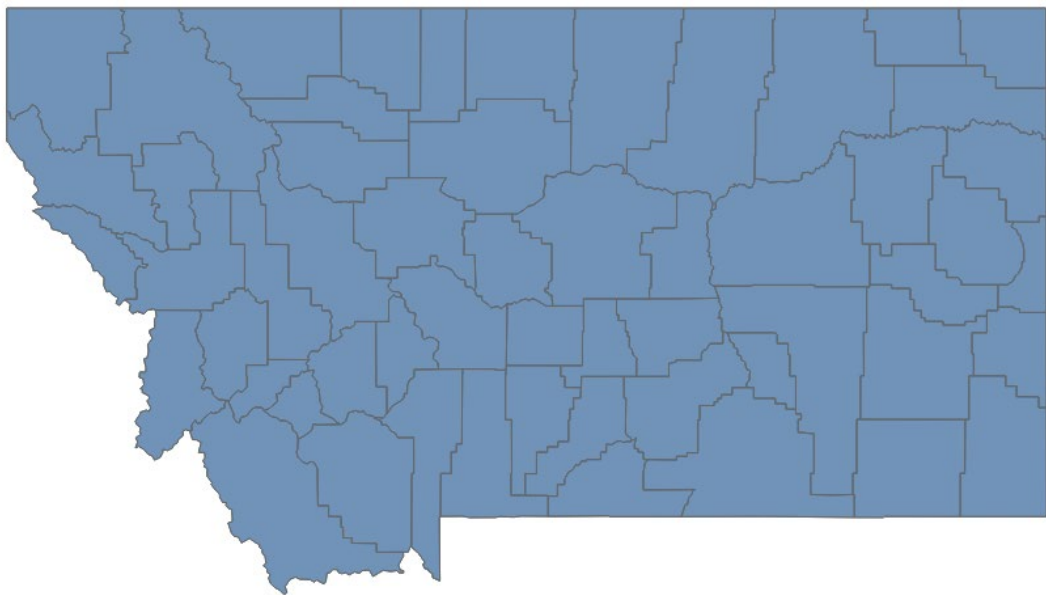
Source: CMS 2025 Open Enrollment Public Use File; Represents on-exchange plan selections for all carriers in the market

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BCBSMT Provider Networks Overview

Blue Preferred PPO

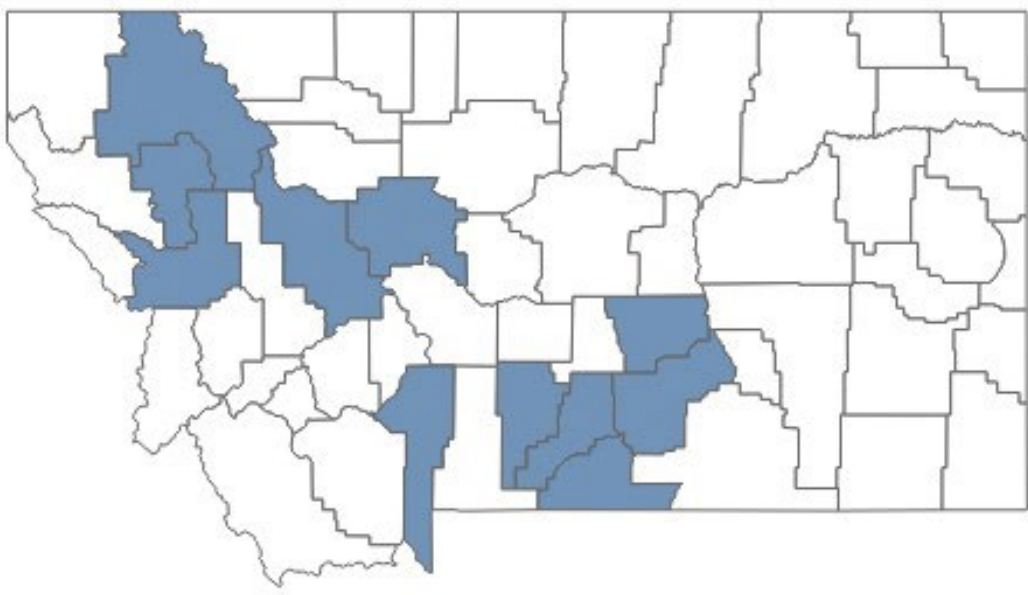
- Existing statewide network in all 56 counties
- On and Off Exchange
- Metallic Plans: Gold, Silver, Bronze, Catastrophic



**Approximately
64 hospitals and 12,905 providers**

Blue Focus POS

- Existing network in Carbon, Cascade, Flathead, Gallatin, Lake, Lewis and Clark, Missoula, Musselshell, Stillwater, Sweet Grass, and Yellowstone counties
- On and Off Exchange
- Metallic Plans: Gold, Silver, Bronze



**Approximately
16 hospitals and 6,889 providers**

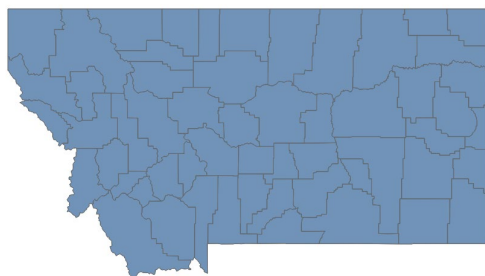
Source: Network status and statistics as of 6/18/2025. Hospitals: General Acute and Critical Access Hospitals; Providers: PCPs and Specialists. Providers counted on unique NPI.

2026 Montana Competitive Highlights

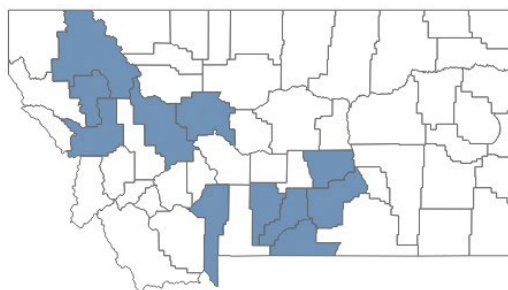
New Competitor Entrants: No new carriers are entering the MT exchange

Competitor Modifications: No competitor expansions or exits

Competitor Network Comparison in Montana

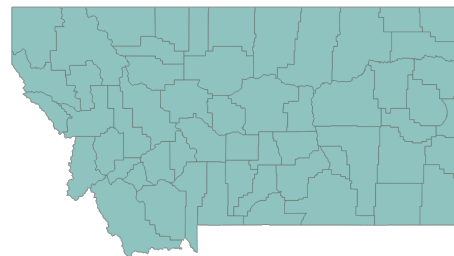


Blue Preferred PPO
All 56 Counties

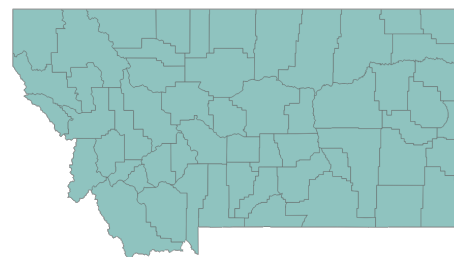


Blue Focus POS
Rating Areas: 1, 2 and 3
11 Counties: Carbon, Cascade, Flathead, Gallatin, Lake, Lewis and Clark, Missoula, Musselshell, Stillwater, Sweet Grass, Yellowstone

Mountain Health Cooperative

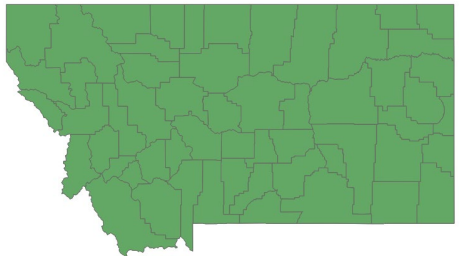


Statewide Connected Care PPO network
(All 56 Counties)



'Co-op' Plus is a statewide, two-tier PPO network:
Tier 1: participating community health centers.
Tier 2: All other Connected Care network providers and facilities.
(All Counties)

PacificSource



One Statewide PPO network
(All 56 Counties)

Source: 2025 Individual Marketplace Rate Landscape Data.

Health Insurance for American Indians

Health insurance does not replace Indian health care; it supports it.

- Get care when you need it, throughout the year
- Access to a wider network of doctors and hospitals for specialized care
- Keep up with important preventive health screenings to help stay healthy

Health Insurance for American Indians

Learn how insurance can help you, your family and your community.

How can insurance help you stay in control of your health?

- If you have diabetes or high blood pressure, health insurance can help pay for treatment and prescriptions.
- If you have an unexpected illness or injury, health insurance can help pay for urgent treatment and limit your medical expenses.
- Even if you are already healthy, health insurance pays for many preventive services and vaccinations to help you stay that way.
- Your Indian health care provider can bill your insurance for the care you receive. When your provider is paid by the insurance company, not Indian Health Services, more money is left in the tribal health system to help your community.
- **Health insurance does not replace Indian health care — it supports it.**

What does health insurance cover?

Health insurance covers certain benefits considered essential to good health including:

- Emergency services
- Prescription drugs
- Hospitalization
- Maternity and newborn care
- Rehabilitative services and devices
- Ambulatory services
- Laboratory services
- Mental health/substance abuse

bcbst.com

- Preventive/wellness care covered at no cost to you, including well-woman and well-child visits, vaccines and screenings for cancer, high blood pressure, diabetes, depression, and other important services to help you stay healthy
- Pediatric services, including vision and dental care for children up to 19

How can American Indians get help to pay for health insurance?

The Health Insurance Marketplace (healthcare.gov) gives American Indians special help to sign up and buy insurance. Most Americans have to sign up for insurance during certain times of the year. American Indians can sign up once per month on the Marketplace. Federally recognized tribal citizens can also get help to pay for insurance on the Marketplace through premium tax credits to lower monthly costs and zero or limited cost-sharing plans. These plans cover doctor visits, medicine and more for little to no cost.

NOTE: To get zero or limited cost-sharing plans, you need to apply through the Marketplace.



ACA Helps American Indians Sign Up For Coverage

ACA gives American Indians special help to sign up and buy insurance

- Sign up for health insurance year-round on the Marketplace.
- Get help to pay for insurance on the Marketplace through premium tax credits to lower monthly costs and zero or limited cost sharing plans.
- Members of federally recognized tribes may not have to pay anything out-of-pocket for certain services with an income between 138-300% of the federal poverty level.

Your family size is:	Your qualifying household income is at or below:
1	\$46,950
2	\$63,450
3	\$79,950
4	\$96,450
5	\$112,950
6	\$129,450
7	\$145,950
8	\$162,450

Important reminders:

- ✓ To enroll in a zero or limited cost sharing plan, members must apply on the Marketplace and have proof of American Indian status, such as a document or enrollment card issued by a federally recognized tribe indicating membership.
- ✓ For more details on how ACA can help American Indians, visit: www.healthcare.gov/american-indians-alaska-natives/coverage

Blue Focus POS In-Network Hospitals

Market	Blue Focus POS Network
Carbon County	Beartooth Billings Clinic
Cascade County	Benefis Health System
Flathead County	Logan Health
Gallatin County	Bozeman Health and Big Sky Medical Center
Lake County	St. Luke Hospital
Lewis and Clark County	St. Peter's Health
Missoula County	Community Medical Center
Musselshell County	Roundup Memorial
Park County	Livingston Health
Stillwater County	Stillwater Billings Clinic
Sweet Grass County	Pioneer Medical Center
Yellowstone County	Billings Clinic Hospital

Reminder: A majority of Montana hospitals are in-network for Blue Preferred PPO with the exception of St. James Hospital

Not all participating network health systems may be represented in this analysis. Not all hospital facilities are in-network within a given health system listed above. Network information current as of 6/17/25. Health system participation subject to change.

