

Individual Health Product Requirements Checklist

Use this checklist:

- When reviewing individual 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.
- In addition to, not in place of, the Accident, Disability Income, First Diagnosis, Hospital Indemnity, Limited Benefit, Major Medical, Specified Disease, Supplemental Coverage, Long Term Care, or Medicare Supplement.
- To enter the page number or reference location in the "Page" field.

Policy face page

Page _____ : Renewability provision (10-point type), including explanation of premium increases, possible non-renewal - appropriately captioned (must begin or be referenced on first page) – [TIC Section 1210.001](#), and [28 TAC Section 3.3050](#).

Page _____ : Must be guaranteed renewable unless coverage is short-term limited duration coverage - [TIC Section 1202.051](#), and [28 TAC Section 3.3038](#), as applicable.

Page _____ : Notification that policy is returnable; effect of return or 10-day right to examine – [TIC Section 1201.058](#).

Page _____ : If premiums can be increased upon renewal, a provision must clearly state this at the top of the first page - [28 TAC Section 3.3050\(a\)\(2\)](#).

Readability

Page _____ : Policy readability generally - [28 TAC Section 3.3100](#).

Page _____ : Organization of policy format for readability - [28 TAC Section 3.3101](#).

Page _____ : Language readability - [28 TAC Section 3.3102](#).

Page _____ : Overall appearance - [TIC Section 1201.054](#).

Form numbers

Page _____ : Form specifications - [TIC Section 1201.056](#), and [28 TAC Section 3.4 \(c\)\(2\)\(A\) and \(B\)](#).

Effective dates

Page _____ : Individual policy must show time insurance takes effect and terminates – [TIC Section 1201.052](#).

Table of contents

Page _____ : A table of contents may be used - [28 TAC Section 3.3101\(k\)](#).

If policy is issued to someone 65 or older

Page _____ : Company must submit disclosure statement required under federal law regarding the Medicare program - [28 TAC Section 3.3603](#).

Outline of coverage

Page _____ : Outline of coverage shall contain the appropriate text and be in the appropriate format - [TIC Section 1201.108\(c\)](#), and [28 TAC Section 3.3090](#) and [Section 3.3092](#).

Page _____ : Notice indicating policies are not Medicare Supplement policies – [28 TAC Section 3.3603](#) and [Section 3.3614](#).

Page _____ : Written plan description (EPO and PPO plans) - Written plan description may be used in place of an outline of coverage – [28 TAC Section 3.3090\(c\)](#).

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 _____ : Custodial Parent (Medical and Dental Child Support) - [TIC Section 1504.001\(3\)](#).

Page _____ : Emergency care - [TIC Section 1201.060](#). If the plan is a PPO or EPO, refer to [TIC Section 1301.155](#) and [28 TAC Section 3.3704](#).

Page _____ : Genetic Information - [TIC Section 546.001\(3\)](#).

Page _____ : Genetic Test - [TIC Section 546.001\(4\)](#).

Page _____ : Hospital - [28 TAC Section 3.3006](#).

Page _____ : Physician - [TIC Section 1451.001\(15\)](#), and [28 TAC Section 3.3010](#).

Eligibility for coverage

Page _____ : A policy must specify qualifications of who may become insured initially or by subsequent addition - [TIC Section 1201.053](#), and [28 TAC Section 3.3051](#).

Dependent eligibility

This eligibility section provides reference to eligible dependents. A policy must specify qualifications of who may become insured initially or subsequently as referenced in [TIC Section 1201.053](#). In addition, the referenced dependents shall not be defined more restrictively than referenced in the applicable statute or rule.

General requirements

- Requiring that the child reside with the insured shall not be permitted.
- Requiring the child to be "chiefly dependent" on the insured shall not be permitted.
- May not condition coverage for a child younger than 25 years of age on the child's being enrolled in an educational institution.

Page _____ : Adopted children - [TIC Section 1201.061](#).

Page _____ : Dependent - [TIC Section 1201.053\(b\)](#).

Page _____ : Handicapped child - [TIC Section 1201.059](#).

Page _____ : Medical and dental support ordered child - [TIC Section 1201.062](#), [Section 1201.063](#), and [Chapter 1504](#) and [28 TAC Section 21.2001 - 21.2011](#).

Page _____ : Custodial parent (Medical and Dental Child Support) - [TIC Section 1504.001\(3\)](#).

