

## Texas Mandated Health Benefits

While every effort is made to ensure the accuracy of the information in this chart, please consult the Texas Insurance Code (TIC), the Texas Administrative Code (TAC), and other applicable state and federal laws about the extent and nature of applicable requirements. Applicable statutes and regulations govern; this chart should not be considered to provide legal guidance and is intended only as an educational resource.

### Applicability:

The chart below shows the benefits that must be included in fully insured major medical plans in Texas. The state laws addressed in this chart do not apply to self-funded health plans commonly offered by large employers and exempted from state law by ERISA. Unless otherwise noted, these requirements apply both to plans offered by health maintenance organizations (HMOs) and carriers writing preferred provider benefit plans or exclusive provider benefit plans. More information regarding the required benefits is available via links to the applicable Texas statutes and rules. If you are concerned about the way your plan is providing a mandated benefit, you may [file a complaint](#) with the Texas Department of Insurance.

### Interaction between state and federal law:

The chart reflects Texas requirements and is not designed to contain all federal requirements. The columns addressing state law for individual, small group, and large group plans describe the applicability of the Texas statutes as they were drafted. Since 2014, the federal Affordable Care Act (ACA) requires any health plan sold in the individual and small group market to include ten categories of Essential Health Benefits (EHBs), in addition to complying with state laws. The federal law (EHB) column reflects that most state mandates are considered EHBs, and in some cases, the federal EHB requirement effectively expands the applicability of the mandate to plans beyond those originally included in the state law. Certain mandated offers and laws specific to HMOs are not considered EHBs. These state laws continue to apply as described by the chart. [Read more about federal EHB requirements.](#)

### Grandfathered and transitional plans:

If your health plan has been the same since before March 23, 2010 (when Congress passed the ACA), your plan might be “grandfathered” and exempt from some federal mandates. Additionally, some plans issued prior to 2014 are exempt from EHB requirements under a [transitional policy](#).

### Consumer Choice Plans:

Texas law ([TIC Ch. 1507](#) and [28 TAC Ch. 21, Sub Ch. AA](#)) allows “[Consumer Choice Plans](#)” (CCPs), to exclude coverage for certain state mandates. But a CCP cannot exclude a benefit required by federal law. Applicable federal laws include:

- Affordable Care Act (ACA) of 2010 – includes essential health benefits (EHB) at [42 USC §18022](#) and [45 CFR Part 156, Subpart B](#), and coverage for [certain preventive services](#) without cost sharing at [42 USC §300gg-13](#)
- Newborns’ and Mothers’ Health Protection Act of 1996 – maternity minimum stay under [29 USC §1185](#) and [42 USC §300gg-51](#)
- Women’s Health and Cancer Rights Act of 1998 – breast reconstruction following mastectomy under [29 USC §1185b](#) and [42 USC §300gg-52](#)
- Pregnancy Discrimination Act of 1978 – via amendment to title VII of the Civil Rights Act of 1964 at [42 USC §2000e\(k\)](#)

The chart indicates whether a CCP plan must include coverage for each mandate and, where applicable, cites the reason the mandate applies.

| Categories of Mandated Benefits  | Federal Law (EHB): Individual & Small Group                             | State Law Sources  | State Law: Individual | State Law: Small Group   | State Law: Large Employer, Association Plans | State Law: Consumer Choice Plans (CCP)                       |
|--|---|--|-----------------------|--------------------------|--|--|
| <b>HMO-specific mandates</b>   |   |  |                       |                          |  |  |
| <b>Basic health care services</b><br>- without limit on time or cost   | Yes; services are EHB but visit limits may apply                        | <a href="#">TIC Ch. 1271 Subch. D</a><br><a href="#">28 TAC §11.508(d)</a> | HMO only              | HMO only - as applicable | HMO only                                     | CCPs must cover but may impose time and cost limits          |
| <b>Rehabilitation therapies – constraints on coverage limits</b><br>- without limit if meets treatment goals   | Yes; services are EHB but visit limits may apply                        | <a href="#">TIC §1271.156</a>  | HMO only              | HMO only                 | HMO only                                     | CCPs must cover but may impose time and cost limits          |
| <b>HMO cost sharing restrictions:</b><br>- copays may not exceed 50% of cost of service<br>- copays may not exceed 200% of annual premium<br>- no deductible may apply | No; federal actuarial value provisions and out-of-pocket maximums apply | <a href="#">28 TAC §11.506(b)(2)</a>                                       | HMO only              | HMO only                 | HMO only                                     | No; CCPs may impose deductibles and higher copayment amounts |

