Individual and Group Health First Diagnosis or Critical Illness and Specified Disease Checklist

Use this checklist:

- When reviewing individual and group health first diagnosis, critical illness, and specified disease 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 "Individual Health Product Requirements" and Group Health Product Requirements checklist.
- To enter the page number in the "Page" field or reference location.

Individual Health

First Diagnosis or Critical Illness Products and Specified Disease

Prohibited Exclusions and Limitations

Page _____ : Cannot require admission to a convalescent facility in less than 14 days after discharge from hospital - 28 TAC Section 3.3040(f).

Page _____ : A waiting period may not exceed 120 days - 28 TAC Section 3.3055(1)(C).

Page _____ : Exceptions, exclusions, and reductions must be clearly expressed as a part of the benefit provision or set forth as a separate provision and appropriately captioned. TIC Section 1201.055 and 28 TAC Section 3.3057(c) and Exhibit A.

Page _____ : Exclusion of expenses of non-indigent patient in a government facility if charges are customarily charged (non-indigent patients) and collected by that facility -TIC Section 1204.002.

Page _____ : Prohibiting or restricting assignment of benefits to physician or other provider TIC Section 1204.053.

Page _____ : Excluding or limiting payment of benefits covered by Medicaid – TIC Section 1204.201

Page _____ : Use of genetic information – TIC Section 546.051 - 546.053.

Page _____ : Unfair discrimination - refuse to enroll or renew due to exposure to asbestos or silica TIC Section 544.453.

Page _____ : May not consider a determination that the applicant has not previously been denied health benefit plan coverage in underwriting the coverage for which the applicant has applied – TIC Section 544.502.

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 _____ : 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 _____ : Limiting or excluding benefits for services by a provider acting within the scope of licensure – TIC Section 1451.104.

Requirements for Specified Disease Products

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 restrictively than the referenced statute or rule.

Page _____ : Actual charge/Actual fee – TIC Section 1201.0601.

Page _____ : Guaranteed renewable, - 28 TAC Section 3.3077(a).

Page _____ : Hospital - 28 TAC Section 3.3006.

Page _____ : Noncancellable - 28 TAC Section 3.3019

Minimum Standards – Specified Disease Coverage

Page _____ : Policy renewability guarantees and limitations - 28 TAC Section 3.3050(b)(3) and (4).

Page _____ : Specified disease coverage - 28 TAC Section 3.3077.

Page _____ : Reconstructive surgery – (applies to plans that reimburse on an expense incurred basis) A specified disease plan (SDP) that provides benefits for cancer and mastectomies must

include coverage for:

- breast reconstruction surgery on the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to achieve a symmetrical appearance; and
- prostheses and treatment of physical complications, including lymphedemas, at all stages of mastectomy. TIC Section 1357.004

Applies to individual, group, blanket, or franchise plans.

Page _____ : Minimum stay for mastectomy or lymph node dissection – (applies to plans that reimburse on an expense incurred basis) An SDP that provides benefits for the treatment of breast cancer must include coverage for a minimum inpatient stay of:

- 48 hours following a mastectomy and
- 24 hours following a lymph node dissection, for the treatment of breast cancer. TIC Section 1357.054

Applies to individual, group, blanket, or franchise plans.

Page _____ : Prescription contraceptive drugs and devices and related services – (applies to plans that reimburse on an expense incurred basis) An SDP that provides benefits for cancer must:

- Must not exclude or limit benefits for prescription drugs or devices, TIC Section 1369.104.
- May not include certain cost-sharing provisions, TIC Section 1369.105.
- May not impose certain waiting periods, TIC Section 1369.106.
- May not deny coverage based solely on the use of a prescription drug, provide monetary incentive to induce coverage that does not satisfy the requirements, or penalize the health care professional for certain prescriptions. TIC Section 1369.107

Applies to individual, group, blanket, or franchise plans.

Page _____ : Human papillomavirus cervical cancer, and ovarian cancer testing and screening- (applies to plans that reimburse on an expense incurred basis) An SPD that provides benefits for cancer treatment or similar services must include coverage for an annual diagnostic exam for women ages 18 and up for early detection of cervical and ovarian cancer. coverage includes at a minimum : a CA 125 blood test, and a pap smear, alone or in combination with a test for human papillomavirus. TIC Section 1370.003(b)
Applies to individual, group, blanket, or franchise plans.

Page _____ : Amino-acid based elemental formulas (applies to plans that reimburse on an expense incurred basis) - An SDP plan that provides coverage for the disorders listed in TIC Section 1377.051(a) must include coverage for prescribed, medical necessary amino acid-based elemental formulas that are used for the diagnosis and treatment of those disorders. The coverage must be on a basis no less favorable and to the same extent that the plan covers prescription

drugs. TIC Section 1377.051
Applies to individual, group, blanket, or franchise plans.

Optional Benefits

Page _____ : Policy may contain a "return of premium" or "cash value benefit" if policy meets all nine requirements in rule - 28 TAC Section 3.3040(c).

Conversion

Page _____ : Policy provision must indicate persons eligible for conversion and circumstances / limitations applicable to the conversion privilege - 28 TAC Section 3.3060(a).

Page _____ : A person who loses coverage due to a change in marital status shall be issued a policy that approximates the coverage lost, without evidence of insurability - 28 TAC Section 21.407.

Termination of Insurance

Page _____ : A family policy shall specify the age or event under which coverage terminates for each insured - 28 TAC Section 3.3052(a).

Page _____ : A noncancellable and guaranteed renewable or guaranteed renewable policy must continue to provide coverage for spouse after primary insured dies or reaches limiting age – 28 TAC Section 3.3052(c).

Page _____ : Coverage for premium period with limitation for age or date; misstatement of age - TIC Section 1201.011 and 28 TAC Section 3.3052(d).

Page _____ : Extension of pregnancy benefits - 28 TAC Section 3.3052(e).

Page_____ : Extension of benefits beyond termination provision - 28 TAC Section3.3052(f).

Page _____ : May provide for termination or suspension of family members who become eligible for federal coverage - 28 TAC Section 3.3052(g).

Page _____ : Cannot terminate dependent child at limiting age if that child is incapable of self-sustaining employment due to mental retardation or physical handicap and chiefly dependent upon insured for support and maintenance -TIC Section 1201.059 and 28 TAC Section 3.3052(h).

Group Health Specified Disease

Page _____ : Actual charge" or "actual fee" means amount actually paid to and accepted by a provider – TIC Section 1201.0601

Page _____ : Autism spectrum disorder screening and treatment (applies to plans that reimburse on an expense incurred basis) A **group** SDP that provides benefits for mental health care or similar services:

- must include coverage for treatment of autism spectrum disorder post- diagnosis, only if the diagnosis was in plan before the child's 10th birthday.
- must include coverage for all generally recognized services prescribed in relation to autism spectrum disorder.
- can limit benefits for applied behavior analysis for enrollees aged 10 and older to $36,000 per year. – TIC Section 1355.015

Page _____ : Certain treatments of serious mental illness – A **group** SDP that provided benefits for mental health care or similar services must include coverage for not less than the following treatments in each calendar year:

- 45 days of inpatient treatment
- 60 visits for outpatient treatment, including group and individual outpatient treatment, inpatient and outpatient treatment for serious mental illness,
- not include a lifetime limitation on the number of days of inpatient treatment or the number of visits for outpatient treatment.
- include the same amount of limitations, deductibles, copayments, and coinsurance factors for serious mental illness as the plan includes for physical illness –(applies to plans that reimburse on an expense incurred basis) TIC Section 1355.004