



October 20, 2021

New ACA Off-exchange Paper App Reflects Consumer Choice Disclosure Changes

What's New

On October 22, 2021, Blue Cross and Blue Shield of Texas (BCBSTX) will update its plan year 2021 off-exchange "paper" application. This update aligns with new Consumer Choice Disclosure form regulations issued by the Texas Department of Insurance.

Verify Form Number on Application

Form numbers for applications can be found in the bottom left corner of the application. To identify if you are using the correct application after Oct. 22, 2021, check the form number:

The form number of the OLD version of the 2021 application is UN65-APP-Off-EX-2021-1

The form number of the NEW version of the 2021 application is UN65-APP-Off-EX-2021-2

Applicant's Signature	Print Applicant
Address	City
Note: The HMO issuing the policy must keep this disclosure statement request. You have the right to a copy of this written disclosure statement when you buy a consumer choice plan.	
UN65-APP-Off-EX-2021-1	14

Address	City
Note: The HMO issuing the plan must give you a copy of this statement	
¹ Blue Advantage Gold HMO SM 207 is the state mandated plan.	
² Talk to your independent, authorized agent or call 800-531-4456 for	
³ Para recibir ayuda, comuníquese con el agente independiente autori	
UN65-APP-Off-EX-2021-2	14

Online Enrollment Channels

All electronic/online enrolment channels such as the Retail Producer Portal and Retail Shopping Cart will have the updated Consumer Choice Disclosure language starting on Oct. 22, 2021. There is no impact to members who enroll electronically/online. Enrollments received on the old application form after the new form is published will be withdrawn and new applications requested.

Consumer Choice Disclosure

Applicant Name: _____
SSN: _____

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
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.	For some services and supplies, this plan may include cost-sharing that exceeds the limits imposed by the mandate.	
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.	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.	
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.	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.	

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 more information about consumer choice plans from the Texas Department of Insurance (TDI) by visiting the TDI <http://tdi.texas.gov/consumer/consumerchoice.html> or by calling the TDI Consumer Help Line at 1-800-252-3433.

Applicant's Signature	Print Applicant's Name	D
Address	City	State

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

UN65-APP-Off-EX-2021-1

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The **OLD** off-exchange 2021 application features outdated information on page 14. Be sure to use the new 2021 application for effective dates through the end of the plan year 2021.

Note the form code at the bottom left of every page ends with "2021-1."

Consumer Choice Disclosure

Applicant Name: _____
SSN: _____

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 include the same level of benefits that are in Texas health plans known as state-mandated plans. 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 doesn't include the same level of benefits that are in Texas health plans known as state-mandated plans. This plan does include all health benefits required by the Affordable Care Act. To see all benefits offered by this plan, go to the plan's "Summary of Benefits and Coverage."

BENEFIT/COVERAGE:	THIS PLAN:	A HEALTH PLAN WITH REQUIRED BENEFITS (STATE-MANDATED PLAN):
Deductible The amount you pay for care before the plan begins to share the cost.	Has a deductible.	Has no deductibles for participating provider care.
Out-of-Pocket Costs The amount you pay when you receive covered services, up to a calendar year maximum.	Includes out-of-pocket costs that meet federal requirements but may sometimes be more than in a state-mandated plan.	A copay must be less than 50% of the total cost of the service. Annual out-of-pocket costs must be capped at 200% of your annual premium cost if you alert the plan.
Habilitative and Rehabilitative Care Care that helps you improve skills for daily living.	Includes a limit on the number of visits per year for speech therapy, occupational therapy, physical therapy and chiropractic care. Limits do not apply for the treatment of acquired brain injury and autism spectrum disorder.	Has no limits on the amount of care if it is needed for medical reasons.
Home Health Services	Includes a limit for home health services.	Has no limits on home health services.

If you want a plan with all required benefits:

We also offer a state-mandated plan¹ that includes all required benefits. This plan is not on Healthcare.gov and does not allow you to get help with premiums and out-of-pocket costs. To learn more about this plan, call 800-531-4456 or visit bcbstx.com/shop-plans-and-products.

By signing this form, you acknowledge the following:

I understand the consumer choice plan I am applying for does not provide the same level of coverage required in other Texas health plans (state-mandated plans). I understand if my health changes and this plan does not meet my needs, in most cases I won't be able to get a new plan until the next open enrollment period. I understand I can get more information about consumer choice plans from the Texas Department of Insurance's website, <https://www.tdi.texas.gov/consumer/consumerchoice.html>, or by calling the Consumer Help Line at 800-252-3439.

Don't sign this document if you don't understand it.²

No firme este documento si no lo comprende.³

Applicant's Signature	Print Applicant's Name	Date
Address	City	State ZIP

Note: The HMO issuing the plan must give you a copy of this statement upon request.

¹ Blue Advantage Gold HMOSM 207 is the state mandated plan.

² Talk to your independent, authorized agent or call 800-531-4456 for help.

³ Para recibir ayuda, comuníquese con el agente independiente autorizado o llame al 800-531-4456.

UN65-APP-Off-EX-2021-2

14

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The **NEW** off-exchange 2021 application features updated Consumer Choice Disclosure language on page 14. The [new application](#) will be posted online on Oct. 22, 2021.

Note the form code at the bottom left of every page ends with "2021-2."

Frequently Asked Questions

Q: If a BCBSTX paper application was submitted before Oct. 22, 2021, will it still be processed?

A: If the application was signed on or before Oct. 21, 2021 and received on or before Oct. 22, 2021, the application will be processed.

Q: If a BCBSTX paper application was submitted on or after Oct. 22, 2021 what will happen?

A: If we receive an "old" application, it will be withdrawn. We'll then send a letter to the applicant requesting they fill out and submit a new application.

Q: Can an applicant submit the new Consumer Choice Disclosure form (Page 14) rather than submitting a new application?

A: No. We'll check the form number; all pages of the app must have the new application code to meet state requirements.

Q: How can a producer determine if an application for one of their clients was withdrawn?

A: Producers can monitor the status of all client applications via the Retail Producer Portal. If an application was withdrawn, producers can view a copy of the withdrawal letter through the Correspondence section of the client's record in the portal.

In addition, producers can run an application status report via the Retail Producer Portal.

Q: Where can the new version of the BCBSTX Paper Application be found?

A: The [new application](#) will be available on Oct. 22, 2021. If you click on the application link prior to Oct. 22, you will see the old version of the application. It will not be uploaded and available until Oct. 22, 2021.

Q: I clicked on the link on Oct. 22, and I don't see the new version of the application. What's wrong?

A: You may need to clean the cache or refresh the page via your internet browser application.