# BCBS COMPLIANCE RECORDING PHONE LINES

## ENGLISH - ON-Exchange:

| | |
|---|---|
| MARKETPLACE FFM HealthCare.Gov TX-OK-MT | 833-315-2104 |
| GCI Get Covered Illinois | 833-313-2124 |
| BeWell New Mexico | 833-320-7015 |

## SPANISH - ON-Exchange:

| | |
|---|---|
| MARKETPLACE FFM HealthCare.Gov TX-OK-MT | 833-319-2116 |
| GCI Get Covered Illinois | 833-313-2135 |
| BeWell New Mexico | 833-320-8105 |

## ENGLISH - DIRECT ENROLLMENT OFF-Exchange

| | |
|---|---|
| ILLINOIS | 844-382-1716 |
| NEW MEXICO | 844-934-2010 |
| MONTANA | 855-204-5807 |
| OKLAHOMA | 833-285-9859 |
| TEXAS | 855-209-5716 |

## SPANISH - DIRECT ENROLLMENT OFF-Exchange

| | |
|---|---|
| ILLINOIS | 833-292-2135 |
| NEW MEXICO | 833-292-8209 |
| MONTANA | 833-293-9842 |
| OKLAHOMA | 833-298-0591 |
| TEXAS | 833-208-0224 |

## ENGLISH - PAYMENTS

| | |
|---|---|
| ILLINOIS | 844-904-2001 |
| NEW MEXICO | 833-289-0732 |
| MONTANA | 855-214-3402 |
| OKLAHOMA | 844-521-6895 |
| TEXAS | 855-214-3401 |

## SPANISH - PAYMENTS

| | |
|---|---|
| ILLINOIS | 833-290-3072 |
| NEW MEXICO | 833-320-9330 |
| MONTANA | 833-320-9780 |
| OKLAHOMA | 833-291-9332 |
| TEXAS | 833-291-9341 |

## ENGLISH - 2026 Enrollments – SEP use ONLY

| | |
|---|---|
| MARKETPLACE TX-OK-MT | 855-204-5804 |
| GCI Get Covered Illinois | 833-200-8117 |
| BeWell New Mexico | 833-301-2557 |

## SPANISH - 2026 Enrollments – SEP use ONLY

| | |
|---|---|
| MARKETPLACE TX-OK-MT | 844-513-0928 |
| GCI Get Covered Illinois | 833-209-7412 |
| BeWell New Mexico | 833-320-9321 |

# BCBS MEMBER SERVICES PHONE LINES

## BCBS INDIVIDUAL PLAN MEMBER SERVICES:

| | |
|---|---|
| ILLINOIS | 800-538-8833 |
| NEW MEXICO | 866-236-1702 |
| MONTANA | 855-258-8471 |
| OKLAHOMA | 866-520-2507 |
| TEXAS | 888-697-0683 |

## MEDICARE BENEFITS:

| | |
|---|---|
| ILLINOIS | 877-213-1821 |
| NEW MEXICO | 866-286-6159 |
| MONTANA | 866-940-3022 |
| OKLAHOMA | 866-288-3539 |
| TEXAS | 866-292-6745 |

## GROUP BENEFITS:

| | |
|---|---|
| ILLINOIS | 800-548-1687 |
| NEW MEXICO | 855-346-2015 |
| MONTANA | 855-346-2017 |
| OKLAHOMA | 855-346-2016 |
| TEXAS | 855-346-2014 |

## MEDICAID BENEFITS:

| | |
|---|---|
| ILLINOIS | 877-860-2837 |
| NEW MEXICO | 866-689-1523 |
| MONTANA | 800-362-8312 |
| OKLAHOMA | 800-987-7767 |
| TEXAS | 888-657-6061 |

## EXCHANGE PHONE LINES:

| | |
|---|---|
| HealthCare.Gov | 800-318-2596 |
| Get Covered Illinois (CLIENT) | 866-311-1119 |
| Get Covered Illinois (AGENT) | 844-349-7579 |
| BeWell New Mexico | 833-862-3935 |
| Medicaid Eligibility (any state) | 211 |

## CLAIMS:

| | |
|---|---|
| ILLINOIS | 800-971-8212 |
| NEW MEXICO | 800-320-2595 |
| MONTANA | 800-447-7828 |
| OKLAHOMA | 800-320-2595 |
| TEXAS | 800-971-8212 |

## PRODUCER SERVICES:

| | |
|---|---|
| ACA | 888-697-0679 |
| SMALL GROUP | 855-782-4272 |

IT HELP DESK for BCBS SYSTEMS

| | |
|---|---|
| Leadership use: | 877-989-6675 |

## LEADERSHIP PHONE - *NOT FOR CUSTOMER USE*

| | | |
|---|---|---|
| Brian | (TEXT FIRST) | 918-640-5740 |
| Amy | (TEXT FIRST) | 817-914-5835 |
| Carter | (TEXT FIRST) | 214-384-5979 |
| Mason | (TEXT FIRST) | 682-266-3135 |
| HR Hotline: | (CALL or TEXT) | 469-402-4984 |

# BCBS INBOUND LEADS OFF-EXCHANGE AGENT INFORMATION

JOSEPH TALARICO

NPN 2822386

8177788759

JOE.TALARICO@HEALTHGUYS.COM

AGENT ID by STATE:

TEXAS 902428

ILLINOIS 2822386

OKLAHOMA 68369

MONTANA 3000213786

NEW MEXICO 2822386

## Agent Information

The broker must be certified, licensed, and appointed with Blue Cross and Blue Shield of Texas.

**First name**

Joseph

**Last name**

Talarico

**Agent ID** (Optional)

902428

**National producer number (NPN)**

2822386

**Phone** (Optional)

8177788759

**Email** (Optional)

joe.talarico@healthguys.com

This model form is intended for informational purposes. This form can be personalized by an agent, broker, web-broker, or agency [illegible] of eligibility, application information.

**CMS Model Consent Form for Marketplace Agents, Brokers, Web-brokers, and Agencies**

I, _____ [insert name of consumer or consumer's authorized representative], give my permission to

_____ [insert name of the person or entity who has the consumer's consent] to serve as the health insurance agent or broker for myself and my entire household, if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally-facilitated Marketplace/State-based Marketplace on the Federal Platform. By providing my consent, I authorize the above-mentioned (pick applicable and delete the rest: agent/broker/web-broker/agency) to view and use the confidential information, including personally identifiable information (PII), provided by me in writing, electronically, or by telephone only for the purposes of one or more of the following:

1. Searching for an existing Marketplace application;
2. Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or an application for government insurance affordability programs, such as Medicaid and CHIP or advance payments of the premium tax credit to help pay for Marketplace premiums;
3. Providing ongoing account maintenance and enrollment assistance, as necessary; or
4. Responding to inquiries from the Marketplace regarding my Marketplace application.

I understand that the (pick applicable and delete the rest: agent/broker/web-broker/agency) will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The (pick one and delete the rest: agent/broker/web-broker/agency) will ensure that my PII is protected when creating, collecting, disclosing, accessing, maintaining, storing, and using my PII for the stated purposes above.

I understand that I do not have to share additional PII or protected health information (PHI) with my (pick one and delete the rest: agent/broker/web-broker/agency) beyond what is required on the Marketplace application for eligibility and enrollment purposes. I understand that my consent remains in effect until [insert duration of consent], and I may revoke or modify my consent at any time by _ [insert method to revoke consent].

Name of Primary Writing Agent/Broker/Web-broker: _____
Agent National Producer Number: _____
Phone Number: _____
Email Address: _____

Name of Agency (if applicable): _____
Agency National Producer Number: _____
Owner of Agency: _____
Phone Number: _____
Email Address: _____

Name of Primary Household Contact and/or Authorized Representative: _____
Phone Number: _____
Email Address: _____
Signature: _____
Date: _____

**CMS Model Eligibility Application Review Form for Marketplace Agents, Brokers, Web-brokers, and Agencies**

I, _____ [insert name of consumer or consumer's authorized representative], have reviewed the Marketplace eligibility application information and confirmed its accuracy prior to the application being submitted. The (pick one and delete the rest: agent/broker/web-broker) explained the attestations at the end of the eligibility application to me prior to the application being submitted and I was given an opportunity to ask questions about them.

I understand that the (pick applicable and delete the rest: agent/broker/web-broker/agency) will not use or share my personally identifiable information (PII) for any purposes other than those to which I consented. The (pick applicable and delete the rest: agent/broker/web-broker/agency) will ensure that my PII is kept private and safe when creating, collecting, disclosing, accessing, maintaining, storing, and using my PII for the purposes I consented to. I understand that I do not have to share additional PII or protected health information (PHI) with my (pick applicable and delete the rest: agent/broker/web-broker/agency) beyond what is required on the Marketplace application for eligibility and enrollment purposes.

Name of Primary Writing Agent/Broker/Web-broker: _____
Agent National Producer Number: _____
Phone Number: _____
Email Address: _____

Name of Agency (if applicable): _____
Agency National Producer Number: _____
Owner of Agency: _____
Phone Number: _____
Email Address: _____

Name of Primary Household Contact and/or Authorized Representative: _____
Phone Number: _____
Email Address: _____
Signature: _____
Date: _____