Page _____ : Newborn - [TIC Section 1367.003](#), and [28 TAC Section 3.3401 - 3.3403](#).

Page _____ : Stepchild - [TIC Section 1201.064](#).

Page _____ : Grandchildren - [TIC Section 1201.062](#).

Page _____ : Spouse - [TIC Section 1201.053\(b\)](#).

Page _____ : Student - [TIC Section 1503.003](#).

Provisions specific to preferred and exclusive provider benefit plans

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

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 _____ : 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\(11\)](#). [TIC Section 1271.159](#).

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

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

Page _____ : Contracting requirements - [TIC Section 1301.051 - 1301.069](#), [Section 1301.201](#) and [Section 1301.202](#), and [28 TAC Section 3.3703](#).

Page _____ : Disclosure notice - [TIC Section 1301.158](#) and [Section 1301.1581](#).

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

Page _____ : Emergency care reimbursement and balance billing (out-of-network provider) – [TIC Section 1301.0053](#) (EPO), [Section 1301.155](#) (PPO), and [28 TAC Section 3.3708\(a\)\(1\)](#).

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\(f\)](#).

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

Page _____ : Out-of-network facility-based provider, reimbursement, and balance billing – [TIC Section 1301.164](#) and [28 TAC Section 3.3708\(a\)\(2\)](#).

Page _____ : Out-of-network diagnostic imaging and laboratory service provider, reimbursement, and balance billing – [TIC Section 1301.165](#) and [28 TAC Section 3.3708\(a\)\(3\)](#).

Page _____ : Podiatrist - [TIC Section 1301.062](#).

Page _____ : Preauthorization of medical and health care services - [TIC Section 1301.135](#).

Page _____ : Preferred provider and exclusive benefit plans - [TIC Chapter 1301](#), and [28 TAC Section 3.3701 - 3.3711](#) and [Section 3.3720 - 3.3724](#).

Page _____ : Preferred provider or exclusive provider not available in-network – [28 TAC Section 3.3708\(b\)](#).

Page _____ : Prescription copay accumulators, credit out of pocket expenses - Issuers and Pharmacy Benefit Managers 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 health benefits under the plan. [TIC Section 1369.0542](#).

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 _____ : Prescription drug disclosure requirements - Disclose information in real time about only 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 _____ : 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 provider's attestation statement addressing increased risk; (3) charging an additional fee or higher cost based on enrollee's choice of pharmacy or because the drug was not dispensed by a network pharmacy. [TIC Section 1369.764](#).

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

Page _____ : Service area - [TIC Section 1301.001](#).

Page _____ : Transmission of enrollee eligibility status - [TIC Section 1274.002](#).

Selection of practitioners

Page _____ : Definitions of health care practitioners and pertinent statutes - [TIC Chapter 1451](#).

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 a his/her license, is prohibited - [TIC Section 1301.0516](#).

Page _____ : Nondiscriminatory payment or reimbursement; exception: benefits may not be limited or excluded for services rendered by a practitioner acting within the scope of the practitioner's licensure - [TIC Section 1451.104](#).

Exclusions and limitations

Page _____ : Limitations must be clear and specific - [TIC Section 1201.055](#), and [28 TAC Section 3.3056](#) and [Section 3.3057\(c\)](#).

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 _____ : Illegal occupation, as set forth in statute - [TIC Section 1201.226](#).

Page _____ : Military service - clearly state if policy excludes or suspends coverage for military service, or if premiums are reduced or refunded - [28 TAC Section 3.3057\(e\)](#).

Page _____ : If the policy includes an elimination period it must be clearly expressed - [28 TAC Section 3.3058](#).

Page _____ : Provisions relating to recurrent disabilities may not specify a separation between disabilities of more than six months - [28 TAC Section 3.3059](#).

Page _____ : Conversion provision must indicate persons eligible for conversion, and applicable circumstances, including any limitations - [28 TAC Section 3.3060](#).

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](#).

Continuation of coverage

Page _____ : If a person loses coverage because marital status changed, that person shall be issued a policy that the insurer is then issuing which most nearly approximates the original coverage, without evidence of insurability - [28 TAC Section 21.407](#).

Individual required policy provisions

The policy shall contain the following provisions; however, the insurer may substitute different wording that is not less favorable to the insured. If any provision of this section is in whole or in part inapplicable to or inconsistent with the coverage provided by a particular form of policy, the insurer shall omit or modify that provision.

