



CONSUMER CHOICE EVIDENCE OF COVERAGE (EOC) CHECKLIST

Large Employer and Conversion Plans

Every effort has been made to ensure the accuracy of the information in this document. All parties should consult the Texas Insurance Code, the Texas Administrative Code, and other applicable laws.

Important Note

The requirements listed are only summaries. The reader should refer to the actual cited statutes or rules to review the complete provisions listed.

Form Use - For each listed item, complete the following:

Page No. field - enter a form page number reference, or N/A if not applicable.

Comment box - enter general comments or form objections. In the drop down box select: No Comments, Comments, or Objection. Text limit: 1200 characters. When you print the form, only the visible text (first three lines) will print.

To view the full text in a comment box, click on the + icon in the lower right corner of the box and then use the up or down scroll buttons.

Use the last page for additional comments and objections. (Text limit: 4000 characters)

FILING REQUIREMENTS

Page No. HMOs must file the evidence of coverage and related forms, including the member handbook for all plans other than CHIP plans, for approval prior to issuance - [TIC §1271.101](#), and [28 TAC §11.301\(4\)](#) and [§11.501](#)
Chip member handbooks are filed for information - [28 TAC §11.301\(5\)](#)

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Page No. All variable material must be bracketed and include an explanation of variability - [28 TAC §11.505\(e\)](#)

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Page No. Certification of plain language requirements (transmittal checklist) - [28 TAC §3.601](#) and [§3.602](#) and [§11.505\(f\)](#)

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Page No. Insert Pages - replacement page; may be filed with or subsequent to approval or review of an evidence of coverage or written plan description, including a member handbook - [28 TAC §11.2\(b\)\(22\)](#) and [§11.505\(h\) - \(j\)](#)

Page No. Matrix Filings - must identify each provision with a unique form number that is sufficient to distinguish it as a matrix filing - [28 TAC §11.2\(b\)\(27\)](#) and [§11.505\(g\)](#)

FORMS AND DOCUMENTS TO BE INCLUDED IN FILING

Page No. Cost Savings Statement - reduction in premium resulting from the difference in coverage and design between the consumer choice health benefit plan and an identical plan providing all state mandated benefits - [28 TAC §21.3543\(2\)\(B\)](#)

Page No. Certification of compliance relating to Offer of State Mandated Plan - [28 TAC §21.3542](#) and [§21.3453\(2\)\(C\)](#)

Page No. Health Carrier Disclosure Form CCP 1 - [28 TAC §21.3530](#) and [§21.3543\(2\)\(A\)](#)

Page No. Rates to be used with a consumer choice health benefit plan - [28 TAC §21.3543\(2\)\(D\)](#)

MANDATORY EOC PROVISIONS**Complaint and Appeal Procedures:**

Page No. Complaints and appeals - [TIC §§843.251 - 843.262](#) and [§1271.054](#), and
 [28 TAC §11.506\(b\)\(5\)](#)

Page No. A statement that an HMO will not engage in retaliatory action against an enrollee filing a
 complaint - [TIC §843.281](#)

Preauthorization Procedures:

Page No. Preauthorization - Favorable determination of medical necessity - [TIC §843.348](#), and
 [28 TAC §19.1718\(d\)](#)

Adverse Determination Procedures - Utilization Review:

Page No. Adverse determination - services provided or proposed are determined not medically necessary
 or experimental and investigational - [TIC §4201.002](#) and [§§4201.304 - 4201.305](#)

Page No. Adverse determination - prescription drugs, if covered:
The denial of a formulary exception request or a step therapy protocol exception request is
considered an adverse determination - [TIC §1369.056](#) and [§1369.0546\(f\)](#)
A plan must provide 30 days' notice for a concurrent review prior to discontinuing coverage for
a prescription drug or intravenous infusion for which an enrollee is receiving benefits -
[TIC §4201.304\(b\)](#)
Step therapy exception requests qualify for an expedited review - [TIC §4201.357\(a-2\)](#) and
[§4202.003](#)

Page No. Adverse determination - retrospective review - [TIC §4201.305](#)

Adverse Determination Appeal Procedures - Utilization Review - [TIC §§4201.351 - 4201.3601](#):

Page No. Parity - nonquantitative treatment limits. Utilization review criteria and processes must be no more restrictive for mental health and substance use disorder treatment than for medical or surgical treatment - [TIC §1355.254](#)

Page No. Adverse determination - appeal - [TIC §4201.359](#)

