

## Individual and Group Health Accident Only / Accidental Death and Dismemberment AD&D Checklist

### Use this checklist:

- When reviewing individual and group accident only/ accidental death and dismemberment insurance products or policies.
- 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.
- In addition to, not in place of, the [Individual Health Product Requirements](#) checklist.
- To enter the page number in the "Page" field or reference location.

### Individual Health

#### Policy Face Page

Page \_\_\_\_\_ : Workers' compensation disclaimer (bold 10-point type) is required on the first page of an occupational policy and the first page of all advertising or marketing materials for the policy - [TIC Section 564.005](#).

#### Benefits provided

Page \_\_\_\_\_ : Prosthetic and orthotic devices and related services (applies to plans that reimburse on an expense incurred basis) - [TIC Sections 1371.001 - 1371.005](#).

Page \_\_\_\_\_ : Acquired brain injury – (applies to plans that reimburse on an expense incurred basis) – [TIC Section 1352.003](#) and defined in [28 TAC Section 21.3102](#) and facilities in [TIC Section 1352.007](#) – [TIC Chapter 1352](#), and [28 TAC Sections 21.3101 – 21.3107](#).

#### Minimum standards

Page \_\_\_\_\_ : Accidental death and double dismemberment amounts shall be at least \$1,000 - [28 TAC Section 3.3076\(1\)](#).

Page \_\_\_\_\_ : Single dismemberments shall be at least \$500 - [28 TAC Section 3.3076\(2\)](#).

Page \_\_\_\_\_ : AD&D benefits payable if loss occurs not less than 90 days from date of accident – [28 TAC Section 3.3076\(3\)](#).

Page \_\_\_\_\_ : Specific dismemberment benefits may not be paid in lieu of other benefits unless the specific dismemberment benefit equals or exceeds the other benefit - [28 TAC Section 3.3076\(4\)](#).

Page \_\_\_\_\_ : Disability income benefits, if provided - [28 TAC Section 3.3076\(5\)](#).

Page \_\_\_\_\_ : Specified accident coverage, if applicable, and benefit amount requirements – [28 TAC Section 3.3077\(b\)](#).

## **Eligibility for coverage**

Page \_\_\_\_\_ : Insured shall have option to include all eligible insureds (under AD&D coverage) – [28 TAC Section 3.3040\(g\)](#).

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 exclusions and limitations**

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 \_\_\_\_\_ : 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 \_\_\_\_\_ : Requiring services by particular hospital or person - [28 TAC Section 3.3057\(c\)](#).

Page \_\_\_\_\_ : Excluding or limiting payment of benefits covered by Medicaid - [TIC Section 1204.201](#).

Page \_\_\_\_\_ : Exclusion of 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 \_\_\_\_\_ : Prohibiting or restricting assignment of benefits to physician or other provider - [TIC Section 1204.053](#). (applies to plans that reimburse on an expense incurred basis)

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 \_\_\_\_\_ : Certain Limitations on Coverage of Clinician-Administered Drugs (White-Bagging) Prohibited – An issuer is prohibited from: (1) requiring dispensing by certain pharmacies or network pharmacies; (2) limiting network providers to bill for or be reimbursed under pharmacy benefits instead of medical benefits without informed consent of the patient and providers attestation statement addressing increased risk; (3) charging an additional fee or higher cost based on enrollees choice of pharmacy or because the drug was not dispensed by a network pharmacy. [TIC Section 1369.764](#)

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 \_\_\_\_\_ : Limiting or excluding benefits for services by a provider acting within the scope of licensure - [TIC Section 1451.104](#).

Page \_\_\_\_\_ : Unfair Discrimination - refuse to enroll or renew due to exposure to asbestos or silica – [TIC Section 544.453](#).

## **Group health**

### **Policy face page**

Page \_\_\_\_\_ : Workers' compensation disclaimer (10-point type) - Required on the first page of an occupational policy and the first page of all advertising or marketing materials for the policy - [TIC Section 564.005](#).

### **Benefits provided**

All benefits payable in the policy/certificate must be fully described.

Page \_\_\_\_\_ : Prosthetic and orthotic devices and related services (applies to plans that reimburse on an expense incurred basis) – [TIC Section 1371.001 - 1371.005](#).

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### **Payment of benefits**

Page \_\_\_\_\_ : Education benefit (optional) if the policy specifies a benefit to be paid if there is no beneficiary or dependent who qualifies, that benefit will be paid to the insured's estate – [TIC Section 1251.114](#)

Page \_\_\_\_\_ : Orphan benefit (optional), if the policy specifies a benefit to be paid if there is no dependent or no dependent who qualifies, that benefit will be paid to the insured's estate – [TIC Section 1251.114](#).

### **Prohibited limitations and exclusions**

Page \_\_\_\_\_ : Limiting or excluding benefits for services by a provider acting within the scope of licensure - [TIC Section 1451.104](#).

### **Prohibited practices**

Page \_\_\_\_\_ : Cannot terminate during term of policy if insured is diagnosed as having or has been or is being treated for HIV or AIDS – [TIC Section 1364.053](#)

Page \_\_\_\_\_ : Excluding or limiting payment of benefits covered by Medicaid - [TIC Section 1204.201](#).

Page \_\_\_\_\_ : Exclusion of 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](#).

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