

Group Health Large and Small Employer Requirements Checklist

Use this checklist:

- When reviewing group health insurance products or 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.
- A policy reviewed against this checklist must also satisfy the "[Group Health Product Requirements](#)" checklist.
- To enter the page number or reference location in the "Page" field.

Filing Submissions

Page _____ : Submission requirements for filings – [28 TAC Section 3.1 – 3.8](#)

Page _____ : Policy must be issued to eligible group (must specify specific group on the transmittal checklist) – [TIC Section 1251.002](#) and [28 TAC Section 3.6\(c\)\(1\) and \(2\)](#)

Page _____ : Certificate of Insurance – [TIC Section 1251.201](#)

Policy and Application Requirements – Consumer Choice Health Benefit Plans (CCHP) POLICY

Page _____ : Insurer notice on application – [TIC Section 1507.005\(a\)](#)

Page _____ : Insurer notice on policy – [TIC Section 1507.005\(b\)](#)

Page _____ : Health carrier disclosure – [TIC Section 1507.006](#)

Definitions

This definition section provides a reference to general terms that may be included in a form filing. The section is not intended to limit or require the inclusion of certain terms in a form filing. A form filing containing any of the referenced terms shall not define the terms more restrictive than referenced in the applicable statute or rule.

Page _____ : Affiliated Service Contractor – [Local Government Code Section 172.003\(1\)](#)

Page _____ : Allowable Expense (Coordination of Benefits) – [28 TAC Section 3.3503](#)

Page _____ : Complications of Pregnancy – [28 TAC Section 21.405\(1\)\(A\) and \(B\)](#)

Page _____ : Dental Care Services – [TIC Section 1451.201\(1\)](#)

Page _____ : Emergency Care – [TIC Section 1301.155](#) and [28 TAC Section 3.3704](#). If the plan is not a PPO or EPO use the definition in [TIC Section 1201.060](#)

Page _____ : Health Care Provider/Provider (EPO) – [TIC Section 1301.001\(1\)](#)

Page _____ : Health Care Provider/Provider (PPO) – [TIC Section 1301.001\(9\)](#)

Page _____ : Health Insurance Policy – [TIC Section 1301.001\(2\)](#)

Page _____ : Hearing Instrument Fitter and Dispenser, licensed – [TIC Section 1451.001\(8\)](#)

Page _____ : Hospital – [TIC Section 1301.001\(3\)](#) and [28 TAC Section 3.3702](#)

Page _____ : Individual Treatment Plan – [TIC Section 1355.051\(2\)](#)

Page _____ : Large Employer – [TIC Section 1501.002\(8\)](#) and [28 TAC Section 26.4](#)

Page _____ : Late Enrollee – [28 TAC Section 26.4](#)

Page _____ : Life Threatening – [TIC Section 1301.153\(a\)\(1\)](#)

Page _____ : Practitioners – [TIC Section 1451.001](#)

Page _____ : Previous Carrier (discontinuance and replacement) – [TIC Section 1252.001\(3\)](#)

Page _____ : Small Employer – [TIC Section 1501.002\(14\)](#) and [28 TAC Section 26.4](#)

Page _____ : Utilization Review – [TIC Section 4201.002\(13\)](#) and [28 TAC Section 3.3702\(19\)](#)

Employee Eligibility

This section provides reference to eligible employees. A form filing may not contain a more restrictive definition of eligible employee than referenced in the applicable statute or rule.

General Requirement:

May not condition eligibility for an employee on the individual's health status related factors.

Page _____ : Eligible employee – [TIC Section 1501.002\(3\)](#) and [28 TAC Section 26.4](#)

Page _____ : Employee – [TIC Section 1501.002\(4\)](#)

Page _____ : Married employees (Large Employer) – [28 TAC Section 26.304\(d\)](#)

Page _____ : Married employees (Small Employer) – [28 TAC Section 26.7\(d\)](#)

Mandated Benefits and Offers

This section provides reference to mandated benefits and offers required to be included in form filings. Mandated benefits are benefits required to be included in form filings, while mandated offers are subject to acceptance by the policyholder (employer). This section designates the applicability of mandates as follows:

- (Large Employer) designates mandates required to be included in a plan issued to a large employer.
- Mandates not required to be included in Consumer Choice Health Benefit Plans (CCHBP) are noted with symbol “+”.
- Mandates not required by state law but required by federal law are noted as “##”.