REFERENCE CHART

# Yearly Guidelines & Thresholds | Coverage Year 2027

## 2026 Federal Poverty Guidelines (Coverage Year 2027)

| # in Household | 100% FPL | 138% FPL | 150% FPL | 200% FPL | 250% FPL | 300% FPL | 400% FPL |
|---|---|---|---|---|---|---|---|
| 1 | $15,960 | $22,025 | $23,940 | $31,920 | $39,900 | $47,880 | $63,840 |
| 2 | $21,640 | $29,863 | $32,460 | $43,280 | $54,100 | $64,920 | $86,560 |
| 3 | $27,320 | $37,702 | $40,980 | $54,640 | $68,300 | $81,960 | $109,280 |
| 4 | $33,000 | $45,540 | $49,500 | $66,000 | $82,500 | $99,000 | $132,000 |
| 5 | $38,680 | $53,378 | $58,020 | $77,360 | $96,700 | $116,040 | $154,720 |
| 6 | $44,360 | $61,217 | $66,540 | $88,720 | $110,900 | $133,080 | $177,440 |
| 7 | $50,040 | $69,055 | $75,060 | $100,080 | $125,100 | $150,120 | $200,160 |
| 8 | $55,720 | $76,894 | $83,580 | $111,440 | $139,300 | $167,160 | $222,880 |

For households with more than 8, add $5,680 for each additional person. Source (plus Hawai'i and Alaska guidelines): aspe.hhs.gov/poverty-guidelines
Eligibility for premium tax credits is based on federal poverty guidelines of the year before (e.g., coverage year 2027 is based on 2026 poverty guidelines). FPL = federal poverty level.

## Expected Premium Contribution (Coverage Year 2027)

| Annual Household Income (% of FPL) | Less than 100% FPL | 100% FPL | 133% FPL | 138% FPL | 150% FPL | 200% FPL | 250% FPL | 300-400% FPL | More than 400% FPL |
|---|---|---|---|---|---|---|---|---|---|
| Expected Premium Contribution (% of Income) | Ineligible for PTC | 2.15% | 3.23% | 3.54% | 4.30% | 6.78% | 8.66% | 10.22% | Ineligible for PTC |

Source: https://www.irs.gov/pub/irs-drop/rp-26-26.pdf

## Employer-Sponsored Insurance Affordability Threshold (Coverage Year 2027)

| Eligibility for Premium Tax Credits If Offer of Employer-Sponsored Insurance is Considered Unaffordable | |
|---|---|
| Considered unaffordable if ESI offer exceeds: | Affordability of family coverage determined by: |
| 10.22% | Cost of family coverage |

Source: https://www.irs.gov/pub/irs-drop/rp-26-26.pdf

## Out-Of-Pocket Maximum (Coverage Year 2027)

| Plan Type | Income Level | Out-of-Pocket Maximum | |
|---|---|---|---|
| | | Individual | Family |
| All plans[1] | All income levels | $12,000 | $24,000 |
| CSR Silver Plan 73% AV[2] | Between 201%-250% FPL | $9,600 | $19,200 |
| CSR Silver Plan 87% AV[2] | Between 151%-200% FPL | $4,000 | $8,000 |
| CSR Silver Plan 94% AV[2] | Between 100%-150% FPL | $4,000 | $8,000 |

[1]Applies to all plans in the individual and group market. [2]Applies only to silver plans eligible for CSR sold in the marketplace.
Note: CSR = cost-sharing reductions. AV = actuarial value. Source: https://www.cms.gov/files/document/2027-papi-parameters-guidance-2026-01-29.pdf

## Affordability Exemption Threshold (Coverage Year 2027)

| Eligibility for Catastrophic Coverage for Individuals Age 30 and Older | |
|---|---|
| Coverage considered unaffordable if premium for marketplace coverage (after APTC) or employer coverage costs more than: | 8.5% of income |

Note: People who do not qualify for the affordability exemption may still enroll in catastrophic coverage if they are between the age of 18 and 30 or qualify for the hardship exemption. The 2027 Notice of Payment and Parameters includes a provision that automatically grants a hardship exemption to people who are not eligible for premium tax credits or cost sharing reductions because their annual income is below 100 percent or above 250 percent of the federal poverty level. As of July 2027, a federal court temporarily paused implementation of this provision. See: https://www.healthcare.gov/health-coverage-exemptions/forms-how-to-apply/ for a list of exemptions and https://www.healthreformbeyondthebasics.org/category/new-laws-policies/ for updates on the 2027 NBPP court case.
Source: https://www.cms.gov/files/document/2027-papi-parameters-guidance-2026-01-29.pdf



Beyond the Basics

Three-Way Call | (888) 291-8048 | PIN 17036

WorldWide



# Guide to Effectively Working with our Interpreters

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- To reach an interpreter dial 1-888-291-8048. You will be prompted to enter your Personal PIN. There may be a few seconds of silence before you hear the Greeting.
- At the end of the initial greeting, Press 1 for a Spanish interpreter or Press 2 for any other language and tell the operator what language you need.
- Speak in short phrases, pausing to allow for the interpretation.
- Ask one question at a time.
- Use simple language to express your meaning. Remember that slang does not translate.
- Explain complex terms when necessary.
- Don't say anything that you do not want interpreted.
- Allow the interpreter to stop you and seek an explanation when necessary.
- Allow the interpreter to repeat back to you all critical information.