

Group Health Product Requirements Checklist

Use this checklist:

- When reviewing group health products and 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.
- Use in addition to, not in place of, the appropriate checklist, i.e., Accident, AD&D, Association, Discretionary, Blanket, Dental, Hospital Indemnity, Large and Small Employer, Medicare Supplement, Specified Disease, Supplemental Coverage, Vision, Disability Income, Long Term Care, and Stop Loss.
- To enter the page number or reference location in the "Page" field.

Policy Face Page

Group Accident and Health Policyholders:

Policyholder identified as:

Page _____ : Employer or trustees of a fund set up by employer – [TIC Section 1251.051](#) – or

Page _____ : Bona fide employer association as defined by [28 TAC Section 26.301\(g\)](#)

Page _____ : Association (or Labor Union) - [TIC Section 1251.052](#) – or

Page _____ : Multiple employer trust - [TIC Section 1251.053](#) – or

Page _____ : Trustee of fund for former insureds - [TIC Section 1251.055](#) – or

Page _____ : Other (Discretionary) - [TIC Section 1251.056](#)

Blanket Accident and Health Policyholders:

Page _____ : Common carrier or motor vehicle or rental leasing company- [TIC Section 1251.351](#)- or

Page _____ : Employer – [TIC Section 1251.352](#) – or

Page _____ : Educational institutions – [TIC Section 1251.353](#) – or

Page _____ : Religious, charitable, recreational educational, or civic organization – [TIC Section 1251.354](#) - or

Page _____ : Sports team or camp [TIC Section 1251.355](#)- or

Page _____ : Governmental or volunteer emergency services organization [TIC Section 1251.356](#) – or

Page _____ : Newspaper or other publisher [TIC Section 1251.357](#) – or

Page _____ : Association – [TIC Section 1251.358](#) – or

Page _____ : Coverage for other risks [TIC Section 1251.359](#)

Page _____ : Notice of premium increase at renewal or nonrenewal based on an attained age [TIC Section 1210.001](#).

Certificate

Page _____ : Issuance of certificate of insurance – [TIC Section 1251.201](#)

Schedule of Benefits, Notice

Page _____ : Must provide full description of benefits and expenses amounts - [TIC Section 1251.201\(a\)\(1\)\(A\)](#)

Page _____ : Notice of separate available coverage must be given – [TIC Section 1251.201\(a\)\(2\)](#)

Definitions

The following are definitions of general terms that may be included in a form filing. If a form filing does contain any of these terms, their definitions may not be more restrictive than the definition in the statute or rule cited.

Page _____ : Emergency care – [TIC Section 1201.060](#). If plan is a PPO or EPO, refer to [TIC Section 1301.155](#) and [28 TAC Section 3.3704](#)

Page _____ : Genetic Information – [TIC Section 546.001\(3\)](#) and [TIC Section 546.052](#)

Page _____ : Genetic Test - [TIC Section 546.001\(4\)](#)

Page _____ : Physician - [TIC Section 1451.001\(15\)](#)

Page _____ : Pre-Existing Conditions - [TIC Section 1251.108](#)

Note: Refer to the Large and Small Employer Checklist for employer health benefit plans

Page _____ : Succeeding Carrier (discontinuance and replacement) - [TIC Section 1252.001\(4\)](#)

Page _____ : Total Disability/Totally Disabled (extension of benefits) - [TIC Section 1252.001\(5\)](#)

General Policy Provisions

Page _____ : Plain language requirements - [28 TAC Section 3.601](#) and [Section 3.602](#)

Page _____ : Right to select practitioners - [TIC Section 1451.001- 1451.127](#) and [Section 1451.255](#)

Page _____ : 60-day notice for group premium increases - [TIC Section 1254.001](#)

Required Group Policy Provisions

The following provisions must be included in every group health policy unless they are inapplicable or inconsistent with the coverage provided by a particular form of policy. If a provision is inapplicable or inconsistent, the insurer must omit or modify it - [TIC Section 1251.101](#)

