

## Individual Health Major Medical Checklist

### Use this checklist:

- When reviewing individual major medical insurance policies or products.
- To ensure the product or policy meets requirements as listed in the Texas Insurance Code (TIC), the Texas Administrative Code (TAC), department guidelines, and other laws.
- When filing out this form, use the "Page" field to enter the page number or reference location.
- To enter the page number or reference location in the "Page" field.

### Definitions

This definition section provides a reference to general terms that may be included in a form filing. The section is not intended to limit or require the inclusion of certain terms in a form filing. A form filing containing any of the referenced terms shall not define the terms more restrictively than the referenced statute or rule.

Page \_\_\_\_\_ : Accident, accidental injury - [28 TAC Section 3.3008](#)

Page \_\_\_\_\_ : Application, simplified - [28 TAC Section 3.3002\(20\)](#)

Page \_\_\_\_\_ : Complication of pregnancy - [28 TAC Section 3.3021](#) and [Section 21.405\(1\)](#)

Page \_\_\_\_\_ : Convalescent nursing home, extended care facility - [28 TAC Section 3.3007](#)

Page \_\_\_\_\_ : Dental care services - [TIC Section 1451.201\(1\)](#)

Page \_\_\_\_\_ : Diabetes equipment and supplies - [TIC Section 1358.051](#), and [28 TAC Section 21.2605](#) and [Section 21.2606](#)

Page \_\_\_\_\_ : Emergency care - [TIC Section 1301.155](#) and 28 TAC [Section 3.3704](#). If the plan is a not a PPO or EPO, refer to [TIC Section 1201.060](#)

Page \_\_\_\_\_ : Guaranteed renewable - [28 TAC Section 3.3020](#) and [Section 3.3038](#)

Page \_\_\_\_\_ : Health services (for home health) - [TIC Section 1351.001\(1\)](#)

Page \_\_\_\_\_ : Home health agency - [TIC Section 1351.001\(2\)](#), and [28 TAC Section 3.3804\(b\)\(15\)](#)

Page \_\_\_\_\_ : Home health services - [TIC Section 1351.001\(3\)](#), and [28 TAC Section 3.3804\(b\)\(16\)](#)

Page \_\_\_\_\_ : Limited guarantee of renewability - [28 TAC Section 3.3020\(b\)\(2\)](#)

## Minimum standards - Major medical expense

Page \_\_\_\_\_ : Major medical expense coverage provides hospital, medical, and surgical expense coverage - [28 TAC Section 3.3074](#)

Page \_\_\_\_\_ : Has an aggregate maximum of not less than \$10,000 - [28 TAC Section 3.3074\(a\)\(1\)](#)

Page \_\_\_\_\_ : Copayment shall not exceed 20 percent in policies with maximum benefits of \$10,000, and 25 percent in all other policies - [28 TAC Section 3.3074\(a\)\(2\)](#)

Page \_\_\_\_\_ : Deductible based on one or more of: (A) per person, (B) per family, (C) per illness, or (D) per benefit period - [28 TAC Section 3.3074\(a\)\(3\)](#)

Page \_\_\_\_\_ : If the policy contains a variable deductible provision, it (A) may be no more restrictive than guaranteed renewable as set forth in [28 TAC Section 3.3020](#), and (B) must have an increase in the maximum amount of benefits of at least \$3 for each \$1 of other medical expense benefits used as part of the deductible - [28 TAC Section 3.3074\(a\)\(4\)](#)

Page \_\_\_\_\_ : Benefits provided for each covered person must include daily room and board expenses not less than \$50 (on average semi-private room rate) for a period of not less than 31 days during continuous hospital confinement - [28 TAC Section 3.3074\(a\)\(5\)\(A\)](#)

Page \_\_\_\_\_ : Benefits provided for each covered person include miscellaneous hospital services for an aggregate maximum of not less than \$1500 or 15 times the daily room and board rate if specified in dollar amounts - [28 TAC Section 3.3074\(a\)\(5\)\(B\)](#)

Page \_\_\_\_\_ : Benefits provided for each covered person include surgical fees to a maximum of not less than \$600 for the most severe operation. If more than one surgical procedure is done in one incision under one anesthetic procedure, the policy may not provide benefits for only one surgical procedure - [28 TAC Section 3.3074\(a\)\(5\)\(C\)](#)

Page \_\_\_\_\_ : Benefits provided for each covered person include anesthesia services for a maximum of not less than 15 percent of the covered surgical fees, or if schedule is based in relative value scale, not less than the same amount provided therein for anesthesia services - [28 TAC Section 3.3074\(a\)\(5\)\(D\)](#)

Page \_\_\_\_\_ : Benefits provided for each covered person include doctor visits, in or out of hospital, with minimum dollar amount per visit at not less than \$10 per visit, covering at least one visit per day and for an aggregate maximum of not less than \$600 - [28 TAC Section 3.3074\(a\)\(5\)\(E\)](#)