Page _____ : Amino acid -based elemental formulas - [TIC Chapter 1377](#) ‡

Page _____ : Mental or emotional illness or disorder (inpatient hospital alternative treatment facility) - Mandated Offer - [TIC Section 1355.101 -1355.106](#) ‡

Page _____ : Acquired brain injury (definitions must comply with [28 TAC Section 21.3102](#)) – [TICChapter 1352](#), and [28 TAC Section 21.3101 - 21.3107](#) ‡

Page _____ : Autism spectrum disorder - [TIC Section 1355.015](#) ‡

Page _____ : Biomarker testing - Requires coverage of biomarker testing (only when testing provides clinical utility) for diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee’s disease or condition to guide treatment based on medical and scientific evidence the test supports. Must provide coverage in a manner that limits disruption in care, including limiting the number of biopsies and biospecimen samples [TIC Section 1372.003](#)

Page _____ : Cardiovascular disease, certain tests - [TIC Chapter 1376](#) ‡

Page _____ : Chemical dependency coverage - [TIC Chapter 1368](#) ‡

Page _____ : Clinical trials, routine care for participants - [TIC Chapter 1379](#)

Page _____ : Colorectal cancer testing - All colorectal cancer exams, preventive services, and lab tests with an “A” or “B” grade from the USPSTF must be covered starting at age 45, with no cost-sharing for in-network care. A follow-up colonoscopy must also be covered with no cost-sharing if the results of the initial colonoscopy test , or procedure are abnormal – [TIC Chapter 1363](#).

Page _____ : Complications of pregnancy - [28 TAC Section 21.405\(1\)](#)

Page _____ : Dental services (Large Employer) - [TIC Section 1360.005](#) ‡

Page _____ : Developmental delays, certain therapies (Large Employer) - [TIC Section 1367.205](#) ‡

Page _____ : Diabetes (Large Employer) - [TIC Chapter 1358](#) and [28 TAC Section 21.2604 - 21.2606](#)

Page _____ : Diabetes care guidelines (Large Employer) - [TIC Section 1358.001 - 1358.005](#) ‡

Page _____ : Emergency refills of insulin an insulin-related equipment – Emergency refills of diabetes or diabetes supplies without prescribing practitioner authorization , must be covered in the same manner as a nonemergency refill – [TIC Section 1358.054\(a-1\)](#)

Page _____ : Diabetes - Cost sharing for insulin that is on the formulary cannot exceed \$25 per prescription for a 30-day supply. A formulary must include at least one insulin from each therapeutic class, regardless of the amount or type of insulin needed to fill the enrollee’s prescription – [TIC Section 1358.103](#) and [Section 1358.104](#).

Page _____ : Fertility preservation services -Requires coverage for standard fertility preservation services provided to a covered person receiving cancer treatment. Treatment includes surgery, chemotherapy, or radiation the American Society of Clinical Oncology or American Society for Reproductive Medicine has established may directly or indirectly cause impaired fertility. [TIC Section 1366.104](#)

Page _____ : Hearing aid coverage for adults and children - A health benefit plan that provides coverage for hearing aids may not deny an enrollee’s claim for a hearing aid solely on the basis that the price of the hearing aid is more than the benefit available under the health benefit plan. [TIC Section 1365.053](#)

Page _____ : Hearing impairment, screening test (Large Employer) - [TIC Section 1367.103](#)

Page _____ : Hearing aid or cochlear implant and related services and supplies, for children that are 18 years of age or younger - [TIC Section 1367.251 - 1367.253](#)

Page _____ : HMO/Point-of-Service (Large Employer) - [TIC Section 1273.051 - 1273.057](#)