Page _____ : If medical expense coverage, repayment of the actual costs of medical expenses the Texas Health and Human Services Commission pays through medical assistance for an insured person - [TIC Section 1204.151 - 1204.152](#)

Page _____ : Benefits paid to the Texas Health and Human Services Commission on behalf of child – [TIC Section 1204.153](#) and [28 TAC Section 3.408](#)

Page _____ : If medical expense coverage, pay benefits to managing conservator of a child if court ordered [TIC Section 1204.251 - 1204.253](#)

Page _____ : When premium is due – [TIC Section 1251.102\(1\)](#)

Page _____ : Grace period - [TIC Section 1251.102\(2\)](#)

Page _____ : Incontestability – [TIC Section 1251.103](#)

Page _____ : Entire contract - [TIC Section 1251.104](#)

Page _____ : Statement made by policyholder or insured – [TIC Section 1251.105](#)

Page _____ : Evidence of insurability – [TIC Section 1251.107](#)

Page _____ : Adjustment of premiums or benefits if age misstated – [TIC Section 1251.109](#)

Page _____ : Deadline for notice of claim – [TIC Section 1251.110](#)

Page _____ : Claim forms – [TIC Section 1251.111](#)

Page _____ : Deadline for claim (proof of loss) – [TIC Section 1251.112](#)

Page _____ : Prompt payment of benefits required – [TIC Section 1251.113](#)

Page _____ : Payment of benefits – [TIC Section 1251.114](#)

Page _____ : Right to conduct physical examination or autopsy – [TIC Section 1251.115](#)

Page _____ : Legal actions; limitations – [TIC Section 1251.116](#)

Page _____ : Continuation or conversion of coverage – [TIC Section 1251.117](#)

Page _____ : Extension of benefits provision; exemption – [TIC Section 1252.102](#)

Page _____ : Discontinuance of coverage – [TIC Section 1252.101 – 1252.104](#)

Page _____ : Replacement of coverage – [TIC Section 1252.201 – 1252.207](#)

Page _____ : Continuance during labor dispute (if negotiated through collective bargaining agreement) – [TIC Section 1253.051 – 1253.060](#)

Optional Eligibility for Coverage

Page _____ : May include coverage for spouse and dependents – [TIC Section 1251.152](#)

Page _____ : May include continuation of dependents' benefits on insured's death [TIC Section 1251.153](#)

Dependent Eligibility

A plan that offers dependent coverage must offer coverage for all dependents listed below. The requirements for these dependents may not be more restrictive than stated in the applicable statute or rule:

Page _____ : Dependents – [TIC Section 1501.002\(2\)](#) (Employer health benefit plans only)

Page _____ : Handicapped Child - [TIC Section 1201.059\(a\)\(1\)](#)

Page _____ : Medically Certified Disabled Child of Any Age – [TIC Section 1501.002\(2\)\(C\)](#) (employer health benefit plans only)

Page _____ : Grandchild – [TIC Section 1201.062](#) and [Section 1251.151](#)

Page _____ : Adopted Child - [TIC Section 1201.063](#) and [Section 1251.154](#)

Page _____ : Medical and Dental Support Ordered Child – [TIC Section 1201.062](#) and [Section 1201.063](#), and [Chapter 1504](#), and [28 TAC Section 21.2001 – 21.2011](#)

Page _____ : Stepchild – [TIC Section 1201.064](#)

Page _____ : Newborn - [TIC Section 1367.003](#) and [28 TAC Section 3.3401 - 3.3403](#)

Page _____ : Student - [TIC Section 1503.003](#)

A policy may not:

Page _____ : Require that a child reside with the insured, or be claimed as exemption - [TIC Section 1201.063](#) and [Section 1504.101](#)

Page _____ : Condition coverage for a child younger than 25 years of age on the child being enrolled in an educational institution – [TIC Section 1201.065](#)

Page _____ : Require a child to be “chiefly dependent” on the insured - [TIC Section 1201.059\(a\)\(2\)](#)

Page _____ : Exclude a child who has a preexisting condition – [TIC Section 1504.101](#)

Page _____ : Exclude a child born out of wedlock – [TIC Section 1504.101](#)

Page _____ : Exclude a child who receives or has applied for medical assistance [TIC Section 1504.101](#)

Provisions Specific to Preferred and Exclusive Provider Benefit Plans

This section provides reference to provisions applicable to health benefit plans that contain preferred provider arrangements.