Page \_\_\_\_\_ : Benefits provided for each covered person include out-of-hospital diagnostic x-ray and tests for an aggregate maximum of not less than \$600 - [28 TAC Section 3.3074\(a\)\(5\)\(F\)](#)

**Benefits provided for each covered person shall include no fewer than three of the following additional benefits for an aggregate maximum of not less than \$1000 - [28 TAC Section 3.3074\(a\)\(5\) \(G\)](#):**

Page \_\_\_\_\_ : In-hospital private duty registered nurse services - [28 TAC Section 3.3074\(a\)\(5\)\(G\)\(i\)](#)

Page \_\_\_\_\_: Convalescent nursing home care - [28 TAC Section 3.3074\(a\)\(5\)\(G\)\(ii\)](#)

Page \_\_\_\_\_: Diagnosis and treatment by a radiologist or physical therapist – [28 TAC Section 3.3074\(a\) \(5\)\(G\)\(iii\)](#)

Page \_\_\_\_\_: Rental of special medical equipment - [28 TAC Section 3.3074\(a\)\(5\)\(G\)\(iv\)](#)

Page \_\_\_\_\_: Artificial limbs or eyes, casts, splints, trusses, or braces - [28 TAC Section 3.3074\(a\)\(5\)\(G\)\(v\)](#)

Page \_\_\_\_\_: Treatment for functional nervous disorders and mental and emotional disorders – [28 TAC Section 3.3074\(a\)\(5\)\(G\)\(vi\)](#)

Page \_\_\_\_\_: Out-of-hospital prescription drugs and medications - [28 TAC Section 3.3074\(a\)\(5\)\(G\)\(vii\)](#)

Page \_\_\_\_\_: If hospital confinement maternity benefits are included, the minimum benefits for each covered pregnancy, prior to application of the copayment percentage, shall be the actual expenses incurred up to an amount that is 10 times the minimum daily hospital room and board benefit – [28 TAC Section 3.3074\(a\)\(6\)](#)

## **Mandated benefits**

- Mandates not required to be included in Consumer Choice Health Benefit Plans (CCHBP) are noted with the symbol “‡”
- Mandates not required by state law, but required by federal law are noted as “‡‡”

Page \_\_\_\_\_: Amino acid-based elemental formulas - [TIC Chapter 1377](#) ‡

Page \_\_\_\_\_ : Acquired brain injury (if definitions included must comply with [28 TAC Section 21.3102](#)) - [TIC Sections 1352.001 - 1352.003](#), and [28 TAC Sections 21.3101 - 21.3107](#) ‡

Page \_\_\_\_\_ : Autism spectrum disorder - [TIC Section 1355.015](#) ‡

Page \_\_\_\_\_: Biomarker testing - Requires coverage of biomarker testing (only when testing provides clinical utility) for diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's disease or condition to guide treatment based on medical and scientific evidence the test supports. Must provide coverage in a manner that limits disruption in care, including limiting the number of biopsies and biospecimen samples [TIC Section 1372.003](#)

Page \_\_\_\_\_: Cardiovascular disease, certain tests - [TIC Chapter 1376](#)

Page \_\_\_\_\_: Clinical trials, routine care for participants - [TIC Sections 1379.051 - 1379.056](#) ‡

Page \_\_\_\_\_: Colorectal cancer testing - all colorectal cancer exams, preventive services, and lab tests with an "A" or "B" grade from the USPSTF must be covered starting at age 45, with no cost-sharing for in-network care. A follow-up colonoscopy must also be covered with no cost-sharing if the results of the initial colonoscopy, test, or procedure are abnormal - [TIC Chapter 1363](#), [TIC Section 1363.003](#), and [28 TAC Section 21.2106\(b\)\(6\)](#)

Page \_\_\_\_\_: Complications of pregnancy - same as any other illness - [28 TAC Section 21.405](#)

Page \_\_\_\_\_: Newborn (60 day enrollment) includes the cost of administration and cost of the newborn screening test kit as required by [TIC Section 1367.003](#) and [28 TAC Section 3.3401 – 3.3403](#)

Page \_\_\_\_\_: Developmental delays - offer of certain therapies for children with developmental delays - [TIC Section 1367.205](#) ‡

Page \_\_\_\_\_: Diabetes - [TIC Chapter 1358](#)

Page \_\_\_\_\_: Diabetes care guidelines - [TIC Sections 1358.001 - 1358.005](#), and [28 TAC Sections 21.2601-21.2606](#) ‡

Page \_\_\_\_\_: Emergency refills of insulin and insulin-related equipment - Emergency refills of diabetes equipment or diabetes supplies without prescribing practitioner authorization, must be covered in the same manner as a nonemergency refill – [TIC Section 1358.054\(a-1\)](#)

