



BlueCross BlueShield of Texas

TEXAS DEPARTMENT OF INSURANCE REQUIRED DISCLOSURE NOTICE FOR ALL CONSUMER CHOICE HEALTH BENEFIT PLANS ISSUED IN TEXAS

Under Texas law, HMOs are permitted to market “Consumer Choice” plans, which do not have to comply with one or more state coverage requirements. They must also offer a plan that does comply with all state requirements. HMOs are required by law to obtain signatures of consumers showing they have been given this notice.

I have been informed that the consumer choice plan I am being offered does not include all of the health benefits usually required by Texas law. I understand that the following benefits are either excluded from the plan or provided at a reduced level.

Description of the State Requirements Reduced or Excluded	Benefit Reduced	Benefit Excluded
<p>Copayments Section 11.506(2)(A), Subchapter F, Title 28 Texas Insurance Code: A reasonable copayment option may not exceed 50 percent of the total cost of services provided. A basic health care service HMO may not impose copayment charges on any enrollee in any calendar year, when the copayments made by the enrolled in that calendar year total 200 percent of the total annual premium cost which is required to be paid by or on behalf of that enrollee. The limitation only applies if the enrollee demonstrates that copayments in that amount have been paid that year.</p>	<p>For some services and supplies, this plan may include cost-sharing that exceeds the limits imposed by the mandate.</p>	
<p>Deductibles Section 11.506(2)(B), Subchapter F, Title 28 Texas Insurance Code: A deductible must be for specific dollar amount of the cost of the basic, limited or single health care service. Except for a consumer choice benefit plan, an HMO may not charge a deductible for services received in the HMO’s delivery network, except in cases involving emergency care and services that are not available in the HMO’s delivery network.</p>	<p>Deductibles may apply to some services provided by HMO Participating Providers in the HMO service area. Deductibles may apply to Professional Services, Inpatient Hospital Services, Outpatient Facility Services, Outpatient Lab and X-Ray Services, Rehabilitation Services and Habilitation Services, Maternity Care and Family Planning, Behavioral Health Services, Emergency and Ambulance Services, Extended Care Services, some Preventive Care Services, Dental Surgical Procedures, Cosmetic, Reconstructive or Plastic Surgery, Allergy Care, Diabetes Care, Prosthetic Appliances, Orthotic Devices, Durable Medical Equipment, Hearing Aids and Prescription Drugs.</p>	
<p>Limitations Section 11.508 (d) Subchapter F, Title 28 Texas Insurance Code: A state-mandated health benefit plan defined in §11.2(b) of this title (relating to Definitions) shall provide coverage for the basic health care services as described in subsection (a) of this section, as well as all state-mandated benefits as described in §§21.3516 - 21.3518 of this title (relating to State-mandated Health Benefits in Individual HMO Plans, State-mandated Health Benefits in Small Employer HMO Plans, and State-mandated Health Benefits in Large Employer HMO Plans), and must provide the services without limitation as to time and cost, other than those limitations specifically prescribed in this subchapter.</p>	<p>Benefit limits will apply to coverage for Home Health Services. Benefit limits will also apply to Rehabilitation Services and Habilitation Services except for treatment of Acquired Brain Injury and Autism Spectrum Disorder.</p>	

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
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I understand that if I buy a consumer choice plan, the HMO may deny or limit coverage for these services for me and anyone else covered by my health plan when the health needs of anyone covered under my plan changes.

I understand that I can get more information about consumer choice plans from the Texas Department of Insurance (TDI) by visiting the TDI website at <http://tdi.texas.gov/consumer/consumerchoice.html> or by calling the TDI Consumer Help Line at 1-800-252-3439.

Signature of Applicant

Date

Name of Applicant (print name)

Address

City

State

Zip

Note: The HMO issuing the policy must keep this disclosure statement and provide it to the commissioner of insurance on request. **You have the right to a copy of this written disclosure statement free of charge.** You must sign a new disclosure statement when you buy a consumer choice plan.