Page _____ : Home health service - [TIC Chapter 1351](#) ‡

Page _____ : Immunizations (Large Employer) - [TIC Section 1367.053](#)

Page _____ : In-vitro fertilization procedures - [TIC Section 1366.001 - 1366.007](#) ‡

Page _____ : Mammography and other breast imaging benefits - Both annual screening for women aged 35 and older and diagnostic imagining for women of any age must be covered, including 2D and 3D (breast tomosynthesis) mammography, ultrasound imaging, or magnetic resonance imaging (MRI). Coverage for a diagnostic imagining mustbe no less favorable than coverage for a screening mammogram - [TIC Chapter 1356](#)

Note: To the extent that this creates first-dollar coverage that would disqualify a plan from being Health Savings Account (HSA) - eligible, flexibility is permitted under [TIC Chapter 1653](#).

Page _____ : Mandatory benefit notices - [28 TAC Section 21.2103](#)

Page _____ : Mastectomy and lymph node dissection, minimum stay (Large Employer) – [TIC Section 1357.054](#) ‡

Page _____ : Mastectomy, reconstructive surgery - [TIC Section 1357.004](#) ‡#

Page _____ : Maternity, minimum stay - [TIC Section 1366.055](#) ‡#

Page _____ : Mental health coverage (Large Employer) - 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 Section 1355.001 - 1355.004](#), [Section 1355.051 - 1355.054](#) and [Section 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 Section 1355.251 - 1355.257](#) and [28 TAC Section 21.2401 - 21.2407](#).

Page _____ : Orally administered anticancer medications - [TIC Chapter 1369](#) ‡

Page _____ : Osteoporosis detection and prevention - [TIC Chapter 1361](#) ‡

Page _____ : 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, including a pap smear, FDA approved HPV test, CA-125 blood test, or any other FDA-approved test for ovarian cancer - [TIC Section 1370.003\(b\)](#).

Page _____ : Phenylketonuria (PKU) - [TIC Chapter 1359](#)

Page _____ : Prescription contraceptive drugs and devices and related services - [TIC Section 1369.101- 1369.108](#), and [28 TAC Section 21.404\(3\)](#)

Note: Plans may extend religious accommodations as required by Federal law.

Page _____ : Prescription contraceptive drugs- An enrollee may obtain: (1) a three-month supply of the covered prescription contraceptive drug at one time the first time the enrollee obtains the drug; and (2) a 12-month supply of the covered prescription contraceptive drug at one time each subsequent time the enrollee obtains the same drug (regardless of whether the enrollee was enrolled in the plan the first time they obtained the drug). Limits an enrollee to only one 12-month supply during each 12-month period. [TIC Section 1369.1031](#)

Page _____ : Prescription copay accumulators, credit out of pocket expenses - Issuers and Pharmacy Benefit Managers (PBMs) must credit any third-party payment, financial assistance,

discount, product voucher, or other reduction in out-of-pocket made by or on behalf of an enrollee, to the enrollee's deductible, copayment, cost-sharing responsibility, or out-of-pocket maximum applicable to prescription drug benefits under the plan. [TIC Section 1369.0542](#)

Page _____ : Prescription drug coverage (off label drug use) (Large Employer) – [TIC Section 1369.001 - 1369.005](#) ‡ and [28 TAC Section 21.3010 - 21.3011](#)

Page _____ : Prescription drug formulary continuation and modification only at renewal – [TIC Section 1369.0541](#), [Section 1369.055](#) and [28 TAC Section 21.3022](#)

Page _____ : Prescription drug formulary disclosure and formulary information provided by toll-free number - [TIC Section 1369.054](#)

Page _____ : Prescription drug disclosure requirements – Disclose information in real time about drug formularies (including alternative formularies), cost-sharing information (including information) based on the patient's preferred dispensing retail or mail-order pharmacy, and applicable utilization management requirements. [TIC Section 1369.094](#)