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|---|---|---|--------------------------|-----------------------------|--|---|
| <b>All other mandates</b>                                   |   |   |                          |                             |  |   |
| <b>Home health</b>  | Yes   | <a href="#">TIC Ch. 1351</a> for insurance<br><a href="#">28 TAC §11.508(a)(1)(G)</a> for HMO | No<br>(Required for HMO) | Offer<br>(Required for HMO) | Offer<br>(Required for HMO)                  | Yes – individual and small group (federal law);<br>No – large group; (HMO must cover, but may apply limits) |
| <b>Acquired brain injury</b>                                | Yes   | <a href="#">TIC Ch. 1352</a><br><a href="#">28 TAC Ch. 21, Subch. W</a>                       | Yes                      | Yes                         | Yes  | Yes – individual and small group (federal law);<br>No – large group   |
| <b>Autism spectrum disorder</b>                             | Yes   | <a href="#">TIC §1355.015</a><br><a href="#">28 TAC Ch. 21, Subch. P, Div. 4</a>              | No                       | Yes                         | Yes  | Yes – small group (federal law);<br>No – large group  |
| <b>Parity for mental health and substance use disorders</b> | Yes<br><br>See also<br><a href="#">42 USC §300gg-26</a> and <a href="#">45 CFR §146.136</a> | <a href="#">TIC §1355.254</a><br><a href="#">28 TAC Ch. 21, Subch. P</a>                      | Yes                      | Yes                         | Yes  | Yes   |
| <b>Chemical dependency</b>                                  | Yes   | <a href="#">TIC Ch. 1368</a><br><a href="#">28 TAC Ch. 3, Subch. HH</a>                       | No                       | Yes                         | Yes  | <u>Chem. Dep.:</u><br>Yes – small group (federal law);<br>No – large group                                  |

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|---|---|---|-----------------------|------------------------|--|--|
| <b>Serious mental illness</b> , crisis stabilization unit, residential treatment center for children and adolescents, and psychiatric day treatment facilities; | Yes<br><br>See also<br><a href="#">42 USC §300gg-26</a> and <a href="#">45 CFR §146.136</a> | <a href="#">TIC Ch. 1355</a><br>- <a href="#">§1355.004</a><br>- <a href="#">§1355.053</a><br>- <a href="#">§1355.104</a> | <u>SMI:</u><br>No     | <u>SMI:</u><br>Offer   | <u>SMI:</u><br>Yes                           | <u>SMI:</u><br>Yes<br><br><a href="#">TIC §1507.003(b)(7)</a><br>and <a href="#">§1507.053(b)(6)</a>   |
| Offer – Inpatient treatment of mental or emotional illness or disorder;   |   | <a href="#">TIC §1355.106</a>   | <u>Offer:</u><br>No   | <u>Offer:</u><br>Yes   | <u>Offer:</u><br>Yes                         | <u>Offer:</u><br>No  |
| Limits on step therapy  |   | <a href="#">TIC §1369.0547</a>  | Yes                   | Yes                    | Yes  | <u>Limits on step therapy:</u><br>Yes<br>Does not qualify as a “state mandated health benefit” under <a href="#">TIC §1507.003(a)</a> and <a href="#">TIC §1507.053(a)</a> that is eligible to be waived |

