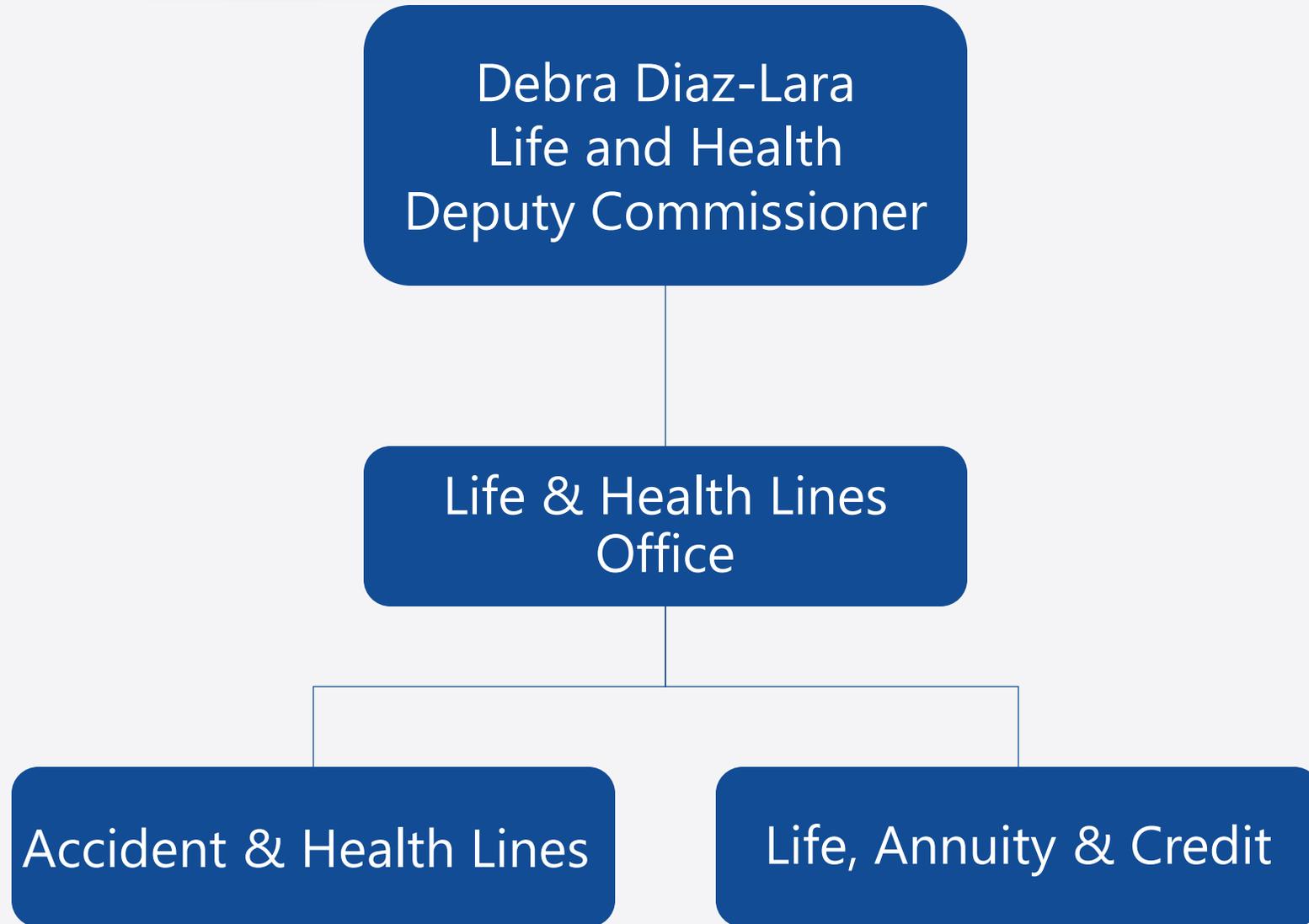


# **TDI** **InsurED**

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Life and Health Filings

January 29, 2026



- Cultivating key partnerships to provide innovation in protecting Texas consumers with quality care.
- Working to continually improve, create, and maintain efficient processes.
- Encouraging use of plain language.
- Providing consumer education.
- Facilitating compliant coverage documents.

# TDI | Required transmittal checklists

- [Life and Health Transmittal Form](#)
- [Life, Health and HMO Miscellaneous Documents Transmittal Checklist](#)
- [HMO Transmittal Checklist and Certification Form](#)
- [Advertising Transmittal Checklist and Certification Form](#)

# TDI | Compliance checklist benefits

- Speed to market.
- Less regulatory ping-pong.
- Checklists provide up-to-date legislative and rule changes.
- [www.tdi.texas.gov/forms/form10.html](http://www.tdi.texas.gov/forms/form10.html).