Page No. Adverse determination - expedited appeal for denial of emergency care, continued hospitalization, prescription drugs or intravenous infusions - [TIC §4201.357](#)

Page No. Adverse determination - immediate appeal to independent review organization (IRO) for a life threatening condition, prescription drugs or intravenous infusions - [TIC §§4201.360 - 4201.457](#)

Continuation of Coverage - [TIC §§1271.301 - 1271.304](#), and [28 TAC §21.5302](#) and [§§21.5310 - 21.5314](#):

Page No. Enrollee must send written notice of election to continue coverage no later than 60 days

Page No. Enrollee shall make payment no later than 45 days after the initial election for coverage and on the due date of each month thereafter

Page No. Following the first payment made, payments considered timely if made by the 30th day after the date payment is due

Page No. Enrollees not eligible for COBRA are entitled to 9 months Continuation coverage

Page No. Enrollees eligible for COBRA, entitled to continuation of coverage for an additional 6 months

Eligibility and Enrollment Standards:

Page No. Eligibility requirements - [28 TAC §11.506\(b\)\(8\)](#)

Page No. Adopted children - [TIC §1501.608](#), and [28 TAC §11.506\(b\)\(8\)\(A\)\(i\)](#), [§26.305\(g\) - \(k\)](#) and [§26.306](#)

Page No. Affiliation period - imposed by HMO (cannot exceed 60 days for enrollees and 90 days for late enrollees) - [TIC §1501.104](#), and [28 TAC §26.306](#)

Page No. Court-ordered medical and dental child support - [TIC §1501.008\(c\)\(3\)](#) and [§§1504.001 - 1504.102](#), and [28 TAC §11.506\(b\)\(8\)\(A\)\(iv\)](#) and [§§21.2001 - 21.2011](#)

Page No. Grandchildren - if children are eligible, limiting age for children and grandchildren must be stated in the EOC - [TIC §1201.062](#), [§1271.005\(e\)](#) and [§1271.006](#), and [28 TAC §11.506\(b\)\(8\)\(E\)](#)

Page No. Handicapped child - a covered disabled child's attainment of limiting age does not operate to terminate the coverage of such child - [TIC §1501.002\(2\)\(C\)](#), and [28 TAC §11.506\(b\)\(17\)](#)

Page No. Late enrollment and late enrollee exceptions - [TIC §1501.008](#) and [§1501.606](#), and [28 TAC §26.4\(29\)](#) and [§26.306](#)

Page No. Limiting age - subscriber and dependents - [28 TAC §11.506\(b\)\(8\)\(C\)](#)

Page No. New enrollees - special enrollment in accordance with 45 C.F.R. 146.117 (HIPAA) - [28 TAC §11.509\(2\)](#)

Page No. Newborns - [TIC §1501.002\(2\)\(B\)](#) and [§1501.607](#), and [28 TAC §11.506\(b\)\(8\)\(D\)](#) and [§26.305](#)

Page No. Newly acquired dependents - [28 TAC §11.506\(b\)\(8\)\(B\)](#) and [§26.305](#)

Page No. Open enrollment - [TIC §1501.606](#), and [28 TAC §26.305](#)

Page No. Participation criteria - determined by HMO - [TIC §§1501.601 - 1501.606](#)

Page No. Student coverage - termination due to change in student enrollment status - [TIC §1501.002\(2\)](#) and [§§1503.001 - 1503.003](#), and [28 TAC §11.506\(b\)\(18\)](#)

Page No. Waiting period - determined by the employer for new employees - [TIC §1501.002\(17\)](#), [§1501.105](#) and [§1501.606](#), and [28 TAC §26.306](#)
 Note: Eligible Employee does not include employees within their waiting or affiliation period for percentage of participation requirements - [28 TAC §26.303\(e\)](#)

Other Mandatory EOC Provisions:

Page No. Cancellation or termination of contract - [TIC §843.208](#) and [§1501.108](#), and [28 TAC §11.506\(b\)\(3\)\(A\) - \(C\)](#) group plans

Page No. Conformity with state law - [28 TAC §11.506\(b\)\(19\)](#)

Page No. Cover page - consumer choice required EOC notice; must be at the beginning of the document in at least 12 point bold type - [28 TAC §21.3528](#)

Page No. Definitions - [28 TAC §11.506\(b\)\(6\)](#)

Page No. Effective date - [28 TAC §11.506\(b\)\(7\)](#)

Page No. Entire contract, amendments - [28 TAC §11.506\(b\)\(10\)](#)

