

Individual Health Limited Benefit Checklist

Use this checklist:

- When reviewing individual health limited benefit 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.
- A policy reviewed against this checklist must also satisfy the "[Individual Health Product Requirements](#)" checklist.
- To enter the page number or reference location in the "Page" field.

Minimum standards

Page _____ : Provides coverage as set forth in:

- Minimum Standards for Basic Hospital Expense Coverage - [28 TAC Section 3.3071](#);
- Minimum Standards for Basic Medical-Surgical Expense Coverage [28 TAC Section 3.3072](#); or
- Minimum Standards for Disability Income Protection Coverage - [28 TAC Section 3.3075](#) but the types or amounts of benefits, are less than prescribed in at least two benefit areas(not including the deductible - [28 TAC Section 3.3079](#))

Page _____ : Notice requirements - [28 TAC Section 3.3079\(a\)](#) and [Section 3.3091](#)

Mandated benefits

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

Page _____ : Acquired brain injury (forms must include definitions referenced in [28 TAC Section 21.3102](#)), [TIC Section 1352.003](#), and [28 TAC Sections 21.3101 - 21.3107](#)

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 – [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 _____ : Developmental delays - offer of certain therapies for children with developmental delays – [TIC Section 1367.205](#)

Page _____ : Diabetes – [TIC Sections 1358.001 - 1358.005](#), and [28 TAC Sections 21.2601 - 21.2606](#)

Page _____ : Diabetes equipment, supplies, and training – [TIC Section 1358.054](#), and [28 TAC Section 21.2605](#) and [Section 21.2606](#)

Page _____ : Hearing screening for children – [TIC Section 1367.103](#)

Page _____ : Childhood immunizations – [TIC Section 1367.053](#)

Page _____ : Mammography – [TIC Section 1356.005](#)

Page _____ : Minimum stay after mastectomy or lymph node dissection – [TIC Section 1357.054](#) and [1357.055](#)

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 _____ : Oral contraceptives - [28 TAC Section 21.404](#)

Page _____ : Orally administered anticancer medications – [TIC Section 1369.204](#)

Page _____ : 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 that complies with the minimum screening test coverage requirements under [TIC Section 1370.003\(b\)](#). [TIC Chapter 1370](#) applies only if the specified disease or limited benefit plan provides benefits for cancer treatment or other similar treatment – [TIC Section 1370.002\(a\)\(1\)\(A\)](#)

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

Page _____ : Prescription drug formulary disclosure – [TIC Section 1369.054](#)

Page _____ : Prescription drug formulary continuation – [TIC Section 1369.055](#)

Page _____ : Prescription drug formulary - Provider Directories and Member Handbooks: requirements for formulary information on internet website, formulary disclosure, and formulary information provided by toll-free telephone number – [TIC Section 1369.0542 - 1369.0544](#)

Note - LHL reviews directories and handbooks only if member language is included; otherwise reviewed by MCQA. Refer to [TIC Section 1301.158](#) Information Concerning Preferred Providers (PPO) for member handbook requirements. Refer to [28 TAC Section 3.3705\(b\)](#) if the handbook includes the PPO/EPO disclosures specified in [Section 3.3705\(b\)](#).

Page _____ : Prescription drug - modification of drug coverage under plan – [TIC Section 1369.0541](#)

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 _____ : Prostate testing – [TIC Section 1362.003](#)

Page _____ : Prostate testing, notice requirements – [TIC Section 1362.004](#), and [28 TAC Section 21.2103](#)

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

Page _____ : Reconstructive surgery for craniofacial abnormalities – [TIC Section 1367.153](#)

Page _____ : Telehealth and telemedicine medical services – [TIC Sections 1455.001 – 1455.006](#) as defined by [Section 111.001](#) of the Occupation Code.

- Must cover telemedicine 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 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 or telehealth coverage. [TIC Section 1455.004\(b\), \(b-1\), and \(d\)](#)

Mandated coverage

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 Sections 1354.001](#) and [1354.002](#)

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

Prohibited exclusions and limitations

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 _____ : Exceptions, exclusions, and reductions must be clearly expressed as a part of the benefit provision or set forth as a separate provision and appropriately captioned – [TIC Section](#)

[1201.055](#), and [28 TAC Section 3.3057\(c\)](#) and [Exhibit A](#).

Page _____ : Cannot prohibit or limit assignment to physician or other provider – [TIC Section 1204.053](#)

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 Sections 1701.055](#) and [1201.002](#)

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 _____ : 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 for 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 _____ : 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](#)

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\(e\)](#)

Page _____ : Cannot cancel policy because covered person has been diagnosed as having, has been treated for, or is being treated for HIV or AIDS – [TIC Section 1202.052](#)

Miscellaneous provisions

Page _____ : Illegal pricing practices - [TIC Chapter 552](#)

Page _____ : An entity that offers Medicare Supplement Benefit Plans to individuals 65 years of age or older, must offer the same coverage to individuals younger than 65 years of age who are eligible to enroll in Medicare because of end stage renal disease or amyotrophic lateral sclerosis – [TIC Section 1652.059](#)

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](#)

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\(6\)\(7\)](#)

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 ophthalmologist – [TIC Section 1451.153](#)

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](#)