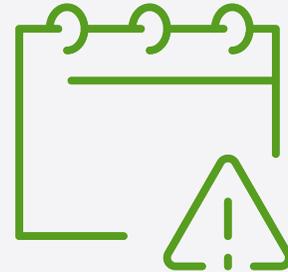
# TDI | Life & health legislative updates



Follow General Filing requirements under 28 TAC 3.11.



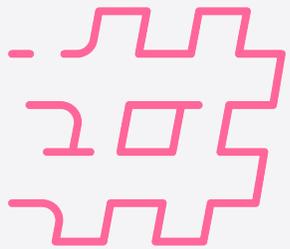
Send DBAs, TMs, SMs, & logos to SOS and TDI before filing.



Don't file a form as "substantially similar" if it's >2 years old.



Only file the same form once (except for substitutions).



Use a unique form number.



Put form number lower left corner of each page.



Don't set the entire filing as confidential.



Complete all SERFF fields accurately.

## Filing submission and accepted filings

- Submit red-lined or previously approved forms in the Supporting Documents tab.
- Once the filing has been accepted:
  - Only revised submissions are allowed.
  - Can't expand the scope of the review or submit additional forms for review.

## Closed filings

Can't be reopened. Resubmit filings appropriately.

## Resubmissions

- Includes corrections not previously allowed or for which approval was withdrawn.
- Rejected filings can't be refiled as a resubmission.

# TDI | Statements of variability

- Avoid broad statements like “based on policyholder selection” unless truly optional.
- Avoid “based on plan design” if it is a required offer.
- Variability must fall entirely within legal requirements (e.g., for home health don't file range of 30-120 days when statute requires at least to 60 days).

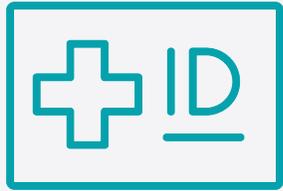
# 89th Regular Legislative Session

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# TDI | Legislative session

- Each regular Texas Legislative session begins in January in odd-numbered years.
- Issuers (including dental carriers) and HMOs must file updated forms to comply with new laws passed during each session.
- Commissioner's Bulletins [B-0012-23](#) and [B-0010-25](#) summarize insurance-related bills passed by the 2023 and 2025 Legislatures.

# TDI | Life & health legislative updates



**HB 2516**  
ALS & ESRD  
Medicare coverage



**SB 896**  
Newborn health  
plan enrollment



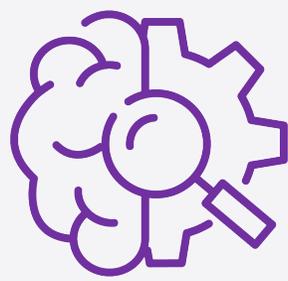
**SB 926**  
Health provider  
guidelines



**HB 2254**  
PPO & EPO models



**HB 2221**  
Rebating guidelines



**HB 815**  
Utilization review



**HB 3812**  
Gold Card reform



**SB 2254**  
Independent dispute  
resolution (IDR)

# TDI | ALS & ESRD Medicare coverage

## [HB 2516](#): coverage for people under 65 on Medicare with ALS or end-stage renal disease (ESRD)

- Requires plan providers to offer the same supplement coverage offered to people over 65.
- Requires A, B, and D plan providers to offer the same premium rate offered to people over 65.
- Premiums for other Medicare plans can't exceed 200% of the 65 and older premium rate.

### Implementation

- See [Bulletin # B-0010-25](#) for guidance.
- TDI will adopt rules.

Amends Insurance Code:

Adds [1652.059-1652.060](#)

Effective immediately

# TDI | Newborn health plan enrollment

## SB 896: extend health plan enrollment period for newborns to 60 days

- Extends the time to enroll a newborn child in a health plan that provides maternity benefits or accident and health coverage for additional newborn children from 31 days to 60 days. This aligns with the special enrollment period provided in the individual market under federal law.
- Applies to policies issued or renewed after January 1, 2026.

### Implementation:

TDI will adopt rules.

### Amends Insurance code:

- [846.258](#) (b)
- [1367.003](#)
- [1501.157](#) (b)
- [1501.607](#) (b)

Effective 9/1/2025

# TDI | Health provider guidelines

## [SB 926](#): provide provider ranking, tiering, & steering guidelines

- Allows health plans to steer enrollees to certain physicians and providers using incentives or tiered networks.
- States steering and incentives are subject to a fiduciary duty to do so only for the primary benefit of the enrollee or group contract holder.

