

Form CCP Figure 1

**TEXAS DEPARTMENT OF INSURANCE REQUIRED DISCLOSURE NOTICE
FOR ALL GROUP INDEMNITY CONSUMER CHOICE BENEFIT PLANS ISSUED IN TEXAS**

As required by 28 TAC §21.3530, I have been informed that the Consumer Choice Standard Benefit Plan that I am purchasing does not include all state mandated health insurance benefits. I understand that the following benefits are provided at a reduced level from what is mandated, or are excluded completely from the plan:

Mandated Benefit Description	Benefit Reduced	Benefit Excluded
<p>IN-VITRO FERTILIZATION - Article 3.51-6, Section 3A, Texas Insurance Code Unless rejected in writing by the group policyholder, benefits for in-vitro fertilization must be provided to the same extent as benefits provided for other pregnancy-related procedures subject to certain requirements.</p>		Not offered; not covered.
<p>MENTAL HEALTH - Article 3.70-2(F), Texas Insurance Code The insurer must offer and the group policyholder shall have the right to reject benefits for mental or emotional illness.</p>		Not offered; not covered.
<p>CHEMICAL DEPENDENCY Article 3.51-9, Texas Insurance Code; Sections 3.8001 - 3.8030 Subchapter HH, Title 28, Texas Administrative Code Benefits for the necessary care and treatment of chemical dependency must be provided on the same basis as other physical illnesses generally. Benefits for treatment of chemical dependency may be limited to three separate series of treatments for each covered individual. The series of treatments must be in accordance with the standards adopted under 28 TAC §§3.8001 - 3.8030.</p>		Not covered
<p>SERIOUS MENTAL ILLNESS Article 3.51-14, Texas Insurance Code Small employer carriers must offer to small employers coverage for serious mental illness that complies with the following: (a) coverage for 45 days of inpatient treatment, and 60 visits for outpatient treatment, including group and individual outpatient treatment in each calendar year; (b) the coverage may NOT include a lifetime limit on the number of days of inpatient treatment or the number of outpatient visits covered under the policy; and (c) the coverage must include the same amount limits, deductibles, and coinsurance factors for serious mental illness as for physical illness.</p>		Not offered; not covered.
<p>SPEECH AND HEARING - Article 3.70-2(G), Texas Insurance Code Unless rejected by the group policyholder or an alternative level of benefits is negotiated, benefits must be provided for the necessary care and treatment of loss or impairment of speech or hearing that are not less favorable than for physical illness generally. (See also "Hearing Screening for Children" under the section for Mandated Benefits.)</p>	Speech therapy not covered unless received under the limited office visit benefit.	Not offered; not covered.
<p>HOME HEALTH - Article 3.70-3B, Texas Insurance Code Unless rejected in writing by the group policyholder or negotiated for lesser benefits, a group policy must provide services for skilled nursing; physical, occupational, speech, or respiratory therapy; home health aide; medical equipment and medical supplies other than drugs and medicines. Benefits must include at least 60 visits in any calendar year or in any continuous period of 12 months for each person covered under the policy.</p>	Physical and occupational therapy not covered unless received under the limited office visit benefit. Speech therapy not covered unless received under the limited office visit benefit. Home health limited to 30 visits per year.	DME not covered.
<p>AUTISM SPECTRUM DISORDER - Section 1355.015, Texas Insurance Code At a minimum, a health benefit plan must provide coverage as provided by this section to an enrollee older than two years of age and younger than 10 years of age who is diagnosed with autism spectrum disorder. If an enrollee who is being treated for autism spectrum disorder becomes six years of age or older and continues to need treatment, this subsection does not preclude coverage of treatment and services described in the law.</p>		Not covered

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<p>OSTEOPOROSIS, DETECTION AND PREVENTION - Article 21.53C, Texas Insurance Code Policies that provide benefits for medical or surgical expenses incurred as a result of an accident or sickness must provide coverage to qualified individuals for medically accepted bone mass measurement to determine a person's risk of osteoporosis and fractures associated with osteoporosis.</p>	<p>Not covered unless received under the limited office visit benefit</p>	

* Note: if additional space is needed, the carrier may add additional lines, or may continue the list on a subsequent page, but must clearly note that an additional page is attached.

I understand that I may obtain from the Department of Insurance a consumer brochure with more information on Consumer Choice Health Benefit Plans, either by visiting the TDI website at www.tdi.state.tx.us/consumer/indexc.html, or by calling 1-800-252-3439.

By signing this document I affirm that I was offered a benefit plan that contains the state mandated health insurance benefits and that I have elected to purchase this Consumer Choice Benefit Plan.

Signature of Applicant

Name of Applicant

Name of Business (if applicable)

Date

Address

City

State

Zip

Note: This form must be retained by the carrier issuing the policy and must be provided to the Commissioner of Insurance upon request. **You have the right to a copy of this written disclosure statement free of charge.** A new form must be completed upon each subsequent renewal of this policy.