| Categories of Mandated Benefits   | Federal Law (EHB): Individual & Small Group                | State Law Sources  | State Law: Individual  | State Law: Small Group | State Law: Large Employer, Association Plans | State Law: Consumer Choice Plans (CCP)   |
|---|--|--|------------------------|------------------------|--|--|
| <b>Reconstructive surgery following mastectomy;</b> and<br><br>Minimum stay for mastectomy or lymph node dissection | <u>Surgery:</u><br>Yes<br><a href="#">42 USC §300gg-52</a> | <a href="#">TIC Ch. 1357</a><br><a href="#">28 TAC §11.508(b)(1)</a>   | <u>Surgery:</u><br>Yes | <u>Surgery:</u><br>Yes | <u>Surgery:</u><br>Yes                       | <u>Surgery:</u><br>Yes – federal law, Women’s Health and Cancer Rights Act of 1998;<br><br><u>Minimum stay:</u><br>Yes – individual (federal law);<br>No – large group |
| <b>Diabetes –</b><br>Minimum coverage; services, supplies, self-management training, and emergency refills          | Yes  | <a href="#">TIC Ch. 1358</a><br><a href="#">Subchapters A and B</a><br><a href="#">28 TAC Ch. 21, Subch. R</a><br><a href="#">28 TAC §11.508(b)(3)</a> | Yes                    | No                     | Yes  | <u>Subchapter A:</u><br>No<br><u>Subchapter B and rules:</u><br>Yes<br><a href="#">TIC §1507.003(b)(6)</a><br><a href="#">28 TAC §11.508(b)(3)</a>                     |
| <b>Limits on cost-sharing</b>   |  | <a href="#">TIC Ch. 1358, Subch. C</a>   | Yes                    | Yes                    | Yes  | <a href="#">TIC Ch. 1358 Subch. C:</a><br>No   |
| <b>Formulas for phenylketonuria (PKU) or other Heritable Diseases</b>   | Yes  | <a href="#">TIC Ch. 1359</a><br><a href="#">28 TAC §11.509(6)</a>  | No                     | Yes                    | Yes  | Yes<br><a href="#">TIC §1507.003(b)(10)</a><br><a href="#">28 TAC §11.509(6)</a>   |
| <b>Temporomandibular joint (TMJ)</b>  | Yes  | <a href="#">TIC Ch. 1360</a>   | No                     | No                     | Yes  | No   |

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|--|---|--|--|---|---|--|
| <b>In vitro fertilization</b>  | No  | <a href="#">TIC Ch. 1366, Subch. A</a>   | No   | Offer   | Offer   | No   |
| <b>Maternity minimum stay</b> – if maternity is covered;<br>Complications of pregnancy covered as any other illness      | Yes   | <a href="#">TIC Ch. 1366, Subch. B</a><br><a href="#">28 TAC §11.508(b)(2)</a><br><a href="#">42 USC §300gg-51</a><br><a href="#">28 TAC §21.405</a><br><a href="#">42 USC §2000e(k)</a> | Yes  | Yes   | Yes   | Yes<br>federal law:<br>Newborns’ and Mothers’ Health Protection Act of 1996; and<br>Pregnancy Discrimination Act of 1978 |
| <b>Fertility preservation services related to cancer treatment</b>   | No  | <a href="#">TIC Ch. 1366, Subch. C</a>   | Yes  | Yes   | Yes   | Yes<br><a href="#">TIC §1366.102(b)(2)</a>   |
| <b>Reconstructive Surgery for craniofacial abnormalities</b>   | Yes   | <a href="#">TIC Ch. 1367, Subch. D</a>   | Yes  | No  | Yes   | Yes<br><a href="#">TIC §1507.003(b)(9)</a><br><a href="#">28 TAC §11.509(5)</a>  |
| <b>Hearing aids and cochlear implants for children;</b><br><b>Offer of speech and hearing; and choice of hearing aid</b> | Yes   | <a href="#">TIC Ch. 1367, Subch. F</a><br><br><a href="#">TIC Ch. 1365</a><br><a href="#">28 TAC §11.508(a)(1)(F)?</a>   | <u>Children:</u><br>Yes<br><br><u>Offer:</u><br>No | <u>Children:</u><br>Yes<br><br><u>Offer:</u><br>Yes | <u>Children:</u><br>Yes<br><br><u>Offer:</u><br>Yes | <u>Children:</u><br>Yes<br><br><u>Offer:</u><br>Yes – small group (federal law);<br>No – large group                     |

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|--|---|--|-----------------------|------------------------|--|--|
| <b>Developmental delays</b>  | Rehabilitative and habilitative therapies are covered, but visit limits may apply | <a href="#">TIC Ch. 1367, Subch. E</a>   | Offer                 | No                     | Offer  | No   |
| <b>Off-label drugs for chronic, disabling, or life-threatening illness</b>   | Yes   | <a href="#">TIC Ch. 1369 Subch. A</a><br><a href="#">28 TAC Ch. 21, Subch. V, Division 3</a> | Yes                   | No                     | Yes  | No   |
| <b>Oral anticancer medications</b>   | Yes   | <a href="#">TIC Ch. 1369, Subch. E</a>   | Yes                   | Yes                    | Yes  | Yes – individual and small group (federal law);<br>No – large group                            |
| <b>Ovarian cancer, diagnostic examination</b><br>(including CA-125 or any other FDA-approved test for ovarian cancer.) | Yes<br>(diagnostic, laboratory services)  | <a href="#">TIC Ch. 1370</a>   | Yes                   | Yes                    | Yes  | Yes<br>TIC<br><a href="#">§1507.003(b)(12)(D)</a><br>and<br><a href="#">§1507.053(b)(7)(D)</a> |
| <b>Prosthetic and orthotic devices and related services</b>  | Yes   | <a href="#">TIC Ch. 1371</a>   | Yes                   | Yes                    | Yes  | Yes – individual and small group (federal law);<br>No – large group                            |



