

# Plan Selection

Select up to 3 BBF Plans

Blue Choice PPO		Blue Advantage HMO	
<input type="checkbox"/>	ATBCP201	<input type="checkbox"/>	ATBAP501
<input type="checkbox"/>	ATBCB501	<input type="checkbox"/>	ATBAB501
<input type="checkbox"/>	ATBCP501	<input type="checkbox"/>	ATBAB502
<input type="checkbox"/>	ATBCP202	<input type="checkbox"/>	ATBAP502
<input type="checkbox"/>	ATBCB502	<input type="checkbox"/>	ATBAP303
<input type="checkbox"/>	ATBCP502	<input type="checkbox"/>	ATBAB303
<input type="checkbox"/>	ATBCP203	<input type="checkbox"/>	ATBAP305
<input type="checkbox"/>	ATBCB203	<input type="checkbox"/>	ATBAP401
<input type="checkbox"/>	ATBCP204	<input type="checkbox"/>	ATBAB401
<input type="checkbox"/>	ATBCP205	<input type="checkbox"/>	ATBAP306
<input type="checkbox"/>	ATBCB205	<input type="checkbox"/>	ATBAB306
<input type="checkbox"/>	ATBCP211	<input type="checkbox"/>	ATBAP501
<input type="checkbox"/>	ATBCB211	<input type="checkbox"/>	ATBAP301
<input type="checkbox"/>	ATBCP401	<input type="checkbox"/>	ATBAP402
<input type="checkbox"/>	ATBCB401	<input type="checkbox"/>	ATBAP307
<input type="checkbox"/>	ATBCP206	<input type="checkbox"/>	ATBAP402
<input type="checkbox"/>	ATBCB206	<input type="checkbox"/>	ATBAB402
<input type="checkbox"/>	ATBCP501	<input type="checkbox"/>	ATBAP304
<input type="checkbox"/>	ATBCP291	<input type="checkbox"/>	ATBAP302
<input type="checkbox"/>	ATBCP402	<input type="checkbox"/>	ATBAP308
<input type="checkbox"/>	ATBCB402	<input type="checkbox"/>	ATBAB308
<input type="checkbox"/>	ATBCP207	<input type="checkbox"/>	ATBAP303
<input type="checkbox"/>	ATBCP204	<input type="checkbox"/>	ATBAP310
<input type="checkbox"/>	ATBCP202		
<input type="checkbox"/>	ATBCP208		
<input type="checkbox"/>	ATBCB208		
<input type="checkbox"/>	ATBCP203		
<input type="checkbox"/>	ATBCP210		

- I represent and warrant that I am authorized by the employer group identified above (the "Group") to extend the term of the Group's relationship with BCBSTX, as specified herein.
- The Group desires to extend the term of its relationship with BCBSTX for one additional calendar year commencing on the Renewal Date specified above.
- On behalf of the Group, I reaffirm that all elections and information contained in the Benefit Program Application last executed by the Group (the "ASO BPA") remain true and correct, except that the ASO BPA is hereby amended such that (1) the Effective Date is hereby changed to the Renewal Date specified above, and (2) the Renewal Fees identified within this Renewal Exhibit hereby supersede and replace the Fee Schedule of the ASO BPA.

Signature of Authorized Purchaser \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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