Page \_\_\_\_\_: Fertility preservation services -Requires coverage for standard fertility preservation services provided to a covered person receiving cancer treatment. Treatment includes surgery, chemotherapy, or radiation the American Society of Clinical Oncology or American Society for Reproductive Medicine has established may directly or indirectly cause impaired fertility. [TIC Section 1366.104](#)

Page \_\_\_\_\_: Hearing aid coverage for adults and children - A health benefit plan that provides coverage for hearing aids may not deny an enrollee's claim for a hearing aid solely on the basis that the price of the hearing aid is more than the benefit available under the health benefit plan. [TIC Section 1365.053](#)

Page \_\_\_\_\_: Hearing screening for children - [TIC Section 1367.103](#)

Page \_\_\_\_\_: Hearing aid or cochlear implant and related services and supplies, for children that are 18 years of age or younger - [TIC Sections 1367.251 -1367.253](#)

Page \_\_\_\_\_: Childhood immunizations - [TIC Section 1367.053](#)

Page \_\_\_\_\_: Mammography benefits and other breast imaging benefits - both annual screening for women aged 35 and older and diagnostic imaging for women of any age must be covered, including 2D or 3D (breast tomosynthesis) mammography, ultrasound imaging, or magnetic resonance imaging (MRI). Coverage for a diagnostic imaging must be no less favorable than coverage for a screening mammogram. - [TIC Chapter 1356](#) †

**Note:** To the extent that this creates first-dollar coverage that would disqualify a plan from being Health Savings Account (HSA) - eligible, flexibility is permitted under [TIC Chapter 1653](#).

Page \_\_\_\_\_: Required notices for mastectomy or lymph node dissection - [TIC Section 1357.056](#), and [28 TAC Section 21.2103](#)

Page \_\_\_\_\_: Reconstructive surgery after mastectomy - [TIC Section 1357.004](#) ††

Page \_\_\_\_\_: Maternity - minimum stay after birth of child - [TIC Section 1366.055](#) ††

Page \_\_\_\_\_: Required notice for maternity benefits - [TIC Section 1366.058](#), and [28 TAC Section 21.2103](#)

Page \_\_\_\_\_: Mental/nervous disorders with demonstrable organic disease as referenced in [Exhibit A](#) - [28 TAC Section 3.3057\(c\)](#) †

Page \_\_\_\_\_: Parity for mental health conditions and substance use disorders - Any coverage must be in parity with and subject to the same terms and conditions applicable to coverage for medical and surgical benefits - [TIC Sections 1355.251 - 1355.257](#)

Page \_\_\_\_\_: Oral contraceptives - [28 TAC Section 21.404\(3\)](#) †

Page \_\_\_\_\_: Prescription contraceptive drugs, devices, services - [TIC Section 1369.101 - 1369.109](#), and [28 TAC Section 21.404\(3\)](#) †

Page \_\_\_\_\_: Orally administered anticancer medication - [TIC Section 1369.204](#) †

Page \_\_\_\_\_: Ovarian cancer testing and screening - Annual diagnostic medical examinations and tests for each woman 18 years of age or older for the early detection of ovarian cancer and cervical cancer, including a pap smear, FDA-approved HPV test, CA-125 blood test, or any other FDA-approved test for ovarian cancer [TIC Section 1370.003\(b\)](#)

Page \_\_\_\_\_ : If Chimeric Antigen Receptor T-cell therapy is covered, determined to be medically necessary, approved by United States Food and Drug Administration, and administered by a qualified certified in-network health care facility it must be covered – [TIC Section 1369.223](#)

Page \_\_\_\_\_ : Prescription contraceptive drugs- An enrollee may obtain: (1) a three-month supply of the covered prescription contraceptive drug at one time the first time the enrollee obtains the drug; and (2) a 12-month supply of the covered prescription contraceptive drug at one time each subsequent time the enrollee obtains the same drug (regardless of whether the enrollee was enrolled in the plan the first time they obtained the drug). Limits an enrollee to only one 12-month supply during each 12-month period. [TIC Section 1369.1031](#)

Page \_\_\_\_\_ : Prescription drug formulary continuation and modification only at renewal – [TIC Section 1369.0541](#), [Section 1369.055](#) and [28 TAC Section 21.3022](#)

Page \_\_\_\_\_ : Prescription copay accumulators, credit out of pocket expenses - Issuers and Pharmacy Benefit Managers (PBMs) must credit any third-party payment, financial assistance, discount, product voucher, or other reduction in out-of-pocket made by or on behalf of an enrollee, to the enrollee's deductible, copayment, cost-sharing responsibility, or out-of-pocket maximum applicable to prescription drug benefits under the plan. [TIC Section 1369.0542](#)

