



2026 Plan Change and Crosswalk Guide

For Individual/Family and Small Group Plans

Plan Change	Page
2026 BlueExtend PPO.....	1 – 3
2026 BlueEssentials SM	4 – 6
2026 Blue VirtuConnect SM	7
2026 Regional Plans	8 – 10
2026 Blue Direction	11 – 13
2026 BlueExtend SM	14
2026 Blue Measure SM	15
2026 Business BlueEssentials SM	15 – 19
Crosswalk Guide	20 – 21

Individual and Family Plans

2026 BlueExtend PPO

Plan	Deductible	MOOP	Coinsurance	Copayment
HD Gold 2	Individual changed from \$3,850 to \$4,150 Family changed from \$7,700 to \$8,300	Individual changed from \$3,850 to \$4,150 Family changed from \$7,700 to \$8,300	No Change	No Change
HD Silver 1 Base	Individual changed from \$4,950 to \$5,300 Family changed from \$9,900 to \$10,600	Individual changed from \$4,950 to \$5,300 Family changed from \$9,900 to \$10,600	No Change	No Change
HD Silver 1 CSR 1	Individual changed from \$4,300 to \$4,625 Family changed from \$8,600 to \$9,250	Individual changed from \$4,300 to \$4,625 Family changed from \$8,600 to \$9,250	No Change	No Change
HD Silver 1 CSR 2	Individual changed from \$1,600 to \$1,725 Family changed from \$3,200 to \$3,450	Individual changed from \$1,600 to \$1,725 Family changed from \$3,200 to \$3,450	No Change	No Change
HD Silver 1 CSR 3	Individual changed from \$575 to \$610 Family changed from \$1,150 to \$1,220	Individual changed from \$575 to \$610 Family changed from \$1,150 to \$1,220	No Change	No Change
HD Silver 2 Base	Individual changed from \$5,550 to \$5,990 Family changed from \$11,100 to \$11,980	Individual changed from \$5,550 to \$5,990 Family changed from \$11,100 to \$11,980	No Change	No Change
HD Silver 2 CSR 1	Individual changed from \$4,550 to \$4,900 Family changed from \$9,100 to \$9,800	Individual changed from \$4,550 to \$4,900 Family changed from \$9,100 to \$9,800	No Change	No Change

Listed in this guide are the common list of benefit changes. To view the full plan details, see the Summary of Benefits for each plan.

Individual and Family Plans

2026 BlueExtend PPO

Plan	Deductible	MOOP	Coinsurance	Copayment
HD Silver 2 CSR 2	Individual changed from \$1,750 to \$1,900 Family changed from \$3,500 to \$3,800	Individual changed from \$1,750 to \$1,900 Family changed from \$3,500 to \$3,800	No Change	No Change
HD Silver 2 CSR 3	Individual changed from \$700 to \$750 Family changed from \$1,400 to \$1,500	Individual changed from \$700 to \$750 Family changed from \$1,400 to \$1,500	No Change	No Change
HD Bronze 1	Individual changed from \$6,600 to \$7,300 Family changed from \$13,200 to \$14,600	Individual changed from \$6,600 to \$7,300 Family changed from \$13,200 to \$14,600	No Change	No Change
HD Bronze 2	Individual changed from \$8,000 to \$8,300 Family changed from \$16,000 to \$16,600	Individual changed from \$8,000 to \$8,300 Family changed from \$16,000 to \$16,600	No Change	No Change

Individual and Family Plans

2026 BlueExtend PPO

Plan	Deductible	MOOP	Coinsurance	Copayment
Standard Gold	Individual changed from \$1,500 to \$2,000 Family changed from \$3,000 to \$4,000	Individual changed from \$7,800 to \$8,200 Family changed from \$15,600 to \$16,400	No Change	No Change
Standard Silver Base	Individual changed from \$5,000 to \$6,000 Family changed from \$10,000 to \$12,000	Individual changed from \$8,000 to \$8,900 Family changed from \$16,000 to \$17,800	No Change	No Change
Standard Silver CSR 1	No Change	Individual changed from \$6,400 to \$7,400 Family changed from \$12,800 to \$14,800	No Change	No Change
Standard Silver CSR 2	Individual changed from \$500 to \$700 Family changed from \$1,000 to \$1,400	Individual changed from \$3,000 to \$3,300 Family changed from \$6,000 to \$6,600	No Change	No Change
Standard Silver CSR 3	No Change	Individual changed from \$2,000 to \$2,200 Family changed from \$4,000 to \$4,400	No Change	No Change
Standard Expanded Bronze	No Change	Individual changed from \$9,200 to \$10,000 Family changed from \$18,400 to \$20,000	No Change	No Change

Individual and Family Plans

2026 BlueEssentials

Plan	Deductible	MOOP	Coinsurance	Copayment
Gold 1	Individual changed from \$2,500 to \$2,700 Family changed from \$5,000 to \$5,400	Individual changed from \$4,900 to \$5,400 Family changed from \$9,800 to \$10,800	No Change	No Change
Silver 14 Base	Individual changed from \$6,900 to \$7,400 Family changed from \$13,800 to \$14,800	Individual changed from \$8,700 to \$9,700 Family changed from \$17,400 to \$19,400	No Change	No Change
Silver 14 CSR 1	Individual changed from \$4,200 to \$4,900 Family changed from \$8,400 to \$9,800	Individual changed from \$7,350 to \$8,100 Family changed from \$14,700 to \$16,200	No Change	No Change
Silver 14 CSR 2	Individual changed from \$1,100 to \$1,300 Family changed from \$2,200 to \$2,600	Individual changed from \$2,800 to \$2,950 Family changed from \$5,600 to \$5,900	No Change	No Change
Silver 14 CSR 3	No Change	Individual changed from \$1,500 to \$1,700 Family changed from \$3,000 to \$3,400	No Change	No Change
Silver 14 + Adult Vision Base	Individual changed from \$6,900 to \$7,400 Family changed from \$13,800 to \$14,800	Individual changed from \$8,700 to \$9,700 Family changed from \$17,400 to \$19,400	No Change	No Change
Silver 14 + Adult Vision CSR 1	Individual changed from \$4,200 to \$4,900 Family changed from \$8,400 to \$9,800	Individual changed from \$7,350 to \$8,100 Family changed from \$14,700 to \$16,200	No Change	No Change

Individual and Family Plans

2026 BlueEssentials

Plan	Deductible	MOOP	Coinsurance	Copayment
Silver 14 + Adult Vision CSR 2	Individual changed from \$1,100 to \$1,300 Family changed from \$2,200 to \$2,600	Individual changed from \$2,800 to \$2,950 Family changed from \$5,600 to \$5,900	No Change	No Change
Silver 14 + Adult Vision CSR 3	No Change	Individual changed from \$1,500 to \$1,700 Family changed from \$3,000 to \$3,400	No Change	No Change
Bronze 4	No Change	Individual changed from \$9,200 to \$10,000 Family changed from \$18,400 to \$20,000	No Change	No Change
Bronze 6	No Change	Individual changed from \$9,200 to \$10,600 Family changed from \$18,400 to \$21,200	No Change	PCP Visit changed from \$45 to \$50 Specialist Office Visit changed from \$100 to \$99 Urgent Care Centers/Facilities changed from \$100 to \$99 Inpatient Physician and Surgical Services changed from \$100 to \$99 Rehab Speech Therapy changed from \$82 to \$90 Outpatient Rehabilitation Services changed from \$82 to \$90
Standard Gold	Individual changed from \$1,500 to \$2,000 Family changed from \$3,000 to \$4,000	Individual changed from \$7,800 to \$8,200 Family changed from \$15,600 to \$16,400	No Change	No Change
Standard Silver	Individual changed from \$5,000 to \$6,000 Family changed from \$10,000 to \$12,000	Individual changed from \$8,000 to \$8,900 Family changed from \$16,000 to \$17,800	No Change	No Change
Standard Expanded Bronze	No Change	Individual changed from \$9,200 to \$10,000 Family changed from \$18,400 to \$20,000	No Change	No Change

Individual and Family Plans

2026 BlueEssentials

Plan	Deductible	MOOP	Coinsurance	Copayment
Private Plans				
Silver 16	Individual changed from \$3,900 to \$4,200 Family changed from \$7,800 to \$8,400	No Change	No Change	No Change
HD Silver 20	Individual changed from \$5,100 to \$5,800 Family changed from \$10,200 to \$11,600	Individual changed from \$5,100 to \$5,800 Family changed from \$10,200 to \$11,600	No Change	No Change
Silver 21	No Change	Individual changed from \$8,500 to \$8,600 Family changed from \$17,000 to \$17,200	No Change	No Change

Individual and Family Plans
2026 Blue VirtuConnect

Plan	Deductible	MOOP	Coinsurance	Copayment
Gold 1	Individual changed from \$1,500 to \$2,000 Family changed from \$3,000 to \$4,000	Individual changed from \$7,800 to \$8,200 Family changed from \$15,600 to \$16,400	No Change	No Change
Silver 1 Base	Individual changed from \$5,000 to \$6,000 Family changed from \$10,000 to \$12,000	Individual changed from \$8,000 to \$8,900 Family changed from \$16,000 to \$17,800	No Change	No Change
Silver 1 CSR 1	No Change	Individual changed from \$6,400 to \$7,400 Family changed from \$12,800 to \$14,800	No Change	No Change
Silver 1 CSR 2	Individual changed from \$500 to \$700 Family changed from \$1,000 to \$1,400	Individual changed from \$3,000 to \$3,300 Family changed from \$6,000 to \$6,600	No Change	No Change
Silver 1 CSR 3	No Change	Individual changed from \$2,000 to \$2,200 Family changed from \$4,000 to \$4,400	No Change	No Change
Bronze 1	No Change	Individual changed from \$9,200 to \$10,000 Family changed from \$18,400 to \$20,000	No Change	No Change

Individual and Family Plans

2026 Regional Plans* - Blue Beaufort, Blue Cooper, Blue Congaree, Blue Pee Dee, and Blue Reedy

Plan	Deductible	MOOP	Coinsurance	Copayment
Silver 1 Base	No Change	Individual changed from \$9,200 to \$10,500 Family changed from \$18,400 to \$21,000	No Change	No Change
Silver 1 CSR 1	No Change	Individual changed from \$7,350 to \$8,150 Family changed from \$14,700 to \$16,300	No Change	No Change
Silver 1 CSR 2	No Change	Individual changed from \$2,300 to \$2,525 Family changed from \$4,600 to \$5,050	No Change	PCP Visit changed from \$15 to \$20
Silver 1 CSR 3	No Change	Individual changed from \$1,100 to \$1,200 Family changed from \$2,200 to \$2,400	No Change	Specialist Office Visit changed from \$40 to \$50
Silver 2 Base	No Change	No Change	No Change	Rehab Speech Therapy changed from \$8 to \$15 Outpatient Rehabilitation Services changed from \$8 to \$15
Silver 2 CSR 1	Individual changed from \$5,900 to \$6,500 Family changed from \$11,800 to \$13,000	Individual changed from \$7,050 to \$7,100 Family changed from \$14,100 to \$14,200	No Change	Specialist Office Visit changed from \$40 to \$50 Rehab Speech Therapy changed from \$8 to \$15 Outpatient Rehabilitation Services changed from \$8 to \$15
Silver 2 CSR 2	No Change	No Change	No Change	Specialist Office Visit changed from \$40 to \$50 Rehab Speech Therapy changed from \$8 to \$15 Outpatient Rehabilitation Services changed from \$8 to \$15

*2026 Regional Plans will change to the Select RX Formulary. To learn more see page 4 of the Individual and Family Product and Sales Guide.

Individual and Family Plans

2026 Regional Plans* - Blue Beaufort, Blue Cooper, Blue Congaree, Blue Pee Dee, and Blue Reedy

Plan	Deductible	MOOP	Coinsurance	Copayment
Silver 2 CSR 3	No Change	No Change	No Change	Specialist Office Visit changed from \$40 to \$50 Rehab Speech Therapy changed from \$8 to \$15 Outpatient Rehabilitation Services changed from \$8 to \$15
Silver 2 + Adult Vision Base	No Change	No Change	No Change	Rehab Speech Therapy changed from \$8 to \$15 Outpatient Rehabilitation Services changed from \$8 to \$15
Silver 2 + Adult Vision CSR 1	Individual changed from \$5,900 to \$6,500 Family changed from \$11,800 to \$13,000	Individual changed from \$7,050 to \$7,100 Family changed from \$14,100 to \$14,200	No Change	Specialist Office Visit changed from \$40 to \$50 Rehab Speech Therapy changed from \$8 to \$15 Outpatient Rehabilitation Services changed from \$8 to \$15
Silver 2 + Adult Vision CSR 2	No Change	No Change	No Change	Specialist Office Visit changed from \$40 to \$50 Rehab Speech Therapy changed from \$8 to \$15 Outpatient Rehabilitation Services changed from \$8 to \$15
Silver 2 + Adult Vision CSR 3	No Change	No Change	No Change	Specialist Office Visit changed from \$40 to \$50 Rehab Speech Therapy changed from \$8 to \$15 Outpatient Rehabilitation Services changed from \$8 to \$15
Bronze 1	No Change	Individual changed from \$8,850 to \$9,500 Family changed from \$17,700 to \$19,000	No Change	No Change

*2026 Regional Plans will change to the Select RX Formulary. To learn more see page 4 of the Individual and Family Product and Sales Guide.

Individual and Family Plans

2026 Regional Plans* - Blue Beaufort, Blue Cooper, Blue Congaree, Blue Pee Dee, and Blue Reedy

Plan	Deductible	MOOP	Coinsurance	Copayment
Bronze 2	Individual changed from \$9,200 to \$10,600 Family changed from \$18,400 to \$21,200	Individual changed from \$9,200 to \$10,600 Family changed from \$18,400 to \$21,200	No Change	No Change
Standard Gold	Individual changed from \$1,500 to \$2,000 Family changed from \$3,000 to \$4,000	Individual changed from \$7,800 to \$8,200 Family changed from \$15,600 to \$16,400	No Change	No Change
Standard Silver Base	Individual changed from \$5,000 to \$6,000 Family changed from \$10,000 to \$12,000	Individual changed from \$8,000 to \$8,900 Family changed from \$16,000 to \$17,800	No Change	No Change
Standard Silver CSR 1	No Change	Individual changed from \$6,400 to \$7,400 Family changed from \$12,800 to \$14,800	No Change	No Change
Standard Silver CSR 2	Individual changed from \$500 to \$700 Family changed from \$1,000 to \$1,400	Individual changed from \$3,000 to \$3,300 Family changed from \$6,000 to \$6,600	No Change	No Change
Standard Silver CSR 3	No Change	Individual changed from \$2,000 to \$2,200 Family changed from \$4,000 to \$4,400	No Change	No Change
Standard Expanded Bronze	No Change	Individual changed from \$9,200 to \$10,000 Family changed from \$18,400 to \$20,000	No Change	No Change

*2026 Regional Plans will change to the Select RX Formulary. To learn more see page 4 of the Individual and Family Product and Sales Guide.

Individual and Family Plans

2026 Blue Direction

Plan	Deductible	MOOP	Coinsurance	Copayment
Silver 1 Base	No Change	Individual changed from \$9,200 to \$10,600 Family changed from \$18,400 to \$21,200	No Change	Blue CareOnDemand changed from \$20 to \$25
Silver 1 CSR 1	No Change	Individual changed from \$7,350 to \$8,450 Family changed from \$14,700 to \$16,900	No Change	Blue CareOnDemand changed from \$20 to \$25
Silver 1 CSR 2	No Change	Individual changed from \$3,050 to \$3,400 Family changed from \$6,100 to \$6,800	Coinsurance changed from 40% to 50%	PCP Office Visit changed from \$12 to \$15 Blue CareOnDemand changed from \$12 to \$15 Specialist Office Visit changed from \$35 to \$50 Urgent Care Centers or Facilities changed from \$35 to \$50 Rehab Speech Therapy changed from \$10 to \$20 Outpatient Rehabilitation Services changed from \$10 to \$20
Silver 1 CSR 3	No Change	Individual changed from \$1,500 to \$1,800 Family changed from \$3,000 to \$3,600	No Change	Blue CareOnDemand changed from \$0 to \$10 Specialist Office Visit changed from \$8 to \$10 Urgent Care Centers or Facilities changed from \$8 to \$10 Rehab Speech Therapy changed from \$6 to \$8 Outpatient Rehabilitation Services changed from \$6 to \$8
Silver 1 + Adult Vision Base	No Change	Individual changed from \$9,200 to \$10,600 Family changed from \$18,400 to \$21,200	No Change	Blue CareOnDemand changed from \$20 to \$25
Silver 1 + Adult Vision CSR 1	No Change	Individual changed from \$7,350 to \$8,450 Family changed from \$14,700 to \$16,900	No Change	Blue CareOnDemand changed from \$20 to \$25

Individual and Family Plans

2026 Blue Direction

Plan	Deductible	MOOP	Coinsurance	Copayment
Silver 1 + Adult Vision CSR 2	No Change	Individual changed from \$3,050 to \$3,400 Family changed from \$6,100 to \$6,800	Coinsurance changed from 40% to 50%	PCP Office Visit changed from \$12 to \$15 Blue CareOnDemand changed from \$12 to \$15 Specialist Office Visit changed from \$35 to \$50 Urgent Care Centers or Facilities changed from \$35 to \$50 Rehab Speech Therapy changed from \$10 to \$20 Outpatient Rehabilitation Services changed from \$10 to \$20
Silver 1 + Adult Vision CSR 3	No Change	Individual changed from \$1,500 to \$1,800 Family changed from \$3,000 to \$3,600	No Change	Blue CareOnDemand changed from \$0 to \$10 Specialist Office Visit changed from \$8 to \$10 Urgent Care Centers or Facilities changed from \$8 to \$10 Rehab Speech Therapy changed from \$6 to \$8 Outpatient Rehabilitation Services changed from \$6 to \$8
Silver 2 Base	No Change	Individual changed from \$9,200 to \$10,600 Family changed from \$18,400 to \$21,200	No Change	Blue CareOnDemand changed from \$20 to \$30
Silver 2 CSR 1	No Change	Individual changed from \$7,350 to \$8,300 Family changed from \$14,700 to \$16,600	No Change	Blue CareOnDemand changed from \$5 to \$25
Silver 2 CSR 2	Individual changed from \$900 to \$1,100 Family changed from \$1,800 to \$2,200	Individual changed from \$3,050 to \$3,500 Family changed from \$6,100 to \$7,000	Coinsurance changed from 15% to 20%	Blue CareOnDemand changed from \$5 to \$10 Specialist Office Visit changed from \$30 to \$25 Urgent Care Centers or Facilities changed from \$30 to \$25

Individual and Family Plans

2026 Blue Direction

Plan	Deductible	MOOP	Coinsurance	Copayment
Silver 2 CSR 3	No Change	Individual changed from \$3,050 to \$3,450 Family changed from \$6,100 to \$6,900	Coinsurance changed from 5% to 10%	No Change
Standard Gold	Individual changed from \$1,500 to \$2,000 Family changed from \$3,000 to \$4,000	Individual changed from \$7,800 to \$8,200 Family changed from \$15,600 to \$16,400	No Change	No Change
Standard Silver Base	Individual changed from \$5,000 to \$6,000 Family changed from \$10,000 to \$12,000	Individual changed from \$8,000 to \$8,900 Family changed from \$16,000 to \$17,800	No Change	No Change
Standard Silver CSR 1	No Change	Individual changed from \$6,400 to \$7,400 Family changed from \$12,800 to \$14,800	No Change	No Change
Standard Silver CSR 2	Individual changed from \$500 to \$700 Family changed from \$1,000 to \$1,400	Individual changed from \$3,000 to \$3,300 Family changed from \$6,000 to \$6,600	No Change	No Change
Standard Silver CSR 3	No Change	Individual changed from \$2,000 to \$2,200 Family changed from \$4,000 to \$4,400	No Change	No Change

Individual and Family Plans

2026 BlueExtend

Plan	Deductible	MOOP	Coinsurance	Copayment
Gold 1	No Change	Individual changed from \$4,500 to \$4,700 Family changed from \$9,000 to \$9,400	No Change	No Change
HD Gold 2	Individual changed from \$3,500 to \$4,000 Family changed from \$7,000 to \$8,000	Individual changed from \$3,500 to \$4,000 Family changed from \$7,000 to \$8,000	No Change	No Change
Silver 1	Individual changed from \$4,400 to \$4,450 Family changed from \$8,800 to \$8,900	Individual changed from \$8,800 to \$8,900 Family changed from \$17,600 to \$17,800	No Change	No Change
HD Silver 2	Individual changed from \$5,400 to \$6,300 Family changed from \$10,800 to \$12,600	Individual changed from \$5,400 to \$6,300 Family changed from \$10,800 to \$12,600	No Change	No Change
Bronze 1	No Change	Individual changed from \$8,900 to \$9,900 Family changed from \$17,800 to \$19,800	No Change	No Change
HD Bronze 1	Individual changed from \$7,050 to \$7,800 Family changed from \$14,100 to \$15,600	Individual changed from \$7,050 to \$7,800 Family changed from \$14,100 to \$15,600	No Change	No Change

Small Group Plans

2026 BlueMeasure

Plan	Deductible	MOOP	Coinsurance	Copayment
HD 1	Individual changed from \$3,300 to \$3,400 Family changed from \$6,600 to \$6,800	Individual changed from \$3,300 to \$3,400 Family changed from \$6,600 to \$6,800	No Change	No Change
HD 2	Individual changed from \$3,600 to \$3,700 Family changed from \$7,200 to \$7,400	Individual changed from \$3,600 to \$3,700 Family changed from \$7,200 to \$7,400	No Change	No Change

2026 Business BlueEssentials

Plan	Deductible	MOOP	Coinsurance	Copayment
PPO Gold 1	No Change	Individual changed from \$4,500 to \$4,700 Family changed from \$9,000 to \$9,400	No Change	Blue CareOnDemand changed from \$10 to \$0 for first twelve visits, \$10 thereafter
PPO Gold 2	No Change	Individual changed from \$5,000 to \$5,400 Family changed from \$10,000 to \$10,800	No Change	Blue CareOnDemand changed from \$10 to \$0 for first twelve visits, \$10 thereafter
HD Gold 3	Individual changed from \$3,300 to \$3,400 Family changed from \$6,600 to \$6,800	Individual changed from \$3,300 to \$3,400 Family changed from \$6,600 to \$6,800	No Change	No Change
PPO Gold 5	No Change	No Change	No Change	Blue CareOnDemand changed from \$10 to \$0 for first twelve visits, \$10 thereafter
PPO Gold 7	No Change	No Change	No Change	Blue CareOnDemand changed from \$10 to \$0 for first twelve visits, \$10 thereafter

Small Group Plans

2026 Business BlueEssentials

Plan	Deductible	MOOP	Coinsurance	Copayment
PPO Gold 8	No Change	No Change	No Change	Blue CareOnDemand changed from \$10 to \$0 for first twelve visits, \$10 thereafter
PPO Gold 9	No Change	No Change	No Change	Blue CareOnDemand changed from \$10 to \$0 for first twelve visits, \$10 thereafter
PPO Gold 11	No Change	No Change	No Change	Blue CareOnDemand changed from \$10 to \$0 for first twelve visits, \$10 thereafter
PPO Gold 12	No Change	No Change	No Change	Blue CareOnDemand changed from \$10 to \$0 for first twelve visits, \$10 thereafter
PPO Silver 1	No Change	No Change	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter
PPO Silver 2	No Change	No Change	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter
PPO Silver 3	No Change	No Change	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter

Small Group Plans

2026 Business BlueEssentials

Plan	Deductible	MOOP	Coinsurance	Copayment
PPO Silver 4	No Change	No Change	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter
PPO Silver 5	No Change	No Change	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter
PPO Silver 6	No Change	Individual changed from \$8,700 to \$8,800 Family changed from \$17,400 to \$17,600	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter
HD Silver 9	Individual changed from \$5,100 to \$5,800 Family changed from \$10,200 to \$11,600	Individual changed from \$5,100 to \$5,800 Family changed from \$10,200 to \$11,600	No Change	No Change
PPO Silver 10	No Change	Individual changed from \$7,900 to \$8,250 Family changed from \$15,800 to \$16,500	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter
HD Silver 14	Individual changed from \$5,600 to \$6,750 Family changed from \$11,200 to \$13,500	Individual changed from \$5,600 to \$6,750 Family changed from \$11,200 to \$13,500	No Change	No Change
PPO Silver 18	Individual changed from \$8,450 to \$9,010 Family changed from \$16,900 to \$18,020	Individual changed from \$8,450 to \$9,010 Family changed from \$16,900 to \$18,020	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter

Small Group Plans

2026 Business BlueEssentials

Plan	Deductible	MOOP	Coinsurance	Copayment
PPO Silver 19	No Change	Individual changed from \$8,500 to \$8,750 Family changed from \$17,000 to \$17,500	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter
PPO Silver 20	No Change	Individual changed from \$8,700 to \$8,850 Family changed from \$17,400 to \$17,700	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter
PPO Silver 21	No Change	No Change	No Change	Blue CareOnDemand changed from \$10 to \$0 for first eight visits, \$10 thereafter
PPO Bronze 1	No Change	Individual changed from \$8,600 to \$9,950 Family changed from \$17,200 to \$19,900	No Change	PCP Visit changed from \$60 to \$45 Blue CareOnDemand changed from \$10 to \$0 for first four visits, \$10 thereafter Specialist Office Visit changed from \$100 to \$65 Urgent Care Centers/Facilities changed from \$100 to \$65
HD Bronze 2	No Change	Individual changed from \$7,200 to \$7,350 Family changed from \$14,400 to \$14,700	No Change	No Change
HD Bronze 5	Individual changed from \$8,000 to \$8,300 Family changed from \$16,000 to \$16,600	Individual changed from \$8,000 to \$8,300 Family changed from \$16,000 to \$16,600	No Change	No Change

Small Group Plans

2026 Business BlueEssentials

Plan	Deductible	MOOP	Coinsurance	Copayment
PPO Bronze 6	No Change	Individual changed from \$8,750 to \$9,250 Family changed from \$17,500 to \$18,500	No Change	Blue CareOnDemand changed from \$10 to \$0 for first four visits, \$10 thereafter
PPO Bronze 8	No Change	Individual changed from \$9,200 to \$10,150 Family changed from \$18,400 to \$20,300	No Change	Blue CareOnDemand changed from \$40 to \$0 for first four visits, \$10 thereafter
PPO Bronze 10	No Change	Individual changed from \$9,200 to \$10,150 Family changed from \$18,400 to \$20,300	No Change	<p>PCP Visit changed from \$39 to \$49</p> <p>Blue CareOnDemand changed from \$10 to \$0 for first four visits, \$10 thereafter</p> <p>Specialist Office Visit changed from \$99 to \$109</p> <p>Outpatient Surgery, Physician and Surgical Services changed from \$150 to \$190</p> <p>X-Rays and Diagnostic Imaging changed from \$130 to \$140</p> <p>Adavnced Imaging Facility changed from \$400 to \$450</p> <p>Laboratory Outpatient and Professional Services/Pathology changed from \$40 to \$45</p> <p>Inpatient Hospital Services changed from \$2,100 per day up tpo two days (\$4,200 max) to \$2,300 per day up to two days (\$4,600 max)</p> <p>Emergency Room Services changed from \$1,600 to \$1,750</p> <p>Skilled Nursing Facilities - limited to sixty days per benefit period changed from \$2,200 per day to \$2,400 per day</p>