Page _____ : Access to Out-of-Network Providers – an insurer may not terminate, or threaten to terminate, an insured’s participation in a preferred provider benefit plan solely because the insured uses an out-of-network provider – [TIC Section 1301.0057](#)

Page _____ : Balance billing prohibition notice - [TIC Section 1301.010](#)

Page _____ : Acupuncturist - [TIC Section 1301.0515](#)

Page _____ : Continuity of care - [TIC Section 1301.153](#)

Page _____ : Contracting requirements – [TIC Section 1301.051 – 1301.069](#), [Section 1301.201](#) and [Section 1301.202](#), and [28 TAC Section 3.3703](#)

Page _____ : Disclosure notice - [TIC Section 1301.158](#) and [Section 1301.1581](#)

Page _____ : Definitions - [TIC Section 1301.001](#), and [28 TAC Section 3.3702](#)

Page _____ : Emergency care - [TIC Section 1201.060](#). If the plan is a PPO or EPO, refer to [TIC Section 1301.155](#) and [28 TAC Section 3.3704](#)

Page _____ : Emergency care reimbursement and balance billing (out-of-network provider) – [TIC Section 1301.0053](#), [28 TAC Section 3.3725](#) (EPO), and [Section 1301.155](#) (PPO)

Page _____ : Hospitalist - [TIC Section 1301.063](#)

Page _____ : Mandatory written disclosures and notices – the written disclosure must follow the order of requirements provided in the rule (insurer may utilize its handbook to satisfy the disclosure requirements)- [TIC Section 1301.157-1301.160](#), and [28 TAC Section 3.3705\(a\) – \(q\)](#)

Page _____ : Mandatory Right of Adequate Network Notice - [28 TAC Section 3.3705\(f\)](#)

- Preferred Provider (PPO) benefit plan notice - [Figure: 28 TAC Section 3.3705\(f\)\(1\)](#) - [TIC Section 1456.001\(3\)](#)
- Exclusive Provider (EPO) benefit plan notice - [Figure: 28 TAC Section 3.3705\(f\)\(2\)](#)

Page _____ : Out-of-network facility-based provider, reimbursement, and balance billing - [TIC Section 1301.164](#)

Page _____ : Out-of-network diagnostic imaging and laboratory service provider, reimbursement, and balance billing – [TIC Section 1301.165](#)

Page _____ : Podiatrist – [TIC Section 1301.062](#)

Page _____ : Preauthorization of medical and health care services - [TIC Section 1301.135](#)

Page _____ : Preauthorization Renewal – A plan that requires preauthorization must provide preauthorization renewal process that permits a renewal request at least 60 days before An existing preauthorization expires – [TIC Section 1222.0003-1222.0004](#) and [Section 1301.001](#) (definition of preauthorization)

Page _____ : Preferred provider and exclusive benefit plans - [TIC Chapter 1301](#), and [28 TAC Section 3.3701 - 3.3711](#) and [Section 3.3720 - 3.3725](#)

Page _____ : Restrictions on payment and reimbursement – [TIC Section 1301.056](#)

Page _____ : Service area – [TIC Section 1301.001](#)

Page _____ : Transmission of enrollee eligibility status – [TIC Section 1274.002](#)

Other Exclusions and Limitations

An exception, exclusion or reduction of benefits should be clearly expressed in that benefit provision, or if it applies to more than one benefit provision, should be listed as a separate provision and clearly captioned.

