



TRANSGENDER HEALTH INSURANCE GUIDE TO THE MARKETPLACE



TEXAS 2018

Looking for health insurance for 2018 through HealthCare.gov? We've created new state-specific Transgender Health Insurance Guides to help you better understand your options and select a plan that meets your needs and fits your budget.

- To see our analysis of **transgender exclusions** in silver plans sold through HealthCare.gov, check out: [Transgender Health Insurance Guide for 2018: Texas](#). These ratings were compiled by Out2Enroll through a review of silver marketplace plans only. Out2Enroll did not contact insurance companies to verify this information. In addition, plans may have other exclusions (such as cosmetic exclusions) that may impact your coverage so you should carefully review each plan to ensure it meets your needs. Not all insurers offer coverage in all areas of the state so carefully review the options in your area.
- To see more **detailed information about each silver plan**, check out the documents below. Insurance companies are listed in **bold** and we have included links to each plan's specific **Summary of Benefits & Coverage** (a summary of plan features and out-of-pocket costs) and **Evidence of Coverage** (detailed plan information that includes coverage exclusions and limitations). Transgender and cosmetic exclusions will only be found in the Evidence of Coverage documents. We strongly recommend that you review both of these documents before selecting a 2018 marketplace plan.

If you still have questions about choosing a plan, we can help. Make an appointment with an [LGBT-friendly expert](#) who can help you consider your options and enroll for free.

BlueCross BlueShield of Texas

Blue Advantage Silver HMO 205 - Two \$25 PCP Visits	Summary of Benefits & Coverage	Evidence of Coverage
Blue Advantage Plus Silver 202	Summary of Benefits & Coverage	Evidence of Coverage

Molina

Molina Choice Silver 250 Plan	Summary of Benefits & Coverage	Evidence of Coverage
Molina Options Silver 250 Plan	Summary of Benefits & Coverage	Evidence of Coverage

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Molina Silver 250 Plan	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care		
Ambetter Balanced Care 1 (2018)	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 2 (2018)	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 10 (2018)	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 3 (2018)	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 4 (2018)	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 12 (2018)	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 5 (2018)	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 1 (2018) + Vision	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 2 (2018) + Vision	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 10 (2018) + Vision	Summary of Benefits & Coverage	Evidence of Coverage
Ambetter Balanced Care 3 (2018) + Vision	Summary of Benefits & Coverage	Evidence of Coverage
Community Health Choice		
Community Health Choice HMO Silver 002	Summary of Benefits & Coverage	Evidence of Coverage
Community Health Choice HMO Silver 004	Summary of Benefits & Coverage	Evidence of Coverage
Community Health Choice- Silver Limited Network Plan 007	Summary of Benefits & Coverage	Evidence of Coverage
Oscar		
Simple Silver Plan	Summary of Benefits & Coverage	Evidence of Coverage

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Classic Silver Plan	Summary of Benefits & Coverage	Evidence of Coverage
Saver Silver Plan	Summary of Benefits & Coverage	Evidence of Coverage
CHRISTUS Health Plan		
Texas Silver High-Deductible	Summary of Benefits & Coverage	Evidence of Coverage
Texas Silver Low-Deductible	Summary of Benefits & Coverage	Evidence of Coverage
Sendero Health Plans		
Complete Standard (Silver)	Summary of Benefits & Coverage	Evidence of Coverage
FirstCare Health Plans		
Silver Coinsurance - 26539TX0140003-00/01	Summary of Benefits & Coverage	Evidence of Coverage
Silver 100% H S A - 26539TX0140008-00/01	Summary of Benefits & Coverage	Evidence of Coverage

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