

Get the Most from Your Health Plan

Welcome to Blue Cross and Blue Shield of Texas (BCBSTX), a leader in health care benefits. We have been helping people like you get the most from their health care plans for many years.

Read this guide to learn about benefits your employer is offering. Think about how you and your family will use these benefits. Learn more about products, services and how to be a smart health care user at **bcbstx.com**.

Your ID Card

After you enroll, you will get a member ID card in the mail. Show this ID card when you see a doctor, visit the hospital or go to any other place for care. The back of the card has phone numbers you might need.

Blue Access for MembersSM

Go to **bcbstx.com/member** and sign up for the secure member website, Blue Access for Members. Find the "Log In" tab and click "Register Now." Use the information on your ID card to complete the process. On this site, you can check your claims, order more ID cards, get health information and much more.

Save Money – Stay In-Network

Using independently contracted network providers can help you save. Look at your ID card to find your network. Then go to **bcbstx.com** to look for doctors, hospitals and other places for care.

Call Customer Service for Help

Our team knows your health plan and can help you get the most from your benefits. Just call the toll-free number on the back of your ID card.



Coverage for: Individual/Family | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share

* the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbstx.com/member/policy-forms/2020 or by calling 1-800-521-2227. For general definitions of common terms, such as allowed amount, balance

https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf or call 1-855-756-4448 to request a <u>billing, coinsurance, copayment, deductible, provider,</u> or other <u>underlined</u> terms see the Glossary. You can view the Glossary at

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: \$500 Individual/\$1,500 Family Out-of-Network: \$10,000 Individual/\$20,000 Family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>Network</u> office visits, <u>prescription drugs</u> and <u>preventive</u> <u>care</u> services are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <u>www.healthcare.gov/coverage/preventive-care-benefits/</u> .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	Network: \$1,500 Individual/\$4,500 Family Out-of-Network: Unlimited Individual/Unlimited Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.bcbstx.com/go/bcppo or call 1-800-810-2583 for a list of Network Providers.	This <u>plan</u> uses a <u>provider</u> network. You will pay less if you use a <u>provider</u> in the <u>plan's</u> network. You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist?</u>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

		What You	What You Will Pay	
Common Medical Event	Services You May Need	Network Provider (You will pay the least)	Network Provider (You Out-of-Network Provider will pay the least)	Limitations, exceptions, & Other Important Information
	Primary care visit to treat an injury or illness	\$30/visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Virtual visits are available. See your benefit booklet* for details.
If you visit a health care	<u>Specialist</u> visit	\$60/visit; <u>deductible</u> does 50% <u>coinsurance</u> not apply	50% <u>coinsurance</u>	None
clinic	Preventive care/screening/ immunization	No Charge; <u>deductible</u> does not apply	50% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services peeded are preventive. Then check what your
				<u>plan</u> will pay for.
	<u>Diagnostic test</u> (x-ray, blood work)	No Charge; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Inpatient:Certain services may require <u>Preauthorization</u> for Out-of-Network; failure
If you have a test	Imaging (CT/PET scans, MRIs) No Charge after deductible	No Charge after <u>deductible</u>	50% <u>coinsurance</u>	to preauthorize may result in \$250 reduction in benefits. Outpatient: Certain services may require Preauthorization for Out-of-Network
				failure to preauthorize may result in 50% reduction in benefits not to exceed \$500; see your benefit booklet* for details.

C		What You Will Pay	Will Pay	
Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, exceptions, & Other Important Information
	Facility fee (e.g., ambulatory surgery center)	No Charge after <u>deductible</u>	50% <u>coinsurance</u>	Certain services may require <u>preauthorization</u> for out-of-network; failure to preauthorize may
If you have outpatient surgery	Physician/surgeon fees	No Charge after <u>deductible</u>	50% <u>coinsurance</u>	result in 50% reduction in benefits not to exceed \$500. Abortion is not covered except in limited circumstances. For Outpatient Infusion Therapy, see your benefit booklet* for details.
	Emergency room care	\$500/visit	\$500/visit	Copayment waived if admitted.
If you need immediate	Emergency medical transportation	No Charge after deductible	No Charge after deductible	
	Urgent care	\$75/visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	מוש
If you have a hospital	Facility fee (e.g., hospital room)	No Charge after <u>deductible</u>	50% <u>coinsurance</u>	Preauthorization required. Preauthorization penalty: \$250 Out-of-Network. See your benefit booklet* for details. NA
stay	Physician/surgeon fees	No Charge after <u>deductible</u>	50% <u>coinsurance</u>	Preauthorization required. Preauthorization penalty: \$250 Out-of-Network. See your benefit booklet* for details.
If you need mental health, behavioral	Outpatient services	\$30/office visits or No Charge after <u>deductible</u> for other outpatient services	50% <u>coinsurance</u>	Certain services must be preauthorized, failure to preauthorize at least two business days prior to service will result in 50% reduction in benefits (not to exceed \$500), refer to benefit booklet* for details.
abuse services	Inpatient services	No Charge after <u>deductible</u>	50% coinsurance	Preauthorization required <u>Out-of-Network;</u> failure to preauthorize at least two business days prior to admission will result in \$250 reduction in benefits.
If you are pregnant	Office visits	Primary Care: \$30/initial visit Specialist: \$60/initial visit; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Copay applies to first prenatal visit(per pregnancy). Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance may apply.
	Childbirth/delivery professional services	No Charge after <u>deductible</u>	50% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC(i.e.
	Childbirth/delivery facility services	No Charge after <u>deductible</u>	50% <u>coinsurance</u>	ultrasound).

*For more information about limitations and exceptions, see the plan or policy document at www.bcbstx.com/member/policy-forms/2020.

		What Vol	What Voll Will Day	
Common	Services Vol. May Need	Notwork Drovider (Voll	Out-of-Notwork Drovider	Limitations, Exceptions, & Other Important
Medical Event	Services fourway weed	least)	(You will pay the most)	Information
	Home health care	No Charge after <u>deductible</u>	50% <u>coinsurance</u>	60 visits/year. <u>Preauthorization</u> may be required for <u>Out-of-Network</u> . Failure to preauthorize may result in 50% reduction in benefits not to exceed \$500. See your benefit booklet* for details.
	Rehabilitation services	No Charge after <u>deductible</u>	50% coinsurance	For Outpatient, limited to combined 35 visits
	Habilitation services	No Charge after <u>deductible</u>	50% <u>coinsurance</u>	per year, including Chiropractic.
If you need help recovering or have other special health needs	Skilled nursing care	No Charge after <u>deductible</u>	50% <u>coinsurance</u>	25 day maximum per calendar year. <u>Preauthorization</u> may be required for <u>Out-of-Network.</u> Failure to preauthorize may result in \$250 reduction in benefits. see your benefit booklet* for details.
	Durable medical equipment	No Charge after <u>deductible</u>	50% <u>coinsurance</u>	None
	Hospice services	No Charge; <u>deductible</u> does not apply	50% <u>coinsurance</u>	Inpatient: <u>Preauthorization</u> may be required for <u>Out-of-Network</u> ; failure to preauthorize may result in a \$250 reduction in benefits. Outpatient: <u>Preauthorization</u> may be required for <u>Out-of-Network</u> ; failure to preauthorize may result in 50% reduction in benefits not to exceed \$500. See your benefit booklet* for details.
phild month	Children's eye exam	Not Covered	Not Covered	
ii your ciiiiu iieeus dental or eve care	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

Non-emergency care when traveling outside the U.S. Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other excluded services.)

Private-duty nursingWeight loss programs

- Abortion (Except for a pregnancy that, as certified Cosmetic surgery by a physician, places the woman in danger of Dental care (Adult)
 - death or a serious risk of substantial impairment Long-term care of a major bodily function unless an abortion is
- Acupuncture

performed)

- Bariatric surgery
- *For more information about limitations and exceptions, see the plan or policy document at www.bcbstx.com/member/policy-forms/2020.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document)

- Chiropractic care (Outpatient Max.35 visits/year)
 - Hearing aids (Limited to two hearing aids every
- insemination are not covered unless shown in your plan document)
- Routine foot care (Only covered in connection with extremities, peripheral vascular disease, peripheral diabetes, circulatory disorders of the lower neuropathy, or chronic arterial or venous insufficiency)

ebsa/healthreform. For non-federal governmental group health plans, contact Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law. Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: For group health coverage contact the plan, Blue Cross and Blue Shield of Texas at 1-800-521-2227 or visit www.bcbstx.com. For group health coverage subject to ERISA, contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

documents also provide complete information to submit a <u>claim, appeal,</u> or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact: For group health coverage subject to ERISA: Blue Cross and Blue Shield of Texas at 1-800-521-2227 or visit <u>www.bcbstx.</u> Consumer Protection at 1-800-252-3439 or www.tdi.texas.gov. Additionally, a consumer assistance program can help you file your appeal. Contact the Texas com, the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, and the Texas Department of Insurance, Consumer Protection at 1-800-252-3439 or www.tdi.texas.gov. For non-federal governmental group health plans and church plans Department of Insurance's Consumer Health Assistance Program at 1-800-252-3439 or visit www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/ called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is that are group health <u>plans,</u> Blue Cross and Blue Shield of Texas at 1-800-521-2227 or <u>www.bcbstx.com</u> or contact the Texas Department of Insurance,

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your <u>plan</u> doesn't meet the Minimum Value Standards, you may be eligible for a <u>premium tax credit</u> to help you pay for a <u>plan</u> through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-521-2227

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-521-2227. Chinese (中文): 如果需要中文的帮助,请拨打这个号码 1-800-521-2227. Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-521-2227.

