

**Texas Mandated Benefits, Offers, and Coverages:  
Minimum Required Benefits**

Abbreviations used in the table are as follows: ASSOC = association health plans; CCP = consumer choice plans; EMPL = employer; Federal = federal mandate; FFS = fee for service plans, including preferred provider benefit plans; HMO = health maintenance organization; INDIV = individual health plans; and SMP = state mandated plans.

Refer to the summary description documents for the citations and brief descriptions of the mandates.

MANDATES	FFS--SMP INDIV PLANS	FFS--SMP SMALL EMPL PLANS	FFS--SMP LARGE EMPL PLANS	FFS--SMP ASSOC PLANS	FFS-- CCP INDIV PLANS	FFS--CCP SMALL EMPL PLANS	FFS--CCP LARGE EMPL PLANS	FFS--CCP ASSOC PLANS	HMO-- SMP INDIV PLANS	HMO-- SMP SMALL EMPL PLANS	HMO-- SMP LARGE EMPL PLANS	HMO-- CCP INDIV PLANS	HMO-- CCP SMALL EMPL PLANS	HMO-- CCP LARGE EMPL PLANS
Autism Spectrum Disorder	No	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	No	No	No
Brain Injury - Acquired Brain Injury	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	No	No
Cardiovascular Disease - Screening Tests	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	No	No
Chemical Dependency - Benefits	No	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	No	No	No
Chemical Dependency - Treatment Facility	No	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	No	No	No
Children Coverage To Age 25, If Eligible For Coverage Under The Policy Or Plan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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Children -- Adopted, If Eligible For Coverage Under The Policy Or Plan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Children -- Certain Grandchildren, If Eligible For Coverage Under The Policy Or Plan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Children -- Child of the Spouse, If Eligible For Coverage Under The Policy Or Plan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No
Children -- Newborn Children, If Eligible For Coverage Under The Policy Or Plan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Children -- Medical Support Order, If Eligible For Coverage Under The Policy Or Plan	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Children -- Developmental Delays, If Eligible For Coverage Under The Policy Or Plan	Offer	No	Offer	Offer	No	No	No	No	Offer	No	Offer	No	No	No

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<b>Children -- Hearing Screening, If Eligible For Coverage Under The Policy Or Plan</b>	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes
<b>Children -- Immunizations, If Eligible For Coverage Under The Policy Or Plan</b>	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes
<b>Children - Reconstructive Surgery For Craniofacial Abnormalities In A Child, If Eligible For Coverage Under The Policy Or Plan</b>	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes
<b>Colorectal Cancer Testing</b>	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes
<b>Continuation of Coverage - For Certain Dependents</b>	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
<b>Continuation of Coverage - During Labor Dispute</b>	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No

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<b>Continuation of Coverage - Upon Divorce</b>	Yes	No	No	No	Yes	No	No	No	Yes	No	No	Yes	No	No
<b>Continuation of Coverage - For Spouse Upon Death, Age Limit, or Other Occurrence</b>	Yes	No	No	No	Yes	No	No	No	No	No	No	No	No	No
<b>Continuation of Coverage - For Mentally/ Physically Handicapped Children</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Continuation of Coverage - For Period Of Six Or Nine Months</b>	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
<b>Dependents</b>	No	Yes	No	No	No	Yes	No	No	No	Yes	No	No	Yes	No
<b>Diabetes</b>	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes
<b>Emergency Care</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Extension of Benefits - For Totally Disabled Persons</b>	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No
<b>Extension of Benefits - Upon Acceptance Of Premium</b>	Yes	No	No	No	Yes	No	No	No	No	No	No	No	No	No

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Extension of Benefits - Upon Termination By Insurer	Yes	No	No	No	Yes	No	No	No	No	No	No	No	No	No
Government Hospital Coverage	Yes	No	No	No	Yes	No	No	No	No	No	No	No	No	No
HIV, AIDS, Or HIV- related Illnesses	No	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	No	No	No
Home Health	No	Offer	Offer	Offer	No	No	No	No	No	No	No	No	No	No
Mandatory Benefit Standards - Basic Health Care Services	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes
Mental Health - Psychiatric Day Treatment Facility	No	Offer	Offer	Offer	No	No	No	No	No	Offer	Offer	No	No	No
Mental Illness - Crisis Stabilization & Residential Treatment for Children and Adolescents	No	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	No	No	No
Mental Illness - Mental Health Parity	No	No	Yes	Yes	No	No	No	No	No	No	Yes	No	No	No

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Mental Illness- Mental/Nervous Disorders With Demonstrable Organic Disease	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
Mental Illness - Serious Mental Illness	No	Offer	Yes	Yes	No	Offer	Yes	Yes	No	Offer	Yes	No	Offer	Yes
Optometrists and Ophthalmologist - Access To Under Managed Care Plans	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	No	No
Osteoporosis, Detection and Prevention	No	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	No	No	No
Point-Of-Service (POS) - Coverage And Arrangements	No	No	No	No	No	No	No	No	No	No	Offer	No	No	Offer
Prescription Drugs - Amino Acid-based Formulas	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	No	No
Prescription Drugs - Contraceptive Drugs And Devices And Related Services	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	No	No

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Prescription Drugs - Formulary	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	No	No
Prescription Drugs - Off-label Drugs	Yes	No	Yes	Yes	No	No	No	No	Yes	No	Yes	No	No	No
Prescription Drugs - Oral Anticancer Medications	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	No	No
Prescription Drugs - Phenylketonuria (PKU)	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes
Prostate Testing - Coverage Of Certain Tests	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes
Prosthetic / Orthotic Devices	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	No	No
Providers - Access To Non-network Physicians Or Providers, If In-network Care Not Available	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Providers - Right To Select An OB/GYN	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes

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Providers - Selection Of Specialist As Primary Care Physician	No	No	No	No	No	No	No	No	Yes	Yes	Yes	No	No	No
Rehabilitation Therapies - Coverage	No	No	No	No	No	No	No	No	Yes	Yes	Yes	No	No	No
Speech And Hearing	No	Offer	Offer	Offer	No	No	No	No	No	Offer	Offer	No	No	No
Telemedicine / Telehealth	Yes	No	Yes	Yes	No	No	No	No	Yes	No	Yes	No	No	No
Temporomandibular Joint (TMJ)	No	No	Yes	Yes	No	No	No	No	No	No	Yes	No	No	No
Transplant Donor Coverage	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
Women's Health - Human Papillomavirus And Cervical Cancer Testing	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Women's Health - In Vitro Fertilization	No	Offer	Offer	Offer	No	No	No	No	No	Offer	Offer	No	No	No
Women's Health - Mammography	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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Women's Health - Mastectomy Or Lymph Node Dissection, Minimum Stay	Yes	No	Yes	Yes	No	No	No	No	Yes	No	Yes	No	No	No
Women's Health - Mastectomy, Reconstructive Surgery	Yes	Yes	Yes	Yes	Yes, Federal	Yes, Federal	Yes, Federal	Yes, Federal	Yes	Yes	Yes	Yes, Federal	Yes, Federal	Yes, Federal
Women's Health - Pregnancy	Offer	No	No	No	Offer	No	No	No	Offer	No	No	Offer	No	No
Women's Health - Pregnancy, Complications	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Women's Health - Pregnancy, Maternity Minimum Stay (If Maternity Is Covered)	Yes	Yes	Yes	Yes	Yes, Federal	Yes, Federal	Yes, Federal	Yes, Federal	Yes	Yes	Yes	Yes, Federal	Yes, Federal	Yes, Federal
End of Worksheet														