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|----------------------------------|---|-----------------------------------|-----------------------|------------------------|--|---|
| <b>Biomarker testing</b>         | Yes<br>(diagnostic, laboratory services)    | <a href="#">TIC Ch. 1372</a>      | Yes                   | Yes                    | Yes  | Yes<br><a href="#">TIC §1372.002(b)(2)</a>                          |
| <b>Amino acid-based formulas</b> | Yes   | <a href="#">TIC Ch. 1377</a>      | Yes                   | Yes                    | Yes  | Yes – individual and small group (federal law);<br>No – large group |
| <b>Transplant donor coverage</b> | Yes   | <a href="#">28 TAC §3.3040(h)</a> | Yes                   | No                     | No   | Yes – individual (federal law);<br>No – large group                 |

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|--|--|--|-----------------------|------------------------|--|---|
| <b>Preventive Services</b>   |  |  |                       |                        |  |   |
| <b>Breast cancer screening and diagnostic imaging</b><br>(Starting at age 35, includes ultrasound, MRI, and 2D or 3D mammography.) | Yes<br>also federal preventive services include mammography starting at age 40 | <a href="#">TIC Ch. 1356</a><br><i>See also <a href="#">TIC Ch. 1653</a>, which allows an HSA-qualified plan to apply cost-sharing beyond what would otherwise be permitted under <a href="#">1356.005(a-1)</a></i><br><a href="#">28 TAC §11.508(a)(1)(H)(iv)</a> | Yes                   | Yes                    | Yes  | Yes<br><a href="#">TIC §1356.002(h)</a><br><a href="#">§1507.003(b)(12)(A)</a><br><a href="#">§1507.053(b)(7)(A)</a><br>and federal law |
| <b>Osteoporosis screening</b>  | Yes<br>also federal preventive service   | <a href="#">TIC Ch. 1361</a>   | No                    | Yes                    | Yes  | Yes<br>federal law, ACA preventive services   |
| <b>Prostate cancer screening</b>   | Yes  | <a href="#">TIC Ch. 1362</a><br><a href="#">TIC §1575.159</a><br><a href="#">28 TAC §11.508(a)(1)(H)(iv)</a>   | Yes                   | No                     | Yes  | Yes<br>TIC<br><a href="#">§1507.003(b)(12)(B)</a><br><a href="#">§1507.053(b)(7)(B)</a>   |
| <b>Colorectal cancer screening</b><br>(Specified services starting at age 45. Cost-sharing limits apply.)                          | Yes<br>also federal preventive service   | <a href="#">TIC Ch. 1363</a><br><a href="#">28 TAC §11.508(a)(1)(H)(iv)</a>  | Yes                   | No                     | Yes  | Yes<br>TIC<br><a href="#">§1507.003(b)(12)(C)</a><br><a href="#">§1507.053(b)(7)(C)</a>   |

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|--|--|--|---------------------------------------|---------------------------------------|--|---|
| <b>Immunizations through age 6 without cost-sharing</b>                                      | Yes<br>also federal preventive service                                   | <a href="#">TIC Ch. 1367 Subch. B</a><br><a href="#">28 TAC §11.508(a)(1)(H)(ii)</a>                           | Yes                                   | No                                    | Yes  | Yes<br><a href="#">TIC §1507.003(b)(8)</a><br>28 TAC<br><a href="#">§11.508(a)(1)(H)(ii)</a><br>and federal law |
| <b>Newborn hearing screening</b>   | Yes<br>also federal preventive service                                   | <a href="#">TIC Ch. 1367, Subch. C</a><br><a href="#">28 TAC §11.508(a)(1)(H)(v)</a>                           | Yes                                   | No                                    | Yes  | Yes<br><a href="#">TIC §1507.003(b)(8)</a><br>28 TAC<br><a href="#">§11.508(a)(1)(H)(v)</a><br>and federal law  |
| <b>Newborn screening</b>   | Yes<br>also federal preventive service                                   | <a href="#">TIC §1271.154</a><br><a href="#">TIC §1367.003</a><br><a href="#">28 TAC §11.508(a)(1)(H)(iii)</a> | Yes                                   | Yes                                   | Yes  | Yes<br><a href="#">TIC §1507.003(b)(4)(B)</a><br>and federal law, ACA preventive services                       |
| <b>Prescription contraceptive drugs and devices and related services;</b><br>12-month supply | Yes<br>subject to religious exemption<br>also federal preventive service | <a href="#">TIC Ch. 1369 Subch. C</a><br><a href="#">28 TAC §21.404</a>  | Yes<br>subject to religious exemption | Yes<br>subject to religious exemption | Yes<br>subject to religious exemption        | Yes<br>federal law, ACA preventive services, subject to religious exemption                                     |