Source: BCBSMT Provider Network Management

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HCSC

Montana Plan Portfolio

2026 On- and Off-Exchange Plans

Network: Blue Preferred PPO

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Preferred Security PPO SM 200 [‡]	Both	\$10,600	\$10,600	0%	\$20	DC	DC	\$20	DC	0%
Blue Preferred Bronze PPO 201 [‡]	Both	\$6,000	\$10,600	50%	\$35	DC	DC	\$35	\$55	0% / 10% / 20% / 35% / 45% / 50%
Blue Preferred Bronze PPO 202 [‡]	Both	\$4,400	\$8,300	30%	30%	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Bronze PPO 301	Off only	\$9,950	\$9,950	0%	0%	DC	DC	DC	DC	0%
Blue Preferred Bronze PPO 302 [‡]	Off only	\$5,200	\$10,400	30%	30%	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Bronze PPO Standard	Both	\$7,500	\$10,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
Blue Preferred Silver PPO 203	Both	\$5,500	\$10,600	50%	\$40	\$65	\$40	\$40	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Silver PPO 306	Off Only	\$2,500	\$9,100	50%	\$25	DC	DC	\$25	DC	\$5 / \$15 / \$50 / \$100 / \$250 / \$350
Blue Preferred Silver PPO 308	Both	\$7,250	\$7,250	0%	0%	DC	DC	DC	DC	\$10 / \$15 / \$50 / \$100 / \$250 / \$500
Blue Preferred Silver PPO Standard	Both	\$6,000	\$8,900	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Preferred Gold PPO SM 204	Both	\$2,300	\$9,950	30%	\$20	DC	DC	\$20	\$60	\$5 / \$10 / \$50 / \$100 / \$250 / \$350
Blue Preferred Gold PPO Standard	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250
Blue Preferred Gold PPO 901	Both	\$1,400	\$9,200	30%	\$0	\$40	\$0	\$0	\$60	\$0 / \$5/ 70%/ 65%/ 55% /50%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

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2026 Silver CSR Variants

Network: Blue Preferred PPO

2026 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Preferred Silver PPO SM 203	\$5,500	\$10,600	50%	\$40	\$65	\$40	\$40	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Silver PPO SM 203 (73% CSR)	\$3,300	\$7,200	50%	\$40	\$65	\$40	\$40	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Silver PPO SM 203 (87% CSR)	\$750	\$3,050	30%	\$25	\$55	\$25	\$25	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Preferred Silver PPO SM 203 (94% CSR)	\$500	\$1,100	20%	\$15	\$25	\$15	\$15	DC	0% / 10% / 20% / 35% / 45% / 50%
Blue Preferred Silver PPO SM 308	\$7,250	\$7,250	0%	0%	DC	DC	DC	DC	\$10 / \$15 / \$50 / \$100 / \$250 / \$500
Blue Preferred Silver PPO SM 308 (73% CSR)	\$6,000	\$6,000	0%	0%	DC	DC	DC	DC	\$10 / \$15 / \$50 / \$100 / \$250 / \$500
Blue Preferred Silver PPO SM 308 (87% CSR)	\$1,850	\$1,850	0%	0%	DC	DC	DC	DC	\$5 / \$10 / \$45 / \$90 / \$250 / \$500
Blue Preferred Silver PPO SM 308 (94% CSR)	\$650	\$650	0%	0%	DC	DC	DC	DC	\$0 / \$5 / \$10 / \$30 / \$250 / \$500
Blue Preferred Silver PPOSM Standard	\$6,000	\$8,900	40%	\$40	\$80	\$40	NA	\$60	\$20 / \$40 / \$80* / \$350*
Blue Preferred Silver PPOSM Standard (73% CSR)	\$3,000	\$7,400	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Preferred Silver PPOSM Standard (87% CSR)	\$700	\$3,300	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60* / \$250*
Blue Preferred Silver PPOSM Standard (94% CSR)	\$0	\$2,200	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50 / \$150

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

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2026 On- and Off-Exchange Plans

Network: Blue Focus POS

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Focus Bronze POS SM 205 [‡]	Both	\$3,500	\$9,950	50%	\$5	DC	DC	\$5	\$60	0% / 10% / 20% / 35% / 45% / 50%
Blue Focus Bronze POS SM 302 [‡]	Off Only	\$5,200	\$8,300	30%	30%	DC	DC	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Focus Bronze POS SM 705 [‡]	Both	\$10,600	\$10,600	0%	0%	DC	DC	NA	DC	0%
Blue Focus Bronze POSSM Standard	Both	\$7,500	\$10,000	50%	\$50	\$100	\$50	\$50	\$75	\$25 / \$50* / \$100* / \$500*
Blue Focus Silver POS SM 206	Both	\$3,500	\$8,900	40%	\$30	\$45	\$30	\$30	\$45	0% / 10% / 20% / 30% / 40% / \$50%
Blue Focus Silver POS SM 306	Off Only	\$3,000	\$8,200	50%	\$25	DC	DC	\$25	\$40	\$5 / \$15 / \$50 / \$100 / \$250 / \$350
Blue Focus Silver POSSM Standard	Both	\$6,000	\$8,900	40%	\$40	DC	DC	\$40	DC	\$20 / \$40 / \$80* / \$350*
Blue Focus Silver POS SM 903	Both	\$7,250	\$7,250	0%	DC	\$80	\$40	DC	\$60	\$10 / \$15 / \$50 / \$100 / \$250 / \$500
Blue Focus Gold POS SM 207	Both	\$500	\$8,900	40%	20%	DC	DC	DC	DC	10% / 20% / 30% / 35% / 45% / 50%
Blue Focus Gold POSSM Standard	Both	\$2,000	\$8,200	25%	\$30	\$60	\$30	\$30	\$45	\$15 / \$30 / \$60 / \$250
Blue Focus Gold POS SM 902	Both	\$1,000	\$8,500	30%	\$10	\$40	\$10	\$10	\$60	\$0 / \$5/ 70%/ 65%/ 55% / 50%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

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2026 Silver CSR Variants

Network: Blue Focus POS

2026 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescription Drugs at Preferred Pharmacies
Blue Focus Silver POS SM 206	\$3,500	\$8,900	40%	\$30	\$45	\$30	\$30	\$45	0% / 10% / 20% / 30% / 40% / 50%
Blue Focus Silver POS SM 206 (73% CSR)	\$3,000	\$7,850	40%	\$25	\$45	\$25	\$25	\$45	0% / 10% / 20% / 30% / 40% / 50%
Blue Focus Silver POS SM 206 (87% CSR)	\$600	\$2,950	30%	\$20	\$35	\$20	\$20	\$35	0% / 10% / 20% / 30% / 40% / 50%
Blue Focus Silver POS SM 206 (94% CSR)	\$150	\$1,000	20%	\$10	\$25	\$10	\$10	\$25	0% / 10% / 20% / 30% / 40% / 50%
Blue Focus Silver POS SM 903	\$7,250	\$7,250	0%	DC	DC	DC	DC	DC	\$10 / \$15 / \$50 / \$100 / \$250 / \$500
Blue Focus Silver POS SM 903 (73% CSR)	\$6,000	\$6,000	0%	DC	DC	DC	DC	DC	\$10 / \$15 / \$50 / \$100 / \$250 / \$500
Blue Focus Silver POS SM 903 (87% CSR)	\$1,850	\$1,850	0%	DC	DC	DC	DC	DC	\$5 / \$10 / \$45 / \$90 / \$250 / \$500
Blue Focus Silver POS SM 903 (94% CSR)	\$650	\$650	0%	DC	DC	DC	DC	DC	\$0 / \$5 / \$10 / \$30 / \$250 / \$500
Blue Focus Silver POSSM Standard	\$6,000	\$8,900	40%	\$40	\$80	\$40	NA	\$60	\$20 / \$40 / \$80* / \$350*
Blue Focus Silver POSSM Standard (73% CSR)	\$3,000	\$7,400	40%	\$40	\$80	\$40	\$40	\$60	\$20 / \$40 / \$80* / \$350*
Blue Focus Silver POSSM Standard (87% CSR)	\$700	\$3,300	30%	\$20	\$40	\$20	\$20	\$30	\$10 / \$20 / \$60* / \$250*
Blue Focus Silver POSSM Standard (94% CSR)	\$0	\$2,200	25%	\$0	\$10	\$0	\$0	\$5	\$0 / \$15 / \$50 / \$150

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

‡ HDHP and HSA compatible plan

Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 4-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

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Key Provider Networks for IFM Market



**We're not
going anywhere,
and we're not
standing still**

- We've been serving New Mexico communities for **over 85 years**
- We offer statewide HMO plans
- We have **48** of New Mexico's hospitals in our HMO network



BCBSNM offers a variety of qualified health plans to meet our members' health and financial needs

- Statewide HMO network
- Bronze, Silver and Gold QHPs
- Enhanced emphasis on copayment-driven cost sharing
- Most plans have \$0 cost share for tier 1 drugs*

*Costs for non-subsidized plans

Retail Network: Blue Community HMO Network

- Statewide network
- On and Off Exchange
- **New: BCBSNM will now offer Bronze plans on-exchange**
- Hospitals include acute care, behavioral health, rehabilitation, skilled nursing and long-term acute care hospitals
- Professionals include PCPs, BH and specialists; unique providers only
- Includes contracted providers within 100 miles of NM border (updated OSI guidelines)



Source: Network status as of 6/16/2025. Hospitals: contracted facilities in NM and contiguous Counties within 100 miles of the NM border (include acute care, BH, long-term acute care, skilled nursing, and rehabilitation); Providers: PCPs, BH, and specialist in NM and contiguous Counties within 100 miles of the NM border. Professional counts reflect unique providers only.

Market Participation Executive Summary

On-Exchange Market Opportunity	• 2025 On-Exchange Market Size (Selections): 70K • April 2025 Enterprise On-exchange Membership (excludes members in grace): 33K
One Network Offering	• Blue Community HMOSM Network Statewide
Top Selling QHPs	• Blue Community Gold HMOSM 205 • Blue Community Gold HMOSM 705 • Blue Cross Blue Shield Clear Cost Silver PlanSM
Competitor Network Presence	• Four carriers in marketplace – BCBSNM, Molina, Presbyterian Health, and United
Key 2026 Highlights	• Two bronze plans will be offered on-exchange that were previously only available off-exchange

2026 Market Regulatory Changes

Regulatory Changes	Description
Entrance and Exits 2026 ACA Market	No new market entrance or exits
Enhanced ARP Subsidy Changes	Reduced federal premium subsidies may result in increased net premiums for consumers > 400% FPL
SEP Changes	Monthly SEP for individuals with projected household income at or below 200% FPL is unavailable
HSA Eligible Plan Update	All Bronze on-exchange plans and their corresponding off-exchange variants, will be HSA eligible*. The following products will be HSA eligible in 2026: • Blue Community Bronze HMO 201 - On Exchange HDHP HSA Eligible • Native American Blue Community Bronze HMO 201 - Zero HDHP HSA Eligible • Native American Blue Community Bronze HMO 201 - LCS HDHP HSA Eligible • Blue Community Bronze HMO 603 - On Exchange HDHP HSA Eligible • Native American Blue Community Bronze HMO 603 - Zero HDHP HSA Eligible • Native American Blue Community Bronze HMO 603 - LCS HDHP HSA Eligible

*To the extent on exchange and off exchange bronze plans are on the same SCID, both plans will be HSA eligible.