Page _____ : Prescription drug coverage for autoimmune diseases and blood disorders - An issuer may not require an enrollee to receive more than one prior authorization annually for prescription drugs prescribed to treat an autoimmune disease, hemophilia, or Von Willebrand disease. [TIC Section 1369.654](#)

Page _____ : Prescription drug cost sharing - lesser of copayment, allowed amount, or cash price (Large Employer) - [TIC Section 1369.0041\(a\)](#)

Page _____ : Prescription drug accelerated refills for eye drops (Large Employer) – [TIC Section 1369.0041\(b\)](#)

Page _____ : Prescription drug synchronization - process for medication synchronization and prorated cost sharing - [TIC Section 1369.454](#) and [Section 1369.456](#)

Page _____ : Step therapy protocols for serious mental illness (SMI) - An issuer that provides coverage for prescription drugs to treat serious mental illness may not require that the enrollee fail to respond to more than one different drug or prove a history of failure of more than one different drug (excluding generic or pharmaceutical equivalent) before the issuer provides coverage. Subject to exception requests, step therapy protocols may be implemented for generic or pharmaceutical equivalents once a year or if the drug is added to the plan's drug formulary. [TIC Section 1369.0547](#)

Page _____ : Step therapy exception - drugs for stage-four metastatic cancer are not subject to step-therapy or fail first attempts if approved by the United States Food and Drug Administration - [TIC Section 1369.213](#) , as added by HB1584.

Page _____ : Provider Directories and Member Handbooks: LHL reviews only if health benefit plan provisions are addressed; otherwise reviewed by MCQA: Refer to [TIC Section 1301.158](#) for information concerning PPO handbook requirements. Refer to [28 TAC Section 3.3705\(b\)](#) if handbook includes the PPO/EPO disclosures specified in [Section 3.3705\(b\)](#).

Page _____ : Provider Directories Disclosure Requirements- Directories and internet websites must display facility-based physicians, health care providers, and list provider types under separate headings. Issuers are not required to list a physician or health care provider who is employed by the facility. [TIC Section 1451.504](#)

Page _____ : Prostate testing (Large Employer) - [TIC Chapter 1362](#) and [28 TAC Section 26.305\(m\)](#)

Page _____ : Prostate testing, Texas Public Schools Employees Group Insurance Act - [TIC Section 1575.159](#)

Page _____ : Prosthetic devices, orthotic devices, and related services - [TIC Chapter 1371](#) ‡

Page _____ : Reconstructive surgery for craniofacial abnormalities (Large Employer) - [TIC Section 1367.153](#)

Page _____ : Mental health coverage (Small Employer) - must offer treatment for Serious Mental Illness. If included in the plan, 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 Section 1355.001 - 1355.004](#), [Section 1355.051 - 1355.054](#), [Section 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 Section 1355.251 - 1355.257](#) and [28 TAC Section 21.2401 - 21.2407](#)

Page _____ : Serious mental illness, Local Governments - [TIC Section 1355.151](#)

Page _____ : Serious mental illness, Texas Employee Uniform Group Insurance Benefits – [TIC Section 1551.205](#)

Page _____ : Serious mental illness, Texas State College, and University Employees Uniform Insurance Benefits Act - [TIC Section 1601.109](#)

Page _____ : Speech and hearing - Mandated Offer; may not be based on a certain cause – [TIC Chapter 1365](#) CCHBP may exclude or reduce in large employer plans.

Page _____ : Telehealth, teledentistry, and telemedicine services - [TIC Section 1455.001 - 1455.006](#) and defined by [Section 111.001](#) of the Occupation Code:

- Must cover telemedicine, teledentistry, or telehealth services provided by a preferred or contracted provider on the same basis and to the same extent that the plan covers the service in an in-person setting - [TIC Section 1455.004\(a\)\(1\)](#)
- May not exclude benefits solely because the covered service or procedure is not provided through an in-person consultation – [TIC Section 1455.004\(a\)\(2\)\(A\)](#)
- May not limit, deny, or reduce coverage for a telemedicine, teledentistry, or telehealth services based on the platform used – [TIC Section 1455.004\(a\)\(2\)\(B\)](#)
- Deductible, copayment, or coinsurance must be the same as if services were provided through an in-person consultation; a separate deductible or annual or lifetime maximum may not apply to telemedicine, teledentistry, or telehealth coverage. [TIC Section 1455.004\(b\), \(b-1\), and \(d\)](#)

