TEXAS DEPARTMENT OF INSURANCE
Regulatory Policy Division - Accident and Health Program (106-1D)
333 Guadalupe, Austin, Texas 78701 PO Box 149104, Austin, Texas 78714-9104
(512) 676-6630 | F: (512) 490-1017 | (800) 578-4677 | TDI.texas.gov | @TexasTDI

GROUP HEALTH SPECIFIED DISEASE CHECKLIST

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

A policy being reviewed against this checklist must also satisfy the "Group Health Product Requirements" checklist.

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).

DEFINITIONS

Page No.

"Actual charge" or "actual fee" means amount actually paid to and accepted by a provider - §1201.0601, TIC

Company Response

EXCLUSIONS AND LIMITATIONS

Exceptions, exclusions and limitations must be clearly expressed as part of a benefit or as a separate provision, appropriately captioned.

Page No.

Cannot reduce benefits more than 50% for failure to pre-authorize - §1701.055(a)(2), TIC

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