



Blue Balance FundedSM

The Level-Funded Solution
For Small Group Employers

SMALL GROUP 10-50 EMPLOYEES

Blue Cross and Blue Shield of Texas (BCBSTX) offers Blue Balance Funded, an administrative and stop loss coverage suite of services that includes consistent monthly payments for employers.

Blue Balance Funded Features:

Predictable Monthly Payments¹

Blue Balance Funded's monthly invoice includes the employer cost for claims funding, administrative fees and stop loss premiums. For added convenience, BCBSTX manages all three with an online billing system available through Blue Access for EmployersSM.

Stop Loss Coverage

Stop loss insurance provides protection for covered claims costs resulting from individual and aggregate claims exceeding the predetermined stop loss levels.

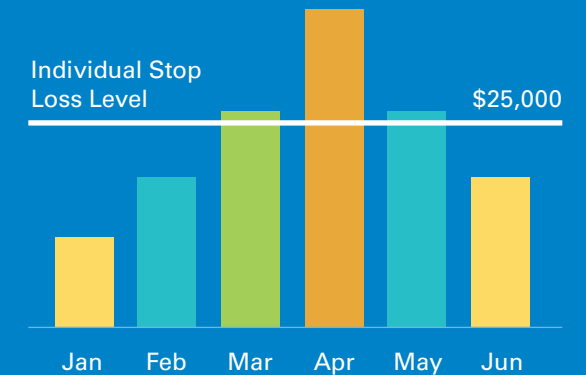
Possible Credit

After the yearly settlement, if the actual claims cost is less than the claims funding, groups may be eligible for a credit toward future monthly payments.

Blue Balance Funded provides a wide array of services and resources including:

- Claims adjudication services
- Customer service for members
- Access to a network of contracting health care providers
- Pharmacy benefit management services
- Virtual Visits powered by MDLIVE[®]
- Telehealth
- The BlueCard[®] program, which provides access to a nationwide network of providers
- Wellbeing Management integrated medical and behavioral health management programs
- Well onTarget[®] wellness tools and resources (including health assessments, self-directed courses and a rewards program that reinforces positive lifestyle changes) to help promote good health
- Blue InsightSM reporting, an online analysis and reporting system which allows employers to identify claims costs and utilization trends using a wide variety of standard reports and profiles, providing opportunities to manage your benefits

Blue Balance Funded includes **stop loss insurance** that limits a group's financial liability on both individual and aggregate claims up to the stop loss level (red bar).



The decision to self-insure is an important one and involves certain responsibilities on the employer's part.

To learn if Blue Balance Funded might be right for your groups, talk with your BCBSTX sales executive or account manager. Groups should also consult with their legal and tax advisers.

1. The amount of the monthly payment may fluctuate depending on the number of enrolled employees. It is recalculated each year and is subject to change. Employers are solely responsible for taxes, fees, and obtaining and paying for their own accounting and legal services.

Benefit designs are available beginning January 1, 2022 and are subject to change.

