

Brownsville Navigation District
1000 Foust Rd
Brownsville, TX 78521-1000

Account Number: 034281
Renewal Effective Date: 01/01/2026

Dear Group Administrator:

We have evaluated your 01/01/2026 group insurance coverage renewal. Your Blue Cross and Blue Shield of Texas (BCBSTX) current and renewal plans are enclosed.

Your next steps:

- Please review your renewal information carefully, including the changes that have been made to your plans for the upcoming year.
- If you want to make changes, please submit your BPS/BPA (Benefit Plan Selection/Benefit Program Application) Form and any other necessary documents before your effective date.
- If your plans are eligible to stay Grandfathered, important information and instructions about renewing your grandfathered status are enclosed.

Thank you for doing business with us. We appreciate your continued trust. If you have any questions, please reach out to your broker or account representative, our team is ready to help.

Sincerely,

DAVID W ROGERS
Blue Cross and Blue Shield of Texas
David_Rogers@bcbstx.com



Brownsville Navigation District
Account # 034281
Renewal Effective:1/1/2026
Executive Summary

Account Detail

- Current Medical Plans: MTBCP019 (Blue Choice PPO)
- Renewing Medical Plans: MTBCP519 (Blue Choice PPO)

The bolded renewal plan(s) that is/are being offered has/have been mapped from the current plan(s) due to regulatory changes, BCBSTX system requirements, product strategy or plan discontinuance.

Demographics

Contract Enrollment:	PPO	HMO	Total
2025	131	0	131
2026	122	0	122

Rate Development

Health Renewal Premium Change Components

a. Account/Benefit Program Adjustment (incl. Trend):	8.9%
b. Demographic Adjustment:	3.4%
c. Pricing Adjustment:	29.3%
Total Health Rate Action*:	45.6%

**The total health renewal premium change percentage is calculated by multiplying each of the components in the above table.
This change percentage is based upon total monthly premium. Each tier's rate change may vary from the total change percentage.*

Change Components Definitions

- a. Account/Benefit Program Adjustment (incl. Trend) includes group and benefit plan specific pricing changes due to factors such as medical cost trends, pool adjustments, plan, industry and geographical pricing, etc.
- b. Demographic Adjustment is the pricing change for age, group size and dependent composition differences.
- c. Pricing Adjustment is the pricing change resulting from BCBSTX's analysis of medical conditions, experience and other adjustments.

Current High Cost Claimants

Following is the large claim detail identified during the renewal evaluation : \$50,000+ (More than 50 Contracts Enrolled)

	Claim Dollars	Status
Claimant 1	\$718,394.95	Cancelled
Claimant 2	\$445,153.90	Cancelled
Claimant 3	\$130,637.31	Active
Claimant 4	\$91,752.39	Cancelled



Brownsville Navigation District Account # 034281 Renewal Effective: 1/1/2026 Rate Development		
Plan Name	MTBCP519	
Network	Blue Choice PPO	
Product	Blue Choice PPO	
	In	Out
Deductible (Individual/Family)	\$2,000/\$6,000	\$4,000/\$12,000
Coinsurance	80%	60%
Out of Pocket (Individual/Family)	\$6,000/\$15,700	UNLIMITED
Office Visit Copay/ Specialist Copay	\$35/\$70	DC
Inpatient Copay	NA	NA
Emergency Room	\$500	\$500/POD
In-network Preferred Pharmacy	\$0/\$10/\$50/\$100/\$150/\$250	
In-network Non-Preferred Pharmacy	\$10/\$20/\$70/\$120/\$150/\$250	
BCBSTX Contracts		
Single	114	
Single + Spouse	0	
Single + Child(ren)	1	
Family	7	
BCBSTX Rates	Current	Renewal
Single	\$491.20	\$715.24
Single + Spouse	\$1,040.89	\$1,515.59
Single + Child(ren)	\$1,040.94	\$1,515.66
Family	\$1,040.89	\$1,515.59
Monthly Premium at Current Rates	\$64,323.97	
Monthly Requested Premium at Renewal Rates	\$93,662.15	
Rate Action By Plan	45.6%	
Overall Rate Action	45.6%	

Commission Level: \$22.30 PCPM

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Account # 034281
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Conditions and Caveats

Notwithstanding anything in the renewal or proposal to the contrary, BCBSTX reserves the right to revise or withdraw any term herein or to change our charge for the cost of coverage (premium, fees or other amounts) at any time before or during the contract period if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented, which would require BCBSTX to pay, submit or forward, on its own behalf or on the Employer Group's behalf any additional tax, surcharge, fee, or other amount (all of which may be estimated, allocated or pro-rated amounts). BCBSTX also reserves the right to change the premium rates it charges the Employer Group at any time before or during the contract period to the extent that any local, state or federal legislation, regulation, rule or guidance (or amendments or clarifications thereto) is enacted or becomes effective/implemented which results in increased projected claim costs or an increase to BCBSTX's expenses or cost of plan administration.

Unless otherwise stated, this renewal offer is made on the assumption the benefit program is for a plan that is not considered a "grandfathered health plans" as defined under the Affordable Care Act and related regulations. If you have questions about grandfathered health plans, please consult your legal counsel.

This renewal is being provided for the effective date indicated above.

The health and/or dental rates shown are for twelve (12) months from the renewal effective date and have been priced in accordance with BCBSTX current regulatory status and the existing benefit program.

This renewal assumes the contract will be issued in TX. This renewal offer assumes BCBSTX will remain the exclusive carrier providing coverage to the employer group's employees.

We reserve the right to revise or withdraw our offer if, at any time during the projected coverage period:

- The actual number of enrolled contracts (by product, or by benefit plan), the Single/Family mix varies by +/- 10% from our projections.
- The information upon which our projections were based (benefit levels, census/demographics, commissions, etc.) becomes outdated or inaccurate.

Standard BCBSTX Managed Care programs with standard membership, eligibility, administration, claims processing and standard network.