Page No. Exclusions and limitations - [28 TAC §11.506\(b\)\(11\)](#)

Page No.		Face page - HMO name, address, website address, telephone number, and toll-free telephone number - TIC §521.102 , and 28 TAC §11.506(b)(1)
Page No.		Face page - Toll-Free Notice (English/Spanish) - 28 TAC §1.601 and §11.506(b)(1)(C)
Page No.		Face page - Workers' Compensation (WC) Insurance Disclosure - sale of substitutes to WC Insurance, if applicable - 28 TAC §§5.6302 and 11.511(3)
Page No.		Facility-based physicians and balance billing - required statement - TIC §1456.003 , and 28 TAC §11.506(b)(2)(C)
Page No.		Grace period - 28 TAC §11.506(b)(12)
Page No.		Incontestability - 28 TAC §11.506(b)(13)
Page No.		Mandatory Benefit Notices - 28 TAC §§21.2103 - 21.2106
Page No.		Mandatory Disclosure Requirements - Notice of rights must be included in all evidence of coverages, certificates, disclosures of plan terms, and member handbooks - 28 TAC §11.1612(c)

Page No.	Medicare Supplement and Long-Term Care - conformity with minimum standards, if applicable - 28 TAC §11.506(b)(20)
Page No.	Obstetrician or gynecologist - designation and notice to enrollees - TIC §§1451.251 - 1451.260 , and 28 TAC §11.506(b)(22)
Page No.	Out-of-Network claims; non-network physicians and providers - 28 TAC §11.1611 HMO reimbursement for: (a) Services by a non-network facility-based physician in a network facility, or situations where no choice of a network physician or provider was given; (b) Emergency care in a non-network facility; (c) Referral to a non-network physician or provider if medically necessary covered services, other than emergency care, are not available through a network physician or provider; referrals must be approved within five business days; (d) An HMO reimbursing a non-network physician or provider providing services as provided under subsections (a) - (c) must hold the enrollee harmless for any amounts beyond the copayment or other out-of-pocket amounts the enrollee would have paid for services from a contracted physician or provider. (e) An HMO must issue payment to the non-network physician or provider at the usual and customary rate or at a rate agreed to by the HMO and the non-network physician or provider; (f) Methodology used to calculate reimbursements - must comply with 28 TAC §11.1611(f) and be no less favorable for mental health and substance use disorder benefits than for medical or surgical benefits - TIC §1355.254
Page No.	Out-of-network services - when covered medically necessary services are not available through network physicians or providers - TIC §1271.055 , and 28 TAC §11.506(b)(14) and §11.508(a)
Page No.	Premiums - Group contract holder is liable for an enrollee's premiums from the time the enrollee is no longer part of the group eligible for coverage under the contract until the end of the month in which the contract holder notifies the HMO that the enrollee is no longer part of the group eligible for coverage by the contract. The enrollee remains covered by the contract until the end of that period - TIC §843.210 , and 28 TAC §11.506(b)(12)(B) and §§21.4001 - 21.4003

Page No. Premium rate changes - 60-day notice - [TIC §1254.001\(a\) - \(g\)](#), and [28 TAC §11.506\(b\)\(15\)](#)

Page No. Prescription drug accelerated refills for eye drops - [TIC §1369.0041\(b\)](#)

Page No. Prescription drug cost sharing - lesser of copayment, allowed amount, or cash price - [TIC §1369.0041\(a\)](#)

Page No. Prescription drug synchronization - process for medication synchronization and prorated cost sharing - [TIC §1369.454](#) and [§1369.456](#)

Page No. Prompt payment of enrollee claims - [TIC §§542.051- 542.061](#) and [§1271.005\(c\)](#), and [28 TAC §11.506\(b\)\(4\)](#)

Page No. Service area - description and map; a ZIP code map and a provider list may meet this requirement - [28 TAC §11.506\(b\)\(16\)](#)

Page No. Schedule of benefits - copayments. A Consumer Choice Benefit Plan (CCBP) may impose higher copayment amounts than the limits required by [28 TAC §11.506\(b\)\(2\)\(A\)](#).
If a CCBP imposes higher copayment amounts, the benefit limitation must be reflected on Health Carrier Disclosure Form CCP 1 - [28 TAC §21.3530](#)