Blue Community HMO Hospitals

Market	Key Hospitals	Additional Hospitals
Albuquerque	Lovelace (Downtown/Westside/Women's) UNM Hospitals	Alamogordo Otero County Hospital Association Db a Christus Southern Artesia Artesia General Hospital Carlsbad Carlsbad Medical Center Clayton Union County General Hospital Clovis Plains Reg Medical Center Gallup Rehoboth McKinley Hospital Grants Cibola General Hospital Las Vegas Alta Vista Regional Hospital Los Alamos Los Alamos Medical Center Lovington Nor Lea General Hospital Portales Roosevelt General Hospital Raton Miners Colfax Medical Center Ruidoso Lincoln Co Medical Center Santa Rosa Guadalupe County Hospital Silver City Gila Regional Medical Center Taos Holy Cross Hospital Truth or Consequences Sierra Vista Hospital Tucumcari Dan C. Trigg Memorial Hospital
Rio Rancho	UNM Sandoval Regional Medical Center	
Santa Fe	CHRISTUS St. Vincent Regional Medical Center	
Farmington	San Juan Regional Medical Center	
Las Cruces	Memorial Medical Center Mountainview Regional Hospital Three Crosses Regional Hospital	
Roswell	Eastern NM Medical Center Lovelace Regional Hospital	

* Presbyterian Hospital is in-network in Clovis, Ruidoso, Tucumcari, Socorro, and Santa Fe counties depending on member residency location (*subject to change*)

Not all participating network health systems represented in this analysis. Does not include contracted independent hospitals (non-integrated facilities). Not all hospital facilities are in-network within a given health system listed above. Network information confirmed on 6/18/25. Health system participation subject to change.

NM Standardized Plans Overview

The NM Office of the Superintendent of Insurance requires every qualified health plan issuer to offer standardized plans, called “Clear Cost” plans. All carriers selling on the marketplace will offer standardized plans on each turquoise, silver and gold metallic level. Each plan must have the same:

- Actuarial value
- Maximum out-of-pocket costs
- Deductibles
- Cost-sharing
- Number of prescription tiers (5)

Standardized Plans	ON or OFF Exchange	Deductible	OPX**	Co-insurance	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Urgent Care Visit	Generic (Tier 1)	Brand: Preferred (Tier 3)	Brand: Non-Preferred (Tier 4)	Specialty (Tier 5)	Specialty: Non-Preferred (Tier 6)
Silver (70% Actuarial Value [AV])	Both	\$4,800	\$9,300	100%	\$50	\$100	\$0	\$100	\$35	\$50	\$250*	\$100	\$250
Silver (73% AV‡)	Both	\$4,500	\$7,500	100%	\$40	\$90	\$0	\$90	\$30	\$45	\$205*	\$96	\$240
Silver (87% AV‡)	-	\$1,100	\$3,250	100%	\$12	\$35	\$0	\$35	\$8	\$15	\$100*	\$65	\$164
Silver (94% AV‡)	-	\$200	\$1,750	100%	\$5	\$10	\$0	\$10	\$3	\$10	\$60*	\$30	\$75
Gold	Both	\$3,000	\$6,000	100%	\$20	\$60	\$0	\$60	\$20	\$30	\$100*	\$75	\$190
Turquoise 1 (99% AV; Up to 150% FPL)	On Only	\$0	\$250	100%	\$0	\$3	\$0	\$3	\$0	\$3	\$15	\$10	\$25
Turquoise 2 (95% AV; 150-200% FPL)	On Only	\$200	\$1,200	100%	\$5	\$10	\$0	\$10	\$3	\$10	\$50*	\$25	\$65
Turquoise 3 (90% AV; 200-300% FPL)	On Only	\$700	\$2,800	100%	\$7	\$20	\$0	\$20	\$5	\$10	\$100*	\$50	\$125
Turquoise 3 – Native American LCS (90% AV; 200-400% FPL)	On Only	\$700	\$2,800	100%	\$7	\$20	\$0	\$20	\$5	\$10	\$100*	\$50	\$125

‡ The Silver plan covers approximately 70% of costs but Silver plan variances cover more for those who qualify for cost-sharing reductions.

* Rx copays with an asterisk are subject to deductible. Rx copays with no asterisks are not subject to deductible.

** OPX is the out-of-pocket Maximum and includes the deductible.

Health Insurance for American Indians

Health insurance does not replace Indian health care; it supports it

- Get care when you need it, throughout the year
- Access to a wider network of doctors and hospitals for specialized care
- Keep up with important preventive health screenings to help stay healthy
- When Indian health care providers are paid by the insurance company, not Indian Health Services, more money is left in the tribal health system

Health Insurance for American Indians

Learn how insurance can help you, your family and your community.

How can insurance help you stay in control of your health?

- If you have diabetes or high blood pressure, health insurance can help pay for treatment and prescriptions.
- If you have an unexpected illness or injury, health insurance can help pay for urgent treatment and limit your medical expenses.
- Even if you are already healthy, health insurance pays for many preventive services and vaccinations to help you stay that way.
- Your Indian health care provider can bill your insurance for the care you receive. When your provider is paid by the insurance company, not Indian Health Services, more money is left in the tribal health system to help your community.
 - **Health insurance does not replace Indian health care — it supports it.**

How can American Indians get help to pay for health insurance?

The Health Insurance Marketplace (healthcare.gov) gives American Indians special help to sign up and buy insurance. Most Americans have to sign up for insurance during certain times of the year. American Indians can sign up once per month on the Marketplace. Federally recognized tribal citizens can also get help to pay for insurance on the Marketplace through premium tax credits to lower monthly costs and zero or limited cost-sharing plans. These plans cover doctor visits, medicine and more for little to no cost.

NOTE: To get zero or limited cost-sharing plans, you need to apply through the Marketplace.

What does health insurance cover?

Health insurance covers certain benefits considered essential to good health including:

- Emergency services
- Prescription drugs
- Hospitalization
- Maternity and newborn care
- Rehabilitative services and devices
- Ambulatory services
- Laboratory services
- Mental health/substance abuse

bcbsnm.com



ACA Helps American Indians Sign Up For Coverage

ACA gives American Indians special help to sign up and buy insurance

- Sign up for health insurance year-round on bewellnm.com
- Get help to pay for insurance on **BeWell** through premium tax credits to lower monthly costs and zero or limited cost sharing plans
- Members of federally recognized tribes may not have to pay anything out-of-pocket for certain services with an income between 138-300% of the federal poverty level

Your family size is:	Your qualifying household income is at or below:
1	\$46,950
2	\$63,450
3	\$79,950
4	\$96,450
5	\$112,950
6	\$129,450
7	\$145,950
8	\$162,450

Important reminders:

- ✓ To enroll in a zero or limited cost sharing plan, members must apply on bewellnm.com and have proof of American Indian status, such as a document or enrollment card issued by a federally recognized tribe indicating membership.
- ✓ HMO members must select a PCP, or they will be auto-assigned one that may not be an Indian health care provider.
- ✓ For more details on how ACA can help American Indians, visit: [Native-American](#)

New Mexico QHPs



2026 On- and Off-Exchange Plans

Network: Blue Community HMO Network

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescriptions Drugs at Preferred Pharmacies
Blue Community Bronze HMOSM 201 – HDHP HSA Eligible[‡]	Both	\$8,000	\$10,150	50%	\$40	\$160	\$0	\$0	\$80	\$10 / \$20 / 30% / 35% / 45% / 50%
Blue Community Bronze HMO SM 202 - Off Exchange HDHP HSA [‡]	OFF Only	\$4,750	\$8,300	40%	40%	DC	\$0	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Community Bronze HMOSM 603 – HDHP HSA Eligible[‡]	Both	\$6,000	\$10,150	50%	\$45	DC	\$0	\$0	DC	20% / 25% / 30% / 35% / 45% / 50%

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs
‡ HDHP and HSA compatible plan
Listed Drug costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 5-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible
Bold = CMS standardized plan with prescribed cost structure and 4 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance
Bold = OFF Only to ON/OFF

2026 On- and Off-Exchange Plans

Network: Blue Community HMO Network

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescriptions Drugs at Preferred Pharmacies
Blue Community Silver HMO SM 204 - Off Exchange	Off Only	\$2,500	\$10,150	40%	\$20	DC	\$0	\$0	\$30	\$0 / \$15 / 30% / 35% / 45% / 50%
Blue Community Silver HMO SM 306 - Off Exchange	Off Only	\$1,450	\$10,150	50%	40%	DC	\$0	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Community Silver HMO SM 203 - On Exchange	Both	\$1,800	\$10,150	40%	30%	DC	\$0	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Community Silver HMO SM 203 - Turquoise 1 with EXTRA SAVINGS	On Only	\$0	\$125	10%	\$5	DC	\$0	DC	DC	\$0 / 10% / 20% / 35% / 45% / 50%
Blue Community Silver HMO SM 203 - Turquoise 2 with EXTRA SAVINGS	On Only	\$200	\$800	20%	\$10	DC	\$0	DC	DC	\$0 / 10% / 20% / 35% / 45% / 50%
Blue Community Silver HMO SM 308 - On Exchange	Both	\$4,250	\$10,150	10%	\$70	\$80	\$0	\$0	\$60	\$0 / \$10 / \$50 / 20% / 25% / 30%
Blue Community Silver HMO SM 308 - Turquoise 1 with EXTRA SAVINGS	On Only	\$0	\$100	5%	\$3	\$5	\$0	\$0	\$5	\$0 / \$5 / \$10 / 20% / 25% / 30%
Blue Community Silver HMO SM 308 - Turquoise 2 with EXTRA SAVINGS	On Only	\$225	\$800	5%	\$5	\$25	\$0	\$0	\$15	\$0 / \$5 / \$10 / 20% / 25% / 30%
Clear Cost Silver Plan - Off Exchange/On Exchange	Both	\$4,800	\$9,300	0%	\$50	\$100	\$0	\$0	\$100	\$35 / NA / \$50 / \$250* / \$100 / \$250
Clear Cost Turquoise 1 Plan - with EXTRA SAVINGS	On Only	\$0	\$250	0%	\$0	\$3	\$0	\$0	\$3	\$0 / NA / \$3 / \$15 / \$10 / \$25
Clear Cost Turquoise 2 Plan - with EXTRA SAVINGS	On Only	\$200	\$1,200	0%	\$5	\$10	\$0	\$0	\$10	\$3 / NA / \$10 / \$50* / \$25 / \$65

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 5-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 5 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