Page _____ : If non-indigent patients are charged for services in a government facility that customarily charges non-indigent patients, those charges cannot be excluded –

[TIC Section 1204.002](#)

Page _____ : In policies that provide mental illness or mental retardation, no exclusion of benefits when provided by tax-supported institution of the State of Texas - [TIC Section 1355.202](#)

Page _____ : May not exclude or deny coverage for HIV or AIDS - [TIC Section 1364.003](#)

Page _____ : A "self-inflicted injury" exclusion must stipulate "intentionally" –

[TIC Section 1701.055\(a\)\(2\)](#)

Page _____ : An exclusion of coverage for riot and terrorism must be limited to participation –

[TIC Section 1701.055\(a\)\(2\)](#)

Page _____ : No unfair discrimination between individual of the same class and essentially same hazard - [TIC Section 544.052](#)

Page _____ : No unfair discrimination based on sex, pregnancy, maternity- [28 TAC Section 21.405\(1\)-\(3\) and \(6\)-\(7\)](#)

Page _____ : No restriction or prohibition permitted on right to assign benefits to provider – (applies to plans that reimburse on an expense incurred basis) [TIC Section 1204.053](#)

Page _____ : Prohibited to exclude or limit coverage for benefits under [Chapter 32, Human Resources Code](#) and [TIC Section 1204.201](#)

Page _____ : Distinction based on marital status prohibited – [TIC Section 1251.106](#)

Page _____ : Exclusion or limitation of coverage for pre-existing conditions - [TIC Section 1251.108](#)

Page _____ : Refusal to reimburse solely on services provided by a chiropractor, acting in the scope of a his/her license, is prohibited – [TIC Section 1301.0516](#)

Page _____ : Refusal to reimburse solely on services provided by a pharmacist, acting in the scope of his/her license, is prohibited - [TIC Section 1451.001\(13-a\)](#), [Section 1451.1261\(d\)](#), and [Section 1451.128](#)

Page _____ : May not charge an additional fee to the payee for issuing payment by paper check instead of by an electronic payment method – [Business and Commerce Code Chapter 116](#)

Page _____ : COVID-19 vaccination or recovery – a company may not require a customer to provide any documentation certifying the customer’s COVID-19 vaccination or post-transmission recovery in order to obtain health insurance coverage or otherwise receive service from the company – [Health and Safety Code Section 161.0085\(c\)](#), as added by SB 968 (87R)

Page _____ : Unfair discrimination, political affiliation, or expression - An insurer may not limit, cancel, refuse to renew, deny coverage, or vary an individual’s rate , because of the individual’s political affiliation or expression – [TIC Section 544.602](#), as added by HB3433.

Page _____ : Discretionary clauses prohibited – [TIC Section 1701.062](#), [28 TAC Section 3.1202](#), and [Section 3.1203](#)

Utilization Review

This section provides reference to provisions applicable to health benefit plans that include language related to utilization review.

- Utilization review provisions are not required, but if included, the language must comply with the referenced statutes.
- A health benefit plan may not include language that imposes a specific time limit in which the covered person must file an appeal. The statute does not reflect a specific time limit.

Preauthorization Procedures:

Page _____ : Preauthorization determination – [TIC Section 1301.135](#) and [28 TAC Section 19.1718\(d\)](#) (PPO / EPO plans, non-PPO / EPO plans [TIC Section 4201.302](#), [Section 4201.304](#), and [28 TAC Section 19.1709 \(d\) and \(e\)](#))

Page _____ : A plan may not require preauthorization if the provider has an exemption for the service, consistent with [TIC Chapter 4201](#), Subchapter N as added by HB 3459.

Page_____ : Preauthorization renewal – a plan that requires preauthorization must provide a preauthorization renewal process that permits a renewal request at least 60 days before an existing preauthorization expires – [TIC Section 1222.003 – 1222.004](#) and [Section 1301.001](#) (definition of preauthorization)

Adverse Determination Procedures – Utilization Review:

Page _____ : Adverse determination means and includes: - services provided or proposed that are determined not medically necessary or experimental and investigational [TIC Section 4201.002\(1\)](#), and [28 TAC Section 19.1703\(b\)\(1\)](#):

- if prescription drugs are covered, the refusal of a health benefit plan issuer to provide benefits for a prescription drug not included on the drug formulary and the enrollee's physician has determined that the drug is medically necessary – [TIC Section 1369.056](#).
- if prescription drugs are covered, the denial of a step-therapy protocol exception request – [TIC Section 1369.0546](#).