Blue Choice PPO SM																
			Calendar Year Deductibles		Medical and Rx Out-of-Pocket Expense (OPX)		Coinsurance	Copays				Per Occurrence Deductibles			Pharmacy Benefits	
Plan Name	Plan ID	HSA	Individual In/Out	Family In/Out	Individual OPX In/Out	Family OPX In/Out	Coinsurance In/Out	Primary Care and Virtual Visits Office Visit ¹	Specialist Office Visit ¹	Urgent Care ¹	Imaging ^{1,2}	Emergency Room ^{1,3}	Inpatient ¹	Outpatient Surgery ¹	Preferred Pharmacy Network	Non-Preferred Pharmacy Network
Blue Choice PPO A201	ATBCP201	No	\$500/\$1,000	\$1,500/\$3,000	\$3,000/UNLIMITED	\$9,000/UNLIMITED	80%/60%	\$30	\$60	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A202	ATBCP202	No	\$1,000/\$2,000	\$3,000/\$6,000	\$4,000/UNLIMITED	\$12,000/UNLIMITED	80%/60%	\$30	\$60	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A203	ATBCP203	No	\$1,500/\$3,000	\$4,500/\$9,000	\$4,500/UNLIMITED	\$13,500/UNLIMITED	80%/60%	\$35	\$70	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO Basic A203	ATBCB203	No	\$1,500/\$3,000	\$4,500/\$9,000	\$4,500/UNLIMITED	\$13,500/UNLIMITED	80%/60%	\$35	\$70	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A204	ATBCP204	No	\$2,000/\$10,000	\$6,000/\$20,000	\$6,000/UNLIMITED	\$15,800/UNLIMITED	100%/50%	\$35	\$70	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A205	ATBCP205	No	\$2,500/\$5,000	\$7,500/\$15,000	\$5,500/UNLIMITED	\$14,700/UNLIMITED	70%/50%	\$35	\$70	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO Basic A205	ATBCB205	No	\$2,500/\$5,000	\$7,500/\$15,000	\$5,500/UNLIMITED	\$14,700/UNLIMITED	70%/50%	\$35	\$70	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A206	ATBCP206	No	\$3,000/\$6,000	\$9,000/\$18,000	\$7,350/UNLIMITED	\$14,700/UNLIMITED	70%/50%	\$50	\$100	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO Basic A206	ATBCB206	No	\$3,000/\$6,000	\$9,000/\$18,000	\$7,350/UNLIMITED	\$14,700/UNLIMITED	70%/50%	\$50	\$100	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A211	ATBCP211	No	\$3,000/\$10,000	\$9,000/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	80%/60%	\$35	\$70	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO Basic A211	ATBCB211	No	\$3,000/\$10,000	\$9,000/\$20,000	\$8,150/UNLIMITED	\$16,300/UNLIMITED	80%/60%	\$35	\$70	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A207	ATBCP207	No	\$4,000/\$10,000	\$12,000/\$20,000	\$7,900/UNLIMITED	\$15,800/UNLIMITED	60%/50%	\$35	\$70	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A208	ATBCP208	No	\$5,000/\$10,000	\$14,700/\$29,400	\$5,600/UNLIMITED	\$14,700/UNLIMITED	70%/50%	\$45	\$90	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO Basic A208	ATBCB208	No	\$5,000/\$10,000	\$14,700/\$29,400	\$5,600/UNLIMITED	\$14,700/UNLIMITED	70%/50%	\$45	\$90	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A209	ATBCP209	No	\$5,000/\$10,000	\$15,000/\$20,000	\$7,900/UNLIMITED	\$15,800/UNLIMITED	60%/50%	\$40	\$80	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250
Blue Choice PPO A210	ATBCP210	No	\$7,000/\$10,000	\$15,800/\$20,000	\$7,900/UNLIMITED	\$15,800/UNLIMITED	100%/50%	\$40	\$80	\$75	DC	\$500	DC	DC	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250

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Blue Choice PPO HSA A291	ATBCP291	Yes	\$3,500/\$7,000	\$7,000/\$14,000	\$5,000/UNLIMITED	\$10,000/UNLIMITED	80%/60%	DC	DC	DC	DC	DC	DC	DC	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%
Blue Choice PPO HSA A292	ATBCP292	Yes	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/UNLIMITED	\$10,000/UNLIMITED	100%/70%	DC	DC	DC	DC	DC	DC	DC	100%	100%
Blue Choice PPO HSA A293	ATBCP293	Yes	\$6,000/\$12,000	\$12,000/\$24,000	\$6,000/UNLIMITED	\$12,000/UNLIMITED	100%/70%	DC	DC	DC	DC	DC	DC	DC	100%	100%
Blue Choice PPO HSA A294 ⁴	ATBCP294	Yes	\$4,500/\$9,000	\$10,000/\$20,000	\$6,900/UNLIMITED	\$13,800/UNLIMITED	80%/60%	\$15	\$30	DC	DC	DC	DC	DC	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350

Notes:

1. These columns refer to in-network benefits only. Members will pay more if they receive services out of network. Please refer to your benefit booklet.
2. Imaging refers to high-dollar imaging services, such as MRIs, CT scans and PET scans.
3. Copay plus coinsurance after the deductible will apply until the deductible is met for plans with copay, waived if admitted. (If admitted, any charges described in Inpatient Hospital Services will apply.) Please refer to your Benefit Booklet.
4. Copays apply after deductible is satisfied

General Notes:

DC = Deductible and Coinsurance

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

When members visit a preferred pharmacy, they may pay a lower copay or coinsurance amount for a covered non-specialty prescription drug than when visiting an in-network non-preferred pharmacy. Members can find a preferred pharmacy at myprime.com.

Basic lab and X-ray services are covered at the deductible and coinsurance level

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

Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSTX to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. MyPrime.com is an online resource offered by Prime Therapeutics LLC.

A "preferred" or "participating" pharmacy has a contract with BCBSTX or BCBSTX's pharmacy benefit manager (Prime) to provide pharmacy services at a negotiated rate.

The terms "preferred" and "participating" should not be construed as a recommendation, referral or any other statement as to the ability or quality of such pharmacy.

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

BCBSTX makes no endorsement, representations or warranties regarding third-party vendors. Members should contact the vendor directly with questions about the products or services offered by third parties.