Page No. Schedule of benefits - deductibles. A Consumer Choice Benefit Plan (CCBP) may charge a deductible for in-network services. Except for emergency care and services not available in-network, a CCBP may charge an out-of-network deductible for services performed out of the HMO's service area or for services performed by an out-of-network physician or provider. A deductible must be for a specific dollar amount of the service cost - [28 TAC §11.506\(b\)\(2\)\(B\)](#) If a CCBP charges a deductible for in-network services, the benefit limitation must be reflected on Health Carrier Disclosure Form CCP 1 - [28 TAC §21.3530](#)

Page No. Schedule of benefits - parity. Quantitative and nonquantitative treatment limits, including visit limits, cost sharing, and other financial requirements must be no more restrictive for mental health and substance use disorder benefits than for medical or surgical benefits - [TIC §1355.254](#)

Page No. Specialist as primary care physician - [TIC §§1271.201 - 1271.203](#), and [28 TAC §11.506\(b\)\(21\)](#)

OPTIONAL EOC PROVISIONS

Page No. Arbitration (voluntary) - *mandatory binding arbitration provisions are prohibited* - [28 TAC §11.511\(5\)](#) and [Texas Civil Practice and Remedies Code Chapter 171](#)

Page No. Coordination of Benefits - plans may coordinate benefits only if the agreement includes provisions consistent with [TIC §§1203.001 - 1203.003](#), and [28 TAC §§3.3501 - 3.3510](#), and [§11.511\(1\)](#)

Page No. Conversion Privilege - [28 TAC §11.511\(4\)](#), [§21.5302](#) and [§§21.5320 - 21.5322](#)

Page No. Point of Service and POS riders; non-network plan option required - [TIC §843.107](#), [§843.108](#) and [§§1273.001 - 1273.056](#), and [28 TAC §§11.2501 - 11.2503](#), [§21.2901](#) and [§21.2902](#)

Page No. Subrogation - [28 TAC §11.511\(2\)](#), and [Civil Practice and Remedies Code Chapter 140](#)

MANDATORY PROVISIONS - GROUP AGREEMENTS ONLY

Page No. Certificate - [28 TAC §11.509\(1\)](#)

Page No. New enrollees - [28 TAC §11.509\(2\)](#)

BASIC HEALTH CARE SERVICES - MANDATORY COVERAGE

A Consumer Choice Benefit Plan must cover the following basic health care services but may impose time and cost limits as permitted by [TIC Chapter 1507, Subchapter B](#).

Page No. Definition of “Basic Health Care Services” - [TIC §843.002\(2\)](#), and [28 TAC §11.2\(b\)\(6\)](#) and [§11.508\(a\)](#)
Note: An HMO must provide basic health care services when they are provided by network physicians or providers, or by non-network physicians and providers.

Page No. Emergency services, including emergency transport - [TIC §843.002\(7\)](#) and [§1271.155](#), and [28 TAC §11.506\(b\)\(9\)](#), [§11.508\(a\)\(1\)\(J\)](#)

Notes:

Out-of-network emergency services must be paid at the usual and customary rate or at an agreed upon rate - [28 TAC §11.1611\(b\)](#)

An HMO may not exclude health care services, supplies, or drugs provided for medical emergencies outside the plan service area, including outside of the United States - [28 TAC §26.314](#)

Page No.

Inpatient services - [28 TAC §11.508\(a\)\(2\)](#)

Including:

Administration of whole blood and blood plasma

Anesthesia and oxygen services

Drugs, medications and biologicals

General nursing care

Inhalation therapy

Laboratory and other diagnostic tests

Meals and special diets when medically necessary

Private duty nursing when medically necessary

Radiation therapy

Room and board

Short-term rehabilitation therapy services in the acute hospital setting

Use of intensive care unit and services

Use of operating room and related facilities

Whole blood including cost of blood, blood plasma, and blood plasma expanders that are not replaced by or for the enrollee

X-ray services

Page No.

Inpatient physician care services - including services performed, prescribed, or supervised by physicians or other health professionals, including diagnostic, therapeutic, medical, surgical, preventive, referral, and consultative health care services - [28 TAC §11.506\(b\)\(25\)](#) and [§11.508\(a\)\(3\)](#)

Page No.

Outpatient hospital services - [28 TAC §11.508\(a\)\(4\)](#)

Including:

Ambulatory surgery services

Diagnostic services, including laboratory, radiology and imaging services

Rehabilitation and radiation therapy

Treatment services

Page No.