To see examples of how this <u>plan</u> might cover costs for a sample medical situation, see the next section.



This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different <u>deductibles, copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts might pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage.

eg is Having a Baby in-network pre-natal hospital delivery)		care and	
9 (9 months of	Peg is Having a Baby	(9 months of in-network pre-natal care and	hospital delivery)

ಹ

\$500 \$60 \$0 \$0 The plan's overall deductible Specialist Copayment Hospital (facility)

Diagnostic tests (ultrasounds and blood work) This EXAMPLE event includes services like: Childbirth/Delivery Professional Services Specialist office visits (*prenatal care*) Childbirth/Delivery Facility Services Specialist visit (*anesthesia*)

\$12,800			\$200	\$30	\$0		\$60
Total Example Cost	In this example, Peg would pay:	Cost Sharing	Deductibles	Copayments	Coinsurance	What isn't covered	Limits or exclusions

\$590

The total Peg would pay is

(a year of routine in-network care of a Managing Joe's type 2 Diabetes well-controlled condition)

The <u>plan's</u> overall <u>deductible</u>	\$500	■ The pl
Specialist Copayment	\$60	Specia
Jospital (facility)	\$0	■ Hospit
Other	\$0	Other

0 0 0 0 0 0 0 0 0 0 0 0 0

\$500

he plan's overall deductible

oecialist Copayment ospital (facility)

> Primary care physician office visits (including This EXAMPLE event includes services like: Durable medical equipment (glucose meter) Diagnostic tests (*blood work*) Prescription drugs disease education)

Total Example Cost	\$7,400
In this example, Joe would pay:	
Cost Sharing	
Deductibles	\$200
Copayments	\$200
Coinsurance	\$0 \$
What isn't covered	
Limits or exclusions	\$60
The total Joe would pay is	\$1,060

≐	etwork	Mia's Simple Fracture	m-network emelgency foom visit and follow up care)	
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This EXAMPLE event includes services like:	Emergency room care (including medical supplies	Diagnostic test (x-ray)	Durable medical equipment (crutches)	Rehabilitation services (physical therapy)
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Total Example Cost	\$1,900
In this example, Mia would pay:	
Cost Sharing	
Deductibles	\$200
Copayments	\$200
Coinsurance	0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,000



If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعده أسئلة، فلديك الحق في الحصول ىلع المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة للتحدث مع منرجم فوري، اتصل ىلع الرم 554-710-6988.
繁體中文 Chinese	如果您,或您正在協助的對象,對此有疑問,您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員,請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાયક્રેમ બાબતે પ્રક્ષો હોય, તો તમને વિના ખચેર, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો ફક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કૉલ કરી.
हिंदी Hindi	यिद आपके, या आप जिसकी सहायता कर रहे हैं उैसके, प्रश्न हैं, तो आपके अपनी भाषा म निःशुल्क सहायता और जानकारी प्राप्त करन का अधिकार है। किसी अनवादक स बात करन क लिए 855-710-6984 पर कॉल करें।.
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago la'da bíká anánílwo'igíí, na'idílkidgo, ts'idá bee ná ahóóti'i' t'áá níík'e níká a'doolwoł dóó bína'idílkidígíí bee nił h odoonih. Ata'dahalne'igíí bich'i' hodíilnih kwe'é 855-710-6984.
فارسى Persian	اگر شما، يا كسي كه شما به او كمك مي كنيد، سؤالي داشته باشيد، حق اين را داريد كه به زبان خود، به طور رايگان كمك و اطلاعات دريافت نماييد .جهت گفتگو با يك مترجم شهافي، با شماره .تمسا حاصل نماييد 985-710-698
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، با کسی ایسے نرد کو جس کس آپ جدد کررہے ہیں، کوئی سروال دربیش دے شو، آپ کو اپنی زبان میں جائتحدد اور معلومات حاصل کرن ہے کا حق دے۔ مترجم سرے بہات کرنے کے لپے، 654-710-6988 پر کہال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.



Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

855-664-7270 (voicemail) 855-661-6965 855-661-6960 CivilRightsCoordinator@hcsc.net Phone: TTY/TDD: Office of Civil Rights Coordinator 300 E. Randolph St. 35th Floor

Fax.

Email:

Chicago, Illinois 60601

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

800-368-1019 800-537-7697 ITY/TDD:

Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html U.S. Dept. of Health & Human Services 200 Independence Avenue SW Room 509F, HHH Building 1019 Washington, DC 20201

bcbstx.com



BlueCare Dentalsm

Plan ID: DTNHR33

This information only provides a summary of the benefits for this Dental Plan. Please refer to your Dental Benefit Booklet for additional benefit information. The Deductibles, Coinsurance and Benefit Period Maximum shown below are subject to change as permitted by applicable law.

Summary of Dental Benefits

Program Basics	Contracting Dentist Non-Contracting Dentist		
Benefit Period Maximum	\$1,5	500	
Deductible	\$50 Individual/\$150 Family \$50 Individual/\$150 Famil		
Covered Services			
Diagnostic Evaluations Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100% (Deductible does not apply)	100% (Deductible does not apply)	
Preventive Services Prophylaxis (cleanings) Topical fluoride applications	100% (Deductible does not apply)	100% (Deductible does not apply)	
Diagnostic Radiographs Full-mouth and panoramic films Bitewing films Periapical films	100% (Deductible does not apply)	100% (Deductible does not apply)	
Miscellaneous Preventive Services Sealants Space maintainers	100% (Deductible does not apply)	100% (Deductible does not apply)	
Basic Restorative Services Amalgams Resin-based composite restorations	80%	80%	
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%	80%	
Non-Surgical Periodontal Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%	80%	
Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia	80%	80%	
Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	80%	80%	

Covered Services (continued)		
Oral Surgery Services Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess	80%	80%
Surgical Periodontal Services Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure	80%	80%
Major Restorative Services Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%	50%
Prosthodontic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants	50%	50%
Implants	50%	50%
Miscellaneous Restorative and Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%	50%
Orthodontic Services		
Orthodontic Services Orthodontic Diagnostic Procedures and Treatment Lifetime Maximum per Participant Adult coverage and dependent children to age 19	509 \$1,5 (Deductible do	500

The above is a listing of common services available through your network of Contracting Dentists.

The Member's share of the cost is determined by whether care is received from a Contracting or Non-Contracting Dentist.

Benefits for covered services received from a Contracting Dentist are based on the Allowable Amount, and such Dentist cannot balance bill for charges in excess of this Allowable Amount. Benefits for covered services received from a Non-Contracting Dentist will be based upon an Allowable Amount determined by BCBSTX, where non-contracting Allowable Amount will be not less than the amount BCBSTX would have paid, for the same covered service, supply, or procedure if performed or provided by a Contracting Dentist, and it is possible that such Dentist will balance bill for amounts above this.

This plan includes BlueCare Dental Enhanced BenefitSM. The Enhanced Benefit provides additional dental benefits, such as an extra cleaning for members with specific health issues. Please refer to your Dental Benefit Booklet for additional benefit information.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



BlueCare Dentalsm

Plan ID: DTNLM38

This information only provides a summary of the benefits for this Dental Plan. Please refer to your Dental Benefit Booklet for additional benefit information. The Deductibles, Coinsurance and Benefit Period Maximum shown below are subject to change as permitted by applicable law.

Summary of Dental Benefits

Program Basics	Contracting Dentist Non-Contracting Dentist		
Benefit Period Maximum	\$1,500		
Deductible	\$50 Individual/\$150 Family \$50 Individual/\$150 Fam		
Covered Services			
Diagnostic Evaluations Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100% (Deductible does not apply)	100% (Deductible does not apply)	
Preventive Services Prophylaxis (cleanings) Topical fluoride applications	100% (Deductible does not apply)	100% (Deductible does not apply)	
Diagnostic Radiographs Full-mouth and panoramic films Bitewing films Periapical films	100% (Deductible does not apply)	100% (Deductible does not apply)	
Miscellaneous Preventive Services Sealants Space maintainers	80%	80%	
Basic Restorative Services Amalgams Resin-based composite restorations	80%	80%	
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%	80%	
Non-Surgical Periodontal Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%	80%	
Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia	80% 80%		
Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	50%	50%	

Covered Services (continued)		
Oral Surgery Services Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess	50%	50%
Surgical Periodontal Services Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure	50%	50%
Major Restorative Services Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%	50%
Prosthodontic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants	50%	50%
Miscellaneous Restorative and Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%	50%
Orthodontic Services		
Orthodontic Services Orthodontic Diagnostic Procedures and Treatment Lifetime Maximum per Participant Adult coverage and dependent children to age 19	50% \$1,000 (Deductible does not apply)	

Dental implants are not covered.

The above is a listing of common services available through your network of Contracting Dentists.

The Member's share of the cost is determined by whether care is received from a Contracting or Non-Contracting Dentist.

