

**Texas  
2025 Plans**

Visit [Producer World®](#) to see complete plan information and service area interactive maps.



Product Design - HMO	Deductible (individual/family)	Out-of-pocket limit (individual/family)	Coinsurance	Primary care office visit	Specialist office visit	Walk-in clinics* (designated walk-in clinics / all other network providers)	CVS Health Virtual Care™	Urgent care	Emergency room	Lab / x-ray	Inpatient hospital	Pharmacy deductible**	Pharmacy** low cost generic / preferred generic	Pharmacy** preferred brand / non-preferred generic & brand	Pharmacy** preferred specialty / non-preferred specialty
<b>Silver 5 Advanced: HMO CSR 94***</b>	\$0	\$1,495 / \$2,990	30%	Covered in full	\$10	Covered in full	Covered in full	\$5	50%	Covered in full / \$15	50%	Integrated with Medical Deductible	Covered in full DW	\$15 DW / 40% DW	50% DW
<b>Silver 5 Advanced: HMO CSR 87***</b>	\$675 / \$1,350	\$3,045 / \$6,090	30%	Covered in full DW	\$25 DW	Covered in full DW	Covered in full DW	\$20 DW	50% AD	\$15 DW / \$30 DW	50% AD	Integrated with Medical Deductible	\$3 DW / \$15 DW	\$30 DW / 40% AD	50% AD
<b>Silver 5 Advanced: HMO CSR 73***</b>	\$6,795 / \$13,590	\$7,325 / \$14,650	30%	\$35 DW	\$65 DW	Covered in full DW	Covered in full DW	\$40 DW	50% AD	\$25 DW / \$50 DW	50% AD	Integrated with Medical Deductible	\$3 DW / \$20 DW	\$50 DW / 40% AD	50% AD
<b>Silver 5 Advanced: HMO***</b>	\$7,495 / \$14,990	\$8,695 / \$17,390	50%	\$45 DW	\$80 DW	Covered in full DW	Covered in full DW	\$50 DW	50% AD	\$25 DW / \$50 DW	50% AD	Integrated with Medical Deductible	\$3 DW / \$25 DW	\$50 DW / 40% AD	50% AD
<b>Silver 10 Advanced: HMO CSR 94***</b>	\$0	\$1,795 / \$3,590	50%	Covered in full	\$10	Covered in full	Covered in full	\$5	\$350	\$5 / \$15	\$500 per day to a maximum of \$1,500 per admission	\$250 Individual / \$500 Family	Covered in full DW	\$20 DW / 40% AD	50% AD
<b>Silver 10 Advanced: HMO CSR 94 + Adult Dental + Vision*** †</b>	\$0	\$1,795 / \$3,590	50%	Covered in full	\$10	Covered in full	Covered in full	\$5	\$350	\$5 / \$15	\$500 per day to a maximum of \$1,500 per admission	\$250 Individual / \$500 Family	Covered in full DW	\$20 DW / 40% AD	50% AD
<b>Silver 10: HMO CSR 94 + MinuteClinic Primary Care***</b>	\$0	\$1,795 / \$3,590	50%	Covered in full	\$10	Covered in full	Covered in full	\$5	\$350	\$5 / \$15	\$500 per day to a maximum of \$1,500 per admission	\$250 Individual / \$500 Family	Covered in full DW	\$20 DW / 40% AD	50% AD
<b>Silver 10 Advanced: HMO CSR 87***</b>	\$0	\$3,025 / \$6,050	50%	Covered in full	\$35	Covered in full	Covered in full	\$20	\$500	\$25 / \$55	\$1,000 per day to a maximum of \$3,000 per admission	\$400 Individual / \$800 Family	\$3 DW / \$15 DW	\$35 DW / 40% AD	50% AD
<b>Silver 10 Advanced: HMO CSR 87 + Adult Dental + Vision*** †</b>	\$0	\$3,025 / \$6,050	50%	Covered in full	\$35	Covered in full	Covered in full	\$20	\$500	\$25 / \$55	\$1,000 per day to a maximum of \$3,000 per admission	\$400 Individual / \$800 Family	\$3 DW / \$15 DW	\$35 DW / 40% AD	50% AD