### Implementation:

TDI will adopt rules.

### Amends Insurance Code:

- Adds [843.322](#)
- [1301.0045](#) (a)
- Adds [1301.0047](#)
- [1460.003](#) (a), adds (a-1)
- [1460.005](#) (c), adds (d)
- Adds [1460.007](#) (c)

Effective 9/1/2025

# TDI | PPO & EPO value-based models

## HB 2254: use of value-based models

- Authorizes preferred provider organization (PPO) and exclusive provider organization (EPO) to use value-based and capitated payment arrangements when contracting directly with primary care physicians or primary care physician groups.
- Prohibits global capitation arrangements.

Amends Insurance Code:

Adds [1301.0065](#)

Effective immediately

## HB 2221: provide rebating guidelines

- Adds provisions allowing loss control or value-added services to policies.
- Continues to prohibit unlawful rebates, inducement, and discrimination.

### Implementation:

TDI will adopt rules.

### Amends Insurance Code:

- [Title 9](#)
- Adds [Chapter 1702](#)
- [81.001](#) (c)
- [846.007](#) (d)
- [1114.057](#)
- [1501.107](#) (b)

### Repeals Insurance Code:

- 541.056-541.058
- 543.003
- 1201.013

Effective 9/1/2025

## SB 815: use of AI in utilization review

- Restricts use of "automated decision systems" for utilization review. Provides an exemption for administrative or fraud-detection functions.
- Expands adverse determination disclosures to include review procedures.
- Allows TDI to audit or inspect URA's use of an automated decision system at any time.
- Applies to policies issued or renewed after January 1, 2026.

### Amends Insurance Code:

- [4201.002](#) (1), adds (1-a), (1-b), (1-c)
- Adds [4201.156](#)
- [4201.303](#) (a)

Effective 9/1/2025

## HB 3812: reform prior authorization gold card

- Expands claims evaluated for consideration of issuing a physician or provider gold card.
- Extends evaluation periods.
- Creates appeal process for initial gold card denials.
- Adds gold card reports.

### Implementation:

- Reviewing rule draft in process.
- Making changes to the electronic submission process to include IRO gold-carding status denial requests.
- Collecting gold carding data.

### Amends Insurance Code:

- [4201.152](#)
- [4201.651](#) (a)
- [4201.653](#)
- [4201.655](#) (a), (b), adds (b-1)
- [4201.656](#) (a)
- [4201.658](#)
- [4201.659](#) (b), (c)
- Adds [4201.660](#)

Effective 9/1/2025

# TDI | IDR: mediation deadline

## SB 2544: create a balance billing mediation deadline

- Creates a 180-day deadline to submit balance billing disputes to the Texas portal for disputes involving facilities.
- Disputes occurring before the effective date must be submitted within 120 days of the effective date of the bill.

### Implementation:

TDI will adopt rules.

Amends Insurance Code:

[1467.054](#) (a)

Effective 6/20/2025

# TDI | Updated filing rules & procedures



Form filing  
intake



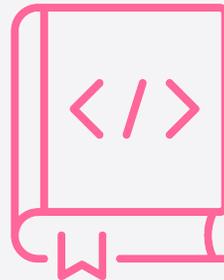
Filing fees  
and modes



Explain new programs  
and initiatives



Required  
certifications figure



Variability  
forms



Group filings  
and eligibility

# TDI | Streamlined processes include



Updated TAC sections



Reduced process duplication



Outlined submission requirements



Updated group filings



Simplified fees to \$100 if a fee applies



Filings w/o fees rejected after five business days

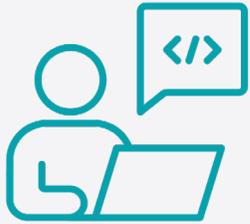


Filers must explain new programs and initiatives



Must send forms approved before 2012

# TDI | Variable material



Show variable options  
using brackets



Show the most  
restrictive range



Include a statement  
of variability



Explain what will vary  
for each option



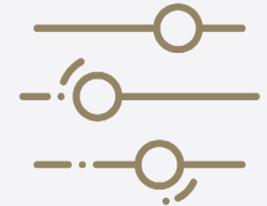
Don't use variables  
on issued forms



Don't bracket  
company names



Don't use brackets  
within brackets



Don't include tons of  
plan design changes

## Group types

- Associations.
  - Bona fide associations.
  - Bona fide employer.
- Trusts.
  - Association.
  - Multiple employer.
  - Multiple association.
- Labor unions.
- Blanket.
- Other discretionary groups.