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2026 Silver CSR Variants

Network: Blue Community HMO Network

2026 Plan Name	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescriptions Drugs at Preferred Pharmacies
Blue Community Silver HMO SM 203 - On Exchange	\$1,800	\$10,150	40%	30%	DC	\$0	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Community Silver HMO SM 203 - On Exchange (73% CSR)	\$1,500	\$8,100	40%	30%	DC	\$0	DC	DC	20% / 25% / 30% / 35% / 45% / 50%
Blue Community Silver HMO SM 203 (87% CSR)	\$500	\$3,325	30%	20%	DC	\$0	DC	DC	0% / 10% / 20% / 35% / 45% / 50%
Blue Community Silver HMO SM 203 (94% CSR)	\$250	\$1,000	20%	10%	DC	\$0	DC	DC	0% / 10% / 20% / 35% / 45% / 50%
Blue Community Silver HMO SM 308 - On Exchange	\$4,250	\$10,150	10%	\$70	\$80	\$0	\$0	\$60	\$0 / \$10 / \$50 / 20% / 25% / 30%
Blue Community Silver HMO SM 308 - On Exchange (73% CSR)	\$3,750	\$7,650	10%	\$70	\$80	\$0	\$0	\$60	\$0 / \$10 / \$50 / 20% / 25% / 30%
Blue Community Silver HMO SM 308 (87% CSR)	\$2,000	\$2,400	10%	\$25	\$60	\$0	\$0	\$40	\$0 / \$10 / \$50 / 20% / 25% / 30%
Blue Community Silver HMO SM 308 (94% CSR)	\$450	\$800	10%	\$10	\$15	\$0	\$0	\$40	\$0 / \$10 / \$50 / 20% / 25% / 30%
Blue Cross Blue Shield Clear Cost Silver Plan - On Exchange	\$4,800	\$9,300	0%	\$50	\$100	\$0	\$0	\$100	\$35 / NA / \$50 / \$250* / \$100 / \$250
Blue Cross Blue Shield Clear Cost Silver Plan - On Exchange (73% CSR)	\$4,500	\$7,500	0%	\$40	\$90	\$0	\$0	\$90	\$30 / NA / \$45 / \$205* / \$96 / \$240
Blue Cross Blue Shield Clear Cost Silver Plan (87% CSR)	\$1,100	\$3,250	0%	\$12	\$35	\$0	\$0	\$35	\$8 / NA / \$15 / \$100* / \$65 / \$164
Blue Cross Blue Shield Clear Cost Silver Plan (94% CSR)	\$250	\$1,750	0%	\$5	\$10	\$0	\$0	\$10	\$3 / NA / \$10 / \$60* / \$30 / \$75

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 5-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 5 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

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2026 On- and Off-Exchange Plans

Network: Blue Community HMO Network

2026 Plan Name	ON or OFF Exchange	Deductible (Indiv.)	OPX (Indiv.)	Co-ins General	PCP Office Visit	Specialist Office Visit	Behavioral Health Office Visit	Virtual Visits (MDLIVE providers)	Urgent Care Visit	Prescriptions Drugs at Preferred Pharmacies
Blue Community Gold HMO SM 206 - Off Exchange	Off Only	\$750	\$10,150	30%	\$15	\$55	\$0	\$0	\$55	\$0 / \$10 / 20% / 35% / 45% / 50%
Blue Community Gold HMO SM 205	Both	\$350	\$10,150	20%	\$35	\$50	\$0	\$0	\$50	\$0 / \$10 / 20% / 35% / 45% / 50%
Blue Community Gold HMO SM 205 - Turquoise 3 with EXTRA SAVINGS	On Only	\$350	\$1,750	20%	\$35	\$50	\$0	\$0	\$50	\$0 / \$10 / 20% / 35% / 45% / 50%
Blue Community HMO SM 205 - Turquoise 3 Native American Limited with EXTRA SAVINGS	On Only	\$350	\$1,750	20%	\$35	\$50	\$0	\$0	\$50	\$0 / \$10 / 20% / 35% / 45% / 50%
Blue Community Gold HMO SM 705	Both	\$1,700	\$5,750	20%	\$35	\$50	\$0	\$0	\$50	\$10 / \$20 / 20% / 35% / 45% / 50%
Blue Community Gold HMO SM 705 - Turquoise 3 with EXTRA SAVINGS	On Only	\$700	\$2,200	10%	\$5	\$10	\$0	\$0	\$10	\$10 / \$20 / 20% / 35% / 45% / 50%
Blue Community HMO SM 705 - Turquoise 3 Native American Limited with EXTRA SAVINGS	On Only	\$700	\$2,200	10%	\$5	\$10	\$0	\$0	\$10	\$10 / \$20 / 20% / 35% / 45% / 50%
Clear Cost Gold Plan – Off Exchange/On Exchange	Both	\$3,000	\$6,000	0%	\$20	\$60	\$0	\$0	\$60	\$20 / NA / \$30 / \$100* / \$75 / \$190
Clear Cost Turquoise 3 Plan – with EXTRA SAVINGS	On Only	\$700	\$2,800	0%	\$7	\$20	\$0	\$0	\$20	\$5 / NA / \$10 / \$100* / \$50 / \$125
Blue Cross Blue Shield Clear Cost Turquoise 3 Native American Limited Plan with EXTRA SAVINGS	On Only	\$700	\$2,800	0%	\$7	\$20	\$0	\$0	\$20	\$5 / NA / \$10 / \$100* / \$50 / \$125

All copay dollar amounts, and coinsurance percentages are displayed as the member's shares of costs

Costs are for outpatient prescriptions through a preferred pharmacy. Values represent 6-tier and 5-tier plans. Coinsurance percentages are subject to the deductible, e.g., "0%" means the member pays nothing after meeting the deductible. Dollar amounts are copays, except when noted with asterisks: *subject to deductible

Bold = CMS standardized plan with prescribed cost structure and 5 prescription tiers; OPX = Out-of-Pocket Maximum includes deductible; DC = Deductible Coinsurance

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QHP Pediatric Vision

Pediatric Vision Coverage

Pediatric vision coverage is a benefit that provides eye care for children. It ensures children up to 19 have access to essential vision care, which is crucial for their development.

- Plan offers coverage for yearly comprehensive vision exam at \$0 copay
- Provides vision benefits for dependents up to age 19
- Plan also offers coverage for other vision services and materials including retinal imaging, contact lens fit and follow up, frames, lenses and more
- Pediatric Vision isn't a separate plan but is embedded in medical coverage

QHP Pediatric Vision: Highlights

- \$0 copay for eye exam with dilation
- Up to \$39 for retinal imaging
- \$150 allowance for frames, with 20% off balance over \$150
- \$0 copay for some lenses — single, bifocal, trifocal and lenticular
- Other progressive lenses have varying copays
- \$0 copay for medically necessary contact lenses
- Benefit frequency is once every 12 months

Dental Qualified Health Plans

Dental care for the whole family: 4 family dental plans & 2 pediatric dental plans

- All plans offer coverage for basic preventive services
- Plans also offer coverage for other dental procedures, including oral surgery, extractions, restorative work, and more
- We offer a range of monthly rates to fit your clients' budgets
- BlueCare DentalSM 1D plan features the lowest rates

2026 Dental QHPs: Overview

BlueCare Dental 1A & BlueCare Dental 4 Kids 1A features:

- 100% coverage on most preventive services with in-network dentists
- Low \$25 deductible for in-network services
- Savings on all dental procedures up to annual \$1,500 max for adults; unlimited annual max on BlueCare Dental 4 KidsSM 1A

BlueCare Dental 1B & BlueCare Dental 4 Kids 1B features:

- Lower monthly premium (compared to 1A plans)
- 100% coverage on most preventive services provided by in-network dentists
- \$50 deductible for in-network services
- Savings on all dental procedures up to annual \$1,000 max for adults; unlimited annual max on BlueCare Dental 4 Kids 1B

BlueCare Dental 1C features:

- Lower monthly premium (compared to 1A & 1B plans)
- 80% coverage on most preventive services provided by in-network dentists
- \$50 deductible for in-network services
- Savings on all dental procedures up to annual \$1,000 max for adults

BlueCare Dental 1D features:

- Lowest monthly premium (compared to 1A, 1B, & 1C plans)
- 100% coverage on most preventive services provided by in-network dentists
- \$50 deductible for many services
- Savings on procedures up to the annual \$1,000 max for adults

2026 Dental QHPs: Benefits

Benefits ²	BlueCare Dental 1A ³	BlueCare Dental 4 Kids 1A	BlueCare Dental 1B ³	BlueCare Dental 4 Kids 1B	BlueCare Dental 1C	BlueCare Dental 1D
Individual Deductible (family deductible = 3x individual)	\$25	\$25	\$50	\$50	\$50	\$50
Annual Maximum	\$1,500 ⁴	N/A	\$1,000 ⁴	N/A	\$1,000 ⁴	\$1,000 ⁴
Diagnostic Evaluations	0% ⁵	0% ⁵	0% ⁵	20% ⁵	20% ⁵	0% ⁵
Preventive	0% ⁵	0% ⁵	0% ⁵	20% ⁵	20% ⁵	0% ⁵
Diagnostic Radiographs	0% ⁵	0% ⁵	0% ⁵	20% ⁵	20% ⁵	0% ⁵
Miscellaneous Preventive Services	20%	20%	0% ⁵	20% ⁵	20% ⁵	0% ⁵
Basic Restorative	20%	20%	40%	50%	50% ⁶	50% ⁶
Non-Surgical Extractions	20%	20%	40%	50%	50% ⁶	50% ⁶
Non-Surgical Periodontal	20%	20%	40%	50%	50% ⁶	50% ⁶
Endodontics	20%	20%	50%	50%	50% ⁶	N/A
Oral Surgery	20%	20%	50%	50%	50% ⁶	N/A
Surgical Periodontal	20% ⁷	20%	50% ⁷	50%	50% ⁷	N/A
Major Restorative	50% ⁷	50%	50% ⁷	50%	50% ⁷	N/A
Prosthodontics	50% ⁷	50%	50% ⁷	50%	50% ⁷	N/A
Misc. Restor. & Prosthodontics Services	50% ⁷	50%	50% ⁷	50%	50% ⁷	N/A
Orthodontics ⁸ (up to age 19)	50% ⁵	50% ⁵	50% ⁵	50% ⁵	50% ⁵	N/A
Out-of-Pocket Maximum (no out-of-pocket maximums for adults)	Applies to Pediatric Plans Only \$450 for 1 child // \$900 for 2+ children					

1. This does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. 2. In-network coverage. 3. If choosing family coverage, for BlueCare Dental 1A please refer to BlueCare Dental 4 Kids 1A for plan details for dependents under age 19. If choosing BlueCare Dental 1B, refer to BlueCare Dental 4 Kids 1B for plan details for dependents under age 19. 4. Annual maximum does not apply to members up to age 19. 5. Deductible is waived. 6. Six month waiting period from date of purchase applies before any services are allowed. 7. Twelve month waiting period from date of purchase applies before any services are allowed. 8. Unlimited maximum for medically necessary orthodontia for members up to age 19.

Waiting Period Policy

A dental waiting period is a specific amount of time after purchasing a dental plan when select services are not covered. We have recently updated our waiting period policy. This applies to the 1A, 1B, 1C and 1D plans in all states.

For New Members: We will no longer accept Letters of Credible Coverage or Certificates of Coverage as a reason to waive the waiting period from prospects looking to purchase our Dental plans. No exception for new members from another carrier.

