# XYZ Insurance Company

Consumer choice plan disclosure statement

**This health plan does not include the same level of benefits required in other plans.**

This PPO plan is a consumer choice plan. This plan doesn't include the same level of benefits that are in Texas health plans known as state-mandated plans.

**To see all benefits offered by this plan, go to the plan’s “Summary of Benefits and Coverage.”**

|  |  |  |
| --- | --- | --- |
| **Benefit/coverage:** | **This plan:**  | **A health plan with required benefits (state-mandated plan):** |
| **Autism care**Autism spectrum disorder is a disorder that often affects how a person interacts with others and communicates. | Does not cover applied behavioral analysis. Each year, the plan has a limit on the number of sessions of:* Speech therapy.
* Occupational therapy.
* Physical therapy.
 | Has no limit on the amount of care that is ordered by your doctor as part of a treatment plan for autism. |
| **Substance use disorder treatment**Inpatient or outpatient care to treat a substance use disorder. | Does not cover any treatment for substance use disorder. | Must cover inpatient and outpatient care for substance use disorders in the same way the plan covers medical care to treat other types of health conditions.  |

**If you want a plan with all required benefits:**

We also offer a state-mandated plan that includes all required benefits.

To learn more about this plan, call 999-888-7777 or visit [www.XYZ-Insurance.com](http://www.XYZ-Insurance.com).

**By signing this form, you acknowledge the following:**

* I understand the consumer choice plan I am applying for does not provide the same level of coverage required in other Texas health plans (state-mandated plans).
* I understand I can get more information about consumer choice plans from the Texas Department of Insurance's website, [www.tdi.texas.gov/consumer/consumerchoice.html](http://www.tdi.texas.gov/consumer/consumerchoice.html), or by calling the Consumer Help Line at 1-800-252-3439.

**Don't sign this document if you don't understand it.**

**No firme este documento si no lo comprende.**

**Print the name of the person applying:**

**Signature of the person applying:**

**Date of signature:**

**Name of business, if applicable:**

**XYZ Insurance Company must give you a copy of this statement upon request.**