

INDIVIDUAL HEALTH MAJOR MEDICAL CHECKLIST

Every effort has been made to ensure the accuracy of the information in this document. All parties should consult the Texas Insurance Code, the Texas Administrative Code, and other applicable laws.

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 Accident, accidental injury - [28 TAC §3.3008](#)

Page Application, simplified - [28 TAC §3.3002\(20\)](#)

Page Complication of pregnancy - [28 TAC §3.3021](#) and [§21.405\(1\)](#)

Page Convalescent nursing home, extended care facility - [28 TAC §3.3007](#)

Page Dental care services - [TIC §1451.201\(1\)](#)

Page Diabetes equipment and supplies - [TIC §1358.051](#), and [28 TAC §21.2605](#) and [§21.2606](#)

Page Emergency care - [TIC §1301.155](#) and [28 TAC §3.3704](#). If the plan is a not a PPO or EPO, refer to [TIC §1201.060](#).

Page Guaranteed renewable - [28 TAC §3.3020](#) and [§3.3038](#)

Page Health services (for home health) - [TIC §1351.001\(1\)](#)

Page Home health agency - [TIC §1351.001\(2\)](#), and [28 TAC §3.3804\(b\)\(15\)](#)

Page Home health services - [TIC §1351.001\(3\)](#), and [28 TAC §3.3804\(b\)\(16\)](#)

Page Limited guarantee of renewability - [28 TAC §3.3020\(b\)\(2\)](#)

MINIMUM STANDARDS - MAJOR MEDICAL EXPENSE

Page Major medical expense coverage provides hospital, medical, and surgical expense coverage - [28 TAC §3.3074](#)

Page Has an aggregate maximum of not less than \$10,000 - [28 TAC §3.3074\(a\)\(1\)](#)

Page Copayment shall not exceed 20 percent in policies with maximum benefits of \$10,000, and 25 percent in all other policies - [28 TAC §3.3074\(a\)\(2\)](#)

Page Deductible based on one or more of: (A) per person, (B) per family, (C) per illness, or (D) per benefit period - [28 TAC §3.3074\(a\)\(3\)](#)

Page If the policy contains a variable deductible provision, it (A) may be no more restrictive than guaranteed renewable as set forth in [28 TAC §3.3020](#), and (B) must have an increase in the maximum amount of benefits of at least \$3 for each \$1 of other medical expense benefits used as part of the deductible - [28 TAC §3.3074\(a\)\(4\)](#)

Page Benefits provided for each covered person must include daily room and board expenses not less than \$50 (on average semi-private room rate) for a period of not less than 31 days during continuous hospital confinement - [28 TAC §3.3074\(a\)\(5\)\(A\)](#)

Page Benefits provided for each covered person include miscellaneous hospital services for an aggregate maximum of not less than \$1500 or 15 times the daily room and board rate if specified in dollar amounts - [28 TAC §3.3074\(a\)\(5\)\(B\)](#)

Page Benefits provided for each covered person include surgical fees to a maximum of not less than \$600 for the most severe operation. If more than one surgical procedure is done in one incision under one anesthetic procedure, the policy may not provide benefits for only one surgical procedure - [28 TAC §3.3074\(a\)\(5\)\(C\)](#)

Page Benefits provided for each covered person include anesthesia services for a maximum of not less than 15 percent of the covered surgical fees, or if schedule is based in relative value scale, not less than the same amount provided therein for anesthesia services - [28 TAC §3.3074\(a\)\(5\)\(D\)](#)

Page Benefits provided for each covered person include doctor visits, in or out of hospital, with minimum dollar amount per visit at not less than \$10 per visit, covering at least one visit per day and for an aggregate maximum of not less than \$600 - [28 TAC §3.3074\(a\)\(5\)\(E\)](#)

Page Benefits provided for each covered person include out-of-hospital diagnostic x-ray and tests for an aggregate maximum of not less than \$600 - [28 TAC §3.3074\(a\)\(5\)\(F\)](#)

Benefits provided for each covered person shall include no fewer than three of the following additional benefits for an aggregate maximum of not less than \$1000 - [28 TAC §3.3074\(a\)\(5\)\(G\)](#):

Page In-hospital private duty registered nurse services - [28 TAC §3.3074\(a\)\(5\)\(G\)\(i\)](#)