All benefits are based upon the Allowable Amount, which is the amount determined by BCBSTX as the maximum amount eligible for payment of benefits. A Contracting Dentist cannot balance bill for charges in excess of the Allowable Amount. Benefits for covered services provided by a Non-Contracting Dentist will be based upon the same Allowable Amount, and it is likely that the Non-Contracting Dentist will balance bill for amounts above this, resulting in higher out-of-pocket expenses

This plan includes BlueCare Dental Enhanced Benefits. The Enhanced Benefit provides additional dental benefits, such as an extra cleaning for members with specific health issues. Please refer to your Dental Benefit Booklet for additional benefit information.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



PPO Overview

When you choose a preferred provider organization (PPO) plan, you and your covered family members can receive care from any licensed doctor, hospital or other provider. If you use a network doctor, typically you'll pay less out-of-pocket, you usually won't have to file any claims, and you'll get the highest level of benefits. If you use a doctor outside the network, you'll still be covered, but your out-of-pocket costs usually will be higher. There are many reasons to choose the Blue Cross and Blue Shield of Texas (BCBSTX) PPO plan:

- · Choosing your own doctor
- Seeing a specialist without a referral
- Getting care in a hospital that is close to home or one that is known worldwide
- Having the freedom to decide what's best for you and your family.

Your health and wellness are important. BCBSTX gives you access to online tools and a variety of medical services including preventive and wellness services*, such as:

- Annual physicals
- · Emergency care
- Well-woman care, including mammograms and osteoporosis (bone density) screenings
- Colorectal and prostate cancer screenings
- · Well-child care, including immunizations and hearing screenings
- Hospital and surgical care
- Lab tests and X-rays
- Maternity care (if applicable)
- Behavioral health and chemical dependency treatments

To find a contracting doctor or hospital, use the Provider Finder® tool at **bcbstx.com**. Once you become a BCBSTX member, you can also call the toll-free Customer Service number on the back of your member ID card.

^{*} Certain limitations may apply depending on your specific health plan. Review your specific health care plan documents.



Blue Choice PPO™

Finding a Blue Choice PPO provider is easy. Use the Provider Finder® tool located at **bcbstx.com**.

As a member of Blue Cross and Blue Shield of Texas (BCBSTX), you will be able to choose doctors, hospitals and other providers from the Blue Choice PPO network, one of the largest in Texas. You have the freedom to choose any doctor, hospital or other provider in this network and receive the highest level of benefits. If you travel, you will have access to BlueCard®, a national program that helps members get health care services while traveling across the country and in more than 200 countries and territories worldwide.

Remember, to receive the highest level of benefits, you must receive care from providers in the Blue Choice PPO network*.

Blue Choice PPO network providers have contracted with BCBSTX to provide health care services at negotiated rates.

By choosing a Blue Choice PPO network provider, you will pay less out-of-pocket. Usually you won't have to file claims, and you'll get the highest level of benefits. If you choose an out-of-network provider, you will still be covered, but your out-of-pocket costs may be higher and you may be responsible for filing your own claims.

^{*}An allowable amount is the maximum amount Blue Cross and Blue Shield of Texas will reimburse a doctor or hospital for a covered service. When you receive care in network, you will not be responsible for charges above the allowable amount.

Medical Plan Frequently Asked Questions

Q. Are my medical records kept confidential?

A. Yes. Blue Cross and Blue Shield of Texas (BCBSTX) is committed to keeping all specific member information confidential. Anyone who may have to review your records is required to keep your information confidential. Your medical records or claims data may have to be reviewed (for example, as part of an appeal that you request). If so, precautions are taken to keep your information confidential. In many cases, your identity will not be associated with this information.

Q. Who do I call with questions about my benefits?

A. Call the toll-free Customer Service number on the back of your ID card.

Q. How do I find a contracting network doctor or hospital?

A. Go to **bcbstx.com** and use **Provider Finder**[®], or call Customer Service at the toll-free number on the back of your ID card.

Q. What do I do when I need emergency care?

A. Call 911 or seek help from any doctor or hospital. BCBSTX will coordinate your care with the emergency provider.

Some options for non-emergency care include:

- Your doctor's office for health exams, routine shots, colds, flu and other minor illnesses or injuries.
- Walk-in retail health clinics available in retail stores.
 Many have a physician assistant or nurse practitioner who can help treat ear infections, rashes, minor cuts and scrapes, allergies, colds and other minor health problems.
- Urgent or immediate care clinics for more serious health issues, such as when you need an X-ray or stitches.

Urgent Care or Freestanding Emergency Room? Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers, but costs are higher, just as if you went to the ER at a hospital. Here are some ways to know if you are at a freestanding ER.

Freestanding ERs:

- Look like urgent care centers, but have EMERGENCY in the facility name.
- Are separate from a hospital but are equipped and work the same as an ER.
- Are staffed by board-certified ER physicians and are subject to the same ER copay.
- Find urgent care centers¹ near you by texting²
 URGENTTX to 33633 and then type in your ZIP code.

¹The closest urgent care center may not be in your network. Be sure to check Provider Finder to make sure the center you go to is in-network.

²Message and data rates may apply. Read terms, conditions and privacy policy at bcbstx.com/mobile/text-messaging.



Q. What should I bring to my first appointment with a new doctor?

A. Your first appointment is an opportunity to share information about your health with your new doctor. Bring as much medical information as possible, including:

- Medical records and insurance card If you are undergoing treatment at the time you change doctors, your medical records are important to your new doctor. Your insurance card provides information about copayments, billing and Customer Service phone numbers.
- Medications Give your new doctor information about prescription and over-the-counter medications, including any herbal medications you take. Be sure to include the name of the medication, the dosage, how often you take it and why you take it.
- Special needs Make a list of any equipment or devices you use including wheelchairs, oxygen, glucose monitors and the glucose strips. Be prepared to explain how you use them, not only to make sure you have the equipment you need, but also to make sure that there is no disruption in your care.

Q. What questions should I ask if I am selecting a new doctor?

A. In addition to preliminary questions you might ask a new doctor — such as "Are you accepting new patients?"
— here are some questions to help you evaluate whether a doctor is right for you.

 What is the doctor's experience in treating patients with the same health problems that I have?

- Where is the doctor's office? Is there convenient and ample parking, or is it close to public transportation?
- What are the regular office hours? Does the office have drop-in hours if I have an urgent problem?
- How long should I expect to wait to see the doctor when I'm in the waiting room?
- Are routine lab tests and X-rays performed in the office, or will I have to go elsewhere?
- Which hospitals does the doctor use?
- If this is a group practice, will I always see my chosen doctor?
- How long does it usually take to get an appointment?
- How do I get in touch with the doctor after office hours?
- Can I get advice about routine medical problems over the phone or by email?
- Does the office send reminders for routine preventive tests like cholesterol checks?

Q. What if I'm already in treatment when I enroll and my provider isn't in the network?

A. We'll work with you to provide the most appropriate care for your medical situation, especially if you are pregnant or receiving treatment for a serious illness. You may still be able to see your out-of-network provider for a period of time. Call the toll-free Customer Service number on the back of your ID card for more information.



Pharmacy Benefits





A home-delivery pharmacy service you can trust.

AllianceRx Walgreens Prime delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

Savings

 AllianceRx Walgreens Prime delivers up to a 90-day supply of long-term medicines.¹ This may reduce what you pay out of pocket, and includes free standard shipping.

Convenience

- Prescriptions are delivered to the address of your choice, within the U.S.
- You can order from the comfort of your home either online or over the phone. Your doctor can fax or send your prescription electronically to AllianceRx Walgreens Prime.
- You can receive up to a 90-day supply of longterm medicine at a time.¹
- You can ask for refills online or over the phone.
- Plain-labeled packaging protects your privacy.

Service

- You can receive notification by phone or email —
 your choice when your orders are shipped.
 You will be contacted, if needed, to complete
 your order. To select your notification preference,
 register online at alliancerxwp.com/home-delivery
 or call 877-357-7463.
- Member service agents are available 24/7.
- Licensed, U.S.-based pharmacists are available seven days a week.
- Choose to receive refill reminder notifications by phone or email.
- Standard delivery is included at no additional cost.
- AllianceRx Walgreens Prime pharmacies are located in the U.S.



You can choose how AllianceRx Walgreens Prime will notify you when your prescription ships and when it is due for a refill.



Getting Started with AllianceRx Walgreens Prime Home Delivery

Online and Mobile

You have more than one option to fill or refill a prescription online or from a mobile device:

- Visit alliancerxwp.com/home-delivery. Follow the instructions to create a new account or sign in with your Walgreens.com username and password.
- Log in to myprime.com and follow the links to AllianceRx Walgreens Prime.
- You can also continue to use your Walgreens.com account.

Over the Phone

Call **877-357-7463**, 24/7, to refill, transfer a current prescription or get started with home delivery. Please have your member ID card, prescription information and your doctor's contact information ready.

Through the Mail

To send a prescription order through the mail, visit **bcbstx.com** and log in to Blue Access for MembersSM (BAMSM). Complete the mail order form. Mail your prescription, completed order form and payment to AllianceRx Walgreens Prime.

Talk to Your Doctor

Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.¹ You can ask your doctor to send your prescription electronically to AllianceRx Walgreens Prime (AllianceRx Walgreens Prime-MAIL AZ), or fax a prescription request to 800-332-9581. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

Refills Are Easy

Refill dates are shown on each prescription label. You can choose to have AllianceRx Walgreens Prime remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

Questions?