<b>Silver 10: HMO CSR 87 + MinuteClinic Primary Care***</b>	\$0	\$3,025 / \$6,050	50%	Covered in full	\$35	Covered in full	Covered in full	\$20	\$500	\$25 / \$55	\$1,000 per day to a maximum of \$3,000 per admission	\$400 Individual / \$800 Family	\$3 DW / \$15 DW	\$35 DW / 40% AD	50% AD
<b>Silver 10 Advanced: HMO CSR 73***</b>	\$0	\$7,350 / \$14,700	50%	Covered in full	\$60	Covered in full	Covered in full	\$40	\$2,200	\$85 / \$100	\$2,500 per day to a maximum of \$7,500 per admission	\$2,000 Individual / \$4,000 Family	\$3 DW / \$30 DW	\$60 DW / 40% AD	50% AD
<b>Silver 10 Advanced: HMO CSR 73 + Adult Dental + Vision*** †</b>	\$0	\$7,350 / \$14,700	50%	Covered in full	\$60	Covered in full	Covered in full	\$40	\$2,200	\$85 / \$100	\$2,500 per day to a maximum of \$7,500 per admission	\$2,000 Individual / \$4,000 Family	\$3 DW / \$30 DW	\$60 DW / 40% AD	50% AD
<b>Silver 10: HMO CSR 73 + MinuteClinic Primary Care***</b>	\$0	\$7,350 / \$14,700	50%	Covered in full	\$60	Covered in full	Covered in full	\$40	\$2,200	\$85 / \$100	\$2,500 per day to a maximum of \$7,500 per admission	\$2,000 Individual / \$4,000 Family	\$3 DW / \$30 DW	\$60 DW / 40% AD	50% AD
<b>Silver 10 Advanced: HMO***</b>	\$0	\$9,195 / \$18,390	50%	Covered in full	\$60	Covered in full	Covered in full	\$50	\$2,200	\$85 / \$100	\$2,500 per day to a maximum of \$7,500 per admission	\$2,000 Individual / \$4,000 Family	\$3 DW / \$30 DW	\$60 DW / 40% AD	50% AD
<b>Silver 10 Advanced: HMO + Adult Dental + Vision*** †</b>	\$0	\$9,195 / \$18,390	50%	Covered in full	\$60	Covered in full	Covered in full	\$50	\$2,200	\$85 / \$100	\$2,500 per day to a maximum of \$7,500 per admission	\$2,000 Individual / \$4,000 Family	\$3 DW / \$30 DW	\$60 DW / 40% AD	50% AD
<b>Silver 10: HMO + MinuteClinic Primary Care***</b>	\$0	\$9,195 / \$18,390	50%	Covered in full	\$60	Covered in full	Covered in full	\$50	\$2,200	\$85 / \$100	\$2,500 per day to a maximum of \$7,500 per admission	\$2,000 Individual / \$4,000 Family	\$3 DW / \$30 DW	\$60 DW / 40% AD	50% AD
<b>Silver S: HMO CSR 94***</b>	\$0	\$2,000 / \$4,000	25%	Covered in full	\$10	Covered in full	Covered in full	\$5	25%	25%	25%	Integrated with Medical Deductible	Covered in full DW	\$15 DW / \$50 DW	\$150 DW
<b>Silver S: HMO CSR 94 + Adult Dental + Vision*** †</b>	\$0	\$2,000 / \$4,000	25%	Covered in full	\$10	Covered in full	Covered in full	\$5	25%	25%	25%	Integrated with Medical Deductible	Covered in full DW	\$15 DW / \$50 DW	\$150 DW
<b>Silver S: HMO CSR 87***</b>	\$500 / \$1,000	\$3,000 / \$6,000	30%	\$20 DW	\$40 DW	Covered in full DW	Covered in full DW	\$30 DW	30% AD	30% AD	30% AD	Integrated with Medical Deductible	\$10 DW	\$20 DW / \$60 AD	\$250 AD
<b>Silver S: HMO CSR 87 + Adult Dental + Vision*** †</b>	\$500 / \$1,000	\$3,000 / \$6,000	30%	\$20 DW	\$40 DW	Covered in full DW	Covered in full DW	\$30 DW	30% AD	30% AD	30% AD	Integrated with Medical Deductible	\$10 DW	\$20 DW / \$60 AD	\$250 AD

Health plans are offered and/or underwritten by Aetna Health Inc. (Aetna). Aetna is part of the CVS Health family of companies.