Outpatient mental health services (not less than 60 visits) and in parity with medical surgical benefits - [TIC §1355.254](#), and [28 TAC §11.508\(a\)\(1\)\(I\)](#) and [§§21.2401 - 21.2407](#)

Page No. Outpatient services - [28 TAC §11.508\(a\)\(1\)](#)
 Including:
 Home health services
 Prenatal services (if maternity benefit covered)
 Primary care - [TIC §843.203](#)
 Outpatient diagnostic services, including laboratory, radiology and imaging services
 Outpatient rehabilitation therapies (including physical, speech and occupational therapy)
 Outpatient services by other providers
 Specialist services
 Therapeutic radiology services

Page No. Preventive health services - [28 TAC §11.508\(a\)\(1\)\(H\)](#)
 Including:
 Adult immunizations
 Cancer screenings - prostate and colorectal cancer as required by [TIC §§1362.001 - 1362.004](#)
 and [§§1363.001 - 1363.004](#)
 Cancer screenings - mammography as required by [TIC §§1356.001 - 1356.005](#)
 Eye and ear exams for children through age 17
 Periodic adult health examinations as required by [TIC §1271.153](#)
 Immunizations for children as required by [TIC §§1367.051 - 1367.054](#)
 Well-child care from birth as required by [TIC §1271.154](#)

ADDITIONAL REQUIRED BENEFITS AND CONTRACT PROVISIONS - OTHER THAN BASIC HEALTH CARE SERVICES

This section provides reference to additional benefits and contract provisions required by Texas statutes and rules. A Consumer Choice Benefit Plan (CCBP) may limit the benefits as to time and cost. The applicability for a CCBP is designated as follows:

- Benefits that are required by federal law, are noted with "required by federal law."
- Benefits that a CCBP may exclude under [TIC Chapter 1507, Subchapter B](#), are noted with "CCBP may exclude."

If a CCBP excludes any of the following benefits, the benefit exclusion or limitation must be reflected on Health Carrier Disclosure Form CCP 1 - [28 TAC §21.3530](#)

Page No. Acquired brain injury - [TIC §§1352.001 - 1352.008](#), and [28 TAC §§21.3101 - 21.3107](#)
 - CCBP may exclude

Page No. Amino acid-based formulas for diagnosis and treatment of certain diseases or disorders -
[TIC §§1377.001 - 1377.052](#) - CCBP may exclude

Page No.	Cardiovascular disease - atherosclerosis and abnormal artery structure screening for diabetic enrollees and certain enrollees who have a documented medical risk of developing coronary heart disease - TIC §§1376.001 - 1376.003 , and 28 TAC §21.4301 - CCBP may exclude
Page No.	Autism Spectrum Disorder - TIC §1355.015 , and 28 TAC §§21.4401 - 21.4404 - CCBP may exclude
Page No.	Birth of child and post delivery care - minimum inpatient hospital stay if the plan includes maternity benefits - TIC §§1366.051 - 1366.059 , and 28 TAC §11.508(b)(2) - required by federal law
Page No.	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 §1370.003(b) - cervical cancer screening required by federal law
Page No.	Chemical dependency - TIC §§1368.001 - 1368.008 , and 28 TAC §§3.8001 - 3.8030 and §11.509(3) - CCBP may exclude
Page No.	Complications of pregnancy - 28 TAC §21.405(1) - required by federal law
Page No.	Continuity of treatment by treating physician or provider of enrollee with a “special circumstance” and termination notice - TIC §843.309 and §843.362
Page No.	Contraceptive drugs and devices and related services - TIC §§1369.101 - 1369.108 , and 28 TAC §21.404(3) - required by federal law Note: Plans may extend religious accommodations as required by Court.

Page No. Craniofacial abnormalities - [TIC §§1367.151 - 1367.153](#) and [28 TAC §11.509\(5\)](#)

Page No. Diabetes care - self-management training, equipment and supplies - [TIC §§1358.051 - 1358.056](#), and [28 TAC §11.508\(b\)\(3\)](#) and [§§21.2601 - 21.2606](#)

Page No. Drug formulary (if drugs are covered) - [TIC §1355.254](#) and [§§1369.051 - 1369.056](#), and [28 TAC §11.506\(b\)\(24\)](#) and [§§21.3020 - 21.3030](#)

Page No. Drug coverage continuation (if drugs are covered) - if an approved or covered drug is removed from the drug formulary before the plan renewal date, HMO must continue to offer the drug at the contracted benefit level and until the plan's renewal date - [TIC §1369.055](#)

Page No. Drug coverage modification (if drugs are covered) - 60-day notice for modification of drug coverage - [TIC §1369.0541](#)