For Current Members: We will waive the waiting period only if members meet their previous waiting period, more than 12 months, prior to the plan change or did not have a lapse in coverage.

We market family dental plans that cover adults as well as the pediatric dental plans as required under ACA (if applicable). These dental plans can be purchased with or without medical plans.

Prescription and Pharmacy



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Pharmacy Networks

We use a tiered network structure that categorizes **in-network pharmacies** into two buckets: **Preferred** and **Non-Preferred**

- 1. IN-NETWORK: **Preferred Pharmacies**. Lower copay/coinsurance at an in-network Preferred Pharmacy vs. using an in-network Non-Preferred pharmacy
 - 2. IN-NETWORK: **Non-Preferred Pharmacies**. Member cost share may be higher when using a Non-Preferred Pharmacy versus using a Preferred Pharmacy
 - 3. OUT-OF-NETWORK PHARMACIES. *Member out-of-pocket costs are highest when using OON pharmacies*
- Members can get up to a 90-day supply of medication from a Preferred Pharmacy or from a mail order pharmacy
 - Members can get up to a 30-day supply of medication from a Non-Preferred Pharmacy
 - 90-day supplies are 3x the 30-day retail copay

Preferred Pharmacies in Texas

Albertsons
Brookshire
H-E-B
Walgreens
Walmart
Sam's Club
Select Independent Pharmacies

- Pharmacies in the Preferred Network are subject to change
- Select Independent Pharmacies may be included in the Preferred Pharmacy Network

97% of members have access to at least 1 pharmacy within 2 miles*

* Based on BCBSTX Health Insurance Marketplace membership Q1 2025

Preferred Pharmacies by State

Illinois	Montana	New Mexico	Oklahoma	Texas
Jewel- Osco (Albertsons) Independent Pharmacies Walgreens Walmart Sam's Club	Albertsons/ Safeway Independent Pharmacies Walgreens Walmart Sam's Club	Albertsons Independent Pharmacies Walgreens Walmart Sam's Club	Independent Pharmacies Walgreens Walmart Sam's Club	Albertsons Brookshire Independent Pharmacies H-E-B Walgreens Walmart Sam's Club

Out-of-Network Pharmacies

- Member out-of-pocket costs are highest when using OON pharmacies
- A 50% penalty applies for plans that allow OON benefits
- If applicable, members that fill prescriptions at OON pharmacies may pay full amount, then submit claims for eligible reimbursement



90-day Supply Options

Network	90-Day Supply Providers
Preferred	• Preferred Community Pharmacies • Mail Order via Express Scripts® Pharmacy

Adherence increases by 7–10% when prescriptions are filled for 90 days compared to 30 days*

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of Texas. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

*Hermes M, Gleason PP, Starner CI, "Adherence to chronic medication therapy associated with 90-day supplies compared to 30-day supplies," Presented at Academy of Managed Care Pharmacy, Abstract in J Manag Care Pharm, 2010;16:141-142

Drug List Tier Designs

- Standardized plans prescribed by CMS must have 4 drug tiers
- Non-standardized plans - we offer 6 drug tiers
- Regardless of the number of tiers, the lists have similar drugs in them for each market
- Drugs in tiers 1 and 2 of a 6-tier plan correspond to tier 1 of a 4-tier plan
- Drugs in tiers 5 and 6 of a 6-tier plan correspond to tier 4 of a 4-tier plan

Offered with Non-Standardized plans

Plans with 6-Tier Drug List	
1	Generic
2	Generic: Non-Preferred
3	Brand: Preferred
4	Brand: Non-Preferred
5	Specialty: Preferred
6	Specialty: Non-Preferred

Offered with Standardized plans

Plans with 4-Tier Drug List	
1	Generic
2	Brand: Preferred
3	Brand: Non-Preferred
4	Specialty

Specialty Medications

Specialty medications are often prescribed to treat complex and/or chronic conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. Drugs may have special handling/storage requirements



- Medications are limited to a 30-day
 - Drugs may have special handling/storage requirements
- Self-administered products are usually covered under the pharmacy benefit while physician-administered products are covered under the medical benefit
- We deliver savings on specialty drugs for our clients and members through **Prime's Specialty Network** offerings

Prime Therapeutics LLC is a separate company contracted by Blue Cross and Blue Shield of Texas to provide pharmacy solutions. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Biosimilars

- A biosimilar is a biologic product that is highly similar to its reference drug and has no clinically meaningful difference.
- Biosimilars are an active part of our cost management strategy for our members.

Reference Drug	Biosimilar
Lantus	Glargine-yfgn, Semglee
Stelara	Selarsdi, Steqeyma, Yesintek
Humira	Adalimumab-adaz, Adalimumab-aaty, Hadlima, Simlandi
Actemra	Tyenne

***Prices for biosimilars
are typically 15% to 35%
lower than their
reference drug**

Feng K, Russo M, Maini L, Kesselheim AS, Rome BN. Patient Out-of-Pocket Costs for Biologic Drugs After Biosimilar Competition. JAMA Health Forum. 2024 Mar 1;5(3):e235429. doi: 10.1001/jamahealthforum.2023.5429. PMID: 38551589; PMCID: PMC10980968.

Diabetes Focused Care

Co-preferred manufacturer and cost share tiering strategies to improve access, choice and help lower overall costs.

Generic Cost Share Tier*:

- Preferred Insulin examples: Fiasp, Novolog, Humalog, Humulin, Novolin, Lyumjev
- Preferred Test Strip examples: Ascensia Contour & Abbott Freestyle

New for 2026

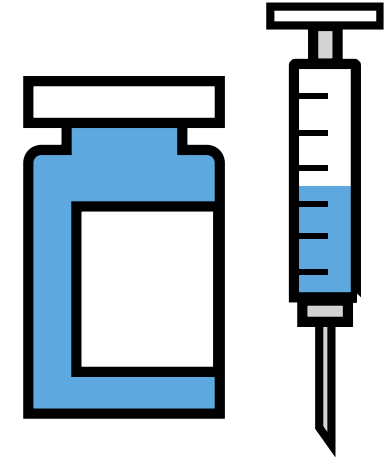
- Diabetic supplies: syringes, lancets, pen needles

Free Meter Program

- [BCBSTX.com](https://www.bcbstx.com) → prescription drugs → benefits → Glucose Meter Offer
- <https://www.bcbstx.com/tx/documents/rx-drugs/member-flier-glucose-meters-tx.pdf>

GLP-1 Access*

- Preferred Brand examples: Mounjaro, Ozempic, Rybelsus, Trulicity
- Potentially subject to review prior to coverage
- 30-day supply maximum



* Products and cost share tiers subject to change. Check the benefit and corresponding drug list for up-to-date information.

\$0 Emergency Use Medications

Select acute Emergency Use Medications* have no cost (\$0) to the member

Why? These medications are typically used for emergency use or life-saving situations. Removing cost barriers improves access and helps ensure supply is on hand before it is needed. Ultimately improving clinical outcomes, member satisfaction and benefit experience.

Where? Applies at in-network pharmacies, including both preferred and non-preferred pharmacies.

What do members need to do? Members present their script and insurance card to a participating pharmacy and applicable emergency medications will process w/ \$0 member share. Deductible waived where applicable.

What drug categories?

- Severe allergic reactions
- Hypoglycemia
- Opioid overdoses
- Nitrates

Product Examples
• Epinephrine • Glucagon • Naloxone / Narcan • Nitroglycerin

Exclusions:

- Health Savings Account eligible plans
- Out of network pharmacies
- Grandfathered and transitional plans
- Non preferred brand products

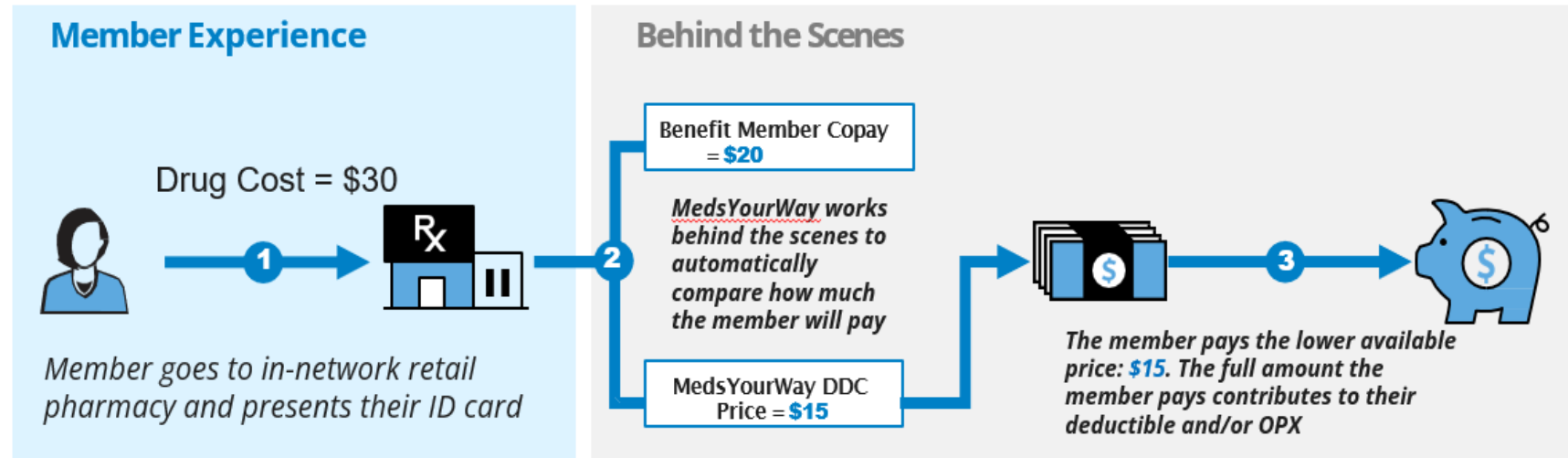
Zero-Dollar Emergency-Use Medications Flyer

* HSA eligible plans are excluded from the Emergency Use Medications benefit

MedsYourWay®

MedsYourWay is a drug discount card program that is integrated with the BCBSTX pharmacy benefit. It finds lower prices automatically.

Sample Scenario: MedsYourWay Price Wins “Lower of” Logic



How it works

- Members present their insurance card to the retail pharmacy
- MedsYourWay automatically searches prices of eligible medications from participating drug discount cards and compares them to the member's cost share under their benefit
- Members pay the drug discount card price or applicable cost share, whichever is lower.
- What members pay counts toward plan deductible and/or yearly out-of-pocket maximum
- All a member needs is their BCBSTX card

MedsYourWay® is not insurance. It is a drug discount card program that compares the drug discount card price for eligible medications at participating in-network retail pharmacies to the member's benefit plan cost share amount and then applies the lower available price. MedsYourWay® is administered by Prime Therapeutics, LLC. Not applicable to mail order and not all retail pharmacies may participate with MedsYourWay® pricing.

2025 IFM – Top 10 Drugs

Utilized	Non-Specialty by Total Cost	Specialty by Total Cost
Atorvastatin	Ozempic	Humira
Metformin	Biktarvy	Skyrizi
Losartan	Mounjaro	Stelara
Lisinopril	Jardiance	Enbrel
Amlodipine	Descovy	Dupixent
Gabapentin	Farxiga	Rinvoq
Amoxicillin	Eliquis	Versenio
Levothyroxine	Trulicity	Tremfya
Metoprolol	Paxlovid	Cosentyx
Rosuvastatin	Dovato	Trikafta

**IFM 2025 PY Average
Total Cost Per Script***

Generic: \$14.88

Brand: \$1,188

Specialty: \$6,844

IFM 2025 Q1 & Q2 - by utilization and cost.

