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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.*

First comment box *- enter general comments or form objections. In the drop down box select: No Comments, Comments, or Objection.*
Text size: 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.

Second comment box labeled Company Response *- enter a response if the first box is marked Objection (optional)*

Use the last two pages of this form for additional comments, objections and responses (text size: 4000 characters).

FILING REQUIREMENTS

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HMOs must file the evidence of coverage and related forms for approval prior to issuance - TIC §1271.101 and 28 TAC §11.301(4) and §11.501

Company Response

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Plain language requirements - 28 TAC §3.601 and §3.602

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FORMS AND DOCUMENTS TO BE INCLUDED IN FILING

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Cost Savings Statement - reduction in premium resulting from the differences 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)

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Certification of compliance relating to Offer of State Mandated Plan - 28 TAC §21.3542 and §21.3543(2)(C)

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Rates to be used with a consumer choice health benefit plan - 28 TAC §21.3543(2)(D)

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MANDATORY EOC PROVISIONS

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Alzheimer's disease, if applicable - TIC §1354.001 and §1354.002, and 28 TAC §11.506(23)

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Cancellation or termination of contract - TIC §843.208 and §1501.108, and 28 TAC §11.506(3)(A) - (C) group plans

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Complaint and Appeal Procedures:

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Complaints - TIC §§843.251 - 843.262 and §1271.054

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Retaliatory action prohibited for filing a complaint - TIC §843.281

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Adverse determination (includes experimental and investigational determinations for plans issued for delivery, or renewed on or after 1/1/2010) and Appeal of Adverse Determination, including Independent Review Organization (IRO) information for life threatening conditions and for a denial of prescription drugs or intravenous infusions - Utilization Review - TIC §§4201.001 - 4201.603, and 28 TAC §11.506(5) and §§19.1701 - 19.1719

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Conformity with state law - 28 TAC §11.506(19)

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Continuation of Coverage - TIC §§1271.301 - 1271.304, and 28 TAC §21.5302 and §§21.5310 - 21.5314:

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

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

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Following the first payment made, payments considered timely if made by the 30th day after the date payment is due

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Enrollees not eligible for COBRA are entitled to 9 months Continuation coverage

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Enrollees eligible for COBRA, entitled to continuation of coverage for an additional 6 months

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Definitions - 28 TAC §11.506(6)

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Effective date - 28 TAC §11.506(7)

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Eligibility requirements (see also “Eligibility and Enrollment Standards”) - 28 TAC §11.506(8)

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Emergency services - TIC §843.002(7) and §1271.155, and 28 TAC §11.506(9) and §11.508(a)(1)(J)

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Entire contract, amendments - 28 TAC §11.506(10)

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Exclusions and limitations - 28 TAC §11.506(11)

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Face page - HMO name, address and telephone number - 28 TAC §11.506(1)

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Face page - toll-free telephone numbers - TIC §521.102, and 28 TAC §11.506(1)

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Face page - Important Notice (English/Spanish) - 28 TAC §1.601 and §11.506(1)(C)

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Grace period - 28 TAC §11.506(12)

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Incontestability - 28 TAC §11.506(13)

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Medicare Supplement and Long-Term Care minimum standards, if applicable - 28 TAC §§3.3301 - 3.3326, §§3.3801 - 3.3874, and §11.506(20)

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Obstetrician or gynecologist - designation and notice to enrollees - TIC §§1451.251 - 1451.260, and 28 TAC §11.506(22)

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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(14) and §11.508(a)

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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 §§21.4001 - 21.4003

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Premium rate changes - 60-day notice - TIC §1254.001(a) - (g), and 28 TAC §11.506(15)

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Prompt payment of enrollee claims - TIC §§542.051 - 542.061 and §1271.005(c), and 28 TAC §11.506(4)

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Service area - description and map; a ZIP code map and a provider list may meet this requirement - 28 TAC §11.506(16)

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Schedule of benefits (co-payments, deductibles) - 28 TAC §11.506(2)

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Arbitration - 28 TAC §11.511(5)

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Coordination of Benefits - TIC §§1203.001 - 1203.003, and 28 TAC §§3.3501 - 3.3510, and §11.511(1)

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Conversion Privilege - 28 TAC §11.511(4), §21.5302 and §§21.5320 - 21.5322

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Subrogation - 28 TAC §11.511(2), and Civil Practice and Remedies Code Chapter 140

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Workers' Compensation (WC) Insurance - sale of substitutes to WC Insurance, if applicable - 28 TAC §5.6302 and §11.511(3)

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MANDATORY PROVISIONS - GROUP AGREEMENT ONLY

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Certificate - 28 TAC §11.509(1)

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New enrollees - 28 TAC §11.509(2)

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ELIGIBILITY AND ENROLLMENT STANDARDS

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Adopted children - TIC §1501.608, and 28 TAC §11.506(8)(A)(i) and §26.305(g) - (k)

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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

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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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Court-ordered medical and dental child support - TIC §1501.008(c)(3) and §§1504.001 - 1504.102, and 28 TAC §11.506(8)(A)(iv) and §§21.2001 - 21.2011

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Genetic Testing - TIC §§546.001 - 546.152:

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Notice to enrollee - TIC §546.051(a)(1)