Page No. Hearing test for newborns and necessary follow-up care - [TIC §§1367.101 - 1367.104](#) - required by federal law

Page No. Hearing aid or cochlear implant and related services and supplies, if medically necessary, for children that are 18 years of age or younger - [TIC §§1367.251 - 1367.253](#)

Page No. Mammography - including 2D and 3D (breast tomosynthesis) for women age 35 and older on an annual basis - [TIC Chapter 1356](#)

Page No. Mastectomy - breast reconstruction - [TIC §§1357.001 - 1357.0007](#), and [28 TAC §11.508\(b\)\(1\)](#)
- required by federal law

Page No. Mastectomy - minimum hospital stay - [TIC §§1357.051 - 1357.057](#) - CCBP may exclude

Page No. Mental health coverage - must include inpatient and outpatient benefits for Serious Mental Illness, including inpatient care in a psychiatric day treatment facility and treatment in a residential treatment center for children and adolescents or a crisis stabilization unit, as an alternative to inpatient hospital treatment - [TIC §§1355.001 - 1355.004](#), [§§1355.051 - 1355.054](#), [§§1355.101 - 1355.104](#)
Coverage must be in parity with and subject to the same terms and conditions applicable to coverage for medical and surgical benefits - [TIC §§1355.251 - 1355.257](#), and [28 TAC §§21.2401 - 21.2407](#)

Page No. Off-label drugs - [TIC §§1369.001 - 1369.004](#), and [28 TAC §21.3010](#) and [§21.3011](#) - CCBP may exclude

Page No. Orally administered anticancer medications - [TIC §§1369.201 - 1369.204](#) - CCBP may exclude

Page No. Osteoporosis - [TIC §§1361.001 - 1361.003](#) - required by federal law

Page No. Pharmacy benefits (if drugs are covered) - [28 TAC §11.1605](#) - CCBP may include higher copayment amounts

Page No.		Phenylketonuria (PKU) or other heritable disease dietary formulas - TIC §§1359.001 - 1359.003 and 28 TAC §11.509(6)
Page No.		Prosthetics, orthotics, and professional fitting services equivalent to that provided by the federal Medicare program - TIC §§1371.001 - 1371.005 - CCBP may exclude
Page No.		Rehabilitation services and therapies - TIC §1271.156 - CCBP may impose time or cost limits
Page No.		Routine costs and clinical trials - routine patient care costs to an enrollee in connection with certain clinical trials - TIC §§1379.001 - 1379.056
Page No.		Telehealth services and telemedicine medical services - TIC §§1455.001 - 1455.006 and as defined by §111.001 of the Occupations Code
Page No.		Temporomandibular Joint (TMJ) - conditions affecting TMJ - TIC §§1360.001 - 1360.005 - CCBP may exclude
Page No.		Urgent care - 28 TAC §11.1607(g)

OPTIONAL BENEFITS

An HMO may limit these optional health services as to time and cost - [28 TAC §11.512](#)

Page No.

Including - [28 TAC §11.512\(1\) - \(14\)](#):

Corrective appliances and artificial aids

Cosmetic surgery

Care for military service - connected disabilities

Care for conditions that state or local law requires be treated in a public facility

Dental services

Vision care

Custodial or domiciliary care

Experimental and investigational medical, surgical, or other experimental or investigational health care procedures

Personal or comfort items and private rooms, unless medically necessary during inpatient hospitalization

Durable medical equipment for home use (such as wheelchairs, surgical beds, ventilators, or dialysis machines)

Infertility medical services, including gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), and outpatient infertility drugs

Reversal of voluntary sterilization

Prescribed drugs and medicines incident to outpatient care, and

Noninsurance benefits provided that HMO complies with [28 TAC Chapter 21, Subchapter NN](#) (relating to Noninsurance Benefits and Features)

Wellness Benefits - [TIC §843.151](#) and [§1501.107](#), and [28 TAC §§21.4701 - 21.4708](#)

Applies to any evidence of coverage that provides health care services, with respect to a plan that establishes premium discounts, rebates or reductions in otherwise applicable copayments, or any combination of these incentives, in return for participation in programs designed to promote disease prevention, wellness, and health.

Page No.

Participatory Wellness Programs: a program with participation as sole basis for reward eligibility and that contains no condition for obtaining a reward premised on an individual satisfying a standard associated with a health factor, program must be made available to all individuals eligible for coverage under the plan - [28 TAC §21.4706\(a\) and \(b\)](#)

Page No.