Visit **bcbstx.com**. Or call the phone number on the back of your member ID card.



Medicines may take up to 10 days to deliver after AllianceRx Walgreens Prime receives and verifies your order.



Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty and home delivery pharmacy.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by BCBSTX to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.

¹ Prescriptions of up to a 90-day supply, or the most amount allowed by your benefit plan.



Q&A: Prescription Drug List

What is a prescription drug list?

Your prescription drug benefit plan is based on the Blue Cross and Blue Shield of Texas (BCBSTX) drug list. It is a list of drugs routinely reviewed and chosen based on the recommendations of a group of people from throughout the country who hold a medical or pharmacy degree.

U.S. Food and Drug Administration (FDA)-approved drugs are chosen based on their safety, cost and how well they work. The Enhanced Drug List is a smaller version of the Basic Drug List. It has mostly generic and select preferred brand drugs. The Balanced Drug List, Performance Drug List, Performance Select Drug List and 2020 Drug List (for Metallic plans) show all covered drugs. Drugs that are not shown on these lists are not covered. Major drug classes are covered on all drug lists. To learn more about your drug list, please call the number on your ID card.

Why should I use the drug list?

Your prescription drug list has many levels of coverage, called "tiers". As a rule, your copayment/ coinsurance amount will be less for covered drugs in the lower tier, such as the cost for preferred brand drugs is often lower than for non-preferred brand drugs. If your benefits are based on the Basic or Enhanced Drug List, most medicines may be covered that are not on the drug list, but you may pay more out of pocket. If your benefits are based on the Balanced Drug List, Performance Drug List, Performance Select Drug List or 2020 Drug List (for Metallic plans), medicines that are not on these drug lists will not be covered. You will need to pay for the full cost of the medicine. The drug list is a source for your doctor when prescribing medicines. But it is up to you and your doctor to decide the medicine that is best for you.

Why use generic drugs?

Generics are medicines that are safe and work just as well as a brand drug. Generics often cost less than a brand drug. A generic can usually be substituted for a brand drug if it has the same active ingredients, the same strength and dosage form and gives the same results. Talk to your doctor or pharmacist to find out if a generic drug is right for you.

How do I know if a drug is on the drug list and what my cost will be?

The other side of this flier lists some commonly prescribed generic and preferred brand drugs. If a drug you are looking for is not on the list, search the full drug list at **bcbstx.com** or call the number on your ID card.

How much you may pay out of pocket will be based on your prescription drug benefit plan and what tier the drug is on the drug list. To find out what you will pay, visit **bcbstx.com** or call the number on your ID card.

Please note: Drugs that call for a health care provider to give them to you (often in a hospital, doctor's office or other health care setting) may be covered under your medical benefit and not on the drug list. If you have questions about these drugs, please call the number on your ID card.

What are dispensing limits?

Based on FDA-approved dosing regimens and manufacturer's research, certain drugs have dispensing limits. This means that these drugs have a limit on how much medicine can be filled per prescription or in a given time span. For example, the osteoporosis drug Actonel® (risedronate) can only be filled as 30 tablets per 30 days because the FDA-approved labeling states that the recommended dose is one 5 mg tablet taken daily by mouth.

What if I have questions?

Call the number on your ID card, 24 hours a day, 7 days a week, or visit **bcbstx.com**.

July 2020 Commonly Prescribed Drugs

This list is a sample of commonly prescribed generic and preferred brand drugs. See the full and up-to-date BCBSTX prescription drug lists at bcbstx.com. The online drug list (Balanced Drug List, Basic Drug List, Enhanced Drug List, Performance Drug List, Performance Select Drug List) may be changed as often as four times a year, based on your prescription drug benefit plan. Some online drug lists (Annual versions) may only be changed once a year, based on your prescription drug benefit plan. The online 2020 Drug List (for Metallic plans) may be changed monthly with added drugs. The drug list may have medicines not covered under your prescription drug benefit plan. Also, prescription versions of over-the-counter (OTC) medicines may not be covered based on your prescription drug benefit plan. If you have questions about your prescription drug benefit, call the number on your ID card.

ANTIHYPERTENSIVES Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations

benazepril hcl tab benazepril/

hydrochlorothiazide tab captopril tab enalapril maleate tab enalapril maleate/

hydrochlorothiazide tab fosinopril sodium tab fosinopril sodium/

hydrochlorothiazide tab lisinopril tab lisinopril/

hydrochlorothiazide tab moexipril hcl tab perindopril erbumine tab quinapril hcl tab quinapril-

hydrochlorothiazide tab ramipril cap trandolapril tab

Angiotensin II Receptor Antagonist (ARBs) and Combinations

candesartan cilexetil tab candesartan cilexetil-

hydrochlorothiazide tab irbesartan tab irbesartan-

hydrochlorothiazide tab losartan potassium tab losartan potassium/

hydrochlorothiazide tab olmesartan medoxomil tab olmesartan medoxomil-

hydrochlorothiazide tab telmisartan tab telmisartan-

hydrochlorothiazide tab valsartan tab valsartan-

hydrochlorothiazide tab

Beta Blockers and Combinations acebutolol hcl atenolol tab

atenolol/chlorthalidone tab bisoprolol fumarate tab bisoprolol/

hydrochlorothiazide tab carvedilol tab labetalol hcl tab metoprolol/

hydrochlorothiazide tab metoprolol succinate tab er 24hr

metoprolol tartrate tab

nadolol tab pindolol tab propranolol hcl tab propranolol hcl cap er 24hr Calcium Channel Blockers **Calcium Channel Blockers**

and Combinations amlodipine besylate-

benazepril hcl cap amlodipine besylatevalsartan tab amlodipine-valsartanhydrochlorothiazide tab diltiazem hcl coated beads cap er 24hr diltiazem hcl tab felodipine tab er 24hr nifedipine tab er 24hr osmotic release verapamil hcl tab er

verapamil hcl tab

ASTHMA/COPD ADVAIR albuterol sulfate soln nebu albuterol sulfate syrup albuterol sulfate tab ANORO ELLIPTA ARNUITY ELLIPTA **ASMANEX HFA BREO ELLIPTA** budesonide inhalation susp **DULERA** FLOVENT DISKUS FLOVENT HFA **INCRUSE ELLIPTA** ipratropium bromide inhal soln

ipratropium-albuterol nebu soln levalbuterol hcl soln nebu conc montelukast sodium PROAIR HFA PROAIR RESPICLICK **QVAR REDIHALER** SEREVENT DISKUS SPIRIVA HANDIHALER SPIRIVA RESPIMAT STIOLTO RESPIMAT STRIVERDI RESPIMAT **SYMBICORT** terbutaline sulfate tab theophylline tab er 24hr TRELEGY ELLIPTA zafirlukast tab **CHOLESTEROL** atorvastatin calcium tab

cholestyramine light powder packets choline fenofibrate cap dr colesevelam hcl colestipol hcl granule packets ezetimibe-simvastatin tab ezetimibe tab fenofibrate micronized cap fenofibrate tab gemfibrozil tab lovastatin tab niacin tab er pravastatin sodium tab rosuvastatin calcium tab simvastatin tab

DEPRESSION

amitriptyline hcl tab bupropion hcl tab bupropion hcl tab er citalopram hydrobromide clomipramine hcl cap desipramine hcl tab duloxetine hcl enteric coated pellets cap escitalopram oxalate tab fluoxetine hcl fluvoxamine maleate tab

imipramine hcl tab

mirtazapine tab nortriptyline hcl cap paroxetine hcl tab phenelzine sulfate tab sertraline hcl tranylcypromine sulfate tab trazodone hcl tab venlafaxine hcl cap er venlafaxine hcl tab

DIABETES acarbose tab glimepiride tab glipizide tab glipizide tab er 24hr glipizide-metformin hcl tab **GLUCAGON EMERGENCY**

glyburide-metformin tab glyburide micronized tab glyburide tab **GLYXAMBI GVOKE PFS HUMULIN R INVOKAMET INVOKAMET XR** INVOKANA **JANUMET** JANUMET XR **JANUVIA JARDIANCE** KOMBIGLYZE XR **LANTUS** LANTUS SOLOSTAR

LEVEMIR metformin hcl tab metformin hcl tab er nateglinide tab NOVOLIN 70/30 **NOVOLIN N NOVOLOG** NOVOLOG MIX 70/30 pioglitazone hcl-metformin hcl tab pioglitazone hcl tab repaglinide tab **RYBELSUS**

TRESIBA VICTOZA



Do You Need Specialty Medications?

Blue Cross and Blue Shield of Texas (BCBSTX) has arranged for AllianceRx Walgreens Prime* to support members who need self-administered specialty medication and help them manage their therapy.

Specialty drugs are often prescribed to treat chronic, complex or rare conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. These drugs may be given by infusion (intravenously), injection, taken by mouth or some other way.

Specialty drugs often call for carefully following a treatment plan (or taking them on a strict schedule). These medications have special handling or storage needs and may not be stocked by retail pharmacies. They often cost more than non-specialty prescriptions.

Some specialty drugs must be given by a health care professional, while others are approved by the U.S. Food and Drug Administration (FDA) for self-administration (given by yourself or a care giver). Medications that call for administration by a professional are often covered under your medical benefit. Your doctor will order these medications. Coverage for self-administered specialty drugs is usually provided through your pharmacy benefit. Your doctor should write or call in a prescription for self-administered specialty drugs to be filled by a specialty pharmacy.