## Changes include:

- Removed "one group," "one filing."
- Group eligibility filings.
- Submit multiple group filings separately.
- Single group filings or case specific can submit for one filing.
- Out-of-state certificates for Texas consumers required.

# TDI | Plain language requirements

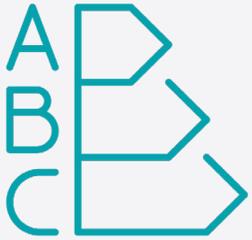


Table of contents requirements



Definition requirements



Use common and familiar words



Logical order with clear headings



Format makes it easier to read



Use short sentences



Font style must be easy to read



Font should be at least 10-point.

# TDI | Changes to exempt forms



Filings subject to  
actuarial review



Blanket  
forms



Dental  
forms



In-patient and  
basic hospital



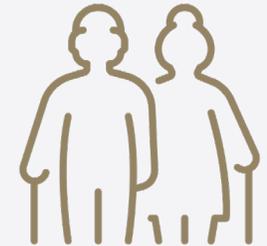
Group forms issued  
under TIC 1251.056



Prescription  
drug policies



PPO and  
EPO forms



LTC policies under  
TIC 1651

# TDI | Exempt filings

- Exempt from review and approval, but not from filing or following rules and laws.
- Permitted but subject to audit.
- Carriers can lose their ability to file exempt.
- High percentage of filings fail audit.
- If a filing fails audit, no future filings of that product should be filed as exempt.

## Exempt filings that usually fail audit

- Filings with any utilization review.
- Out-of-state filings that aren't modified.
- Filings not compliant with state rules or laws.

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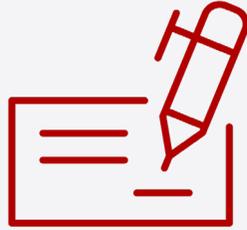
## Can't be exempt

- New or unusual filings.
- Filings with PPO or EPO structure.
- Life products that contain accelerated death benefit provisions.

# TDI | Consumer protections



No amendments or endorsements on new coverage



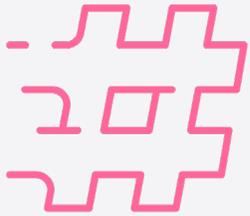
Can't require a check for premiums or cost-sharing



Termination notices



Include application notice with contract



Forms have a unique number



No personally identifiable info



Electronic and phone standards



Clearly show issuer name and address

## General Information

- Requested filing mode.
- Submission type.
- Group market type (if applicable).
- Filing description.

## Form Schedule

Upload all forms submitted for review.

## Supporting Documentation

- Transmittal checklist.
- Statement of variability.
- Actuarial memorandum (if applicable).

## Filing Correspondence

- Objection letters.
- Filing dispositions.
- Notes to reviewer.
- Notes to filer.

# TDI | Top reasons for filing rejection

- Wrong type or subtype of insurance or filing type (e.g., Certificate, Policy, etc.).
- Rates weren't provided separately in the rates and rule schedule.
- Rates selected on checklist don't match rates submitted.
- Multiple policies submitted under one filing.
- Missing filing package for forms previously disapproved or that failed audit with resubmission or audit revision.
- Didn't follow general filing submission requirements.
- Failure to pay required filing fees after 5 days.

# **TDI** | Common intake objections

- Missing form classification type.
- Missing cover letter or information under SERFF General Information tab.
- State-specific questions answered incorrectly.

# TDI | Common compliance issues

- Reverting to non-compliant language that was previously objected to and removed.
- Missing or inaccurate redline corrections to a pending form. 28 TAC 3.23 (c)(2)
- Responses to objections that:
  - Don't meet objection requirements.
  - Only provide a vague response or non-statutory rebuttals.
  - Only provide amended language without a response letter or vice versa.

# **TDI** | Post submission updates

- Use post submission updates to correct information in SERFF (e.g., General Information tab and State Specific tab).
- Post submission updates are only allowed on open filings.

# TDI | SERFF tips

- The [System for Electronic Rates and Forms Filing](#) (SERFF) is public access. Some filings can be viewed without filing an open records request.
- Watch for SERFF blasts. SERFF and TDI use this channel to communicate important information to users and filers.
- You can reach the SERFF Help Desk at 816-783-8500 or [serffhelp@naic.org](mailto:serffhelp@naic.org).

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