*Based on weighted claims (30 day equivalent scripts). Vaccines excluded.



BlueCross BlueShield
of Texas

Value Added Benefits

Chris Coco, Telesales Business Consultant



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Telehealth

HMO members can utilize Telehealth, which is a service provided directly by their own PCP or doctor. It ensures continuity of care with their existing doctor, leveraging medical history for a more personalized treatment.

- **Services** – while a PCP or doctor can handle many health issues via telehealth, they may refer members to a specialist for conditions requiring specific expertise. This may involve separate telehealth appointments with those specialists.
- **Availability** – Telehealth services through their PCP or doctor are typically available during their regular office visits. Some may offer after hours telehealth services, but this varies.
- **Cost** – The cost is usually similar to an in-person visit. Member out-of-pocket expenses will depend on their specific health plan.

MDLIVE is Dedicated to Helping Members Get Better and Stay Well

MDLIVE is a digital healthcare platform that offers reliable 24/7 health care by phone or video. Our board-certified doctors, pediatricians, dermatologists, psychiatrists, and therapists provides personalized care for hundreds of medical and mental health needs. The program is convenient for members to receive care digitally any time and any where! Physicians are available to speak with patient in English, Spanish and more (other languages available via translation services).

Urgent Care		Virtual Primary Care	Behavioral Health	Dermatology
• Cold & Flu • Covid • Allergies • Earache • Fever • Headache		MDLIVE can act as your PCP and be responsible for coordinating members' care	Members have access to a licensed Behavioral Therapist that provides care for those in need of mental health support.	Members have access to dermatologist providers who can assist them with any skin related issue
• UTI <i>(adult females only)</i> • Insect Bites • Nausea • Pink eye • Yeast Infections • Sore Throat - And More...				

NEW for 2026:

- MDLIVE offers asynchronous Urgent Care, allowing members to receive medical advice without a formal appointment by submitting photos

Blue365[®]

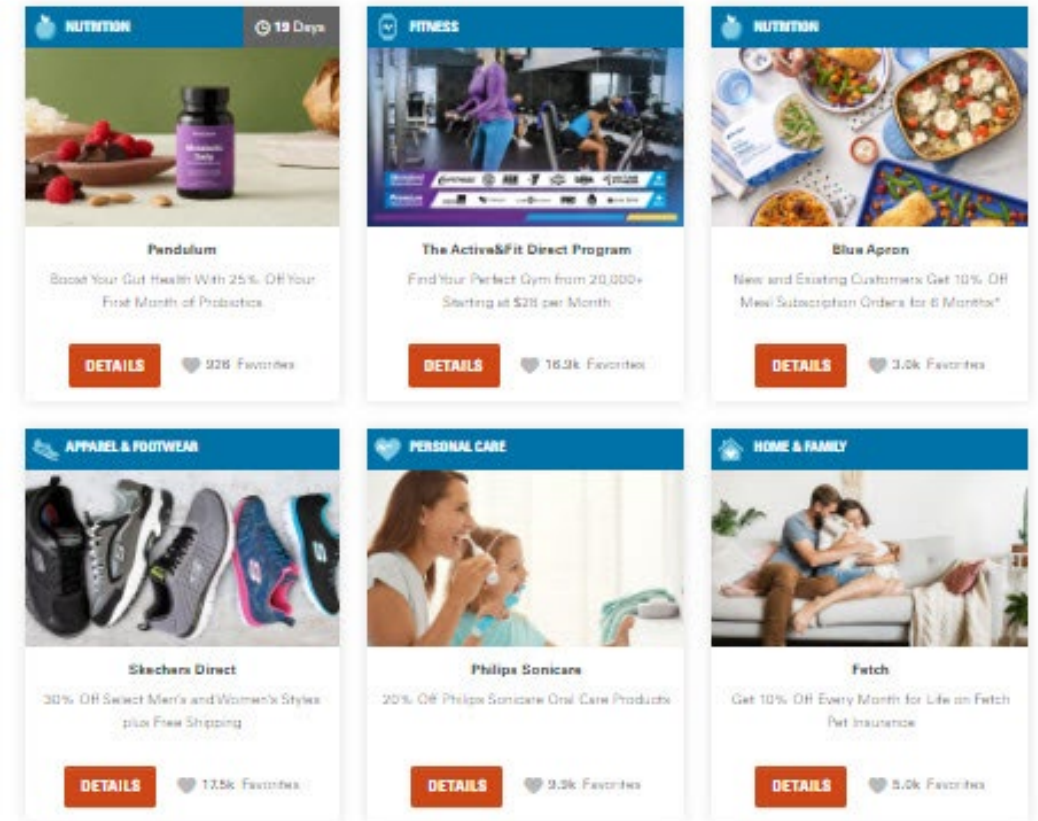
Overview: Blue365

Blue365 is a discount program that provides easy access to premier health and wellness products and services to help members build a path to live a healthy life. Members can achieve their best health with exclusive discounts across multiple wellness categories and purpose-driven educational content to support members in living healthy for less.

After registering for an account, members can browse deals by category or use a keyword to find deals for:

- Fitness gear
- Family activities
- Gym memberships
- Healthy eating
- Dental
- Vision
- Hearing aids
- And more from top national and local retailers

Members should read the redemption instruction and redeem online on our partner's site



Blue365 is a discount program only for BCBSTX members. This is NOT insurance. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. BCBSTX reserves the right to stop or change this program at any time without notice. The relationship between the Blue365 vendors and BCBSTX is that of independent contractors.

Well onTarget[®] and Blue PointsSM

Overview: Well onTarget & Blue Points

The portal is a digital wellness solution that provides members with a robust and integrated way to experience wellness and encourage healthy behavior.

The portal also includes several different features such as completing a health assessment, connecting to a fitness device, and more.

Members are offered the following on the Well onTarget Platform

- **Self-Management Programs:** Online and educational programs let members work at your own pace to reach your health goals
- **Health and Wellness Content:** Be in the know about a wide variety of health conditions and medicines. Our digital library is sure to satisfy their curiosity with reader-friendly articles that reflect latest expert, evidence-based information
- **Tool and Trackers:** Interactive tools help members stay on course while making wellness fun. Use health calculators along with medical and lifestyle trackers
- **Health Assessment:** Members get a personalized wellness report and tips for living their healthiest life when they take a health assessment
- **Blue Points:** Blue Points is a rewards program that allows members to earn points for completing various activities
- **Fitness Programs:** Enjoy unlimited access to a nationwide network of fitness centers with this flexible membership program

Overview: Well onTarget & Blue Points

Earn \$100 a Year With Your Points!

Blue Points is a **rewards program** where members can earn points by reaching goals and completing healthy activities. Through this program, members and their over 18 dependents could earn up to **\$100** in a calendar year that is redeemable in the form of physical gift cards at retailers such as Amazon, Barnes and Noble, Best Buy and many more!

There are a total of 11 activities that members can do to earn rewards such as:

- Completing a health assessment
- Connecting a fitness device
- Visiting the gym each week

See next slides for complete list

Blue Points: Activities List

When members complete all the activities, they are eligible for the maximum frequency limit which allows members to earn \$100 in a calendar year.

Activity	Description	Frequency	Reward Total Amounts
Paperless Communications Enrollment	Members can now change the way they receive key documents by choosing paperless communication! If they go paperless, they will instantly receive 24/7 access to their relevant health communications and will be able to earn Blue Points once per year!	1	650 pts
Autopay Premium Enrollment	Sign up for autopay and never again worry about missing a monthly premium payment! Autopay saves members time and is stress-free while protecting their valuable coverage. They will be able to earn points once they have been enrolled for Autopay for a period of four months.*	1	5,475 pts
Connecting a Device or Mobile App	When they connect a fitness device or mobile app in the “Manage Devices and Apps” section, they will get points.	1	730 pts
Track Progress via Device or Mobile App	Members can earn points for using a fitness device or mobile application to track the steps they take throughout the day.	365	540 pts
Track Progress	When members are striving to make a behavior change it can be rewarding to view their progress. Tracking their efforts can help them stay on track with their wellness goals. When they log their activity, they will receive points until they reach your weekly maximum limit.	365	900 pts
Progress Check-In	Members have the option to earn additional points by completing a progress check-in. Progress check-ins are available to complete any time. Members will receive points monthly up to your maximum limit.	12	1,150 pts

**Depending on the date of enrollment for Autopay Premium, Members may not always be awarded the points after exactly four months, but instead, the points may not credit until the following month.*

Blue Points: Activities List

Activity	Description	Frequency	Reward Total Amounts
Program Completion	Learn at your own pace. Complete all of the lessons in any one of the self-management programs and members will receive points quarterly up to your maximum limit.	4 (1 per quarter)	655 pts
Health Assessment	Completing the health assessment will help members know where they are healthy as well as identify opportunities for improvement. After completion, they will receive points bi-annually up to their maximum limit.	2	1,300 pts
Fitness Program Enrollment	When members enroll into the fitness program, they'll earn points.	1	2,600 pts
Fitness Center Use – Visit 1	Members will earn points for their first visit each week at a Fitness Program network fitness center.	52	1,750 pts
Fitness Center Use – Visit 3	Members will earn points for their third visit each week at a Fitness Program network fitness center.	52	1,750 pts

**Depending on the date of enrollment for Autopay Premium, Members may not always be awarded the points after exactly four months, but instead, the points may not credit until the following month.*

Mental Health Hub

Overview: Mental Health Hub

The Mental Health Hub is a virtual one stop shop that will address member needs ranging from eating disorder treatment to virtual therapy for kids. With four vendors available Equip, WorkIt, NOCD, Manatee members will receive guidance to the appropriate solution through a comprehensive assessment and will have access to innovative provider who specialize in treating specific behavioral health conditions.

NEW for 2026, Mental Health Hub is now available across all Texas products

A Single Destination for ALL Behavioral Health Needs!

	Equip	WorkIt	NOCD	Manatee
Description	Virtual Family-based Therapy and Peer Mentoring and Support for those with eating disorders	Virtual and in person solutions for substance use disorders with a focus on medication-assisted treatment	Virtual and in person therapy program for obsessive compulsive disorders	Personalized virtual therapy and coaching to help children experiencing anxiety and mood disorders
Services	Dedicated 5-person care team - Physician/Psychiatrist - Dietitian - Therapist - Peer Mentor - Family Mentor	- Group Therapy - Individual Therapy - Support Groups - Digital Platform and Self-Directed Tools - Care Coordination	- Therapy Sessions - Care Coordination - Weekly Support Groups - Asynchronous Messaging with Therapist and Member Advocates	- Child Therapy - Combination of Child Therapy and Parent / Caregiver Coaching

Each vendor has multiple available service for member that best fit their needs!



Overview: Learn to Live

Learn to Live, offers around-the-clock mental health assessments and online cognitive behavioral therapy for mild to moderate mental health conditions. The platform offers initial assessments, with standardized screenings for depression and anxiety and some additional questions. Depending on results, it may recommend online lessons, computer-based therapy or virtual coaching. The platform directs members toward case managers and more formal treatment when needed.

