[Insurer or HMO identifying information]

Consumer choice plan disclosure statement

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

This [PPO/EPO/HMO] 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. [This plan does include all health benefits required by the Affordable Care Act.][1]

[The benefits or coverages you are agreeing to on this renewal are different from your current plan.][2] [The benefits required by state law have changed since you first received this disclosure.][3] To see all benefits offered by this plan, go to the plan's "Summary of Benefits and Coverage."

Benefit/coverage: [4]	**This plan:**	**A health plan with required benefits (state-mandated plan):**
[Deductible The amount you pay for care before the plan begins to share the cost.]	[Has a deductible.]	[Has no deductibles for in-network care.]
[Out-of-pocket costs The amount you pay when you receive care, up to an annual limit.]	[Includes out-of-pocket costs that meet federal requirements but may sometimes be more than in a state-mandated plan.]	[A copay must be less than 50% of the total cost of the service. Annual out-of-pocket costs must be capped at 200% of your annual premium cost if you alert the plan.]
[Habilitative and Rehabilitative care Care that helps you improve skills for daily living.]	[Includes a limit on the number of visits per year for speech therapy, occupational therapy, and physical therapy.]	[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 has a limit on the number of sessions for: • Speech therapy. • Occupational therapy. • Physical therapy.]	[Has no limit on the amount of care that is ordered by your doctor.]
[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. [This plan is on Healthcare.gov and may allow you to get help with premiums and out-of-pocket costs.][5] [This plan is not on Healthcare.gov and does not allow you to get help with premiums and out-of-pocket costs.][6]

To learn more about this plan, call [phone number] or visit [website URL].

[By signing your application to enroll in this plan, you acknowledge the following:][7] [By signing this form, you acknowledge the following:][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.

[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: _____

[Name of insurer or HMO] must give you a copy of this statement upon request.][11]

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[1] Only include this statement if the plan provides the federal essential health benefits.
[2] 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. The health carrier may choose to add explanatory language regarding what has changed.
[3] Only include this statement in forms provided at the time of renewal when additional state-mandates are enacted in law that are not included in the plan. The health carrier 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)(2).
[5] Only include for an individual market plan that is available on Healthcare.gov.
[6] Only include for an individual market plan that is not available on Healthcare.gov.
[7] Only include this statement in forms delivered on Healthcare.gov consistent with 28 TAC §21.3530(e)(2).
[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] Only include this statement in individual market plans.
[11] Do not include for disclosures delivered on Healthcare.gov consistent with 28 TAC §21.3530(e)(2).