Your plan may require you to get your self-administered specialty drugs through AllianceRx Walgreens Prime or another in-network specialty pharmacy. If you do not use these pharmacies, you may pay higher out-of-pocket costs.**

Examples of Self-Administered Specialty Medications

This chart shows some conditions self-administered specialty drugs may be used to treat, along with sample medications. This is not a complete list and may change from time to time. Visit **bcbstx.com** to see the up-to-date list of specialty drugs.

Condition	Sample Medications***
Osteoporosis	Forteo, Tymlos
Cancer (oral)	Gleevec, Nexavar, Sprycel, Sutent, Tarceva
Growth Hormones	Increlex, Omnitrope
Hepatitis C	Epclusa, Harvoni, Mavyret and Vosevi
Multiple Sclerosis	Betaseron, Copaxone, Rebif
Rheumatoid Arthritis/Psoriasis	Enbrel, Humira, Stelara



Support in Managing Your Condition: AllianceRx Walgreens Prime

Through AllianceRx Walgreens Prime, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through AllianceRx Walgreens Prime, you get one-on-one support in managing your therapy – at no additional charge – including:

- Convenient delivery of drugs to you or your doctor's office
- Information to help you stay on track with your therapy and help you manage any side effects you may feel
- Syringes, sharps containers and other supplies with each shipment for self-injectable drugs
- 24/7/365 specialty pharmacy access

Ordering Through AllianceRx Walgreens Prime

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to AllianceRx Walgreens Prime. To start using AllianceRx Walgreens Prime, call 877-627-6337, Monday-Friday, 8 a.m. - 8 p.m. ET.

When switching pharmacies, have your ID card and be ready with your:

- Name, address, phone number
- Name of medication
- Current pharmacy's name and phone number (for existing prescriptions), and the prescription number
- Doctor's name, phone and fax numbers

Your doctor may also order select specialty drugs that must be given to you by a health professional through AllianceRx Walgreens Prime.

Receiving Specialty Medications

Since many specialty drugs have unique shipping or handling needs, shipments will be arranged with you through AllianceRx Walgreens Prime. Medications are shipped in plain, secure, tamper-resistant packaging.

Before your scheduled refill date, you will be contacted to:

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered****
- Discuss any changes in your condition or answer any questions about your health****

You can reach AllianceRx Walgreens Prime at 877-627-6337.



Certain coverage exclusions and limitations may apply, based on your health plan. For some medicines, members must meet certain criteria before prescription drug benefit coverage may be approved. Check your benefit materials for details, or call the number on the back of your ID card with questions.



- *Blue Cross and Blue Shield of Texas (BCBSTX) contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and home delivery company.
- **The BCBSTX specialty pharmacy network includes AllianceRx Walgreens Prime as well as other in-network specialty pharmacies for select specialty drugs. Based on the benefit plan, members may be responsible for the full cost of the specialty drug for not using an in-network specialty pharmacy. You can log in to your Blue Access for MembersSM account to find an in-network specialty pharmacy near you.
- ***Third-party brand names are the property of their respective owners.
- ****Treatment decisions are between you and your doctor.



Features of Your Plan





Blue Access for Memberssm

Health Care at Your Fingertips

Blue Cross and Blue Shield of Texas (BCBSTX) helps you get the most out of your health care benefits with Blue Access for MembersSM (BAMSM). You and all covered dependents age 18 and up can create a BAM account.

With BAM, you can:

- Use our Provider Finder® tool to search for a health care provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures
- Download our app
- Sign up for text or email alerts

It's Easy to Get Started!

- 1. Go to bcbstx.com/member
- 2. Click Log Into My Account
- 3. Use the information on your BCBSTX ID card to sign up

Or, text* **BCBSTXAPP** to **33633** to get the BCBSTX App that lets you use BAM while you're on the go.

^{*}Message and data rates may apply.

Well ปกโarget®

A New Way to Experience Wellness

Well on Target offers personalized tools and resources to help you — no matter where you may be on the path to health and wellness.

Well on Target can give you the support you need to make healthy choices — while rewarding you for your hard work.

Member Wellness Portal

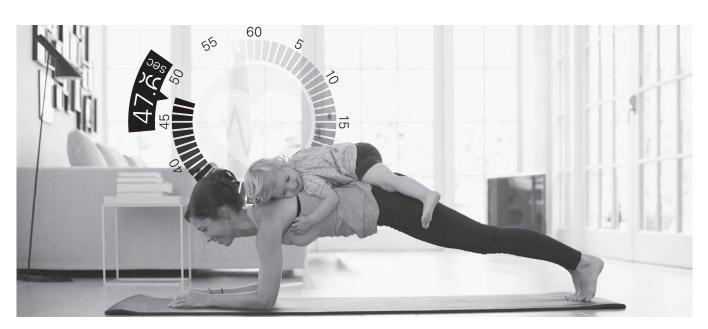
The heart of Well on Target is the member portal, available at **wellontarget.com**. It uses the latest technology to offer you an enhanced online experience. This engaging portal links you to a suite of innovative programs and tools.

- Self-Management Programs: These programs let you
 work at your own pace to reach your health goals. Learn
 more about nutrition, fitness, losing weight, quitting
 smoking, managing stress and more. Track your
 progress as you make your way through each lesson.
 Reach your milestones and earn Blue PointsSM.1
- Health and wellness content: The health library teaches and empowers through evidence-based, reader-friendly articles.
- Tools and trackers: These resources can help keep you on course while making wellness fun. Use symptom checkers and health trackers.
- Fitness Tracking: Track your fitness activity using popular fitness devices and mobile apps.



Start experiencing the new wellness portal today.
Go to wellontarget.com.







- Health Assessment (HA)²: The HA poses questions
 to learn more about you. After you take the HA, you
 will get a personal wellness report. This confidential
 report offers you tips for living your healthiest life. Your
 answers will help tailor the Well on Target portal with
 the programs that may help you reach your goals. You
 can share this report with your health care provider.
- Blue Points Program: Blue Points can help motivate
 you to maintain a healthy lifestyle. Earn points for
 participating in wellness activities. You can redeem
 points in the online shopping mall.³ The program gives
 you points instantly, so you can use them right away.
 For larger rewards, you can even pay the difference
 between the Blue Points and full value of the purchase.

Fitness Program

Fitness can be easy, fun and affordable. The Fitness Program is a flexible membership program that gives you unlimited access to a nationwide network of more than 10,000 fitness locations. If you want, you can choose one location close to home and one near work. And you can visit locations while you're on vacation or traveling for work.

Other program perks include:

- No long-term contract: Membership is month to month. Monthly fees are \$25 per month per member, with a one-time enrollment fee of \$25 per member.⁴
- Blue Points: Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits.
- Convenient payment: Monthly fees are paid via automatic credit card or bank account withdrawals.
- Web resources: You can go online to search for locations and track your visits.
- Health and wellness discounts: Save money through a nationwide complementary and alternative medicine network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers.

It's easy to join the Fitness Program! Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, between 7 a.m. and 7 p.m. CT (6 a.m. and 6 p.m. MT).



Take Wellness on the Go

Check out the Well onTarget mobile app, available for iPhone[®] and Android[™] smartphones. It can help you work on your health and wellness goals — anytime and anywhere.



- 1 Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well on Target Member Wellness Portal at wellontarget.com for further information.
- 2 Well on Target is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.
- 3 Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.
- ${\it 4 Taxes apply. Individuals must be at least 18 years old to purchase a membership.}$

The Fitness Program is provided by Tivity Health®, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

Blue Cross and Blue Shield of Texas (BCBSTX) is required to provide you a HIPAA Notice of Privacy Practices as well as a State Notice of Privacy Practices. The HIPAA Notice of Privacy Practices describes how BCBSTX can use or disclose your protected health information and your rights to that information under federal law. The State Notice of Privacy Practices describes how BCBSTX can use or disclose your nonpublic personal financial information and your rights to that information under state law. Please take a few minutes and review these notices. You are encouraged to go to the Blue Access for Members (BAM) portal at BCBSTX.com to sign up to receive these notices electronically. Our contact information can be found at the end of these notices.

HIPAA NOTICE OF PRIVACY PRACTICES - Effective 9/23/13

YOUR RIGHTS. When it comes to your health information, you have certain rights.

This section explains you	ur rights and some of our responsibilities to help you.
Get a copy of your health and claims records	 You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this by using the contact information at the end of this notice. We will provide a copy or a summary of your health and claims records usually within 30 days of the request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	 You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this by using the contact information at the end of this notice. We may say "no" to your request. We'll tell you why in writing within 60 days.
Request confidential communications	 You can ask us to contact you in a specific way or to send mail to a different address. Ask us how to do this by using the contact information at the end of this notice. We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	 You can ask us not to share or use certain health information for treatment, payment or our operations. Ask how to do this by using the contact information at the end of this notice. We are not required to agree to your request, and we may say "no" if it would affect your care.
Get a list of those with whom we've shared information	 You can ask for a list (accounting) for six years prior to your request date of when we shared your information, who we shared it with and why. Ask us how to do this by using the contact information at the end of this notice. We will include all the disclosures except for those about treatment, payment, and our operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free, but we may charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this Notice	 You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. To request a copy of this notice, use the contact information at the end of this notice and we will send you one promptly.
Choose someone to act for you	 If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices for you. We confirm this information before we release them any of your information.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your privacy rights by using the contact information at the end of this notice.
- You can also file a complaint with the U.S. Department of Health and Human Services
 Office for Civil Rights by calling 1-877-696-6775; or by visiting
 www.hhs.gov/ocr/privacy/hipaa/complaints/ or by sending a letter to them at:
 200 Independence Ave., SW, Washington, D.C. 20201.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES. For certain health information, you can tell us your choices about what we share.

If you have a clear preference on how you want us to share your information in the situations described below, tell us and we will follow your instructions. Use the contact information at the end of this notice.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster or relief situation
- Contact you for fundraising efforts

If there is a reason you can't tell us who we can share information with, we may share it if we believe it is in your best interest to do so. We may also share information to lessen a serious or imminent threat to health or safety.

We never share your information in these situations unless you give us written permission

- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES. How do we use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

• We can use your health information and share it with professionals who are treating you.

<u>Example</u>: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

 We can use and disclose your information to run our organization and contact you when necessary.
 Example: We use health information to develop better services for you.

We can't use any genetic information to decide whether we will give you coverage except for long-term care plans.

Pay for your health Services

• We can use and disclose your health information since we pay for your health services. <u>Example</u>: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

 We may disclose your health information to your health plan sponsor for plan administration purposes.

<u>Example</u>: If your company contracts with us to provide a health plan, we may provide them certain statistics to explain the premiums we charge.

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How else can we use or share your health information?

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information go to: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health We can share your health information for certain situations such as: and safety issues Preventing disease Helping with product recalls Reporting adverse reactions to medications Reporting suspected abuse, neglect or domestic violence Preventing or reducing a serious threat to anyone's health or safety Do research We can use or share your information for health research. Comply with the law We will share information about you when state or federal law requires it, including the Department of Health and Human Services if they want to determine that we are complying with federal privacy laws. Respond to We can share health information about you with an organ procurement organization. organ/tissue We can share information with a medical examiner, coroner or funeral director. donation requests and work with certain professionals We can use or share health information about you: Address workers For workers compensation claims compensation, law enforcement, and For law enforcement purposes or with a law enforcement official Other government With health oversight agencies for activities authorized by law requests For special government functions such as military, national security, and presidential protective services or with prisons regarding inmates. Respond to lawsuits We can share health information about you in response to an administrative or court And legal actions order, or in response to a subpoena. Certain health State law may provide additional protection on some specific medical conditions or health information. For example, these laws may prohibit us from disclosing or using information information related to HIV/AIDS, mental health, alcohol or substance abuse and genetic information without your authorization. In these situations, we will follow the

OUR RESPONSIBILITIES. When it comes to your information, we have certain responsibilities.

requirements of the state law.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that compromises the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing.

You may change your mind at any time. Let us know in writing if you change your mind.

Additional information about your Privacy Rights can be found @ https://www.hhs.gov/hipaa/

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STATE NOTICE OF PRIVACY PRACTICES - Effective 9/23/13

Blue Cross and Blue Shield of Texas (BCBSTX) collects nonpublic personal information about you from your insurance application, healthcare claims, payment information and consumer reporting agencies. BCBSTX:

- Will not disclose this information, even if your customer relationship with us ends, to any non-affiliated third
 parties except with your consent or as permitted by law.
- Will restrict access to this information to only those employees who perform functions necessary to administer our business and provide services to our customers.
- Will maintain security and privacy practices that include physical, technical and administrative safeguards to protect this information from unauthorized access.
- Will only use this information to administer your insurance plan, process you claims, ensure proper billing, provide you with customer service and comply with the law.

BCBSTX is able to share this information with certain third parties who either perform functions or services on our behalf or when required by law. These are some examples of third parties that we can share your information with:

- Company affiliates
- Business partners that provide services on our behalf (claims management, marketing, clinical support)
- Insurance brokers or agents, financial services firms, stop-loss carriers
- Regulatory agencies, other governmental entities and law enforcement agencies
- Your Employer Group Health Plan

You have a right to ask us what nonpublic financial information that we have about you and to request access to it.

CHANGES TO THESE NOTICES

We have the right to change the terms of these notices, and the changes we make will apply to all information we have about you. The new notices will be available upon request or from our website. We will also mail a copy of the new notices to you as required by law.

CONTACT INFORMATION FOR THESE NOTICES

If you would like general information about your privacy rights or would like a copy of these notices, go to: www.bcbstx.com/important-info/hipaa.

If you have specific questions about your rights or these notices, contact us in one of the following ways:

- Call us by using the toll-free number located on the back of your member identification card.
- Call us at 1-877-361-7594.
- Write us at Privacy Office Divisional Vice President Blue Cross and Blue Shield of Texas P.O. Box 804836 Chicago, IL 60680-4110

REVIEWED: January 2020

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Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator

300 E. Randolph St. 35th Floor

Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)

TTY/TDD: 855-661-6965 Fax: 855-661-6960

Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services 200 Independence Avenue SW

Room 509F, HHH Building 1019 Washington, DC 20201

Phone: 800-368-1019 TTY/TDD: 800-537-7697

Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html



It you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, lame al 855-710-6984. Arabic 있为正在協助的對象,對此有疑問,多方10-6984。 如果您,或您正在協助的對象,對此有疑問,多有權利免費以您的母語獲得幫助和訊息。 合語一位翻譯真,請賴電話 號碼 555-710-6984。 Si vous, ou quelqu'un que vous étes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parier à un interprête, appelez 855-710-6984. Beutsch German Jerich dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlosse Hilfe und Informationen in librer Sprache zu enhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bittle die Nummer 855-710-6984 an. 제 지나라 생외되다 내 논문 중인 로間, 리 내라 이름 양란 한 문데[입고 보다] 보다 보는 장마 지나는 사이트 이름 한 한 문데[입고 보다] 보다 보는 사이트 이름 한 한 문데[입고 보다] 보다 보는 사이트 이름 한 한 문데[입고 보다] 보다 보는 사이트 이름 한 문한 문데[집고 보다] 보다 보는 사이트 이름 한 문한 문에[집고 보다] 보다	
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(Ainese) 論詢一位翻譯員, 請榜電話 號碼 855-710-6984. Français Français Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984. Deutsch German Jerse Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in livrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an. J@ १९१८ ती अथवा त्येम महा हु ही दहा होय और और आनाफ प्राथम महा हु अले महा हिती साल अथवा त्येम महा हु ही दहा होय और और आनाफ महा हु हो हु	 إن كان لديك أو لدى شخص تساعده أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون الله تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 6984-710-855.
French laide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984. Deutsch German l'aide et l'informatione in dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an. 기약된다	如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。 洽詢一位翻譯員, 請撥電話 號碼 855-710-6984。
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taliano taliano se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984. 한국어 Korean 만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 권하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오. Diné Navajo T'áá ni, cí doodago ta'da bíká anánílwo'ígíí, na'ídítkidgo, ts'ídá bee ná ahóóti'i' t'áá níík'e níká a'doolwoł dóó bína'ídítkidígíí bee nił h odoonih. Ata'dahalne'ígíí bích'i' hodíílnih kwe'é 855-710-6984. Persian Ješli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezplatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984. Русский Russian Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984. Кипд ікаw, о ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984. Vecku ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984. Vecku ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984. Néu quý vi, hoặc người mà quý vi giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાયેક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કૉલ કરો.
ltalian lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984. 한국어 Korean 만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 전화하십시오. Diné Navajo T'áá ni, éí doodago la'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóóti'i' t'áá níík'e níká a'doolwoł dóó bína'ídíłkidígíí bee nił h odoonih. Ata'dahalne'ígíí bich'i' hodíílnih kwe'é 855-710-6984. Persian Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezplatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984. Русский Russian Бели у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984. Кипд ікаw, о ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984. Urdu Nêu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin	सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984
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Group Enrollment Application Change Form

Please read the instructions on the inside thoroughly before completing this enrollment application/change form.

ENROLLMENT APPLICATION/CHANGE FORM INSTRUCTIONS

PLEASE READ THOROUGHLY BEFORE COMPLETING ENROLLMENT APPLICATION/CHANGE FORM Use a black or blue ballpoint pen only. Print neatly. Do not abbreviate.

SECTION 1 ENROLLMENT EVENTS

Check all the boxes that apply to indicate if you are a new enrollee or if you are requesting a change to your coverage. Indicate the event and date, if applicable. Complete the additional sections that correspond to your selection.

New Enrollee: Complete all sections where applicable.

Add Dependent: Complete all sections where applicable.

- If you are enrolling a court-ordered dependent for coverage beyond the automatic 31-day period for coverage, you must submit a copy of the court order or decree.
- If you are applying for coverage for a disabled dependent over the age limit of your employer's plan, please provide the additional information requested in Section 5. Additional documentation may be required as addressed in that section.
- If student dependent coverage is part of your employer's plan and you are adding or enrolling a dependent child age 26 or over who is a student, you may be
 required to submit a completed Student Certification form.

Open Enrollment: The period of time offered on a regular basis during which you can elect to enroll in a specific group health insurance plan or make changes to your current membership.

Special Enrollment Event: If you qualify, special enrollment is any change to your current membership such as marriage*, divorce**, adoption, suit for adoption, leave/layoff, moving out of the service area, etc. This change may occur outside of open enrollment.

Effective Date of Benefits: Field is mandatory.

Completion of Other Eligibility Requirements: Check this box only if your employer has eligibility requirements that you have met/completed prior to enrollment, such as measurement period or orientation period.

Cancel Enrollee/Cancel Dependent/Cancel Coverage: Complete Sections 1, 2, 4 (skip Section 4 if declining coverage) and 9. In Section 4 include name, social security number and date of birth of individual(s) canceling.

SECTION 2 YOUR INFORMATION

Complete this section with details about yourself even if you are declining coverage.

SECTION 3 YOUR COVERAGE

Complete all portions related to the coverages for which you are applying. Please list the seven character plan ID for your selected benefit design (example for a small group plan: B634ADT) in the plan # field. If you are unsure of your group size or do not know your plan ID, please ask for guidance from your employer.

If you are enrolling for life or disability insurance, enter the information requested. When listing the beneficiary, provide both the first and last name and the relationship to you. List all beneficiaries that apply.

SECTION 4 COVERAGE OPTIONS

Complete all areas that apply to you and each dependent.

For HMO Plans Only:

- Blue Essentials AccessSM or Blue Premier AccessSM plans do not require a PCP selection.
- Those applying for Blue Advantage HMOSM, Blue EssentialsSM or Blue PremierSM plans are required to select a primary care physician/practitioner (PCP) for each covered individual. List the name of the physician/practitioner and the provider number from the provider directory or Provider Finder[®] at bcbstx.com. Be sure to check the appropriate box for a new patient.
- ATTENTION FEMALE MEMBERS: If you select an HMO plan that requires PCP selection, remember that your PCP's network may affect your choice of an OB/GYN. You have the right to receive services from an OB/GYN without first obtaining a referral from your PCP. However, for HMO members, the OB/GYN from whom you receive services must belong to the same physician practice group or independent practice association (IPA) as your PCP. This is another reason to make certain that your PCP's network includes the specialists particularly the OB/GYN and hospitals that you prefer. You are not required to designate an OB/GYN. You may elect to receive OB/GYN services from your PCP.

Change Primary Care Physician/Practitioner: Complete Section 1 and check the "Other Change(s)" box; then, complete Sections 2, 3, 4 and 9. In Section 4, please include enrollee's or dependent's name, social security number, date of birth, and name and number of the new PCP.

Change Address/Name: Complete Section 1 and check the "Other Change(s)" box; then, complete Sections 2 and 9.

SECTION 5 DISABLED DEPENDENT

A disabled dependent must be medically certified as disabled and dependent upon you or your spouse***/domestic partner in order to be considered for coverage if disabled dependent coverage is part of your employer's plan. A Disabled Dependent Authorization and Disabled Dependent Physician Certification form must be completed and submitted with this enrollment application, if applicable.

SECTION 6 OTHER COVERAGE

Complete this section if you or any dependent have other group or individual health and/or dental coverage (if applicable) that will not be canceled when the coverage under this application becomes effective.

SECTION 7 MEDICARE COVERAGE

Complete this section if you or any of your dependents are covered by Medicare. Enter the start and end dates for the coverage that applies. Your Medicare HIC number must be listed (it can be found on your Medicare ID card). Check the reason for your Medicare coverage.

SECTION 8 DECLINATION OF COVERAGE

Complete this section if you are declining health coverage for yourself and your dependents. **Anyone** declining coverage for any reason should complete Section 8, not just those declining because of other coverage.

IMPORTANT NOTICE: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health care coverage, you may, in the future, be able to enroll yourself or your dependents in the plan if you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, birth, adoption, suit for adoption or placement of a foster child in your home, you may be able to enroll yourself and your dependents if you request enrollment within 31 days after the marriage, birth, adoption, suit for adoption or placement of an eligible foster child in your home.

SECTION 9 COVERAGE CONDITIONS

Sign your name and date the enrollment application if you agree to the conditions set forth in this section. Your enrollment application should be submitted to your employer's Enrollment Department, which will then submit your form by mail or email to: BCBSTX • Group Accounts Dept. • PO Box 655730 • Dallas, TX 75265-5730.

- * The term "marriage" includes legal marriage and the establishment of a domestic partnership (coverage subject to your employer's plan).
- ** The term "divorce" includes legal divorce and the comparable termination of a domestic partnership (coverage subject to your employer's plan).
- *** The use of the term "spouse" includes a legal spouse. It also includes a party to a domestic partnership (coverage subject to your employer's plan).

ENROLLMENT APPLICATION/CHANGE FORM	Group #	Section #	Social Security #
	Group #	36011011 #	Social Security #

	BlueCross BlueShield of Texas
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	Group #	Section #	Social Security #
Accou	nt #		Category

Please Note: If your group offers a Consumer Choice health plan you have the option to choose a Consumer Choice of Benefits Health Insurance Plan or Consumer Choice of Benefits Health Maintenance Organization health care plan that, either in whole or in part, does not provide state-mandated health benefits normally required in accident and sickness insurance policies or evidences of coverage in Texas. This standard health benefit plan may provide a more affordable health insurance policy or health plan for you, although, at the same time, it may provide you with fewer health benefits than those normally included as state-mandated health benefits in policies or evidences of coverage in Texas. If you choose this standard health benefit plan, please consult with your insurance agent to discover which

state-mandated health benefits are excluded in this policy or evidence of coverage.											
SECTION 1 — ENROLLMENT EVENTS PLEASE CHECK ALL THAT APPLY – IF YOU ARE DECLINING COVERAGE, COMPLETE SECTIONS 2, 8 AND 9 ONLY											
□ New Enrollee □ Add Dependent □ Open Enrollment □ Other Changes □ Cancel Enrollee □ Cancel Dependent								endent			
Are you applying as a result of a Special Enrollment Event? □ No □ Yes, Event Date: / /					Cancel Coverage: ☐ Health ☐ Dental						
Event: New Hire Marriage* Birth						☐ Term Life ☐ Dependent Life					
☐ Adoption or Suit for Adoption (provided)		documents)				☐ Short-Term Disability ☐ Long-Term Disability					ability
Court Order (provide court order or c	ecree)					List names	of those	e cano	eling in	Section 4	below
□ Loss of Other Coverage □ Other (explain):						Event:					
Effective Date of Benefits://			liaibility Rea	uirements	- S					ent 🗆 Ot	her
						Indicate E				_/	
SECTION 2 — PLEASE TELL US A	OUT	YOURSELF	COMPLE								
Last Name First	Vame		MI (opt)	Suffix	Birth	Date (MM/D	D/YYYY)	Socia	cial Security #		
Mailing Address Ctreet Apt #			City					Ctata	_	ZIP code	_
Mailing Address - Street - Apt #			City					State	=	ZIP Code	
Email Address			□ Male	Home/Ce	all Ph	one #					
Email / Idai occ			☐ Female	1101110,00	011 1 11	0110 11					
Name of Employer	Job T	ītle		s Phone #	ŧ	Employme	ent Date		Do γοι	u usually w	ork at least for this
' '						(MM/DD/YYY			30 hou	ırs a wéek yer? □ Yes	for this
Eligibility Status: 🗆 Active Employee 🗆	Retired	d Employee - Date	of Retiremer	nt:						<u>, </u>	
☐ State Continuation of Group Coverage (insu											
SECTION 3 — SELECT YOUR COV	ERAGI	E PLEASE CI	HECK ALL	ГНАТ АРІ	PLY						
		Small Group F	Plans (2-50 Er	nployees)							
Health Coverage (select one)		Who is covered for		lect one)		ueCare Who is covered for de			dental? (se	lect one)	
☐ Blue Premier Access sM ☐ Blue Choice PPO ^s ☐ Blue Essentials sM ☐ Blue Advantage F	M M OSM				_	Dental ^{sм} ☐ Employee Only Coverage ☐ Employee/Spouse					
☐ Blue Essentials Access SM	IVIO					Yes Employee/Child(ren)					
☐ Other					□N	No Gramily					
Plan # (required)	_	☐ I am not applyir	ng for Health	coverage			□lam	not ap	pplying	for Dental	coverage
		Large Group Plans	(more than !	0 Employ	ees)						
Health Coverage (select one)		Who is covered for		lect one)		al Coverage				dental? (s	elect one)
☐ Blue Choice PPO SM ☐ Blue Essentials SM ☐ Blue Premier SM ☐ Blue Essentials Ac	cess SM	☐ Employee Only ☐ Employee/Spouse ☐				☐ Yes☐ Employee Only☐ Employee/Spouse			0		
☐ Blue Premier Access sM				Plan	lan # ☐ Employee						
Other	☐ Family (req: ☐ I am not applying for Health coverage ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			(requ		☐ Fam	ily	y not applying for Dental coverage			
Plan #							□lam	not a	pplying	for Denta	coverage
Primary Language:	commi	Englis	sh Spanis	h 🗌 Othe	er						
If "Yes," describe special communication mate	rials ne	eded:	162 140								
Group Term Life, Accidental Death and	Disme	emberment (AD&	&D) and Dis	sability In	nsura	nce^					
☐ I am not applying for Group Term Life, AD&	O or Dis	sability Insurance c	overage								
Employee Occupation/Job Title:	Wage	ige Rate \$ per □ hour □ week □ month □			□ year						
Group Basic Term Life and AD&D ☐ I do not apply			do apply		Amount \$						
Group Dependents' Life] I do n	ot apply 🗆 I d	do apply								
Group Supplemental Life] I do no	ot apply 🗆 I d	do apply								
Employee Election: \$ Spouse Election: \$ Child Election: \$											
Short-Term Disability											
Long-Term Disability] I do n	ot apply 🗆 I d	do apply								
Primary First Name Initial		ıst Name	Relations	nip	Birth	Date (MM/DD	/YYYY)	S	Social S	Security #	
Beneficiary									-	-	
Contingent First Name Initial Beneficiary	La	ast Name	Relations	nip	Birth	Date (MM/DD	I/YYYY)	S	Social S	Security #	

^{*} The term "marriage" includes legal marriage and the establishment of a domestic partnership (coverage subject to your employer's plan).

** The term "divorce" includes legal divorce and the comparable termination of a domestic partnership (coverage subject to your employer's plan) *** The use of the term "spouse" includes a legal spouse. It also includes a party to a domestic partnership (coverage subject to your employer's plan).

[^] Life, Accidental Death & Dismemberment and Disability insurance is underwritten by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Blue Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Last Name:	Social	I Security #:	_	Gro	oup #	
SECTION 4 — COVERAGE (Employee/Enrollee's Name	PCP Name	LETE ALL AREAS THAT APPLY, PCP SE N IS NOT REQUIRED FOR BLUE PREM PCP #				al) HMO OB/GYN #
Dependent's Name ☐ Husband ☐ Wife ☐ Domestic Partner	Dependent's PCP Name	PCP#		HMO OB/G	GYN Name (optiona	al) HMO OB/GYN #
Dependent's Social Security #	Birth Date (MM/DD/YYYY) Add	dress (if different) - # and		City	State	ZIP code
Dependent's Name ☐ Son ☐ Daughter ☐ Other Eligible Dependent	·	ity # Dependent's PCP Name		New Patien □ Y □ N	(optional)	
Birth Date (MM/DD/YYYY) Home Address	,	child, adopted child, or	tural child, stepchild, fos a child in suit for adopti	ion? child or o	our eligible natural child, sto child in suit for adoption, a ible for this dependent?	
Dependent's Name ☐ Son ☐ Daughter ☐ Other Eligible Dependent		ity # Dependent's PCP Name	PCP#	New Patien ☐ Y ☐ N	nt? HMO OB/GYN Na (optional)	ame HMO OB/GYN #
	If different) Street/City/State/ZIF	P code Is this dependent a nat child, adopted child, or	tural child, stepchild, fos a child in suit for adopti	ion? child or o	our eligible natural child, stochild in suit for adoption, a ible for this dependent?	
Dependent's Name ☐ Son ☐ Daughter ☐ Other Eligible Dependent	'	ity # Dependent's PCP Name	PCP#	New Patien		
Birth Date (MM/DD/YYYY) Home Address (<u> </u>		I atural child, stepchild, for a child in suit for adopt	ester If not you	ur eligible natural child, stochild in suit for adoption, a bible for this dependent?	
SECTION 5 — DISABLED DEP	NDENT PL	LEASE COMPLETE IF		responsi	ble for this dependent?	
Name of Disabled Dependent			e of Disability			
Name of Disabled Dependent			e of Disability			
If disabled child is over the dependent age lim		<u> </u>	<u>'</u>			n Certification.
SECTION 6 — OTHER COVERA Complete this section only if you or a	any of your dependents have	PLEASE COMF ve other health and/or der				the coverage
under this application becomes effect Group Coverage	rtive. List names of each in Je Name and Address of C		Effective Date (N	/IM/DD/YYYY)	Type of Policy ☐ Employee Only ☐ Employee/Child(re	☐ Employee/Spouse
Name of Policyholder		Birth Date (MM/DD)/YYYY)	Male	Relationship	· · · · · · · · · · · · · · · · · · ·
Employer's Name	Fmplovment Date (IV	//////////////////////////////////////		Female ID #	☐ Self ☐ Spous Dental Group #	Se ☐ Dependent Dental ID #
SECTION 7 — MEDICARE CONNAME of person covered:		N PLEASE CON Effective Date:	PLETE IF APP End [Medicare HIC #
	Medicare B (Medical) E	Effective Date:	End [Date:	(1	From Medicare Card)
	Medicare D (Drug) Carı					
Please indicate reason for Medicare Name of person covered:	Eligibility: Entitled Age Medicare A (Hospital) [☐ Entitled Disability ☐ Effective Date:	ind-Stage Renal End [Disease Date:	Disability and Cur	rent Renal Disease Medicare HIC #
Number person constant	Medicare B (Medical) E	Effective Date: ective Date:	End [Date:	(1	From Medicare Card)
Please indicate reason for Medicare	Eligibility: 🗆 Entitled Age	☐ Entitled Disability ☐ E				rent Renal Disease
SECTION 8 — DECLINATION (This is to certify the available coverage has voluntarily elected to decline the coverage a		PLEASE COMPLET een given the opportunity to ap				pendents and have
□ Oth	n for declining Health : Oer Individual Health Covera	ge – Carrier:		☐ Other (e	xplain)	
Name ☐ Employee Reaso	n not enrolled in any health on for declining Dental :	Other Group Dental Cover	age 🗌 Medicaio	d 🗌 Individ		
Name ☐ Spouse Reason	er (explain) on for declining: Other G	🗀 am Group Health Coverage 🗆	not enrolled in and] Medicare □ N	y dental insu 1edicaid 🗆	Other Individual H	not want this coverage lealth Coverage
	er (explain) on for declining:	□ I am r Group Health Coverage □	not enrolled in any] Medicare	y health insu 1edicaid □	irance plan, but do n I Other Individual H	not want this coverage lealth Coverage
	er (explain) on for declining:					not want this coverage lealth Coverage
SECTION 9 — COVERAGE CO	er (explain)		not enrolled in any	/ health insu	rance plan, but do n	not want this coverage
I am an employee of the employer named in this er Blue Shield of Texas (BCBSTX) or Dearborn Life Insi information given on this enrollment application is tr Only those coverage(s) and amounts for which I am Contract(s)/Plan(s). I agree that my employer acts as my agent. I author	rollment application. I am eligible to par urance Company. On behalf of myself a ue and correct. I understand and agree eligible will be available to me. I unders ize necessary payroll deduction by my e	and any dependents listed on this enr that any intentional misrepresentatio stand that if this enrollment application employer, if any, to cover the cost of	rollment application, I ap n of a material fact made on is accepted, the cover my coverage(s). As app	oply for those covole by me will invasorage(s) will becomblies to insurance	verage(s) for which I am eliq alidate my coverage(s). me effective in accordance coverage, I will accept an	igible. I state that the with the provisions of the electronic copy of my
coverage documents (whether certificate of coverage I understand that my participation in the coverage I understand that written communications that are r a written communication in paper form. Accep I understand to withdraw consent to receive docu- understand to update information needed for BC	(s) is subject to any future amendmen equired by law may be delivered to me of receiving communications electronical ments electronically, I will need to cal	nt. I also understand that all notices electronically, with my consent. I un- ally Reject receiving communic II the Customer Service number on	given to my employer a derstand that if I withdra ations electronically the back of my member	are applicable to aw consent to re- er ID card.	o me. eceive my documents elect	



Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

855-664-7270 (voicemail)

Office of Civil Rights Coordinator Phone:

 300 E. Randolph St.
 TTY/TDD: 855-661-6965

 35th Floor
 Fax: 855-661-6960

Chicago, Illinois 60601 Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services Phone: 800-368-1019 200 Independence Avenue SW TTY/TDD: 800-537-7697

Room 509F, HHH Building 1019 Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf Washington, DC 20201 Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984

العربية Arabic	إن كان لديك أو لدى شخص تساعده أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة للتحدث مع مترجم فوري، اتصل على الرقم 6984-710-855.
繁體中文 Chinese	如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。 洽詢一位翻譯員, 請撥電話 號碼 855-710-6984.
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાયેક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કૉલ કરો.
हिंदी Hindi	र्यादे आपके, या आप जिसकी सहायता कर रहे है उसके, प्रश्न है, तो आपको अपनी भाषा मे निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
日本語 Japanese	ご本人様、またはお客様の身の回りの方でも、ご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したり することができます。料金はかかりません。通訳とお話される場合、855-710-6984 までお電話ください。
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
ພາສາລາວ Laotian	ຕົ້າທ່ານ ຫຼື ຄົນທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອມີຄ້າຖາມ, ທ່ານມີສິດຂໍເອົາການຊ່ວຍເຫຼືອ ແລະ ຂໍ່ ມູນເປັນນພາສາຂອງທ່ານໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອລົມກັບນາຍແປພາສາ, ໃຫ້ໂທຫາເບີ້ 855-710-6984.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóóti'i' t'áá níík'e níká a'doolwoł dóó bína'ídíłkidígíí bee nił hodoonih. Ata'dahalne'ígíí bich'į' hodíílnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سؤالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی،با شمار 6984-710-855 تماس حاصل نمایید.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 6984-710-855 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị đang giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 855-710-6984.