Upon inquiry from employer groups, BCBSTX will provide information to the employer group regarding commissions and other compensation paid to the employer's agent by BCBSTX in connection with the employer's policy or contract with BCBSTX.

Proprietary and Confidential Information of BCBSTX

Not for use or disclosure outside BCBSTX, Employer, their respective affiliated companies and third-party representatives, except with written permission of BCBSTX.



Brownsville Navigation District
Account # 034281
Renewal Effective: 1/1/2026
Lowest Cost Option by Network

Plan Name		Alternate #1		Alternate #2	
		MTBEE508		MTBCP301H	
		Blue Essentials		Blue Choice	
		Blue Essentials		Blue Choice PPO	
Network		In	Out	In	Out
Product					
Deductible (Individual/Family)		\$7,000/\$14,000	NA	\$7,500/\$15,000	\$15,000/\$30,000
Coinsurance		80%	NA	100%	70%
Out of Pocket (Individual/Family)		\$9,200/\$18,400	NA	\$7,500/\$15,000	UNLIMITED
Office Visit Copay/ Specialist Copay		\$40/\$60	NA	DC/DC	DC
Inpatient Copay		NA	NA	NA	NA
Emergency Room		\$500	\$500/POD	NA	NA
In-network Preferred Pharmacy		\$0/\$10/\$50/\$100/\$150/\$250		100%	
In-network Non-Preferred Pharmacy		\$10/\$20/\$70/\$120/\$150/\$250		100%	
BCBSTX Contracts & Rates		Renewal		Renewal	
		\$415.59		\$437.69	
		\$880.61		\$927.48	
		\$880.65		\$927.52	
		\$880.61		\$927.48	
		\$54,422.18		\$57,316.54	
		-15.4%		-10.9%	



Brownsville Navigation District

Account # 034281

Renewal Effective: 1/1/2026

Alternate Medical Plans

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act.