Activity-only Wellness Programs: a health-contingent program that requires an individual to perform or complete an activity related to a health factor in order to obtain rewards, but does not require the individual to attain or maintain a specific health outcome - [28 TAC §21.4707\(a\) and \(b\)](#)

Page No. **Outcome-Based Wellness Programs:** a program that requires an individual to attain or maintain a specific health outcome in order to obtain a reward - [28 TAC §21.4708\(a\) and \(b\)](#)

BENEFITS THAT MAY BE OFFERED

This section provides reference to benefits that a Consumer Choice Benefit Plan (CCBP) may offer under the cited Texas statutes and rules, or may exclude under [TIC Chapter 1507, Subchapter B](#).

If a CCBP does not offer any of the following benefits, the benefit exclusion or limitation must be reflected on Health Carrier Disclosure Form CCP 1 - [28 TAC §21.3530](#)

Page No. Certain therapies for children with developmental delays - rehabilitative and habilitative therapies - [TIC §§1367.201 - 1367.206](#)

Page No. Emotional illness or disorder (inpatient hospital alternative treatment facility) - [TIC §§1355.101 - 1355.106](#)

Page No. In-vitro fertilization procedures - [TIC §§1366.001 - 1366.006](#)

Page No. Speech and hearing - [TIC §§1365.001 - 1365.004](#)

COVERAGE STANDARDS

Page No. Alzheimer's disease, if applicable - [TIC §1354.001](#) and [§1354.002](#), and [28 TAC §11.506\(b\)\(23\)](#)

Page No. Discrimination - general prohibitions applicable to HMOs - [TIC §§544.001 - 544.054](#)

Page No. Fibrocystic breast conditions - [TIC §§544.201 - 544.204](#)

Page No. Victims of family violence - [TIC §§544.151 - 544.158](#)

Genetic Testing - [TIC §§546.001 - 546.152](#):

Page No. Notice to enrollee - [TIC §546.051\(a\)\(1\)](#)

Page No. Consent required (including consent from mother for testing in utero) - [TIC §546.051\(a\)\(3\)](#), [§546.051\(b\)](#) and [§546.053\(b\)\(1\)](#)

Page No. Information to enrollee of test results - [TIC §546.051\(b\)\(1\)-\(2\)](#) and [§546.101](#)

Page No. Inducement prohibited (to buy insurance or to induce abortion) - [TIC §546.051\(c\)](#) and [§546.053\(b\)\(2\)](#)

Page No. Improper use of test results prohibited - [TIC §546.052](#)

Out-of-State Group Agreement:

Page No. An HMO issuing a group certificate covering a Texas resident is responsible for ensuring that the certificate complies with applicable Texas insurance laws and rules, including mandated benefits, regardless of whether the group agreement underlying the certificate was issued outside of Texas - [28 TAC §26.301\(i\)](#)

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ENROLLMENT FORM AND APPLICATION

Page No. Consumer choice required notice - [28 TAC §21.3527](#)

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Page No. COBRA and State Continuation - [TIC §§1271.301 - 1271.305](#), and [28 TAC §21.5302](#) and [§§21.5310 - 21.5314](#)

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Page No. Disability affecting the enrollee's ability to communicate or read - [28 TAC §11.1602](#)

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Page No. Obstetrician or gynecologist selection - [28 TAC §11.506\(b\)\(22\)\(F\)](#)

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Page No. Point of Service Election, if offered - [28 TAC §§11.2501 - 11.2503](#), [§21.2901](#) and [§21.2902](#)

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Page No. Primary language other than English - [28 TAC §11.1602](#)

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CONVERSION CONTRACTS ONLY

Page No. Consideration - [28 TAC §11.507\(3\)](#)

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Page No. Continuance of coverage due to change in marital status - [28 TAC §11.507\(4\)](#)

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Page No. Conversion privilege - may offer - [TIC §1271.306](#) and [§1271.307](#), and [28 TAC §11.511\(4\)](#), [§21.5302](#) and [§21.5320 - 21.5322](#)

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Page No. Reinstatement - [28 TAC §11.507\(1\)](#)

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Page No. Ten days to examine agreement - [28 TAC §11.507\(2\)](#)

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ELECTRONIC COMMUNICATION

Page No. Written communication may be delivered by electronic means if the party consented to electronic delivery and has not withdrawn consent. A regulated entity must provide

- a statement informing the party about the right or option to receive written communication in paper form, the right to withdraw consent, and any conditions or consequences imposed if consent is withdrawn; and
- information about how to withdraw consent and how to update information needed to contact the party electronically - [TIC §35.004\(c\)\(1\) and \(2\)](#)