Page <input type="text"/>	Convalescent nursing home care - 28 TAC §3.3074(a)(5)(G)(ii)
<input type="text"/>	
Page <input type="text"/>	Diagnosis and treatment by a radiologist or physical therapist - 28 TAC §3.3074(a)(5)(G)(iii)
<input type="text"/>	
Page <input type="text"/>	Rental of special medical equipment - 28 TAC §3.3074(a)(5)(G)(iv)
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Page <input type="text"/>	Artificial limbs or eyes, casts, splints, trusses, or braces - 28 TAC §3.3074(a)(5)(G)(v)
<input type="text"/>	
Page <input type="text"/>	Treatment for functional nervous disorders and mental and emotional disorders - 28 TAC §3.3074(a)(5)(G)(vi)
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Page <input type="text"/>	Out-of-hospital prescription drugs and medications - 28 TAC §3.3074(a)(5)(G)(vii)
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Page <input type="text"/>	If hospital confinement maternity benefits are included, the minimum benefits for each covered pregnancy, prior to application of the copayment percentage, shall be the actual expenses incurred up to an amount that is 10 times the minimum daily hospital room and board benefit - 28 TAC §3.3074(a)(6)
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MANDATED BENEFITS

- Mandates not required to be included in Consumer Choice Health Benefit Plans (CCHBP) are noted with the symbol "‡"
- Mandates not required by state law, but required by federal law are noted as "‡‡"

Page <input type="text"/>	Amino acid-based elemental formulas - TIC Chapter 1377 ‡
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Page	<input type="text"/>	Acquired brain injury (if definitions include must comply with 28 TAC §21.3102) - TIC §§1352.001 - 1352.003 , and 28 TAC §§21.3101 - 21.3107 †
	<input type="text"/>	
Page	<input type="text"/>	Autism spectrum disorder - TIC §1355.015 , and 28 TAC §§21.4401 - 21.4404 ††
	<input type="text"/>	
Page	<input type="text"/>	Cardiovascular disease, certain tests - TIC Chapter 1376
	<input type="text"/>	
Page	<input type="text"/>	Clinical trials, routine care for participants - TIC §§1379.051 - 1379.056 †
	<input type="text"/>	
Page	<input type="text"/>	Colorectal cancer testing - TIC §1363.003 , and 28 TAC §21.2106(b)(6)
	<input type="text"/>	
Page	<input type="text"/>	Complications of pregnancy - same as any other illness - 28 TAC §21.405
	<input type="text"/>	
Page	<input type="text"/>	Newborn screening test - includes the cost of administration and the cost of the newborn screening test kit as required by TIC §1367.003
	<input type="text"/>	
Page	<input type="text"/>	Developmental delays - offer of certain therapies for children with developmental delays - TIC §1367.205 †
	<input type="text"/>	
Page	<input type="text"/>	Diabetes - TIC Chapter 1358
	<input type="text"/>	
Page	<input type="text"/>	Diabetes care guidelines - TIC §§1358.001 - 1358.005 , and 28 TAC §§21.2601 - 21.2606 †
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Page <input type="text"/>	Hearing screening for children - TIC §1367.103
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Page <input type="text"/>	Hearing aid or cochlear implant and related services and supplies, for children that are 18 years of age or younger - TIC §§1367.251 -1367.253
<input type="text"/>	
Page <input type="text"/>	Childhood immunizations - TIC §1367.053
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Page <input type="text"/>	Mammography benefits - both annual screening for women age 35 and older and diagnostic mammograms for women of any age must be covered, including 2D and 3D (breast tomosynthesis). Coverage for a diagnostic mammogram must be no less favorable than coverage for screening - TIC Chapter 1356
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Page <input type="text"/>	Minimum stay after mastectomy or lymph node dissection - TIC §1357.054 and §1357.055 †
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Page <input type="text"/>	Required notices for mastectomy or lymph node dissection - TIC §1357.056 , and 28 TAC §21.2103
<input type="text"/>	
Page <input type="text"/>	Reconstructive surgery after mastectomy - TIC §1357.004 ††
<input type="text"/>	
Page <input type="text"/>	Maternity - minimum stay after birth of child - TIC §1366.055 ††
<input type="text"/>	
Page <input type="text"/>	Required notice for maternity benefits - TIC §1366.058 , and 28 TAC §21.2103
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Page <input type="text"/>	Mental/nervous disorders with demonstrable organic disease as referenced in Exhibit A - 28 TAC §3.3057(c) †
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Page Parity for mental health conditions and substance use disorders - Any coverage must be in parity with and subject to the same terms and conditions applicable to coverage for medical and surgical benefits - [TIC §§1355.251 - 1355.257](#)