Page \_\_\_\_\_ : Prescription drug formulary - requirements for formulary information on internet website, formulary disclosure, and formulary information provided by toll-free telephone number - [TIC Section 1369.054](#), and [Sections 1369.076 - 1369.080](#), [28 TAC Sections 21.3030 - 21.3033](#) ‡

Page \_\_\_\_\_ : Prostate testing - [TIC Section 1362.003](#)

Page \_\_\_\_\_ : Prosthetic and orthotic devices and related services - [TIC Chapter 1371](#)

Page \_\_\_\_\_ : Provider Directories Disclosure Requirements- Directories and internet websites must display facility-based physicians, health care providers, and list provider types under separate headings. Issuers are not required to list a physician or health care provider who is employed by the facility. [TIC Section 1451.504](#)

Page \_\_\_\_\_ : Required notice for prostate testing - [TIC Section 1362.004](#), and [28 TAC Section 21.2103](#)

Page \_\_\_\_\_ : Reconstructive surgery for craniofacial abnormalities - [TIC Section 1367.153](#)

## **Mandated coverage**

Page \_\_\_\_\_ : Prescription drug accelerated refills for eye drops - [TIC Section 1369.0041\(b\)](#)

Page \_\_\_\_\_ : Prescription drug cost sharing - lesser of copayment, allowed amount, or cash price - [TIC Section 1369.0041\(a\)](#)

Page \_\_\_\_\_ : Prescription drug synchronization - process for medication synchronization and prorated cost sharing - [TIC Section 1369.454](#) and [Section 1369.456](#)

Page \_\_\_\_\_ : Telehealth, teledentistry, and telemedicine medical services - [TIC Section 1455.001 - 1455.006](#) and defined by [Section 111.001](#) of the Occupation Code:

- Must cover telemedicine, teledentistry, or telehealth services provided by a preferred or contracted provider on the same basis and to the same extent that the plan covers the service in an in-person setting - [TIC Section 1455.004\(a\)\(1\)](#)
- May not exclude benefits solely because the covered service or procedure is not provided through an in-person consultation - [TIC Section 1455.004\(a\)\(2\) \(A\)](#)
- May not limit, deny, or reduce coverage for a telemedicine, teledentistry, or telehealth, service based on the platform used - [TIC Section 1455.004\(a\)\(2\)\(B\)](#)
- Deductible, copayment, or coinsurance must be the same as if services were provided through an in-person consultation; a separate deductible or annual or lifetime maximum may not apply to telemedicine, teledentistry, or telehealth coverage. [TIC Section 1455.004\(b\), \(b-1\), and \(d\)](#)

Page \_\_\_\_\_ : Out-of-state telemedicine, teledentistry, or telehealth services or procedures must be provided on the same basis and to the same extent that the plan provides coverage for such services with an originating or distant site located in Texas - [TIC Section 1455.004\(e\)](#)

Page \_\_\_\_\_ : Continuation of coverage upon change in marital status - [28 TAC Section 21.407](#)

Page \_\_\_\_\_ : Continuation for spouse if insured dies, reaches age limit or other occurrence – [28 TAC Section 3.3052\(c\)](#)

Page \_\_\_\_\_ : HIV, AIDS, or HIV-related illnesses - [TIC Section 1202.052](#)

Page \_\_\_\_\_ : Podiatrist certification - [TIC Section 1451.351](#)

Page \_\_\_\_\_ : Dietitian – [TIC Section 1451.302](#)

Page \_\_\_\_\_ : Prescription drugs, if covered, must cover prescriptions for chronic, disabling, or life-threatening illness – [TIC Section 1369.004](#) ‡

Page \_\_\_\_\_ : Dental care benefits, if included - [TIC Sections 1451.201 -1451.207](#)

Page \_\_\_\_\_ : Convalescent care, if included, cannot be conditioned upon admission within less than 14 days after discharge from hospital - [28 TAC Section 3.3040\(f\)](#)

Page \_\_\_\_\_ : Accidental death and dismemberment, if offered, must contain option to include all eligible insureds - [28 TAC Section 3.3040\(g\)](#)

Page \_\_\_\_\_ : Transplant benefit, if included, shall provide reimbursement of medical expenses of live donor to the extent benefits remain after recipient's expenses have been paid – [28 TAC Section 3.3040\(h\)](#)

Page \_\_\_\_\_ : Alzheimer's disease benefit, if included - [TIC Section 1354.001](#) and [Section 1354.002](#)

## **Prohibited exclusions and limitations**

Page \_\_\_\_\_ : Parity for mental health and substance use disorder benefits (MH/SUD) – Quantitative and nonquantitative treatment limits, including visit limits, cost sharing, and other financial requirements (including methodology used to calculate reimbursements) must be no more restrictive for MH/SUD than for medical or surgical benefits - [TIC Section 1355.254](#)