Page _____ : Entirety of contract, policy changes - [TIC Section 1201.207](#).

Page _____ : Incontestability - time limit on certain defenses - [TIC Section 1201.208](#).

Page _____ : Grace period - [TIC Section 1201.209](#).

Page _____ : Reinstatement - [TIC Section 1201.210](#).

Page _____ : Notice of claim - [TIC Section 1201.211](#).

Page _____ : Claim forms - [TIC Section 1201.212](#).

Page _____ : Proof of loss - [TIC Section 1201.213](#).

Page _____ : Time of payment of claims - [TIC Section 1201.214](#).

Page _____ : Payment of claims - [TIC Section 1201.215](#).

Page _____ : Physical examinations and autopsy - [TIC Section 1201.216](#).

Page _____ : Legal actions - [TIC Section 1201.217](#).

Page _____ : Change of beneficiary - [TIC Section 1201.218](#).

Page _____ : Entire money and other consideration - [TIC Section 1201.051](#).

Page _____ : Provision applicable to charter, bylaws, rules, etc. - [TIC Section 1201.057](#).

Page _____ : Order of certain policy provisions [TIC Section 1201.201](#) and [Section 1201.202](#).

Page _____ : Requirements of other jurisdictions - [TIC Section 1201.204](#).

Other provisions

Page _____ : Change of occupation - [TIC Section 1201.219](#).

Page _____ : Misstatement of age - [TIC Section 1201.220](#).

Page _____ : Excess insurance - other insurance in this insurer - [TIC Section 1201.221](#).

Page _____ : Relation of earnings to insurance - [TIC Section 1201.222](#).

Page _____ : Unpaid premium - [TIC Section 1201.223](#).

Page _____ : Cancellation - [TIC Section 1201.224](#).

Page _____ : Conformity with state statutes - [TIC Section 1201.225](#).

Page _____ : If medical expense coverage, repayment of the actual costs of medical expenses the Texas Health and Human Services Commission pays through medical assistance for an insured person - [TIC Section 1204.151 - 1204.152](#).

Page _____ : Benefits paid to the Texas Health and Human Services Commission on behalf of child - [TIC Section 1204.153](#), [28 TAC Section 3.3039](#) and [Government Code Section 531.0011\(b\)](#).

Page _____ : Third party ownership - [TIC Section 1201.010](#).

Page _____ : Filing procedures - [TIC Section 1201.206](#).

Miscellaneous provisions

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

Page _____ : Discretionary clauses prohibited - [TIC Section 1701.062](#), and [28 TAC Section 3.1202](#) and [Section 3.1203](#).

Page _____ : No fee may be charged to issue payment via check - A company may not charge an additional fee to the payee for issuing payment by paper check instead of by an electronic payment method – [Business and Commerce Code Chapter 116](#).

Page _____ : Unfair discrimination, political affiliation, or expression - An insurer may not limit, cancel, refuse to renew, deny coverage, or vary an individual's rate , because of the individual's political affiliation or expression – [TIC Section 544.602](#), as added by HB3433.

Page _____ : COVID-19 vaccination or recovery - A company may not require a customer to provide any documentation certifying the customer's COVID-19 vaccination or post-transmission recovery in order to obtain health insurance coverage or otherwise receive service from the company – [Health and Safety Code Section 161.0085\(c\)](#), as added by SB 968 (87R).

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 _____ : Bases for non-renewing dependent's coverage may include (1) termination of spouse's coverage due to dissolution of marriage subject to other applicable rules and laws; and (2) termination of dependent coverage upon attainment of limiting age – [28 TAC Section 3.3052\(b\)](#).

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 - [28 TAC Section 3.3052\(f\)](#).

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\(h\)](#).

Page _____ : Policy cannot be cancelled because covered person has been diagnosed with or has been/is being treated for HIV or AIDS - [TIC Section 1202.052](#).

Preexisting conditions

Page _____ : Definition of pre-existing - [28 TAC Section 3.3018](#).

Page _____ : Must clearly disclose applicability or non-applicability of coverage to pre-existing condition limitations - [28 TAC Section 3.3054\(a\)](#).

Page _____ : If simplified application is used (defined in [28 TAC Section 3.3002](#)), losses due to pre-existing conditions (not excluded from coverage) must be covered after twelve months - [TIC Section 1201.152](#) and [Section 1201.153](#), and [28 TAC Section 3.3054\(b\)\(1\)](#).

Page _____ : A policy issued to a person 65 or older may not limit the coverage of a pre-existing condition for more than six months - [TIC Section 1201.153\(a\)](#), and [28 TAC Section 3.3054\(b\)\(2\)](#)

Notice of rate increase

Page _____ : Notice of rate increase - [TIC Section 1201.109](#).

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.

Preauthorization procedures

Page _____ : Preauthorization determination - [TIC Section 1301.135](#) and [28 TAC Section 19.1718\(d\)](#)(PPO/EPO plans, non-PPO/EPO plans [TIC Section 4201.302](#), [Section 4201.304](#), and [28 TAC Section 19.1709 \(d\) and \(e\)](#)).

Page _____ : Preauthorization exemption - A plan may not require preauthorization if the provider has an exemption for the service, consistent with [TIC Chapter 4201](#), Subchapter N as added by HB 3459.

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 1222.003 - 1222.004](#) and [Section 1301.001](#) (definition of preauthorization).

Adverse determination procedures - Utilization review

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 _____ : Adverse determination - prescription drugs, if covered:

- The denial of a formulary exception request or a step therapy protocol exception request is considered an adverse determination - [TIC Section 1369.056](#) and [Section 1369.0546\(f\)](#).

- A plan must provide 30 days' notice for a concurrent review prior to discontinuing coverage for a prescription drug or intravenous infusion for which an enrollee is receiving benefits - [TIC Section 4201.304\(b\)](#).
- Step therapy exception requests qualify for an expedited review – [TIC Section 4201.357\(a-2\)](#) and [Section 4202.003](#).

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\(b\)\(2\)](#).

Adverse Determination Appeal Procedures – Utilization Review – [TIC Section 4201.351 – 4201.3601](#)

Page _____ : Adverse determination appeal - [TIC Section 4201.359](#) and [Section 1369.056](#).

Page _____ : Adverse determination expedited appeal - for denial of emergency care, continued hospitalization, prescription drugs or intravenous infusions - [TIC Section 4201.357](#).

Page _____ : Adverse determination immediate appeal to independent review organization(IRO) for a life-threatening condition, prescription drugs or intravenous infusions – [TIC Section 4201.360 -4201.457](#).

Coordination of benefits

Page _____ : Policy cannot exclude payment because benefits are also payable under a supplemental individual policy for hospital confinement, specified disease, or limited benefit – [TIC Section 1203.002](#).

A coordination of benefits provision is not required, but if one is included in a policy, it must comply with the following requirements:

Page _____ : Must state terms for insured dependent children and satisfy other terms of [TIC Section 1701.055\(b\)](#).

Page _____ : Definitions - [28 TAC Section 3.3503](#).

Page _____ : General prohibition - [28 TAC Section 3.3504](#).

Page _____ : Allowable expenses - [28 TAC Section 3.3505](#).

Page _____ : Use of certain terms in policies, certificates and contracts - [28 TAC Section 3.3506](#).

Page _____ : Coordination of benefits and order of benefits - [28 TAC Section 3.3507](#).

Page _____ : Procedure to be followed by secondary plan - [28 TAC Section 3.3508](#).

Page _____ : Miscellaneous provisions - [28 TAC Section 3.3509](#).

Page _____ : Model coordination of benefits contract provisions - [28 TAC Section 3.3510](#).

Page _____ : Coordination of Vision and Eye Care Benefits - Requires coordination of benefits for health benefit plans and standalone vision plans. Sets specific requirements for coordinating benefits as primary and secondary issuers. Prohibits a health benefit plan or vision benefit plan from excluding or reducing payment of benefits based on the existence of another plan. [TIC Section 1203.105](#).

Electronic communication - [TIC Section 35.004\(c\)\(1\)](#) and [Section 35.0041](#)

Page _____ : Electronic Communications - Allows issuers to conduct business electronically: (1) by seeking out prior affirmative consent; or (2) if the issuer provides notice of intent to conduct business electronically and the party does not opt out. Further describes either method is subject to disclosure requirements set out in [TIC §35.004](#). In addition, (1) the party must have a right to withdraw consent; or (2) in the case affirmative consent was not obtained, the party requests written communication be delivered in nonelectronic form. [TIC §35.003](#).