Product Design - HMO	Deductible (individual/family)	Out-of-pocket limit (individual/family)	Coinsurance	Primary care office visit	Specialist office visit	Walk-in clinics* (designated walk-in clinics / all other network providers)	CVS Health Virtual Care™	Urgent care	Emergency room	Lab / x-ray	Inpatient hospital	Pharmacy deductible**	Pharmacy** low cost generic / preferred generic	Pharmacy** preferred brand / non-preferred generic & brand	Pharmacy** preferred specialty / non-preferred specialty
<b>Silver S: HMO CSR 73***</b>	\$3,000 / \$6,000	\$6,400 / \$12,800	40%	\$40 DW	\$80 DW	Covered in full DW	Covered in full DW	\$60 DW	40% AD	40% AD	40% AD	Integrated with Medical Deductible	\$20 DW	\$40 DW / \$80 AD	\$350 AD
<b>Silver S: HMO CSR 73 + Adult Dental + Vision*** †</b>	\$3,000 / \$6,000	\$6,400 / \$12,800	40%	\$40 DW	\$80 DW	Covered in full DW	Covered in full DW	\$60 DW	40% AD	40% AD	40% AD	Integrated with Medical Deductible	\$20 DW	\$40 DW / \$80 AD	\$350 AD
<b>Silver S: HMO***</b>	\$5,000 / \$10,000	\$8,000 / \$16,000	40%	\$40 DW	\$80 DW	Covered in full DW	Covered in full DW	\$60 DW	40% AD	40% AD	40% AD	Integrated with Medical Deductible	\$20 DW	\$40 DW / \$80 AD	\$350 AD
<b>Silver S: HMO + Adult Dental + Vision*** †</b>	\$5,000 / \$10,000	\$8,000 / \$16,000	40%	\$40 DW	\$80 DW	Covered in full DW	Covered in full DW	\$60 DW	40% AD	40% AD	40% AD	Integrated with Medical Deductible	\$20 DW	\$40 DW / \$80 AD	\$350 AD
<b>Gold 3 Advanced: HMO***</b>	\$895 / \$1,790	\$9,195 / \$18,390	40%	\$15 DW	\$35 DW	Covered in full DW	Covered in full DW	\$25 DW	45% AD	\$25 DW / \$50 DW	45% AD	Integrated with Medical Deductible	\$3 DW / \$15 DW	\$40 DW / 40% AD	50% AD
<b>Gold 3 Advanced: HMO + Adult Dental + Vision*** †</b>	\$895 / \$1,790	\$9,195 / \$18,390	40%	\$15 DW	\$35 DW	Covered in full DW	Covered in full DW	\$25 DW	45% AD	\$25 DW / \$50 DW	45% AD	Integrated with Medical Deductible	\$3 DW / \$15 DW	\$40 DW / 40% AD	50% AD
<b>Gold 4 Advanced: HMO***</b>	\$2,995 / \$5,990	\$8,995 / \$17,990	25%	Covered in full DW	\$10 DW	Covered in full DW	Covered in full DW	\$10 DW	25% AD	Covered in full DW / \$10 DW	25% AD	Integrated with Medical Deductible	Covered in full DW	\$20 DW / 30% AD	40% AD
<b>Gold 10 Advanced: HMO + Adult Dental + Vision*** †</b>	\$0	\$6,595 / \$13,190	50%	Covered in full	\$25	Covered in full	Covered in full	\$25	\$750	\$20 / \$35	\$1,000 per day to a maximum of \$5,000 per admission	\$250 Individual / \$500 Family	\$3 DW / \$15 DW	\$35 DW / 35% AD	45% AD
<b>Gold 10: HMO + MinuteClinic Primary Care***</b>	\$0	\$6,595 / \$13,190	50%	Covered in full	\$25	Covered in full	Covered in full	\$25	\$750	\$20 / \$35	\$1,000 per day to a maximum of \$5,000 per admission	\$250 Individual / \$500 Family	\$3 DW / \$15 DW	\$35 DW / 35% AD	45% AD
<b>Gold S: HMO***</b>	\$1,500 / \$3,000	\$7,800 / \$15,600	25%	\$30 DW	\$60 DW	Covered in full DW	Covered in full DW	\$45 DW	25% AD	25% AD	25% AD	Integrated with Medical Deductible	\$15 DW	\$30 DW / \$60 DW	\$250 DW