Page \_\_\_\_\_ : Cost-sharing requirements for prescription insulin - Cost-sharing for insulin that is on the formulary cannot exceed \$25 per prescription for a 30-day supply. A formulary must include at least one insulin from each therapeutic class, regardless of the amount or type of insulin needed to fill the enrollee's prescription. – [TIC Section 1358.103](#) – [Section 1358.104](#)

Page \_\_\_\_\_ : Cannot prohibit or restrict assignment of benefits - [TIC Section 1204.053](#)

Page \_\_\_\_\_ : Cannot exclude or limit payment of benefits covered by Medicaid - [TIC Section 1204.201](#)

Page \_\_\_\_\_ : Waiting periods may not be applied to any loss resulting from accidental injuries as defined in the policy - [28 TAC Section 3.3055\(1\)](#)

Page \_\_\_\_\_ : Cannot exclude expenses of non-indigent patient in a government facility if charges are customarily charged (non-indigent patients) and collected by that facility - [TIC Section 1204.002](#)

Page \_\_\_\_\_ : Cannot require services by particular hospital or person - [28 TAC Section 3.3704](#)

Page \_\_\_\_\_ : Cannot limit or exclude benefits for services by a provider acting within the scope of licensure - [TIC Section 1451.104](#)

Page \_\_\_\_\_ : Cannot reduce benefits more than 50 percent for failure to pre-authorize, or flat fee penalty cannot exceed \$500 - [TIC Section 1201.002](#) and [Section 1701.055](#)

Page \_\_\_\_\_ : Prohibition on forced organ harvesting - An issuer may not cover a transplant or post-transplant care if the transplant was performed in China, or another country known to have participated in forced organ harvesting. Also, an issuer may not cover a transplant for which the organ to be transplanted was procured by sale or donation originating in China or another country known to have participated in forced organ harvesting in addition, this prohibition against coverage extends to coverage for post-transplant care. [TIC Section 1380.003](#)

Page \_\_\_\_\_ : Pharmacy and durable medical equipment (DME) provider freedom of choice – A plan of pharmacy benefit manager may not transfer patient or prescriber prescription information for a commercial purpose or require or induce an enrollee to use an affiliated pharmacy or DME provider through oral or written communication or methods such as offering reduced cost-sharing. – [TIC Section 1369.553](#), [Section 1369.554](#), and [Section 1369.555](#).

Page \_\_\_\_\_ : Prescription drug coverage for autoimmune diseases and blood disorders - An issuer may not require an enrollee to receive more than one prior authorization annually for prescription drugs prescribed to treat an autoimmune disease, hemophilia, or Von Willebrand disease. [TIC Section 1369.654](#)

Page \_\_\_\_\_ : Policies with mental illness coverage cannot exclude benefits for services provided by a tax-supported institution of Texas - [TIC Section 1355.202](#)

Page \_\_\_\_\_ : Cannot exclude services of a licensed dietitian if policy provides those benefits (may require physician recommendation) - [TIC Section 1451.302](#)

Page \_\_\_\_\_ : Cannot refuse to enroll a person solely because the person is enrolled in another health benefit plan at time of application - [TIC Section 1206.003](#)

Page \_\_\_\_\_ : A probationary or waiting period shall not exceed 30 days for sickness except: (1) for pregnancy, childbirth, miscarriage, or complications of pregnancy, no more than 30 days from inception; and (2) six months for losses from hernia, disorder of reproductive organs, varicose veins, hemorrhoids, appendix, tonsils, adenoids and gall bladder - [28 TAC Section 3.3055\(1\)](#)

Page \_\_\_\_\_ : If policy provides orthodontic benefits, cannot exclude overbite, overjet, open bite, or arch length discrepancies measuring less than 4 millimeters or any other arbitrary unit of measurement or qualifications - [28 TAC Section 3.3601](#)

Page \_\_\_\_\_ : Cannot exclude oral contraceptives if all other prescription drugs are covered – [28 TAC Section 21.404\(3\)](#)

Page \_\_\_\_\_ : Step therapy protocols for serious mental illness (SMI) - An issuer that provides coverage for prescription drugs to treat serious mental illness may not require that the enrollee fail to respond to more than one different drug or prove a history of failure of more than one different drug (excluding generic or pharmaceutical equivalent) before the issuer provides coverage.

