



POINT-OF-SERVICE SELECTION FORM

This form should be completed at the time of enrollment by applicants electing BlueChoice HMO, BlueChoice HMO *Open Access*, or BlueChoice Opt-Out *Plus Open Access* coverage.

Virginia law requires every health maintenance organization to provide a “point-of-service” benefit that is offered in conjunction with an HMO only program. A point-of-service benefit is a health maintenance organization’s delivery system which permits a Member to receive covered items and services outside the health maintenance organization’s network.

I ACCEPT: I understand the “point-of-service” benefit and select the additional coverage for myself and my dependents. I also accept any additional cost, such as increased premiums that my employer may pass on to me, associated with selecting this benefit.

I REJECT: I understand the “point-of-service” benefit. However, I *do not* select the additional coverage for myself and my dependents.

Member Identification Number	
Group Number	

Print Name of Subscriber

Signature of Subscriber

Date