

Group and Individual Health Supplemental Coverage Checklist

Use this checklist:

- When reviewing group or individual health supplemental 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.
- Policies must also satisfy the "Group Health Product Requirements" or the "Individual Health Product Requirements" checklist, as applicable.
- Refer to the appropriate checklist for any type of coverage that is being filed as supplemental coverage (for example, First Diagnosis, etc.).
- To enter the page number or reference location in the "Page" field.

Supplemental Coverage

force polici hospital, m	: Supplemental coverage is a policy which may be issued only to supplement inies of individual and group accident and sickness insurance, employee benefit plans, edical, dental service organization subscriber contracts, any state or federally sponsored and health maintenance organization contracts - 28 TAC Section 3.3080.
	: Documentation within the filing must make clear that the policy will only be and issued as supplemental coverage - <u>28 TAC Section 3.3080</u> .
Individual H	lealth Supplemental Coverage Only
Outline of Co	verage
•	: Outline of coverage shall include certain text in the proper format - <u>28 TAC Section</u> and <u>Section 3.3093(9)</u> .
Prohibited	Practices – Individual and Group
been denie	: May not consider a determination that the applicant has or has not previously ed healthbenefit plan coverage in underwriting the coverage for which the applicant d - TIC Section 544.502.
post-trans	: Prohibition on forced organ harvesting – An issuer may not cover a transplant or plant care if the transplant was performed in China, or another country known to have d 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 for post-transplant care. <u>TIC Section 1380.003</u>
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