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PROHIBITED PRACTICES

Page No. Discretionary clause prohibited - an evidence of coverage may not include a discretionary clause - [TIC §1271.057](#), and [28 TAC §3.1202](#) and [§3.1203](#)

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Page No. Asbestos - HMO may not reject, deny, limit, cancel, refuse to renew, increase the premiums for, or otherwise adversely affect the person's eligibility for or coverage under the contract based on the fact that enrollee has been exposed to asbestos fibers or silica or has filed a claim governed by [Civil Practice and Remedies Code Chapter 90](#) and [TIC §544.453](#)

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Page No. HIV/AIDS - HMO may not exclude or deny coverage for HIV, AIDS or HIV-related illness - [TIC §§1364.001 - 1364.101](#)

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WRITTEN PLAN DESCRIPTION OR MEMBER HANDBOOK - [28 TAC §11.1600](#):

Note: Written plan descriptions or member handbooks must appear in the exact order required by [28 TAC §11.1600](#).

Page No. General Requirements:

The written plan description may be delivered electronically - [28 TAC §11.1600\(a\)](#)

An HMO may use its member handbook to satisfy the requirements of the written plan description - [28 TAC §11.1600\(c\)](#)

An HMO offering a Children's Health Insurance Program (CHIP) must file its member handbook with the approval letter from the Texas Health and Human Services Commission (HHSC) - [28 TAC §11.1600\(d\)](#)

An HMO that maintains a website must list the information on its website - [TIC §843.2015](#) and [§1456.003](#), and [28 TAC §§11.1600\(b\)-\(g\) and \(j\)](#)

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Page No.

The written or electronic plan description must include clear, complete, and accurate information in the exact order listed - [28 TAC §11.1600\(b\)](#):

- (1) a statement that the entity providing the coverage is an HMO;
- (2) a toll-free number and address for obtaining additional information, including physician and provider information;
- (3) a description of all covered services and benefits, including the options, if any, for prescription drug coverage, both generic and brand name, and how to access formulary information, consistent with [§21.3031](#);
- (4) a description of emergency care services and benefits, including coverage for out-of-area emergency care services and information on access to after-hours care;
- (5) a description of out-of-area services and benefits, if any;
- (6) a statement concerning facility-based physicians and balance billing - as provided in [TIC §1456.003](#);
- (7) an explanation of enrollee financial responsibility;
- (8) a description of any limitations or exclusions, including any drug formulary limitations;
- (9) a description of any prior authorization requirements, including limitations or restrictions; a summary of approval procedures for referrals, requirements for preauthorization review, concurrent review, post service review, post payment review, and consequences for failure to obtain required authorizations;
- (10) a provision for continuity of treatment in the event of the termination of a primary care physician or dentist;
- (11) a summary of the HMO's complaint and appeal procedures, including the availability of the independent review process, and a statement that the HMO is prohibited from retaliating against a physician or provider because he or she has, on behalf of the enrollee, filed a complaint against the HMO or appealed a decision of the HMO;
- (12) a current list of physicians and providers, including behavioral health providers and substance abuse treatment providers, if applicable, with information about the network, including the information required by [§11.1612](#) (relating to Mandatory Disclosure Requirements), together with a link to the online directory;
- (13) a description of the service area;
- (14) an explanation of the point-of-service coverage when the HMO product includes point-of-service (POS) coverage, including when such coverage is provided by an insurer, or when the product is explicitly marketed with the option of purchasing POS coverage.

Page No.

Required notice for access to a limited provider network, if applicable - [28 TAC §11.1600\(e\)](#)

Page No.

Required notice for unlimited access to obstetrical or gynecological care, if applicable - [28 TAC §11.1600\(f\)](#)

Page No. Separate listing of any limited provider networks within the HMO's service area and an alphabetical listing of all physicians and providers, including specialists, available in each limited provider network - [28 TAC §11.1600\(g\)](#)

Page No. Notice to contact the HMO on receipt of a bill for covered services from any physician or provider, including a facility-based physician or other health care practitioner, and information how to contact the HMO - [28 TAC §11.1600\(h\)](#)

Page No. Disclosure that upon admission to an inpatient facility, a physician other than the primary care physician may direct and oversee the care, if applicable - [28 TAC §11.1600\(i\)](#)

See next page for additional comments or objections, if any.

Additional Comments or Objections: