

[Insurer or HMO identifying information¹]

Consumer choice plan disclosure statement

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

[Insert plan name and network type²] 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.

[The benefits or coverages you are agreeing to on this renewal are different from your current plan. The benefits required by state law have changed since you first received this disclosure.³]

Benefit/coverage:	This plan:	A health plan with required benefits (state-mandated plan):⁽⁴⁾
[Deductible] The amount you pay for care before the plan begins to share the cost.	[Has a deductible of \$X.]	[Has no deductibles for in-network care.]
[Rehabilitative care] Care that helps you improve skills for daily living. Can include physical therapy and psychiatric services.	[Limits care to X visits per year.]	[Has no limit on the amount of care, if it is needed for medical reasons.]
[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 covers only: <ul style="list-style-type: none"> • X speech therapy sessions. • X occupational therapy sessions. • X physical therapy sessions.] 	[Has no limit on the amount of care that is ordered by your doctor.]

If you want a plan with all required benefits:

We offered [the plan name⁵] (a state-mandated plan). This plan is most like the consumer choice plan you are applying for, but it offers all required benefits.

To learn more about this plan, [call phone number⁶] [or visit website⁷].

[Initial each statement to confirm you understand:⁸]

[When you first bought this consumer choice plan, you agreed to the following statements:⁹]

_____ 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 if my health changes and this plan does not meet my needs, in most cases I won't be able to get a new plan until the next open enrollment period.^{10]}

_____ 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, or by calling the Consumer Help Line at 1-800-252-3439.

_____ [Name of insurer or HMO^{11]} gave me the option of applying for a health plan that is similar to the consumer choice plan I am choosing that contains all benefits required in Texas.

**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: _____

Street address: _____

City/State/ZIP: _____

[Name of insurer or HMO^{12]} must give you a copy of this statement.

¹ Include the legal name of the licensed entity that is issuing the coverage.

² Include the marketing name used to identify the plan, as well as an indication of the type of network, e.g., PPO, EPO, HMO.

³ Only include this statement in forms provided at the time of renewal when the state-mandates in the plan have changed from the version of the form previously signed or when additional state-mandates are enacted in law that are not included in the plan. The issuer may choose to add explanatory language regarding what has changed.

⁴ The cells below contain examples of plain language descriptions as required by 28 Texas Administrative Code Section 21.3530(c)(3).

⁵ Include the marketing name used to identify the state-mandated plan.

⁶ Include the applicable phone number.

⁷ Include the link to SBC or, if one does not exist, the URL of the website where the state-mandated plan is available for purchase.

⁸ Only include this statement in forms provided at the time of issuance, when the applicant must sign the disclosure.

⁹ Only include this statement in forms provided at the time of renewal, when a signature is not required.

¹⁰ Required for individual plans and may be excluded for group plans.

¹¹ Include the legal name of the licensed entity that is issuing the coverage.

¹² Include the legal name of the licensed entity that is issuing the coverage.]