Subject to exception requests, step therapy protocols may be implemented for generic or pharmaceutical equivalents once a year or if the drug is added to the plan's drug formulary. [TIC Section 1369.0547](#)

Page \_\_\_\_\_ : Step therapy - exception - drugs for stage-four metastatic cancer are not subject to step-therapy or fail first attempts if approved by the United States Food and Drug Administration - [TIC Section 1369.213](#), as added by HB1584

Page \_\_\_\_\_ : Cannot treat complications of pregnancy differently than any other sickness – [28 TAC Section 21.405\(1\)](#) and [Section 3.3021](#)

Page \_\_\_\_\_ : Cannot apply waiting periods to maternity benefits so as to exclude coverage for premature births - [28 TAC Section 21.405\(3\)](#)

Page \_\_\_\_\_ : Cannot deny maternity benefits in an individual policy when comparable family policies provide those benefits - [28 TAC Section 21.404\(6\)](#)

Page \_\_\_\_\_ : Unfair discrimination - may not refuse to enroll or renew due to exposure to asbestos or silica - [TIC Section 544.453](#)

Page \_\_\_\_\_ : A plan has a fiduciary duty to the benefit of the insured when providing incentives to use certain enrollees and insureds to obtain health care services – [TIC Section 1301.0047](#) and [1460.003](#)

## **Certification of creditable coverage**

Page \_\_\_\_\_ : Reduction for prior creditable coverage - [TIC Section 1201.154](#), and [28 TAC Section 3.3018\(b\)](#)

Page \_\_\_\_\_ : Certification and disclosure of coverage under health benefit plan – [TIC Chapter 1205](#)

Page \_\_\_\_\_ : Definitions - [28 TAC Section 21.1101](#)

Page \_\_\_\_\_ : Certification of coverage - [28 TAC Section 21.1102](#)

Page \_\_\_\_\_ : Timing of issuance of a written certificate of creditable coverage to an individual [28 TAC Section 21.1103](#)

Page \_\_\_\_\_ : Form and content of written certificate of creditable coverage - [28 TAC Section 21.1104](#)

Page \_\_\_\_\_ : Delivery of certificate of creditable coverage - [28 TAC Section 21.1105](#)

Page \_\_\_\_\_ : Dependent coverage - [28 TAC Section 21.1106](#)

Page \_\_\_\_\_ : Creditable coverage established through means other than written certificate - [28 TAC Section 21.1107](#)

Page \_\_\_\_\_ : Notification of creditable coverage and pre-existing condition exclusion - [28 TAC Section 21.1108](#)

Page \_\_\_\_\_ : Severability - [28 TAC Section 21.1109](#)

Page \_\_\_\_\_ : Certificate of creditable coverage form - [28 TAC Section 21.1110](#)

## **Termination of insurance**

Page \_\_\_\_\_ : A guaranteed renewable policy may be discontinued or non-renewed for (1) failure to pay premium or (2) fraud or intentional misrepresentation and other specific reasons listed in rule - [28 TAC Section 3.3038\(c\)](#)

Page \_\_\_\_\_ : Discontinuance or non-renewal for Insurance Code Chapter 20 companies (now [Insurance Code Chapter 842](#)) - [28 TAC Section 3.3038\(c\)\(4\)](#)

Page \_\_\_\_\_ : Insurer may discontinue offering an individual plan if certain listed conditions are met - [28 TAC Section 3.3038\(d\)](#)

Page \_\_\_\_\_ : Insurer may refuse to renew all individual plans in this state if certain listed conditions are met - [28 TAC Section 3.3038\(e\)](#)

## **Miscellaneous provisions**

Page \_\_\_\_\_ : Pharmacy benefit cards - [TIC Sections 1369.151 - 1369.154](#)

Page \_\_\_\_\_ : Notice of premium increase at renewal or nonrenewable based on an attained age- [TIC Section 1210.001](#)

Page \_\_\_\_\_ : An issuer offering coverage for gender affirming treatments must also provide coverage for the reversal of any such procedure, necessary follow-up testing and screening as well as coverage for any possible complications that may subsequently arise because of these procedures – [TIC Section 1373.003](#)

Page \_\_\_\_\_ : An insured may select a physician graduate to provide the services scheduled in the health insurance policy that are within the scope of the physician graduate's license. - TIC Section 1451.129

Page \_\_\_\_\_ : A health benefit plan, must use and make available to health care providers the uniform COB questionnaire - [TIC Section 1203.152](#)

## Prohibited policy provisions

Page \_\_\_\_\_ : Benefits may not be restricted, modified, or excluded based on sex or marital status of the insured - [28 TAC Section 21.405\(6\) and \(7\)](#)

Page \_\_\_\_\_ : Prohibited practices regarding AIDS, HIV, or sexual orientation - [28 TAC Section 21.704](#)

Page \_\_\_\_\_ : AIDS exclusion prohibited - [TIC Section 1202.052](#)

Page \_\_\_\_\_ : Certain riders or endorsements added after date of issue require signed acceptance by policyholder - [28 TAC Section 3.3040\(b\)](#)

Page \_\_\_\_\_ : Policies with hospital confinement indemnity coverage may not exclude federal government hospitals - [28 TAC Section 3.3040\(d\)](#)

Page \_\_\_\_\_ : Discrimination against optometrist or therapeutic optometrist - [TIC Section 1451.153](#) †

Page \_\_\_\_\_ : Refusal to reimburse solely on services provided by a pharmacist, acting in the scope of his/her license, is prohibited - [TIC Section 1451.001\(13-a\)](#), [Section 1451.1261\(d\)](#), and [Section 1451.128](#)