Option	Standard Plan	Office Visit/Spec/ER Copay	Deductible Indv/Fam	Coinsurance In/Out	Medical OOP Max Indv/Fam	*Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Cost
Contracts							114	0	1	7	
Blue Choice PPO Plans											
100	MTBCP250	\$40/\$80/\$500	\$0/\$0	80%/50%	\$6300/\$12600	\$0/\$10/\$50/\$100/\$150/\$250	\$760.03	\$1,610.50	\$1,610.59	\$1,610.50	\$99,527.51
101	MTBCP002	\$30/\$60/\$500	\$500/\$1500	100%/50%	\$1500/\$4500	\$0/\$10/\$50/\$100/\$150/\$250	\$835.95	\$1,771.38	\$1,771.47	\$1,771.38	\$109,469.43
102	MTBCP506	\$35/\$70/\$500	\$500/\$1500	80%/60%	\$3500/\$10500	\$0/\$10/\$50/\$100/\$150/\$250	\$778.34	\$1,649.32	\$1,649.39	\$1,649.32	\$101,925.39
103	MTBCP051	\$30/\$60/\$500	\$750/\$2250	90%/70%	\$2250/\$6750	\$0/\$10/\$50/\$100/\$150/\$250	\$793.67	\$1,681.80	\$1,681.86	\$1,681.80	\$103,932.84
104	MTBCP011	\$30/\$60/\$500	\$1000/\$3000	80%/60%	\$4000/\$12000	\$0/\$10/\$50/\$100/\$150/\$250	\$747.38	\$1,583.70	\$1,583.77	\$1,583.70	\$97,870.99
105	MTBCP507	\$35/\$70/\$500	\$1250/\$3750	100%/50%	\$3750/\$11250	\$0/\$10/\$50/\$100/\$150/\$250	\$799.95	\$1,695.12	\$1,695.20	\$1,695.12	\$104,755.34
106	MTBCP509	\$35/\$70/\$500	\$1250/\$3750	70%/50%	\$3750/\$11250	\$0/\$10/\$50/\$100/\$150/\$250	\$752.87	\$1,595.36	\$1,595.43	\$1,595.36	\$98,590.13
107	MTBCP514	\$40/\$80/\$500	\$1500/\$4500	80%/60%	\$6000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$726.31	\$1,539.06	\$1,539.14	\$1,539.06	\$95,111.90
108	MTBCP515	\$40/\$80/\$500	\$1500/\$4500	70%/50%	\$6500/\$16000	\$0/\$10/\$50/\$100/\$150/\$250	\$698.72	\$1,480.61	\$1,480.67	\$1,480.61	\$91,499.02
109	MTBCP512	\$35/\$70/\$500	\$1750/\$5250	100%/50%	\$5250/\$15750	\$0/\$10/\$50/\$100/\$150/\$250	\$777.71	\$1,647.99	\$1,648.06	\$1,647.99	\$101,842.93
110	MTBCP519	\$35/\$70/\$500	\$2000/\$6000	80%/60%	\$6000/\$15700	\$0/\$10/\$50/\$100/\$150/\$250	\$715.24	\$1,515.59	\$1,515.66	\$1,515.59	\$93,662.15
111	MTBCP516	\$40/\$80/\$500	\$2250/\$6750	100%/50%	\$6750/\$15800	\$0/\$10/\$50/\$100/\$150/\$250	\$753.28	\$1,596.19	\$1,596.27	\$1,596.19	\$98,643.52
112	MTBCP518	\$40/\$80/\$500	\$2250/\$6750	60%/50%	\$6750/\$15800	\$0/\$10/\$50/\$100/\$150/\$250	\$673.10	\$1,426.32	\$1,426.38	\$1,426.32	\$88,144.02
113	MTBCP523	\$35/\$70/\$500	\$2500/\$7500	80%/60%	\$7500/\$15000	\$0/\$10/\$50/\$100/\$150/\$250	\$701.79	\$1,487.10	\$1,487.17	\$1,487.10	\$91,900.93
114	MTBCP524	\$40/\$80/\$500	\$2500/\$7500	70%/50%	\$7500/\$15000	\$0/\$10/\$50/\$100/\$150/\$250	\$686.23	\$1,454.13	\$1,454.20	\$1,454.13	\$89,863.33
115	MTBCP520	\$40/\$80/\$500	\$2750/\$8250	100%/50%	\$8250/\$16500	\$0/\$10/\$50/\$100/\$150/\$250	\$733.31	\$1,553.89	\$1,553.96	\$1,553.89	\$96,028.53
116	MTBCP522	\$40/\$80/\$500	\$2750/\$8250	60%/50%	\$8250/\$16500	\$0/\$10/\$50/\$100/\$150/\$250	\$649.04	\$1,375.36	\$1,375.42	\$1,375.36	\$84,993.50
117	MTBCP525	\$40/\$80/\$500	\$3000/\$9000	100%/70%	\$4500/\$13500	\$0/\$10/\$50/\$100/\$150/\$250	\$744.38	\$1,577.36	\$1,577.44	\$1,577.36	\$97,478.28
118	MTBCP527	\$40/\$80/\$500	\$3000/\$9000	100%/50%	\$9000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$719.87	\$1,525.41	\$1,525.47	\$1,525.41	\$94,268.52
119	MTBCP528	\$40/\$80/\$500	\$3000/\$9000	80%/60%	\$9000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$656.28	\$1,390.67	\$1,390.74	\$1,390.67	\$85,941.35
120	MTBCP526	\$55/\$110/\$500	\$3000/\$9000	70%/50%	\$9000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$649.84	\$1,377.02	\$1,377.08	\$1,377.02	\$85,097.98
121	MTBCP529	\$40/\$80/\$500	\$3250/\$9750	60%/50%	\$9200/\$18400	\$0/\$10/\$50/\$100/\$150/\$250	\$637.81	\$1,351.54	\$1,351.60	\$1,351.54	\$83,522.72
122	MTBCP531	\$40/\$80/\$500	\$3500/\$10500	80%/50%	\$8750/\$17500	\$0/\$10/\$50/\$100/\$150/\$250	\$659.51	\$1,397.51	\$1,397.57	\$1,397.51	\$86,364.28
123	MTBCP532	\$40/\$80/\$500	\$3750/\$11250	70%/50%	\$8150/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$644.34	\$1,365.36	\$1,365.44	\$1,365.36	\$84,377.72
124	MTBCP533	\$40/\$80/\$500	\$3750/\$11250	60%/50%	\$8150/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$637.97	\$1,351.88	\$1,351.94	\$1,351.88	\$83,543.68
125	MTBCP536	\$40/\$80/\$500	\$4000/\$12000	70%/50%	\$8150/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$639.85	\$1,355.87	\$1,355.93	\$1,355.87	\$83,789.92
126	MTBCP534	\$40/\$80/\$500	\$4250/\$12750	100%/50%	\$8500/\$17000	\$0/\$10/\$50/\$100/\$150/\$250	\$693.22	\$1,468.95	\$1,469.03	\$1,468.95	\$90,778.76
127	MTBCP535	\$40/\$80/\$500	\$4250/\$12750	80%/50%	\$8500/\$17000	\$0/\$10/\$50/\$100/\$150/\$250	\$651.17	\$1,379.86	\$1,379.92	\$1,379.86	\$85,272.32
128	MTBCP537	\$40/\$80/\$500	\$4250/\$12750	60%/50%	\$8500/\$17000	\$0/\$10/\$50/\$100/\$150/\$250	\$636.17	\$1,348.04	\$1,348.10	\$1,348.04	\$83,307.76
129	MTBCP539	\$45/\$90/\$500	\$5000/\$15000	100%/50%	\$8150/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$676.49	\$1,433.48	\$1,433.55	\$1,433.48	\$88,587.77
130	MTBCP542	\$50/\$100/\$500	\$5250/\$15750	80%/60%	\$7500/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$647.33	\$1,371.70	\$1,371.75	\$1,371.70	\$84,769.27
131	MTBCP553	\$20/\$110/\$500	\$5250/\$15750	80%/60%	\$8400/\$16800	\$0/\$10/\$50/\$100/\$150/\$250	\$642.61	\$1,361.69	\$1,361.76	\$1,361.69	\$84,151.13
132	MTBCP538	\$50/\$100/\$500	\$5250/\$15750	70%/50%	\$5850/\$17550	\$0/\$10/\$50/\$100/\$150/\$250	\$668.39	\$1,416.31	\$1,416.39	\$1,416.31	\$87,527.02
133	MTBCP541	\$45/\$90/\$500	\$5250/\$15750	60%/50%	\$8050/\$16100	\$0/\$10/\$50/\$100/\$150/\$250	\$629.40	\$1,333.71	\$1,333.78	\$1,333.71	\$82,421.35
134	MTBCP543	\$45/\$90/\$500	\$6000/\$18000	100%/50%	\$8000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$655.98	\$1,390.01	\$1,390.07	\$1,390.01	\$85,901.86
135	MTBCP546	\$45/\$90/\$500	\$6000/\$18000	60%/50%	\$8000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$628.38	\$1,331.55	\$1,331.61	\$1,331.55	\$82,287.78
136	MTBCP544	\$45/\$90/\$500	\$6250/\$18400	80%/50%	\$8400/\$18400	\$0/\$10/\$50/\$100/\$150/\$250	\$632.38	\$1,340.05	\$1,340.11	\$1,340.05	\$82,811.78
137	MTBCP545	\$45/\$90/\$500	\$6250/\$18400	70%/50%	\$8150/\$18400	\$0/\$10/\$50/\$100/\$150/\$250	\$631.36	\$1,337.88	\$1,337.95	\$1,337.88	\$82,678.15
138	MTBCP508	\$40/\$60/\$500	\$7000/\$14000	80%/50%	\$9200/\$18400	\$0/\$10/\$50/\$100/\$150/\$250	\$624.61	\$1,323.56	\$1,323.62	\$1,323.56	\$81,794.08
139	MTBCP049	\$35/\$70/\$500	\$7000/\$15800	70%/50%	\$8150/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$630.98	\$1,337.05	\$1,337.12	\$1,337.05	\$82,628.19
140	MTBCP547	\$45/\$90/\$500	\$7250/\$18400	100%/50%	\$8150/\$18400	\$0/\$10/\$50/\$100/\$150/\$250	\$643.95	\$1,364.52	\$1,364.59	\$1,364.52	\$84,326.53

All above plans are subject to Performance Annual Formulary and Member Pay the Difference.

Virtual Visits are available from a participating provider for certain non-emergency services.

ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

* When using a Non-Preferred Pharmacy, amounts may be higher.



Brownsville Navigation District

Account # 034281

Renewal Effective: 1/1/2026

Alternate Medical Plans

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act.

Option	Standard Plan	Office Visit/Spec/ER Copay	Deductible Indv/Fam	Coinsurance In/Out	Medical OOP Max Indv/Fam	*Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Cost
Contracts							114	0	1	7	
Blue Choice Basic PPO Plans											
141	MTBCB250	\$40/\$80/\$500	\$0/\$0	80%/50%	\$6300/\$12600	\$0/\$10/\$50/\$100/\$150/\$250	\$740.22	\$1,568.54	\$1,568.62	\$1,568.54	\$96,933.48
142	MTBCB002	\$30/\$60/\$500	\$500/\$1500	100%/50%	\$1500/\$4500	\$0/\$10/\$50/\$100/\$150/\$250	\$809.22	\$1,714.75	\$1,714.83	\$1,714.75	\$105,969.16
143	MTBCB051	\$30/\$60/\$500	\$750/\$2250	90%/70%	\$2250/\$6750	\$0/\$10/\$50/\$100/\$150/\$250	\$767.32	\$1,625.98	\$1,626.06	\$1,625.98	\$100,482.40
144	MTBCB011	\$30/\$60/\$500	\$1000/\$3000	80%/60%	\$4000/\$12000	\$0/\$10/\$50/\$100/\$150/\$250	\$719.96	\$1,525.62	\$1,525.70	\$1,525.62	\$94,280.48
145	MTBCB514	\$40/\$80/\$500	\$1500/\$4500	80%/60%	\$6000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$674.68	\$1,429.65	\$1,429.72	\$1,429.65	\$88,350.79
146	MTBCB519	\$35/\$70/\$500	\$2000/\$6000	80%/60%	\$6000/\$15700	\$0/\$10/\$50/\$100/\$150/\$250	\$658.17	\$1,394.67	\$1,394.74	\$1,394.67	\$86,188.81
147	MTBCB523	\$35/\$70/\$500	\$2500/\$7500	80%/60%	\$7500/\$15000	\$0/\$10/\$50/\$100/\$150/\$250	\$640.42	\$1,357.04	\$1,357.11	\$1,357.04	\$83,864.27
148	MTBCB524	\$40/\$80/\$500	\$2500/\$7500	70%/50%	\$7500/\$15000	\$0/\$10/\$50/\$100/\$150/\$250	\$624.37	\$1,323.06	\$1,323.12	\$1,323.06	\$81,762.72
149	MTBCB525	\$40/\$80/\$500	\$3000/\$9000	100%/70%	\$4500/\$13500	\$0/\$10/\$50/\$100/\$150/\$250	\$689.77	\$1,461.62	\$1,461.70	\$1,461.62	\$90,326.82
150	MTBCB528	\$40/\$80/\$500	\$3000/\$9000	80%/60%	\$9000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$598.68	\$1,268.60	\$1,268.66	\$1,268.60	\$78,398.38
151	MTBCB526	\$55/\$110/\$500	\$3000/\$9000	70%/50%	\$9000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$584.05	\$1,237.62	\$1,237.69	\$1,237.62	\$76,482.73
152	MTBCB531	\$40/\$80/\$500	\$3500/\$10500	80%/50%	\$8750/\$17500	\$0/\$10/\$50/\$100/\$150/\$250	\$591.99	\$1,254.45	\$1,254.51	\$1,254.45	\$77,522.52
153	MTBCB532	\$40/\$80/\$500	\$3750/\$11250	70%/50%	\$8150/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$576.04	\$1,220.63	\$1,220.69	\$1,220.63	\$75,433.66
154	MTBCB536	\$40/\$80/\$500	\$4000/\$12000	70%/50%	\$8150/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$573.13	\$1,214.48	\$1,214.53	\$1,214.48	\$75,052.71
155	MTBCB535	\$40/\$80/\$500	\$4250/\$12750	80%/50%	\$8500/\$17000	\$0/\$10/\$50/\$100/\$150/\$250	\$582.17	\$1,233.63	\$1,233.69	\$1,233.63	\$76,236.48
156	MTBCB539	\$45/\$90/\$500	\$5000/\$15000	100%/50%	\$8150/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$610.39	\$1,293.42	\$1,293.48	\$1,293.42	\$79,931.88
157	MTBCB542	\$50/\$100/\$500	\$5250/\$15750	80%/60%	\$7500/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$579.27	\$1,227.47	\$1,227.53	\$1,227.47	\$75,856.60
158	MTBCB538	\$50/\$100/\$500	\$5250/\$15750	70%/50%	\$5850/\$17550	\$0/\$10/\$50/\$100/\$150/\$250	\$604.89	\$1,281.76	\$1,281.81	\$1,281.76	\$79,211.59
159	MTBCB544	\$45/\$90/\$500	\$6250/\$18400	80%/50%	\$8400/\$18400	\$0/\$10/\$50/\$100/\$150/\$250	\$564.09	\$1,195.33	\$1,195.38	\$1,195.33	\$73,868.95
160	MTBCB545	\$45/\$90/\$500	\$6250/\$18400	70%/50%	\$8150/\$18400	\$0/\$10/\$50/\$100/\$150/\$250	\$561.58	\$1,190.00	\$1,190.05	\$1,190.00	\$73,540.17
161	MTBCB049	\$35/\$70/\$500	\$7000/\$15800	70%/50%	\$8150/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$564.64	\$1,196.48	\$1,196.55	\$1,196.48	\$73,940.87

All above plans are subject to Performance Annual Formulary and Member Pay the Difference.

Basic PPO plans cover lab and x-ray services under the deductible and coinsurance.

Virtual Visits are available from a participating provider for certain non-emergency services.

ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

* When using a Non-Preferred Pharmacy, amounts may be higher.



Brownsville Navigation District

Account # 034281

Renewal Effective: 1/1/2026

Alternate Medical Plans

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act.

Option	Standard Plan	Office Visit/Spec/ER Copay	Deductible Indv/Fam	*Coinsurance In/Out	Medical OOP Max Indv/Fam	**Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Cost
Contracts							114	0	1	7	
Blue Choice HSA Plans											
162	MTBCP004H	DC/DC/DC	\$3500/\$7000	100%/70%	\$3500/\$7000	100%	\$628.92	\$1,332.67	\$1,332.73	\$1,332.67	\$82,358.30
163	MTBCP005H	DC/DC/DC	\$3500/\$7000	80%/60%	\$5000/\$10000	90%/90%/80%/70%/60%/50%	\$526.82	\$1,116.33	\$1,116.39	\$1,116.33	\$68,988.18
164	MTBCP006H	DC/DC/DC	\$4000/\$8000	100%/70%	\$4000/\$8000	100%	\$560.77	\$1,188.27	\$1,188.33	\$1,188.27	\$73,434.00
165	MTBCP317H ^{*2}	\$30/\$60/DC	\$4500/\$9000	80%/60%	\$6900/\$13800	\$5/\$15/\$50/\$100/\$250/\$350	\$457.42	\$969.27	\$969.31	\$969.27	\$59,900.08
166	MTBCP310H	DC/DC/DC	\$4500/\$9000	80%/60%	\$6900/\$13800	90%/90%/80%/70%/60%/50%	\$463.47	\$982.10	\$982.14	\$982.10	\$60,692.42
167	MTBCP007H	DC/DC/DC	\$5000/\$10000	100%/70%	\$5000/\$10000	100%	\$492.31	\$1,043.22	\$1,043.27	\$1,043.22	\$64,469.15
168	MTBCP014H ^{*1}	DC/DC/DC	\$5000/\$10000	100%/70%	\$5000/\$10000	100%	\$498.36	\$1,056.05	\$1,056.09	\$1,056.05	\$65,261.48
169	MTBCP012H	DC/DC/DC	\$5000/\$10000	80%/60%	\$6900/\$13800	90%/90%/80%/70%/60%/50%	\$461.19	\$977.27	\$977.32	\$977.27	\$60,393.87
170	MTBCP016H ^{*2}	\$30/\$60/DC	\$5500/\$11000	80%/60%	\$6900/\$13800	\$5/\$15/\$50/\$100/\$250/\$350	\$449.95	\$953.45	\$953.50	\$953.45	\$58,921.95
171	MTBCP011H	DC/DC/DC	\$5500/\$11000	80%/60%	\$6900/\$13800	90%/90%/80%/70%/60%/50%	\$456.87	\$968.12	\$968.15	\$968.12	\$59,828.17
172	MTBCP008H	DC/DC/DC	\$6000/\$12000	100%/70%	\$6000/\$12000	100%	\$464.34	\$983.92	\$983.98	\$983.92	\$60,806.18
173	MTBCP015H ^{*1}	DC/DC/DC	\$6000/\$12000	100%/70%	\$6000/\$12000	100%	\$470.00	\$995.92	\$995.97	\$995.92	\$61,547.41
174	MTBCP009H	DC/DC/DC	\$6650/\$13300	100%/50%	\$6650/\$13300	100%	\$449.40	\$952.29	\$952.33	\$952.29	\$58,849.96
175	MTBCP013H	DC/DC/DC	\$6900/\$13800	100%/70%	\$6900/\$13800	100%	\$449.17	\$951.79	\$951.83	\$951.79	\$58,819.74
176	MTBCP301H	DC/DC/DC	\$7500/\$15000	100%/70%	\$7500/\$15000	100%	\$437.69	\$927.48	\$927.52	\$927.48	\$57,316.54

All above plans are subject to Performance Annual Formulary and Member Pay the Difference.

Virtual Visits are available from a participating provider for certain non-emergency services.

RX Section: Pharmacy benefits are subject to deductible and coinsurance.

** When using a Non-Preferred Pharmacy, amounts may be higher. A lower coinsurance may apply for preferred pharmacy plans.

When pairing an HMO product to be dual or triple option a PPO or PPO HSA plan must be included. It is not available as a standalone product.

* When using a Non-Preferred Pharmacy, amounts may be higher.

*1 RX Section: Plan pays Coinsurance after Deductible.

*2 100% Coinsurance percentage would begin after deductible is met where applicable.



Brownsville Navigation District

Account # 034281

Renewal Effective: 1/1/2026

Alternate Medical Plans

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act.

Option	Standard Plan	Office Visit/Spec/ER Copay	Deductible Indv/Fam	Coinsurance In/Out	Medical OOP Max Indv/Fam	*Preferred Pharmacy	EO	ES	EC	EF	Total Monthly Cost
Contracts							114	0	1	7	
Blue Essentials Plans - PCP Selection Required											
187	MTBEE001	\$20/\$20/\$750	\$0/\$0	100%/NA	\$1500/\$3000	\$0/\$10/\$50/\$100/\$150/\$250	\$650.77	\$1,378.97	\$1,379.05	\$1,378.97	\$85,219.62
188	MTBEE250	\$40/\$80/\$500	\$0/\$0	80%/NA	\$6300/\$12600	\$0/\$10/\$50/\$100/\$150/\$250	\$561.90	\$1,190.64	\$1,190.70	\$1,190.64	\$73,581.78
189	MTBEE002	\$30/\$60/\$500	\$500/\$1500	100%/NA	\$1500/\$4500	\$0/\$10/\$50/\$100/\$150/\$250	\$609.46	\$1,291.43	\$1,291.50	\$1,291.43	\$79,809.95
190	MTBEE506	\$35/\$70/\$500	\$500/\$1500	80%/NA	\$3500/\$10500	\$0/\$10/\$50/\$100/\$150/\$250	\$561.85	\$1,190.52	\$1,190.58	\$1,190.52	\$73,575.12
191	MTBEE011	\$30/\$60/\$500	\$1000/\$3000	80%/NA	\$4000/\$12000	\$0/\$10/\$50/\$100/\$150/\$250	\$524.60	\$1,111.60	\$1,111.65	\$1,111.60	\$68,697.25
192	MTBEE507	\$35/\$70/\$500	\$1250/\$3750	100%/NA	\$3750/\$11250	\$0/\$10/\$50/\$100/\$150/\$250	\$570.31	\$1,208.48	\$1,208.55	\$1,208.48	\$74,683.25
193	MTBEE509	\$35/\$70/\$500	\$1250/\$3750	70%/NA	\$3750/\$11250	\$0/\$10/\$50/\$100/\$150/\$250	\$541.37	\$1,147.16	\$1,147.22	\$1,147.16	\$70,893.52
194	MTBEE514	\$40/\$80/\$500	\$1500/\$4500	80%/NA	\$6000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$498.94	\$1,057.24	\$1,057.30	\$1,057.24	\$65,337.14
195	MTBEE512	\$35/\$70/\$500	\$1750/\$5250	100%/NA	\$5250/\$15750	\$0/\$10/\$50/\$100/\$150/\$250	\$546.50	\$1,158.03	\$1,158.08	\$1,158.03	\$71,565.29
196	MTBEE519	\$35/\$70/\$500	\$2000/\$6000	80%/NA	\$6000/\$15700	\$0/\$10/\$50/\$100/\$150/\$250	\$487.07	\$1,032.08	\$1,032.14	\$1,032.08	\$63,782.68
197	MTBEE516	\$40/\$80/\$500	\$2250/\$6750	100%/NA	\$6750/\$15800	\$0/\$10/\$50/\$100/\$150/\$250	\$525.43	\$1,113.36	\$1,113.42	\$1,113.36	\$68,805.96
198	MTBEE517	\$40/\$80/\$500	\$2250/\$6750	80%/NA	\$6750/\$15800	\$0/\$10/\$50/\$100/\$150/\$250	\$479.54	\$1,016.13	\$1,016.18	\$1,016.13	\$62,796.65
199	MTBEE523	\$35/\$70/\$500	\$2500/\$7500	80%/NA	\$7500/\$15000	\$0/\$10/\$50/\$100/\$150/\$250	\$476.42	\$1,009.50	\$1,009.55	\$1,009.50	\$62,387.93
200	MTBEE524	\$40/\$80/\$500	\$2500/\$7500	70%/NA	\$7500/\$15000	\$0/\$10/\$50/\$100/\$150/\$250	\$463.71	\$982.57	\$982.62	\$982.57	\$60,723.55
201	MTBEE521	\$40/\$80/\$500	\$2750/\$8250	80%/NA	\$8250/\$16500	\$0/\$10/\$50/\$100/\$150/\$250	\$456.73	\$967.81	\$967.86	\$967.81	\$59,809.75
202	MTBEE525	\$40/\$80/\$500	\$3000/\$9000	100%/NA	\$4500/\$13500	\$0/\$10/\$50/\$100/\$150/\$250	\$509.15	\$1,078.87	\$1,078.93	\$1,078.87	\$66,674.12
203	MTBEE527	\$40/\$80/\$500	\$3000/\$9000	100%/NA	\$9000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$495.37	\$1,049.68	\$1,049.73	\$1,049.68	\$64,869.67
204	MTBEE528	\$40/\$80/\$500	\$3000/\$9000	80%/NA	\$9000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$444.91	\$942.75	\$942.80	\$942.75	\$58,261.79
205	MTBEE526	\$55/\$110/\$500	\$3000/\$9000	70%/NA	\$9000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$434.65	\$921.01	\$921.07	\$921.01	\$56,918.24
206	MTBEE531	\$40/\$80/\$500	\$3500/\$10500	80%/NA	\$8750/\$17500	\$0/\$10/\$50/\$100/\$150/\$250	\$440.40	\$933.18	\$933.23	\$933.18	\$57,671.09
207	MTBEE532	\$40/\$80/\$500	\$3750/\$11250	70%/NA	\$8150/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$430.69	\$912.63	\$912.67	\$912.63	\$56,399.74
208	MTBEE536	\$40/\$80/\$500	\$4000/\$12000	70%/NA	\$8150/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$427.13	\$905.06	\$905.11	\$905.06	\$55,933.35
209	MTBEE534	\$40/\$80/\$500	\$4250/\$12750	100%/NA	\$8500/\$17000	\$0/\$10/\$50/\$100/\$150/\$250	\$470.22	\$996.39	\$996.45	\$996.39	\$61,576.26
210	MTBEE535	\$40/\$80/\$500	\$4250/\$12750	80%/NA	\$8500/\$17000	\$0/\$10/\$50/\$100/\$150/\$250	\$434.99	\$921.72	\$921.77	\$921.72	\$56,962.67
211	MTBEE539	\$45/\$90/\$500	\$5000/\$15000	100%/NA	\$8150/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$456.12	\$966.51	\$966.55	\$966.51	\$59,729.80
212	MTBEE540	\$45/\$90/\$500	\$5000/\$15000	80%/NA	\$8150/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$429.86	\$910.86	\$910.90	\$910.86	\$56,290.96
213	MTBEE542	\$50/\$100/\$500	\$5250/\$15750	80%/NA	\$7500/\$16300	\$0/\$10/\$50/\$100/\$150/\$250	\$432.36	\$916.16	\$916.21	\$916.16	\$56,618.37
214	MTBEE538	\$50/\$100/\$500	\$5250/\$15750	70%/NA	\$5850/\$17550	\$0/\$10/\$50/\$100/\$150/\$250	\$451.89	\$957.52	\$957.58	\$957.52	\$59,175.68
215	MTBEE543	\$40/\$80/\$500	\$6000/\$18000	100%/NA	\$8000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$438.11	\$928.34	\$928.38	\$928.34	\$57,371.30
216	MTBEE544	\$45/\$90/\$500	\$6250/\$18400	80%/NA	\$8400/\$18400	\$0/\$10/\$50/\$100/\$150/\$250	\$421.11	\$892.30	\$892.34	\$892.30	\$55,144.98
217	MTBEE545	\$45/\$90/\$500	\$6250/\$18400	70%/NA	\$8150/\$18400	\$0/\$10/\$50/\$100/\$150/\$250	\$422.66	\$895.61	\$895.65	\$895.61	\$55,348.16
218	MTBEE508	\$40/\$60/\$500	\$7000/\$14000	80%/NA	\$9200/\$18400	\$0/\$10/\$50/\$100/\$150/\$250	\$415.59	\$880.61	\$880.65	\$880.61	\$54,422.18
219	MTBEE049	\$40/\$80/\$500	\$7000/\$15800	70%/NA	\$7900/\$15800	\$0/\$10/\$50/\$100/\$150/\$250	\$421.04	\$892.19	\$892.24	\$892.19	\$55,136.13
220	MTBEE547	\$45/\$90/\$500	\$7250/\$18400	100%/NA	\$8150/\$18400	\$0/\$10/\$50/\$100/\$150/\$250	\$429.69	\$910.50	\$910.55	\$910.50	\$56,268.71

All above plans are subject to Performance Annual Formulary and Member Pay the Difference.

Virtual Visits are available from a participating provider for certain non-emergency services.

ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

When pairing an HMO product to be dual or triple option a PPO or PPO HSA plan must be included. It is not available as a standalone product.

* When using a Non-Preferred Pharmacy, amounts may be higher.

Inpatient Hospital admission is a per stay, per-occurrence deductible, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance.

Outpatient Hospital copay is per stay.

Option	Benefit	EO	ES	EC	EF	Total Monthly Cost
PPOIVFM	In-vitro Fertilization Rider	\$148.38	\$314.41	\$314.43	\$314.41	\$19,430.62

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Brownsville Navigation District												
Account # 034281												
Renewal Effective: 1/1/2026												
Alternate Dental Plans												
Plan ID	Plan Type	Deductible In/Out ^{*1}	Annual Benefit Max	Out-of-Network Reimb.	In Network	Out of Network	Orthodontia Lifetime Max	EO	ES	EC	EF	Total Dental Monthly Cost
Contributory Group												
High Allocation												
DTNHR30 ^{*4,5}	Passive	\$25/\$25	\$5000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$42.15	\$84.35	\$95.01	\$149.30	\$5,945.21
DTNHR31 ^{*4,5}	Passive	\$25/\$25	\$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$39.35	\$78.75	\$92.08	\$143.54	\$5,582.76
DTNHR32 ^{*4,5}	Passive	\$50/\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$36.60	\$73.22	\$88.34	\$136.84	\$5,218.62
DTNHR33 ^{*4,5}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	\$32.28	\$64.54	\$78.99	\$121.98	\$4,612.77
DTNHR34 ^{*4,5}	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$30.57	\$61.17	\$75.60	\$116.51	\$4,376.15
DTNHM39 ^{*4}	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$22.95	\$45.92	\$55.14	\$85.46	\$3,269.66
DTNHM41 ^{*2,4}	Passive	\$25/\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA	\$10.20	\$20.35	\$30.39	\$45.21	\$1,509.66
DTNHR50 ^{*4}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$32.43	\$64.92	\$73.99	\$115.99	\$4,582.94
DTNHM57 ^{*4,5}	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	\$32.28	\$64.54	\$78.99	\$121.98	\$4,612.77
DTNHR61 ^{*4}	Passive	\$50/\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$33.75	\$67.53	\$81.49	\$126.20	\$4,812.39
Low Allocation												
DTNLR35 ^{*4}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$29.45	\$58.92	\$66.79	\$104.83	\$4,157.90
DTNLR36 ^{*4}	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$27.02	\$54.04	\$63.16	\$98.44	\$3,832.52
DTNLM38 ^{*4}	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$21.40	\$42.79	\$55.19	\$84.33	\$3,085.10
DTNLM40 ^{*4}	Passive	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	90%/70%/50%/NA	NA	\$16.56	\$33.09	\$40.66	\$62.75	\$2,367.75
DTNLM44 ^{*4}	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$19.24	\$38.50	\$47.38	\$73.06	\$2,752.16
DTNLR58 ^{*3,4}	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$28.32	\$56.59	\$70.42	\$108.39	\$4,057.63
DTNLR62 ^{*4}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$30.87	\$61.69	\$73.94	\$113.80	\$4,389.72
Voluntary Group												
High Allocation												
DTNHR42 ^{*4}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	\$33.77	\$67.53	\$85.06	\$130.59	\$4,848.97
DTNHM43 ^{*4}	Passive	\$50/\$50	\$1500	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$24.64	\$49.30	\$59.92	\$92.69	\$3,517.71
DTNHM45 ^{*2,4}	Passive	\$25/\$25	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA	\$11.20	\$22.42	\$33.43	\$49.76	\$1,658.55
DTNHR52 ^{*4}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$34.82	\$69.62	\$80.42	\$125.65	\$4,929.45
DTNHM59 ^{*4}	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	\$33.77	\$67.53	\$85.06	\$130.59	\$4,848.97
Low Allocation												
DTNLR46 ^{*4}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$32.16	\$64.36	\$78.56	\$121.36	\$4,594.32
DTNLR47 ^{*4}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$33.27	\$66.50	\$75.64	\$116.41	\$4,683.29
DTNLR48 ^{*4}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$32.16	\$64.36	\$78.56	\$121.36	\$4,594.32
DTNLM49 ^{*4}	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$21.70	\$43.40	\$52.24	\$80.94	\$3,092.62
DTNLR53 ^{*4}	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$29.07	\$58.13	\$68.72	\$106.88	\$4,130.86
DTNLM54 ^{*4}	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$21.18	\$42.38	\$57.23	\$86.68	\$3,078.51
DTNLR60 ^{*3,4}	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$30.46	\$60.92	\$76.74	\$117.81	\$4,373.85

Coinurance Type - I: Exams/Cleanings/X-Rays (both High & Low Coverage).

Coinurance Type - II: Fillings/Non-Surgical Perio/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High).

Coinurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low).

Coinurance Type - IV: Ortho (both High & Low Coverage). Adult Coverage and dependent children to age 19.

R&C: Reasonable & Customary, MAC: Maximum Allowable Charge.

Contributory Group = (> 75% Participation AND >50% Employer Contribution), Voluntary Group = (>25% Participation AND <50% Employer Contribution).

A Passive dental plan has the same coinsurance percentage in and out of network. An Active dental plan has different coinsurance in and out of network.

*1 Waived Deductible applies to all Class I services and Class IV Orthodontic services.

*2 Only Basic Restorative Services are covered under Class II.

*3 Prev/Diag svcs do not count toward annual max.

*4 Plans have the same benefits In and Out of Network.

*5 Implants are covered at the same percentage as prosthodontics.



Brownsville Navigation District
Account # 034281
Renewal Effective: 1/1/2026
Product and Purchasing Guidelines

Dual Option Guidelines							
	Contributory Group			Voluntary Group			
	High Option	Low Option		High Option	Low Option		
Groups (10+)	DTNHR30	DTNLR35	Any of the Contributory Group High Option plans can be paired with Contributory Group Low Option plans. Two High Contributory plans that may be paired: DTNHR57 and DTNHR33	DTNHR42	DTNLR46	Any of the Voluntary Group High Option plans can be paired with Voluntary Group Low Option plans. Two High Voluntary plans that can be paired: DTNHR59 and DTNHR42	DTNHR45 can be freely paired with any Voluntary High/Low Plan Option.
	DTNHR31	DTNLR36		DTNHR43	DTNLR47		
	DTNHR32	DTNLR38		DTNHR45	DTNLR48		
	DTNHR33	DTNLR40		DTNHR52	DTNLR49		
	DTNHR34	DTNLR44		DTNHR53	DTNLR53		
	DTNHR39	DTNLR58		DTNHR54	DTNLR54		
	DTNHR41	DTNLR62		DTNHR55	DTNLR55		
	DTNHR50			DTNHR56	DTNLR56		
	DTNHR57			DTNHR57	DTNLR57		
	DTNHR61			DTNHR58	DTNLR58		
				DTNHR59	DTNLR59		
				DTNHR60	DTNLR60		

Participation Requirements for TX

Contributory Group

- >75% participation
- >50% employer contribution

Voluntary

- >25% participation
- <50% employer contribution

The BlueCare Dental Advantage

As a full service carrier, Blue Cross and Blue Shield of Texas offers a variety of dental plans to enhance employers' benefit packages. Our experience speaks for itself:

Simplicity

- ✓ Ease of administration
- ✓ One point of contact for Medical and Dental
- ✓ Coordination of coverage with Medical

Value

- ✓ Experienced Dental Carrier
- ✓ Competitive products and rates
- ✓ Large National Network of over 79,000 providers
- ✓ Excellent Service with a local touch
- ✓ Integrated Carrier approach

One Stop Shopping

Dental coverage through BCBSTX lessens your administrative burdens and helps you manage overall benefit costs. You will have one team for all your needs and one bill to pay. Administrative ease, superior service and flexible, cost-effective plan designs are just a few reasons why more employers are choosing BlueCare Dental.

Important Notices

I. Initial Notice About Special Enrollment Rights in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about very important provisions in the plan. You have the right to enroll in the plan under its "special enrollment provision" without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, non-federal governmental plans. Contact your employer or plan administrator for more information.

A. SPECIAL ENROLLMENT PROVISIONS

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program)

If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or move out of the prior plan's HMO service area, or after the employer stops contributing toward the other coverage).

Loss of Coverage For Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED HEALTH PLANS ONLY)

For plans that require or allow for the designation of primary care providers by participants or beneficiaries:

If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

For plans that require or allow for the designation of a primary care provider for a child:

For children, you may designate a pediatrician as the primary care provider.

For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider:

You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.



Summary of Benefits and Coverage Tool Steps

No Login Requirements

Use the link on the right or continue to use

Blue Access for EmployersSM or Blue Access for ProducersSM.



CLICK HERE
for the SBC
Tool Link

Steps to use the SBC Tool

STEP 1:	Click Customize to begin.	TIP — Use the Standard Plan SBC Tool to order SBCs for metallic plans with effective dates before 2021, and for all grandfathered and transitional plans.
STEP 2:	- For Small Group SBCs, enter the Plan ID in the Plan ID field. - For Mid-Market SBCs, enter the Plan ID in the MPI field. - For Blue Balance FundedSM, enter the Plan ID in the MPI field. - Identify the plan year and state. Other search fields are optional. - Select English or Spanish. - Click Search.	TIPS - Blue Balance Funded is a separate Market Segment drop-down option. - DD/MM/YY is the date format for Spanish SBCs.
STEP 3:	- Available SBCs will appear in the Results section. - If the Plan ID or MPI were not included in the search, a full list of benefit plans will appear in the Results drop-down tab. - Select your requested SBC and click Next.	
STEP 4:	Choose the required plan effective dates. "Coverage for" will default to Individual/Family. Click Next .	
STEP 5:	Review the proof carefully. Check to make sure the correct period and coverage is populated on page 1 of the PDF in the upper right corner. Click the View PDF Proof to download, save or print the SBC.	
STEP 6:	Close the PDF pop-up window to complete your order.	



Technical Help

If an SBC is missing or additional assistance is needed, please reach out to StandardSBCRequests@bcbstx.com.