



# BlueCross BlueShield of Texas

## Consumer Choice Plan Disclosure Statement

**This health plan does not include the same level of benefits required in other plans.**

This HMO plan is a consumer choice plan. This plan 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.”**

<b>Benefit/coverage:</b>	<b>This plan:</b>	<b>A health plan with required benefits (state-mandated plan):</b>
<b>Deductible</b> The amount you pay for care before the plan begins to share the cost.	Has a deductible.	Has no deductibles for participating provider care.
<b>Out-of-Pocket Costs</b> 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.
<b>Habilitative and Rehabilitative Care</b> 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.
<b>Home Health Services</b>	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 plan 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 1-800-531-4456 or visit <https://www.bcbstx.com/shop-plans-and-products>. **By signing your application to enroll in this plan, 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 1-800-252-3439.