Page _____ : Temporomandibular joint (TMJ) benefits (Large Employer) - [TIC Section 1360.004](#) ‡

Page _____ : Newborn screening test- coverage for administration of newborn screening test, including kit [TIC Section 1367.003](#)

Provisions Specific to Preferred and Exclusive Provider Plans

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

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

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

Page _____ : Balance billing by medical emergency service providers prohibited- Extends statutory balance billing protections to services rendered by an out-of-network “emergency medical services provider” as defined by [Health and Safety Code §773.003\(11\)](#) and [TIC Section 1271.159](#) and [Section 1301.166](#)

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

Page _____ : Contracting requirements - [TIC Section 1301.051 - 1301.066](#), [Section 1301.201](#), and [Section 1301.202](#), and [28 TAC Section 3.3703](#)

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

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

Page _____ : Emergency care - [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\(f\)](#) and [TIC Section 1456.003](#) - The requirement to provide this disclosure is suspended until rules are updated to implement SB1264.

- Preferred Provider (PPO) benefit plan notice - [Figure: 28 TAC Section 3.3705\(f\)\(1\)](#), [TIC Section 1456.001\(3\)](#) and [Section 1456.004\(c\)](#)
- Exclusive Provider (EPO) benefit plan notice - [Figure: 28 TAC Section 3.3705\(f\)\(2\)](#)

Page _____ : Obligation to continue premium payment and coverage after notice of lost group eligibility - [28 TAC Section 21.4001 - 21.4003](#)

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 a 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 _____ : Preauthorization web-based access requirements – Information about preauthorization must publicly be accessible on the plan’s website – [TIC Section 1301.1351](#)

Page _____ : Preferred provider benefit plans - [TIC Chapter 1301](#) and [28 TAC Section 3.3701 - 3.3706](#)

Page _____ : Preferred provider benefit plan out-of-pocket expense credits- An issuer must credit toward an insured’s deductible and annual maximum out-of-pocket medically necessary expenses, the amount an insured pays directly to any physician or health care provider. An issuer must: (1) establish procedures for the insured to claim credit; (2) identify necessary documentation to support a claim for credit; and (3) make the procedure and necessary documentation information readily accessible on the insured’s website. [TIC Section 1301.140](#)

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

Page _____ : Use of advanced practiced nurses and physician assistants - [TIC Section 1301.052](#)

Page _____ : Verification - [TIC Section 1301.133](#) and [28 TAC Section 19.1703\(35\)](#)

Pre-Existing Conditions and Creditable Coverage

This section provides reference to pre -existing condition provisions that may be contained in a health benefits plan. In addition, this section defines creditable coverage and how it should be applied.

- A pre-existing condition provision may not apply to an expense incurred on or after the expiration of 12 months following the initial effective date of coverage.
- A pre-existing condition provision may only apply to a condition in which medical advice, diagnosis, care, or treatment was recommended or received during the six months before the earlier of: (1) the effective date of coverage; or (2) the first day of the waiting period.
- A large or small employer carrier must choose **one** method for handling a request for enrollment of late enrollees.
- Pregnancy may not be treated as a pre-existing condition.
- Genetic information, in absence of a diagnosis of the condition related to the information, may not be treated as a pre-existing condition.