Digital Mental Health Program!

Members can receive one-on-one coaching via phone, text or email to reach their goals and have continuous support

An online assessment can help pinpoint to the right programs for members. Our list of programs is continually growing, addressing topics such as:

- Social Anxiety
- Depression
- Insomnia
- Stress and Substance Use Disorder
- Worries and Anxiety
- Panic
- Resilience

Case Management Programs

Get a Case Manager with Member Benefits

Your members health plan offers Health Management programs to address your medical and behavioral needs. These programs aim to help:

- Keep them healthy
- Manage their emerging health risks
- Assist with their safety and health outcomes
- Manage their chronic illness, if they have one

For details on the Health Management Programs available to you and how to enroll:

- Log in to Blue Access for Members at bcbstx.com, go to the “My Coverage” tab, and click on “Member Resources”

IF&M Retention Playbook

Cory Norman,
Manager of Supplier Operations

Purpose: To provide guidance on strategy approach for all areas of retention, improve cross-department collaboration, improve Telesales led retention efforts, and mitigate any roadblocks for seamless implementation



Renewal Targets

- Telesales Book of Business
- Buy-Down
- Gifted Membership



Marketing

- Personalized Material
- Synchronized Outreach



Sales Strategy

- Personalized Scripting
- Firm Plan Recommendation
- Product Enhancement Awareness



Initiatives

- Likely to Laspse (Buy-Down)
- Gifted Membership Outreach
- Binder Payment Reminder

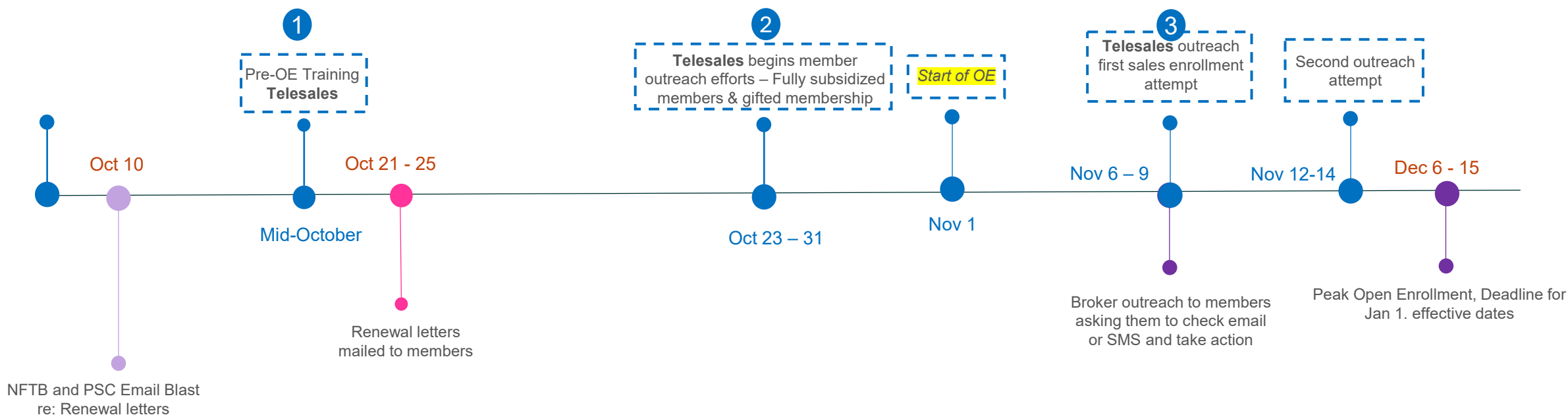
Telesales team will prioritize renewal of its book of business. These are members who began their membership with one of our Health Plan Specialists. This allows us to have a personalized approach for outreach to these members.

Key Factors

- Members have been identified as:
 - Likely to Lapse (Buy-Down)
 - Significant premium increases
 - Other Affordable Plan options

Telesales Approach

- Personalized outreach (member has already spoken to one of our HPS reps)
- Prioritizing likely to lapse membership
- Every member has different financial needs

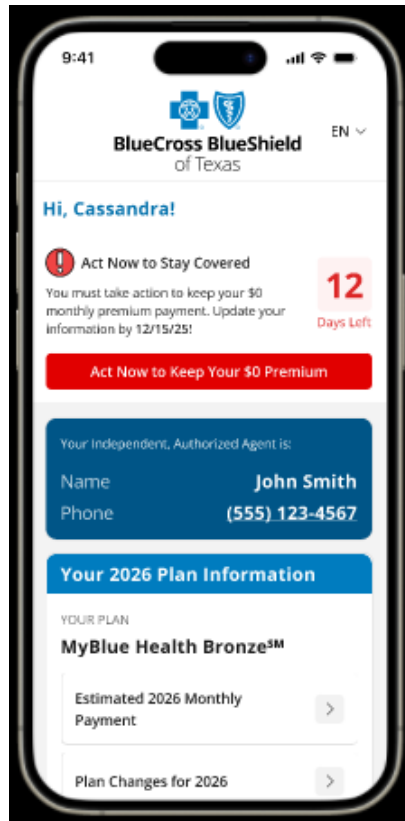


- 1 Annual Telesales Training Agenda includes: 2026 Product Training, Sales Training, and 2026 Updates. Pre-OE Kick-Off Meeting to discuss sales goals, program changes, and team expectations

- 2 Initial outreach to provide guidance regarding renewal communication received, discuss plan options, and set up follow-up for potential enrollment

- 3 Follow-up appointments to be completed on lower call volume days. 1st attempt to complete enrollment after previously discussed plan options

Mobile View



Don't Lose Your \$0 Plan

Welcome back! Big changes to the ACA market this year could impact your plan. Let's make sure you don't lose your \$0 monthly payment. We're here to guide you through the steps needed to stay covered.

Need help reviewing your plan details or completing your enrollment? Reach out to your agent, they're ready to guide you through next steps!

Get Started Now

Desktop View

English

Hi, Cassandra!

Act Now to Stay Covered
 You must take action to keep your \$0 monthly premium payment. Update your information by 12/15/25!

12
 Days Left

Act Now to Keep Your \$0 Premium

Your 2026 Plan Information

YOUR PLAN
MyBlue Health BronzeSM

Plan Changes for 2026
 This is an estimate of your monthly payment based on your 2025 subsidy.

	2025	2026
Premium before Subsidy	\$363.74	\$396.81
Subsidy	\$363.74	\$396.81
Premium with Subsidy	\$0	\$0

Act Now to Stay Covered →

Your Independent, Authorized Agent is:

Name **John Smith**
 Phone **(555) 123-4567**

Meet Your Plan
 Understand your plan's costs and coverage.

Benefits Beyond Your Plan
 Learn about extra health benefits and wellness programs.

Tips and Online Tools
 Explore your member portal and helpful online tools.

Caller Answered T2

Hi, <Caller Name>, my name is <Rep Name> calling on behalf of Blue Cross & Blue Shield of <State>. How are you today? (Wait for response) Just to let you know this call is being monitored and recorded for quality & training purposes. We wanted to reach out to see if you recently received your renewal letter.

Yes – Great, I am a licensed health plan specialist that can help review your new 2026 coverage options. Sound good?
(continue with standard sales script flow)

No – Okay, no worries. I am a licensed health plan specialist that can help guide you through your 2026 plan options and details. Sound good?
(continue with standard sales script flow)

OBC Voicemail –

Hello, my name is <Rep Name>. I am calling on behalf of Blue Cross & Blue Shield of <State>. Please give us a call at (1-XXX-XXX-XXXX) to discuss your plan options for 2026. **Our hours of operation are Monday-Friday 8am-8pm.** Looking forward to speaking with you soon and hope you have a great day!

We expect to receive gifted members from carriers exiting the market. The goal is to welcome & assist these new members with securing their coverage

Cigna Acquisition

- Cigna will be exiting Cook County in IL

Carriers exiting the market

- CVS's withdrawal from the ACA exchange will impact 1 million individuals, necessitating alternative insurance options
- HCSC states include Illinois & Texas
- ACA members will maintain service through the end of 2025 for its ACA members in Illinois & Texas
- Individuals affected by this change will be able to shop for new ACA plans during Open Enrollment this year

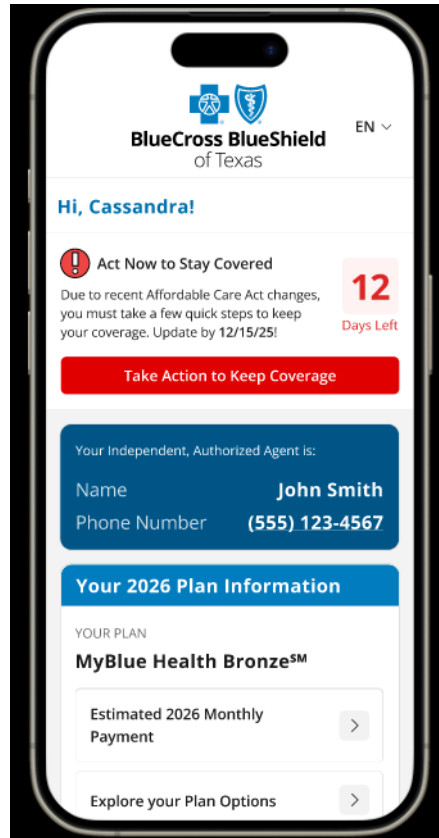
Telesales Strategy & Approach

- Provide informative guidance to these members
- Understand previous coverage and coverage needs
- Provide plan recommendation and assist with payment

Marketplace Potential

	State	Membership
Cigna	IL (Cook County)	~6,000
Aetna/CVS	TX & IL	~300,000
Health Alliance	IL (Central)	~30,000
Quartz	IL	~3,000
TOTAL	N/A	~350,000 lives

Mobile View



Welcome to BCBSTX!

We're glad you're here! This site gives you a quick look at your 2026 plan and steps to keep your coverage. Check it out and contact us if you have any questions.

Need help reviewing your plan details or completing your enrollment? Reach out to your agent, they're ready to guide you through next steps!

Let's Go!

Desktop View

English

Hi, Cassandra!

Act Now to Stay Covered

12

Days Left

Take Action to Keep Coverage

Due to recent Affordable Care Act changes, you must take a few quick steps to keep your coverage. Update by 12/15/25!

Your 2026 Plan Information

YOUR PLAN

MyBlue Health BronzeSM

Estimated 2026 Monthly Payment

This is an estimate of your monthly payment based on your 2025 subsidy.

	My Blue Health Bronze SM
Premium before Subsidy	\$396.81
Subsidy	\$100
Premium with Subsidy	\$296.81

Act Now to Stay Covered →

Your Independent, Authorized Agent:

Name
John Smith

Phone Number
(555) 123-4567

Your Videos

Caller Answered T2

Hi, <Caller Name>, my name is <Rep Name> calling on behalf of Blue Cross & Blue Shield of <State>. How are you? (Wait for response) Just to let you know this call is being monitored and recorded for quality & training purposes. We wanted to reach out to see if you recently received a letter from BCBS of <State> regarding your new 2026 health coverage?

Yes – Great, welcome to Blue Cross & Blue Shield of <State>! I am a licensed health plan specialist that can answer any questions you have about your new 2026 plan or walk you through other plan options that will fit your needs. Sound good?