Page _____ : 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 Section 1369.056](#) and [Section 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 Section 4201.304\(b\)](#)
- Step therapy exception requests qualify for an expedited review – [TIC Section 4201.357\(a-2\)](#) and [Section 4202.003](#)

Page _____ : Notice of determination – [TIC Section 4201.301- 4201.304](#), and [28 TAC Section 19.1703\(b\)\(1\)](#) and [Section 19.1709](#)

Page _____ : An adverse determination must include a description of the enrollee's right to an immediate review by and Independent Review Organization (IRO), and of the procedures to obtain that review, for life threatening conditions and for denial of prescription drugs or intravenous infusions – [TIC Section 4201.303\(b\) and \(c\)](#)

Page _____ : Appeal of adverse determination - [TIC Section 4201.351 - 4201.360](#) and [28 TAC Section 19.1703\(b\)\(2\)](#)

Adverse Determination Appeal Procedures - Utilization Review - [TIC Section 4201.351 – 4201.360](#):

Page _____ : Adverse determination - appeal - [TIC Section 4201.359](#) and [Section 1369.056](#)

Page _____ : Adverse determination – expedited appeal for denial of emergency care, continued hospitalization, prescription drugs or intravenous infusions – [TIC Section 4201.357](#)

Page _____ : Adverse determination - immediate appeal to independent review organization (IRO) for a life-threatening condition, prescription drugs or intravenous infusions - [TIC Section 4201.360 - 4201.457](#)

Subrogation

Page _____ : Contractual subrogation rights of payers of certain benefits - [Civil Practice and Remedies Code Chapter 140](#)

Coordination of Benefits

Page _____ : Policy cannot exclude payment because benefits are also payable under a supplemental individual policy for hospital confinement, specified disease, or limited benefit - [TIC Section 1203.002](#)

Note: A coordination of benefits provision is not required, but if one is included in a policy, it must comply with the following requirements:

Page _____ : Must state terms for insured dependent children and satisfy other terms of [TIC Section 1701.055\(b\)](#)

Page _____ : Definitions – [28 TAC Section 3.3503](#)

Page _____ : General prohibition - [28 TAC Section 3.3504](#)

Page _____ : Allowable expenses - [28 TAC Section 3.3505](#)

Page _____ : Use of certain terms in policies, certificates and contracts - [28 TAC Section 3.3506](#)

Page _____ : Coordination of benefits and order of benefits - [28 TAC Section 3.3507](#)

Page _____ : Procedure to be followed by secondary plan - [28 TAC Section 3.3508](#)

Page _____ : Miscellaneous provisions - [28 TAC Section 3.3509](#)

Page _____ : Model coordination of benefits contract provisions - [28 TAC Section 3.3510](#)

Page _____ : Coordination of Vision and Eye Care Benefits - Requires coordination of benefits for health benefit plans and standalone vision plans. Sets specific requirements for coordinating benefits as primary and secondary issuers. Prohibits a health benefit plan or vision benefit plan from excluding or reducing payment of benefits based on the existence of another plan. [TIC Section 1203.105](#)

Electronic Communication - [TIC Section 35.004\(c\)\(1\) and \(2\)](#) and [TIC Section 35.0041](#)

Page _____ : Electronic Communications - Allows issuers to conduct business electronically by (1) seeking out affirmative consent prior; or (2) the issuer provides notice of intent conduct business electronically and the party does not opt out. Further describes either method is subject to disclosure requirements set out in TIC §35.004. In addition, (1) the party must have a right to withdraw consent; or (2) in the case affirmative consent was not obtained, the party requests

written communication be delivered in nonelectronic form. [TIC Section 35.003](#)