Page _____ : Creditable coverage, general provisions - [TIC Section 1501.102\(a\)](#)

Page _____ : Certification of coverage - [TIC Section 1205.002](#) and [28 TAC Section 21.1101 - 21.1110](#)

Page _____ : Determining creditable coverage (Large Employer) - [TIC Section 1501.102](#) and [28 TAC Section 26.306\(f\) and \(g\)](#)

Page _____ : Determining creditable coverage (Small Employer) - [TIC Section 1501.102](#) and [28 TAC Section 26.9\(a\)\(13\) and \(14\)](#)

Page _____ : Pre -existing condition provision (Large Employer) - [TIC Section 1501.102](#) and [28 TAC Section 26.306\(c\)](#)

Page _____ : Pre -existing condition provision (Small Employer) - [TIC Section 1501.102](#) and [28 TAC Section 26.9\(a\)\(10\)](#)

Guarantee Issue (Small Employer)

This section provides reference to provisions specific to small employers that address guaranteed issue, contribution, and participation requirements.

- A small employer carrier shall issue the small employer health benefit plan chosen by the small employer.
- A small employer carrier shall provide the small employer health benefit plan without regard to health status related factors.
- A small employer carrier may offer a small employer the option of a small employer health benefit plan for which the employer is required to contribute 100 percent of the premium. Such offer must be in addition to a plan offered in accordance with [TIC Section 1501.153\(a\)](#)

Page _____ : Guaranteed issue - [TIC Section 1501.151](#) and [28 TAC Section 26.8](#)

Page _____ : Exclusion of eligible employee or dependent - [TIC Section 1501.152](#) and [28 TAC Section 26.9](#)

Page _____ : Employer contribution - [TIC Section 1501.153](#) and [28 TAC Section 26.8](#)

Page _____ : Employer contribution (offer of 100% employer contribution plan) - [TIC Section 1501.153\(a -1\)](#)

Page _____ : Employer contribution (offer of 100% employer contribution plan) - [TIC Section 1501.153\(a -1\)](#)

Page _____ : Minimum participation requirements - [TIC Section 1501.155](#) and [28 TAC Section 26.8](#)

Page _____ : Enrollment and waiting periods - [TIC Section 1501.156](#) and [28 TAC Section 26.9](#)

Coverage Requirements (Large Employer)

This section provides reference to provisions, specific to large employers that address coverage requirements, contribution, and participation requirements.

- A large employer carrier shall accept or reject the entire group of individuals.
- A large employer shall provide coverage without regard to an individual's health status related factors.

Page _____ : Participation criteria - [TIC Section 1501.601](#) and [28 TAC Section 26.4](#)

Page _____ : Coverage requirements - [TIC Section 1501.602](#) and [28 TAC Section 26.303](#)

Page _____ : Exclusion of eligible employee or dependent - [TIC Section 1501.603](#) and [28 TAC Section 26.304](#)

Page _____ : Declining coverage - [TIC Section 1501.604](#) and [28 TAC Section 26.303](#)

Page _____ : Minimum contribution or participation requirements - [TIC Section 1501.605](#) and [28 TAC Section 26.303](#)

Page _____ : Enrollment and waiting periods - [TIC Section 1501.606](#) and [28 TAC Section 26.303](#)

Renewability

This section provides reference to provisions applicable to small and large employers that address guaranteed renewability.

- A large or small employer carrier must renew the health benefit plan at the option of the employer.
- A large or small employer carrier must obtain acceptance from the policyholder prior to any changes to the issued policy, unless the change is due to state or federal law. A policy delivered, issued for delivery, or renewed on or after January 1st, 2008, may modify an employer health benefit plan if:
 - the modification occurs at the time of coverage renewal, the modification is effective uniformly among all employers covered by that health benefitplan, and
 - the carrier notifies the commissioner and each affected employer not later than the 60th day before the modification is effective.