Page \_\_\_\_\_ : Refusal to reimburse solely on services provided by a chiropractor, acting in the scope of a his/her license, is prohibited - [TIC Section 1301.0516](#)

Page \_\_\_\_\_ : If convalescent or extended care benefits following hospitalization are provided, the policy may not condition benefits upon admission to facility within a period of less than 14 days after discharge from hospital - [28 TAC Section 3.3040\(f\)](#)

Page \_\_\_\_\_ : If accidental death and dismemberment coverage is offered in the contract, insured has the option to include all eligible insureds - [28 TAC Section 3.3040\(g\)](#)

Page \_\_\_\_\_ : If policy provides benefits for transplant recipient, must also provide benefits to live donor to the extent that benefits remain after recipient's expenses have been met – [28 TAC Section 3.3040\(h\)](#)

Page \_\_\_\_\_ : Commissioner has authority to disapprove policy provisions deemed unjust, unreasonable, or unfairly discriminatory - [28 TAC Section 3.3040\(i\)](#)

Page \_\_\_\_\_ : Victims of family violence - [TIC Section 544.151 - 544.158](#)

Page \_\_\_\_\_ : Unauthorized use of Federal Drug Enforcement Administration numbers - [Health and Safety Code Section 481.003](#)

Page \_\_\_\_\_ : Use of genetic information - [TIC Section 546.051- 546.053](#)

Page \_\_\_\_\_ : Restrictions on payment and reimbursement - [TIC Section 1301.056](#)

Page \_\_\_\_\_ : For child subject to medical support order, higher premiums for residing outside the service area are prohibited - [28 TAC Section 21.2004\(e\)](#)

Page \_\_\_\_\_ : May not consider a determination that the applicant has or has not previously been denied health benefit plan coverage in underwriting the coverage for which the applicant has applied - [TIC Section 544.502](#)

Page \_\_\_\_\_ : Prohibits global capitation arrangements for EPOs and PPOs. [-TIC §1301.0065](#)

## **Short-term limited duration plans**

Page \_\_\_\_\_ : Definition of short-term limited duration insurance – [TIC Section 1509.001](#) and 26 CFR Section 54.9801-2: health insurance coverage that:

- Has an expiration date specified in the contract that is less than 12 months after the original effective date of the contract and, taking into account renewals or extensions, has a duration of no longer than 36 months in total; and displays prominently in the contract and in any application, materials provided in connection with enrollment in such coverage in at least 14-point type the language in the following Notice, with any additional information required by applicable state law:
- This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and / or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.

Page \_\_\_\_\_ : Health carrier disclosure - [TIC Section 1507.006](#) and [28 TAC Section 21.3530](#)

Page \_\_\_\_\_ : Disclosure form - A disclosure form in at least 14-point type must be provided with any short-term limited-duration policy or application - [TIC Section 1509.002](#)

Page \_\_\_\_\_ : Renewability - guaranteed renewability provisions do not apply, but any right to renew coverage must be clearly disclosed - [28 TAC Section 3.3050](#)

## **Individual dental and visions requirements**

If applicable, policy must:

Page \_\_\_\_\_ : Disclose that benefit offered is limited to least costly treatment - [TIC Section](#)

## [1451.205](#)

Page \_\_\_\_\_ : Specify in dollars and cents the payment amount for services, or explain standard on which payment of benefits is based - [TIC Section 1451.205](#)

Page \_\_\_\_\_ : Accessible website for dentist and patient - Include information on type of dental services covered, reimbursement percentage of allowed charges, and, for contracting dentist, an estimate of the amount of the payment or reimbursement - [TIC Section 1451.205 \(b\) and \(c\)](#) and [Section 1451.206\(a\)\(2\)](#)

Page \_\_\_\_\_: If a health care plan provides coverage for general anesthesia, coverage for general anesthesia for a dental procedure for children younger than 13 years of age and unable to undergo the dental service without general anesthesia cannot be excluded – [TIC Sections 1367-301- 1367.302](#)

### **Payments**

Page \_\_\_\_\_ : No difference permitted in payments to contracting and non-contracting dentists - [TIC Section 1451.206\(a\)\(1\)\(A\)](#)

Page \_\_\_\_\_ : Insured may assign right to payment to dentist; if assigned, payment is made directly to dentist, and payor's obligation discharged - [TIC Section 1451.206\(a\)\(1\)\(B\)](#) and [Section 1451.206\(c\)](#)

Page \_\_\_\_\_ : Plan must provide 100 percent of contracted amount reimbursement method with no fee to access the payment or reimbursement. Disclose on the website and on request, any fees associated with the methods of payment or reimbursement available under the plan or policy – [TIC Section 1451.206\(a\)\(1\)\(C\)](#) and [Section 1451.206\(a\)\(2\)](#)