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|---|---|------------------------------|-----------------------|------------------------|--|---|
| <b>Human papillomavirus and cervical cancer screening</b><br>(including a pap smear or FDA-approved HPV test) | Yes<br>also federal preventive service      | <a href="#">TIC Ch. 1370</a> | Yes                   | Yes                    | Yes  | Yes<br>TIC<br><a href="#">§1507.003(b)(12)(D)</a><br>and<br><a href="#">§1507.053(b)(7)(D)</a><br>and federal law |
| <b>Cardiovascular disease screening</b>   | Yes   | <a href="#">TIC Ch. 1376</a> | Yes                   | Yes                    | Yes  | Yes – individual and small group (federal law);<br>No – large group   |

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|--|---|--|-----------------------|------------------------|--|--|
| <b>Prohibited Exclusions and Other Coverage Standards</b>  |   |  |                       |                        |  |  |
| <b>Alzheimer's disease</b> – a clinical diagnosis satisfies any requirement for proof of organic disease   | Yes   | <a href="#">TIC Ch. 1354</a>                                       | Yes                   | Yes                    | Yes  | Yes<br>Does not qualify as a "state mandated health benefit" under <a href="#">TIC §1507.003(a)</a> and <a href="#">TIC §1507.053(a)</a> that is eligible to be waived |
| <b>Dental anesthesia in certain individuals</b> – may not exclude coverage for those unable to undergo dental treatment in an office setting or under local anesthesia | No  | <a href="#">TIC §1360.005</a><br><a href="#">28 TAC §11.509(4)</a> | No                    | No                     | Yes  | Yes<br>Does not qualify as a "state mandated health benefit" under <a href="#">TIC §1507.003(a)</a> and <a href="#">TIC §1507.053(a)</a> that is eligible to be waived |

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|---|--|--|-----------------------------|------------------------|--|--|
| <b>HIV, AIDS, OR HIV-Related Illnesses</b> – a plan may not exclude, deny, or cancel coverage                                   | Yes<br>also federal preventive services include HIV prevention treatment | <a href="#">TIC Ch. 1202, Subch. B</a> for individual plans<br><a href="#">TIC Ch. 1364</a> for group plans  | Prohibition on cancellation | Yes                    | Yes  | Yes<br>Does not qualify as a “state mandated health benefit” under <a href="#">TIC §1507.003(a)</a> and <a href="#">TIC §1507.053(a)</a> that is eligible to be waived |
| <b>Telemedicine, Teledentistry, and Telehealth</b> – covered services may not be excluded solely because not provided in-person | No (but state law applies)   | <a href="#">TIC Ch. 1455</a>   | Yes                         | No                     | Yes  | Yes<br>Does not qualify as a “state mandated health benefit” under <a href="#">TIC §1507.003(a)</a> and <a href="#">TIC §1507.053(a)</a> that is eligible to be waived |
| <b>Emergency care</b> – covered in- or out-of-network in an HMO, EPO, or PPO with protections from balance billing              | Yes  | <a href="#">TIC §1271.155</a> for HMO<br><a href="#">TIC §1301.155</a> for PPO and EPO<br><a href="#">TIC §1201.060</a> for non-network plans<br><a href="#">28 TAC §11.508(a)(1)(J)</a> | Yes                         | Yes                    | Yes  | Yes<br>Does not qualify as a “state mandated health benefit” under <a href="#">TIC §1507.003(a)</a> and <a href="#">TIC §1507.053(a)</a> that is eligible to be waived |