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Consent required (including consent from mother for testing in utero) - TIC §546.051(a)(3), §546.051(b) and §546.053(b)(1)

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Information to enrollee of test results - TIC §546.051(b)(1)-(2) and §546.101

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Inducement prohibited (to buy insurance or to induce abortion) - TIC §546.051(c) and §546.053(b)(2)

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Improper use of test results prohibited - TIC §546.052

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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(8)(E)

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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(17)

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Late enrollment and late enrollee exceptions - TIC §1501.008 and §1501.606, and 28 TAC §26.4(29) and §26.306

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Limiting age - subscriber and dependents - 28 TAC §11.506(8)(C)

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New enrollees - special enrollment in accordance with 45 C.F.R. 146.117 (HIPAA) - 28 TAC §11.509(2)

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Newborns - TIC §1501.002(2)(B) and §1501.607, and 28 TAC §11.506(8)(D) and §26.305

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Newly acquired dependents - 28 TAC §11.506(8)(B) and §26.305

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Open enrollment - TIC §1501.606, and 28 TAC §26.305

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Participation criteria - determined by HMO - TIC §§1501.601 - 1501.606

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Student coverage - termination due to change in student enrollment status - TIC §1501.002(2) and §§1503.001 - 1503.003, and 28 TAC §11.506(18)

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Waiting period - determined by the employer for new employees - TIC §1501.002(17), §1501.105 and §1501.606, and 28 TAC §26.306

Company Response

BASIC HEALTH CARE SERVICES - MANDATORY COVERAGE

Services must be provided as needed without limitation as to time and cost unless permitted by statute or rule.

Page No.

Definition of "Basic Health Care Services" - TIC §843.002(2), and 28 TAC §11.2(b)(8)

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Emergency services as required by TIC §1271.155 and 28 TAC §11.508(a)(1)(J)

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Inpatient services - 28 TAC §11.508(a)(2)
Including:
Administration of whole blood and blood plasma
Anesthesia and oxygen services
Drugs, medications and biologicals
Room and board
General nursing care
Inhalation therapy
Laboratory and other diagnostic tests
Meals and special diets when medically necessary
Radiation therapy
Short-term rehabilitation therapy services in the acute hospital setting
Special duty nursing when medically necessary
Use of operating room and related facilities
Use of intensive care unit and services
X-ray services

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Inpatient physician care services - 28 TAC §11.508(a)(3)

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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

Company Response

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Outpatient mental health services (not less than 20 visits) - 28 TAC §11.508(a)(1)(I)

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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

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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

Company Response

ADDITIONAL BENEFITS - OTHER THAN BASIC HEALTH CARE SERVICES

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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

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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).

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Complications of pregnancy - 28 TAC §21.405(1)

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Continuity of treatment by treating physician or provider of enrollee with a “special circumstance” and termination notice - TIC §843.309 and §843.362

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Craniofacial abnormalities - TIC §§1367.151 - 1367.153

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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

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Hearing test for newborns - TIC §§1367.101 - 1367.104

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Mastectomy - breast reconstruction and minimum hospital stay - TIC §§1357.001 - 1357.056, and 28 TAC §11.508(b)(1), required by Federal Law

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PKU Dietary Formulas - TIC §§1359.001 - 1359.003

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Serious Mental Illness - TIC §§1355.001 - 1355.015, and 28 TAC §11.509(5)

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Urgent care - 28 TAC §11.1607(g)

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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.

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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)**

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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)

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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)

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COVERAGE STANDARDS

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Discrimination - general prohibitions applicable to HMOs - TIC §§544.001 - 544.054

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Fibrocystic breast conditions - TIC §§544.201 - 544.204

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Victims of family violence - TIC §§544.151 - 544.158

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ENROLLMENT FORM AND APPLICATION

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Consumer choice required notice - 28 TAC §21.3527

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COBRA and State Continuation - TIC §§1271.301 - 1271.305, and 28 TAC §21.5302 and §§21.5310 - 21.5314

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Disability affecting the enrollee's ability to communicate or read - 28 TAC §11.1602

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Obstetrician or gynecologist selection - 28 TAC §11.506(22)(F)

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Primary language other than English - 28 TAC §11.1602

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MEMBER IDENTIFICATION CARD

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Basic Information - TIC §843.209, and 28 TAC §11.1601 and §21.2820

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Pharmacy ID card (if drugs are covered) - TIC §§1369.151 - 1369.154 and §4151.152, and 28 TAC §§21.3001 - 21.3005

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CONVERSION CONTRACTS ONLY

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Consideration - 28 TAC §11.507(3)

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Continuance of coverage due to change in marital status - 28 TAC §11.507(4)

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Conversion privilege - TIC §1271.306 and §1271.307, and 28 TAC §11.511(4), §21.5302 and §§21.5320 - 21.5322

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Reinstatement - 28 TAC §11.507(1)

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Ten days to examine agreement - 28 TAC §11.507(2)

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ELECTRONIC COMMUNICATION

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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

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Discretionary clause prohibited - an evidence of coverage may not include a discretionary clause - TIC §1271.057, and 28 TAC §3.1202 and §3.1203

Company Response

See next pages for additional comments or objections and space for additional responses, if any.

Additional Comments or Objections:

Additional Company Responses:

Company Response