Crosswalk Individual and Family Plans

Plan No Longer Offered	Crosswalk Plan	Benefit Categories	
BlueEssentials Silver 39	BlueEssentials Silver 40	Deductible	Individual: \$6,000 Family: \$12,000
		Coinsurance	40%
		Out-of-Pocket Maximum	Individual: \$8,900 Family: \$17,800
		PCP	\$40 copay
		Specialist	\$80 copay
		Prescription Drugs (up to a 90-day supply maximum)	Tier 0: \$0 Tier 1: \$20 Tier 2: \$40 Tiers 3 — 4: 40% coinsurance after deductible is met

Plan No Longer Offered	Crosswalk Plan	Benefit Categories	
Catastrophic	BlueEssentials Bronze 4	Deductible	Individual: \$7,200 Family: \$14,400
		Coinsurance	50%
		Out-of-Pocket Maximum	Individual: \$10,000 Family: \$20,000
		PCP	\$43 copay
		Specialist	\$65 copay
		Prescription Drugs (up to a 90-day supply maximum)	Tier 0: \$0 Tier 1: \$29 Tiers 2 — 4: 50% coinsurance after deductible is met

Crosswalk Small Group Plans

Plan No Longer Offered	Crosswalk Plan	Benefit Categories	
Business BlueEssentials PPO Gold 6	Business BlueEssentials PPO Gold 2	Deductible	Individual: \$1,200 Family: \$2,400
		Coinsurance	40%
		Out-of-Pocket Maximum	Individual: \$5,400 Family: \$10,800
		PCP	\$20 copay
		Specialist	\$50 copay
		Prescription Drugs (up to a 90-day supply maximum)	Tier 0: \$0 Tier 1: \$12 Tier 2: \$50 Tier 3: \$100 Tier 4: \$300

Crosswalk Small Group Plans

Plan No Longer Offered	→	Crosswalk Plan	Benefit Categories	
Business BlueEssentials Silver 11		Business BlueEssentials PPO Silver 20	Deductible	Individual: \$4,700 Family: \$9,400
			Coinsurance	40%
			Out-of-Pocket Maximum	Individual: \$8,850 Family: \$17,700
			PCP	\$40 copay
			Specialist	\$60 copay
			Prescription Drugs (up to a 90-day supply maximum)	Tier 0: \$0 Tier 1: \$16 Tier 2: \$40 Tier 3: \$100 Tier 4: \$300

Plan No Longer Offered	→	Crosswalk Plan	Benefit Categories	
Business BlueEssentials PPO Silver 22		Business BlueEssentials PPO Silver 4	Deductible	Individual: \$3,800 Family: \$7,600
			Coinsurance	50%
			Out-of-Pocket Maximum	Individual: \$8,150 Family: \$16,300
			PCP	\$35 copay
			Specialist	\$70 copay
			Prescription Drugs (up to a 90-day supply maximum)	Tier 0: \$0 Tier 1: \$25 Tier 2: \$50 Tiers 3—4: 50% coinsurance after deductible is met

Plan No Longer Offered	→	Crosswalk Plan	Benefit Categories	
Business BlueEssentials PPO Bronze 9		Business BlueEssentials HD Bronze 5	Deductible	Individual: \$8,300 Family: \$16,600
			Coinsurance	0%
			Out-of-Pocket Maximum	Individual: \$8,300 Family: \$16,600
			PCP	0% coinsurance after deductible is met
			Specialist	0% coinsurance after deductible is met
			Prescription Drugs (up to a 90-day supply maximum)	Tier 0: \$0 Tiers 1—4: 4: 0% coinsurance after deductible is met