Page _____ : Refusal to renew (Large Employer) - [TIC Section 1501.109](#) and [28 TAC Section 26.309](#)

Page _____ : Refusal to renew (Small Employer) - [TIC Section 1501.109](#) and [28 TAC Section 26.16](#)

Page _____ : Renewal date (Small Employer) - [28 TAC Section 26.4\(46\)](#)

Page _____ : Renewability of coverage (Large Employer) - [TIC Section 1501.108](#) and [28 TAC Section 26.308](#)

Page _____ : Renewability of coverage (Small Employer) - [TIC Section 1501.108](#) and [28 TAC Section 26.15](#)

Page _____ : Renewability and plan modifications - [TIC Section 1501.108\(d\)](#)

Payment of Benefits

Page _____ : Assignment of dental benefits - [TIC Section 1451.206](#)

Page _____ : Assignment of health care benefit payments - [TIC Section 1204.051 - 1204.055](#)

Page _____ : Benefits to be paid to possessory or managing conservator of dependent child – [TIC Section 1204.251](#)

Page _____ : Eligibility for benefits, Alzheimer's disease - [TIC Chapter 1354](#)

Page _____ : Hospital owned or controlled by state or local government - [TIC Section 1204.001](#) and [Section 1204.002](#)

Page _____ : Payment of benefits - [TIC Section 1251.005](#)

Page _____ : Prompt payment of claims - [TIC Section 542.051 - 542.061](#)

Page _____ : Parity for mental health and substance use disorder benefits (MH/SUD) - Quantitative and non-quantitative treatment limits, including visit limits, cost sharing, and other financial requirements (including methodology used to calculate reimbursements) must be no more restrictive for MH/SUD than for medical or surgical benefits – [TIC Section 1355.254](#)

Page _____ : Tax supported institutions - [TIC Section 1355.202](#)

Page _____ : Texas Medical Assistance Act - [TIC Section 1204.201](#)

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.

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 _____ : 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\(b\)\(2\)](#)

Subrogation

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

Continuation

Page _____ : Continuation – [TIC Section 1251.251- 1251.260](#)

Page _____ : Continuation (six-month period following COBRA) - [TIC Section 1251.255\(a\)\(1\)\(B\)](#)

Page _____ : Continuation (nine-month period without COBRA) - [TIC Section 1251.255\(a\)\(1\)\(A\)](#)

Page _____ : Continuation and conversion notice requirement - [TIC Section 1251.260](#) and [28 TAC Section 21.5311](#) and [Section 21.5321](#)

Continuation and conversion privilege - [28 TAC Chapter 21, Subchapter SS](#):

- offer of continuation is required
- offer of conversion is optional

Page _____ : Group continuation provisions - [28 TAC Section 21.5310 - 21.5314](#)

Page _____ : Group conversion provisions - [28 TAC Section 21.5320 - 21.5322](#)

Page _____ : Continuation for certain dependents - [TIC Section 1251.301 - 1251.310](#)

General Policy Provisions

Page _____ : Designation of practitioners - [TIC Section 1451.001](#) and [Section 1451.053](#)

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

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

Page _____ : Notice of premium increase at renewal - [TIC Section 1210.001](#)

Page _____ : Notice of premium rate increase (Small Employer) - [TIC Section 1501.216](#)

Page _____ : Guaranty Fund disclosure document - [TIC Section 463.114](#) and [Section 463.451](#)

Page _____ : Identification cards for pharmacy benefits (Large Employer) – [TIC Section 1369.151](#) - [1369.153](#)

Prohibited Practices

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 _____ : AIDS - [28 TAC Section 21.704](#)

Page _____ : AIDS/HIV prohibition on contract renegotiations - [TIC Section 1253.001](#)

Page _____ : Alzheimer's disease - [TIC Section 1354.001](#) and [Section 1354.002](#)

Page _____ : Certain limitations on coverage of clinician-administered drugs (white-bagging) prohibited – An issuer is prohibited from: (1) requiring dispensing by certain pharmacies or network pharmacies; (2) limiting network providers to bill for or be reimbursed under pharmacy benefits instead of medical benefits without informed consent of the patient and providers attestation statement addressing increased risk; (3) charging an additional fee or higher cost based on enrollees choice of pharmacy or because the drug was not dispensed by a network pharmacy. [TIC Section 1369.764](#)

Page _____ : Certification by podiatrist - [TIC Section 1451.351](#)

Page _____ : Confidentiality of individual's status as a victim of family violence – [TIC Section 544.154](#)

Page _____ : Coverage limitations due to history of fibrocystic breast conditions – [TIC Section 544.201 - 544.204](#)