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## Footnotes

**After deductible (AD)** is the amount the member is responsible for after the deductible is met.

**Deductible waived (DW)** means that the deductible does not have to be met before the plan starts paying for eligible services.

**Silver and Gold plans** all have the same medical services. The key differences among the plans are the deductible amount, out-of-pocket costs for benefits before the yearly limit, cost-share amounts, and monthly premium.

Some benefits are subject to age and frequency schedules, limitations or visit maximums. Members or Providers may be required to precertify or obtain approval for certain services. Deductibles, copays and coinsurance apply to the out-of-pocket limit (OOP). After the out-of-pocket limit is met, members continue to be responsible for any applicable premiums, penalties for failure to precertify (where applicable) and services not covered by Aetna. This illustration shows in-network benefits only for all products. Your plan may have out-of-network coverage as well, please consult the Summary of Benefits and Coverage (SBC) for additional information.

On-Exchange plans do not include pediatric dental benefits. Plans are available with or without pediatric dental benefits when purchased off-Exchange directly from Aetna®. Stand-alone pediatric dental plans are available on-Exchange (variable by state).

- \* **Walk-in clinics** - Walk-in clinics are freestanding health care facilities that (a) may be located in or with a pharmacy, drug store, supermarket or other retail store; and (b) provide limited medical care and services on a scheduled or unscheduled basis. Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices are not considered to be walk-in clinics. For a complete list of participating walk-in clinic providers, log in to [AetnaCVSHealth.com](https://www.aetna.com/health) and use our provider search tool.
- \*\* **Pharmacy** - The drug formulary includes precertification, step therapy and quantity limits. Choose Generic: For PPO based plans the cost difference penalty for choose generics does not apply to the members accumulators. For HMO based plans the cost difference penalty does apply to the members accumulators. For specific details, consult the Summary of Benefits and Coverage (SBC).
- \*\*\* **Embedded** – No one family member may contribute more than the individual deductible/out-of-pocket limit amount to the family deductible/out-of-pocket limit. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the year.
- † This plan has coverage for adult dental and vision services. Basic and Major dental services are subject to a \$50 deductible and all services have a \$1,000 per year maximum. Please see your Summary of Benefits (SBC) for further coverage information.

Product Types	Description
<b>Health maintenance organization (HMO)</b>	A health maintenance organization (HMO) uses a network of participating providers. Each enrolled family member selects a primary care physician (PCP) participating in the network. The PCP provides routine and preventive care and helps coordinate the members total health care. The PCP may refer members to participating specialists and facilities for medically necessary specialty care. Only services rendered by a participating provider are covered, except for emergency or urgently needed care.

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Includes select MinuteClinic® services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered non-preventive MinuteClinic services at no cost-share. However, such services are covered at negotiated contract rates. This benefit is not available in all states. Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) is part of the CVS Health family of companies.

This material is for information only. Rates and benefits may vary by location. Health benefits plans contain exclusions and limitations. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health and dental services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about your Aetna plans, refer to [AetnaCVSHealth.com](https://www.aetna.com/health).

**Need more details?** Visit Producer World® to see complete plan information.

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