Page \_\_\_\_\_ : Payment need not be greater than amount specified in plan or dentist's fee for services provided - [TIC Section 1451.206\(b\)](#)

### **Prior authorization of dental care services**

Page \_\_\_\_\_ : Prior authorization defined - [TIC Section 1451.208\(a\)](#)

Page \_\_\_\_\_ : Prior authorization does not include a predetermination - [TIC Section 1451.208\(a\)\(2\)](#)

Page \_\_\_\_\_ : If plan or policy requires prior authorization, the prior authorization must include a specific benefit payment or reimbursement amount - [TIC Section 1451.208\(b\)](#)

Page \_\_\_\_\_ : If plan or policy requires prior authorization, except for as provided in [TIC 1451.208\(c\)](#), the plan or policy may not reimburse the dentist an amount that is less than the

amount stated in the prior authorization - [TIC Section 1451.208\(b\)](#)

Page \_\_\_\_\_ : Preauthorization Renewal - before the expiration of an existing preauthorization, if the health benefit plan receives a request to renew, it must review the request and issue a determination - [TIC Section 1222.0003- 1222.0004](#) and [Section 1301.001](#) (definition of preauthorization)

Page \_\_\_\_\_ : Web-based access to preauthorization requirements - information about preauthorization must publicly be accessible on the plan's website - [TIC Section 1301.1351](#)

## **Prohibited practices**

Page \_\_\_\_\_ : Health plan or policy cannot interfere or prevent an individual from choosing a dentist - [TIC Section 1451.207\(a\)\(1\)](#) and [28 TAC Section 21.3603](#)

Page \_\_\_\_\_ : Health plan or policy must not deny a dentist the right to participate as a contracting provider- [TIC Section 1451.207\(a\)\(2\)](#)

Page \_\_\_\_\_ : Health plan or policy cannot authorize a person to regulate, interfere with or intervene in provision of dental care services provided by licensed dentist -[TIC Section 1451.207\(a\)\(3\)](#)

Page \_\_\_\_\_ : Health plan or policy cannot require a dentist to make or obtain a dental x-ray or other diagnostic aid in providing dental care services - [TIC Section 1451.207\(a\)\(4\)](#)

Page \_\_\_\_\_ : Health plan or policy cannot deduct the amount of an overpayment of a claim from a payment or reimbursement for dental services provided by dentist who did not receive the overpayment - [TIC Section 1451.207\(a\)\(5\)](#)

Page \_\_\_\_\_ : A health insurance policy may not provide a different level of payment of benefits or reimbursement, including deductibles, maximums, or other cost-sharing provisions, for covered dental care services based on whether the services are provided by a contracting or non-contracting dentist - [TIC Section 1451.206](#) and [28 TAC Section 21.3604](#)

Page \_\_\_\_\_ : Preferred provider benefits are not permitted in a dental plan – [TIC Section 1301.002](#) and [28 TAC Section 3.3701](#)

## **Vision requirements**

Only applies to a managed care plan that provides or arranges for benefits for vision or medical eye care services or procedures.

### **Benefits provided**

Page \_\_\_\_\_ : It must cover services by an optometrist and therapeutic optometrist - [TIC Sections 1451.151 - 1451.153](#)

## **Utilization review**

This section provides reference to provisions applicable to health benefit plans that include language related to utilization review.

- Utilization review provisions are not required, but if included, the language must comply with the referenced statutes.
- A health benefit plan may not include language that imposes a specific time limit in which the covered person must file an appeal. The statute does not reflect a specific time limit.

Page \_\_\_\_\_ : Adverse determination means and includes: - services provided or proposed that are determined not medically necessary or experimental and investigational – [TIC Section 4201.002\(1\)](#), and [28 TAC Section 19.1703\(b\)\(1\)](#):

- If prescription drugs are covered, the refusal of a health benefit plan issuer to provide benefits for a prescription drug not included on the drug formulary and the enrollee's physician has determined that the drug is medically necessary – [TIC Section 1369.056](#)
- If prescription drugs are covered, the denial of a step-therapy protocol exception request [TIC Section 1369.0546](#)

Page \_\_\_\_\_ : Notice of determination - [TIC Sections 4201.301 - 4201.304](#), and [28 TAC Section 19.1703\(b\)\(1\)](#) and [Section 19.1709](#)

Page \_\_\_\_\_ : An adverse determination must include a description of the enrollee's right to an immediate review by an Independent Review Organization (IRO), and of the procedures to obtain that review, for life threatening conditions and for a denial of prescription drugs or intravenous infusions - [TIC Section 4201.303\(b\) and \(c\)](#)

Page \_\_\_\_\_ : Appeal of adverse determination - [TIC Sections 4201.351 - 4201.360](#), and [28 TAC Section 19.1703\(b\)\(2\)](#) and [Section 19.1711](#)