Page _____ : Dental preferred provider plans prohibited - [TIC Section 1301.002](#)

Page _____ : Discrimination in rates or renewal (victims of family violence) – [TIC Section 544.151 - 544.158](#)

Page _____ : Discrimination in rates - [TIC Section 544.002 - 544.004](#)

Page _____ : Discrimination against optometrist or ophthalmologist - [TIC Section 1451.153](#) †

Page _____ : Exclusion of coverage for premature births with use of waiting periods [28 TAC Section 21.405\(3\)](#)

Page _____ : HIV, nondiscriminatory testing for - [28 TAC Section 21.705](#)

Page _____ : HIV, testing by insurers - [TIC Chapter 545](#)

Page _____ : Higher premium for child subject to medical support order prohibited
[28 TAC Section 21.2004\(e\)](#)

Page _____ : Illegal pricing practices – [TIC Chapter 552](#)

Page _____ : Individual’s status as victim of family violence – [TIC Section 544.153](#)

Page _____ : Minimum inpatient care and post-delivery care following childbirth –
[TIC Section 1366.055 – 1366.057](#)

Page _____ : Orthodontic coverage exclusion – [28 TAC Section 3.3601](#)

Page _____ : Parity in mental health benefits (Large Employer) – [28 TAC Section 21.2403](#)

Page _____ : Pharmacy and durable medical equipment (DME) provider freedom of choice –
A plan of pharmacy benefit manager may not transfer patient or prescriber prescription
information for a commercial purpose or require or induce an enrollee to use an affiliated
pharmacy or DME provider through oral or written communication or methods such as
offering reduced cost-sharing. – [TIC Section 1369.553](#), [Section 1369.554](#) and [Section 1369.555](#).

Page _____ : Physical or mental impairment – [28 TAC Section 21.702](#)

Page _____ : Policy may not specify service provider – [TIC Section 1251.006](#)

Page _____ : Preauthorization penalty maximum 50 percent or \$500 – [TIC Section 1701.055\(a\)\(2\)](#)

Page _____ : Prohibition on forced organ harvesting - An issuer may not cover a transplant or
post-transplant care if the transplant was performed in China, or another country known to have
participated in forced organ harvesting. Also, an issuer may not cover a transplant for which the
organ to be transplanted was procured by sale or donation originating in China or another country
known to have participated in forced organ harvesting in addition, this prohibition against
coverage extends to coverage for post-transplant care. [TIC Section 1380.003](#)

Page _____ : Retaliation against preferred provider – [TIC Section 1301.066 – 1301.068](#) and
[Section 1301.161](#)

Page _____ : Service area restrictions regarding child subject to medical support order [28 TAC
Section 21.2010](#)

Page _____ : Speech and hearing services cannot be based on cause - [TIC Chapter 1365](#)

Page _____ : Unauthorized use of DEA numbers - [Health and Safety Code Section 481.003](#)

Page _____ : Unfair discrimination - [TIC Section 544.051 -544.054](#)

Page _____ : Unfair discrimination, refuse to enroll or renew due to exposure to asbestos or silica - [TIC Section 544.451 - 544.453](#)

Page _____ : Unfair discrimination, refuse to enroll - [TIC Section 1206.003](#)

Page _____ : Unfair discrimination, sex or marital status - [28 TAC Section 21.401 - 21.409](#)

Page _____ : Unlimited exemption from seizure under process - [TIC Section 1108.051 - 1108.053](#)

Page _____ : Use of genetic information - [TIC Section 546.051 - 546.053](#)

Page _____ : Variation of rates, group size (Small Employer) - [28 TAC Section 26.11\(d\)](#)

Page _____ : Withdrawals for premium payments - [TIC Section 550.002](#)

General Information

Page _____ : Burden of proof and pleading of insurer - [TIC Chapter 554](#)

Page _____ : Out-of-state group accident and health coverage - [TIC Section 1251.451](#)

Page _____ : Texas laws govern policies - [TIC Article 21.42](#)