(continue with standard sales script flow)

No – Okay, starting in 2026 you will be covered by Blue Cross & Blue Shield of <State>! Welcome! I am a licensed health plan specialist that can answer any questions you have about your new 2026 plan or walk you through other plan options that will fit your needs. Sound good?

(continue with standard sales script flow)

OBC Voicemail –

Hello, my name is <Rep Name>. I am calling on behalf of Blue Cross & Blue Shield of <State>. We are reaching out to discuss your new 2026 health coverage. Please feel free to give us a call at (1-XXX-XXX-XXXX). Our hours of operation are Monday-Friday 8am-8pm. Looking forward to speaking with you soon and hope you have a great day!

Initiative	Description	New Membership Y/N	Special Considerations
Binder Payment Reminder	- Initial goal is assisting with binder payment at time of enrollment - Schedule follow up appointments to assist with payment - Tracking all unpaid Binder Payments	Varies	Improved tracking of binder payments should positively impact effectuation
Likely to Lapse (Buy-Down)	Members will receive notification that their premium has significantly increased, and they may have a more affordable plan option available	No	Every member's financial needs are different
Gifted Membership	- Auto enrolled membership from carriers that have exited the IFM market - Must complete payment to secure 2026 coverage - Current Plans end on 12/31	Yes	Members may not be aware of this change

Questions?

MyBlue Health in Bexar County:

2 Select PCP Practice Groups

Centro Med

35 locations • 52 Select PCP professionals

- **CentroMed Southside Medical**, 3750 Commercial Avenue
San Antonio, TX 78221
- **Haven For Hope**, 1 Haven for Hope Way
San Antonio, TX 78207
- **CentroMed SA Pediatrics Stone Oak**, 123 Stone Oak Loop
San Antonio, TX 78224
- **CentroMed SA Pediatrics**, 20627 Huebner Road
San Antonio, TX 78224
- **Centro Med City Base Landing**, 3127 SE Military Drive
San Antonio, TX 78207
- **CentroMed Santa Rosa Pavilion Clinic**, 315 N. San Saba
San Antonio, TX 78211

BHS PHYSICIANS NETWORK INC

Participate in Cameron, Hidalgo, El Paso and Comal.*

18 locations • 52 Select PCP professionals

- **BHS Physicians Network Inc**, 7930 Floyd Curl Dr,
San Antonio, TX 78229
- **BHS Physicians Network Inc**, 5929 Broadway St,
San Antonio, TX 78209
- **BHS Physicians Network Inc**, 21 Spurs Ln Ste 330
San Antonio, TX 78240
- **BHS Physicians Network Inc**, 8711 Village Dr Ste 114
San Antonio, TX 78217
- **BHS Physicians Network Inc**, 6704 Randolph Blvd
Live Oak, TX 78233

**Not in Bexar County*

* Disclaimer: In Bexar County there are more PCPs, and they may or may not be Select

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MyBlue Health in Collin County:

2 Select PCP Practice Groups

UT Southwestern Medical Center

17 locations • 33 Select PCP professionals

- **UT Southwestern Primary Care at Frisco**
12950 Dallas Pkwy Suite 500
Frisco, TX 75033
- **Children's Medical Center**
7601 Preston Rd
Plano, TX 75024
- **UT Southwestern Medical Center at Richardson/Plano**
3030 Waterview Pkwy
Richardson, TX 75080
- **UT Southwestern Primary Care at Frisco**
12950 Dallas Pkwy
Frisco, TX 75034

VillageMD Primary Providers North Texas

7 locations • 14 Select PCP professionals

- **Walgreens**
1890 N Stonebridge DR
McKinney, TX 75071
- **Walgreens**
1651 W University DR
Frisco, TX 75035
- **Walgreens**
7080 Virginia PKWY
McKinney, TX 75071
- **VMD PRIMARY PROVIDERS N TX PLLC**
901 Legacy DR
Plano, TX 75023
- **VMD PRIMARY PROVIDERS N TX PLLC**
1600 Preston RD
Plano, TX 75093

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MyBlue Health in Dallas County:

2 Select PCP Practice Groups

UT Southwestern Medical Center

58 locations • 161 Select PCP professionals

- **Children's Medical Center Dallas**, 1935 Medical District Drive
Dallas, TX 75235
- **UT Southwestern Medical Center**, 1801 Inwood Road
Dallas, TX 75235
- **UT Southwestern Medical Center**, 2001 Inwood Road
Dallas, TX 75235
- **Bill and Rita Clements Advanced Medical Imaging Center**,
2201 Inwood Road
Dallas, TX 75235
- **Center for Geriatric Care & Healthy Aging**, 2231 Butler Street
Dallas, TX 75390

Innovista Medical Center

9 locations • 22 Select PCP professionals

- **Innovista Medical Center**, 350 S. Plano Road
Richardson, TX 75081
- **Innovista Medical Center**, 3917 W. Airport FWY
Irving, TX 75062
- **Innovista Medical Center**, 2021 N. Town E Boulevard
Mesquite, TX 75150
- **Innovista Medical Center**, 6500 N. MacArthur Boulevard
Irving, TX 75039

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MyBlue Health in Dallas County:

Additional Select PCP Practice Groups

VillageMD Primary Providers North Texas

7 locations • 17 Select PCP professionals

- **Walgreens**
5950 Broadway Blvd
Garland, TX 75043
- **Walgreens**
601 Clara Barton Blvd
Garland, TX 75042
- **Walgreens**
5001 Ross Ave
Dallas, TX 75206
- **Walgreens**
2401 W Ledbetter Dr
Dallas, TX 75233
- **Walgreens**
5434 Highway 78
Sachse, TX 75048

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MyBlue Health in Travis County:

2 Select PCP Practice Groups

Lone Star Circle of Care

21 locations • 29 Select PCP professionals

- **Lone Star Circle of Care at Northwest Austin,**
11111 Research Boulevard
Austin, TX 78759
- **Lone Star Circle of Care,** 12201 Renfert Way
Austin, TX 78758
- **Lone Star Circle of Care at Ben White Health Clinic**
1221 W Ben White Boulevard
Austin, TX 78704
- **North Clinic,** 12221 N. Mopac EXPY
Austin, TX 78758
- **Lone Star Circle of Care at Pflugerville**
1501 W. Pecan Street
Pflugerville, TX 78660
- **Lone Star Circle of Care at Jonestown**
18220 FM 1431
Leander, TX 78651

CommUnityCare

107 locations • 186 Select PCP professionals

- **Community Care,** 1210 W. Braker Lane
Austin, TX 78758
- **Community Care,** 1210 W. Braker Lane
Austin, TX 78758
- **Community Care,** 14312 Hunters Bend Road
Austin, TX 78702
- **CommUnityCare Health Centers,** 1705 E. 11th Street
Austin, TX 78758
- **CommUnityCare Health Centers-East,** 211 Comal Street
Austin, TX 78753
- **Carousel Pediatrics,** 2237 E. Riverside Drive
Austin, TX 78701

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MyBlue Health in Cameron and Hidalgo Counties:

2 Select PCP Practice Groups

South Texas Health System

8 locations • 73 Select PCP professionals

- **South Texas Health System Clinics**, 1800 S. 5th Street
McAllen, TX 78503
- **South Texas Health System Clinics**, 1102 W. Trenton Road
Edinburg, TX 78539
- **South Texas Health System Clinics**, 300 E. Mile 3 RD STE 190
Palmhurst, TX 78573
- **South Texas Health System Clinics**, 306 E. Main Ave STE 5
Alton, TX 78573
- **South Texas Health System Clinics**, 201 S. Shary Rd STE 100
Mission, TX 78572
- **South Texas Health System Clinics**, 4200 Tres Lagos
Boulevard McAllen, TX 78504

Su Clinica Familiar

13 locations • 33 Select PCP professionals

- **Su Clinica**, 105 E. Alton Gloor Boulevard
Brownsville, TX 78526
- **Su Clinica**, 1706 Treasure Hills Boulevard
Harlingen, TX 78550

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MyBlue Health in El Paso County:

2 Select PCP Practice Groups

Project Vida Health Centers

32 locations • 23 Select PCP professionals

- **Naftzger Clinic:** 3612 Pera Avenue
El Paso, Texas 79905
- **Northeast Family Practice:** 4875 Maxwell Avenue
El Paso, Texas 79904
- **Montana Vista Clinic:** 14900 Greg Drive
El Paso, Texas 79938
- **La Clinica Guadalupeana:** 901 Ascencion Street
Horizon City, Texas 79928
- **Canutillo Clinic:** 7000 5th Street
Canutillo, Texas 79835
- **Hueco Clinic:** 3501 Hueco Avenue
El Paso, Texas 79903
- **Surety Clinic:** 6040 Surety Drive
El Paso, Texas 79905

Centro De Salud Familiar La Fe

28 locations • 16 Select PCP professionals

- **Central Clinic:** 700 S. Ochoa
El Paso, Texas 79901
- **Lisbon Clinic:** 200 Lisbon Street
El Paso, Texas 79905
- **Yandell Adult Clinic:** 823 E. Yandell
El Paso, Texas 79902
- **Jose Roman MD Pediatric Clinic:** 815 E. Yandell
El Paso, Texas 79902
- **San Elizario Clinic:** 12101 Socorro Road
San Elizario, Texas 79849
- **Westway Clinic:** 1713 Banker Street
Canutillo, Texas 79835

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MyBlue Health in Denton and Tarrant Counties:

2 Select PCP Practice Groups

VillageMD Primary Providers North Texas

5 locations • 25 Select PCP professionals

- **Village Medical**, 2774 E. Eldorado Parkway
Little Elm, TX 75068
- **Walgreens**, 3030 Main Street
Frisco, TX 75033
- **Village Medical**, 4021 Cross Timbers Road
Flower Mound, TX 75028
- **Walgreens**, 5000 Teasley Lane
Denton, TX 76210
- **Walgreens**, 5775 FM 423
Frisco, TX 75036

VillageMD Primary Providers North Texas

3 locations • 6 Select PCP professionals

- **Walgreens**, 1020 N. Collins Street
Arlington, TX 76011
- **Walgreens**, 2901 E. BRD Street
Mansfield, TX 76063
- **Walgreens**, 4324 Golden Triangle Boulevard
Fort Worth, TX 76244
- **Walgreens**, 6205 Westcreek Drive
Fort Worth, TX 76133
- **Walgreens**, 8955 N. Tarrant Parkway
North Richland Hills, TX 76182

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MyBlue Health in Harris County:

2 Select PCP Practice Groups

Innovista Medical Center

13 locations • 31 Select PCP professionals*

- **Innovista Medical Center**, 10101 S. Post Oak Road
Houston, TX 77096
- **Innovista Medical Center**, 12303 Jones Road
Houston, TX 77070
- **Innovista Medical Center**, 12586 Westheimer Road
Houston, TX 77077
- **Innovista Medical Center**, 12823 Gulf FWY
Houston, TX 77034

LoneStarCircle

3 locations • 4 Select PCP professionals*

- **Lone Star Circle of Care**, 10101 S. Post Oak Road
Houston, TX 77096
- **Lone Star Circle of Care**, 12303 Jones Road
Houston, TX 77070
- **Lone Star Circle of Care**, 12586 Westheimer Road
Houston, TX 77077

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