Page Oral contraceptives - [28 TAC §21.404\(3\)](#) ‡

Page Orally administered anticancer medication - [TIC §1369.204](#) ‡

Page Annual diagnostic medical examinations and tests for each woman 18 years of age or older for the early detection of ovarian cancer and cervical cancer that complies with the minimum screening test coverage requirements under [TIC §1370.003\(b\)](#)

Page Prescription contraceptive drugs, devices, services - [TIC §§1369.101 -1369.109](#), and [28 TAC §21.404\(3\)](#) ‡

Page Prescription drug formulary continuation and modification only at renewal - [TIC §1369.0541](#), [§1369.055](#) and [28 TAC §21.3022](#)

Page Prescription drug formulary - requirements for formulary information on internet website, formulary disclosure, and formulary information provided by toll-free telephone number - [TIC §§1369.054](#), and [§§1369.076 - 1369.080](#), [28 TAC §21.3030 - 21.3033](#) ‡

Page Prostate testing - [TIC §1362.003](#)

Page Prosthetic and orthotic devices and related services - [TIC Chapter 1371](#)

Page Required notice for prostate testing - [TIC §1362.004](#), and [28 TAC §21.2103](#)

Page Reconstructive surgery for craniofacial abnormalities - [TIC §1367.153](#)

MANDATED COVERAGE

Page Prescription drug accelerated refills for eye drops - [TIC §1369.0041\(b\)](#)

Page Prescription drug cost sharing - lesser of copayment, allowed amount, or cash price - [TIC §1369.0041\(a\)](#)

Page Prescription drug synchronization - process for medication synchronization and prorated cost sharing - [TIC §1369.454](#) and [§1369.456](#)

Page Telehealth services and telemedicine medical services - [TIC §§1455.001 - 1455.006](#) and defined by [§111.001](#) of the Occupation Code:

- Must cover telemedicine or telehealth services provided by a preferred or contracted provider on the same basis and to the same extent that the plan covers the service in an in-person setting - [TIC §1455.004\(a\)\(1\)](#)
- May not exclude benefits solely because the covered health care service or procedure is not provided through an in-person consultation - [TIC §1455.004\(a\)\(2\)\(A\)](#)
- May not limit, deny, or reduce coverage for a telemedicine or telehealth service based on the platform used - [TIC §1455.004\(a\)\(2\)\(B\)](#)
- Deductible, copayment, or coinsurance must be the same as if services were provided through an in-person consultation; a separate deductible or annual or lifetime maximum may not apply to telemedicine or telehealth coverage. [TIC §1455.004\(b\), \(b-1\), and \(d\)](#)

Page <input type="text"/>	Continuation of coverage upon change in marital status - 28 TAC §21.407
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Page <input type="text"/>	Continuation for spouse if insured dies, reaches age limit or other occurrence - 28 TAC §3.3052(c)
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Page <input type="text"/>	HIV, AIDS or HIV-related illnesses - TIC §1202.052
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Page <input type="text"/>	Podiatrist certification - TIC §1451.351
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Page <input type="text"/>	Dietitian - TIC §1451.302
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Page <input type="text"/>	Prescription drugs, if covered, must cover prescriptions for chronic, disabling, or life-threatening illness - TIC §1369.004 ‡
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Page <input type="text"/>	Dental care benefits, if included - TIC §§1451.201 -1451.207
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Page <input type="text"/>	Convalescent care, if included, cannot be conditioned upon admission within less than 14 days after discharge from hospital - 28 TAC §3.3040(f)
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Page <input type="text"/>	Accidental death and dismemberment, if offered, must contain option to include all eligible insureds - 28 TAC §3.3040(g)
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Page <input type="text"/>	Transplant benefit, if included, shall provide reimbursement of medical expenses of live donor to the extent benefits remain after recipient's expenses have been paid - 28 TAC §3.3040(h)
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Page Alzheimer's disease benefit, if included - [TIC §1354.001](#) and [§1354.002](#)

PROHIBITED EXCLUSIONS AND LIMITATIONS

Page Parity for mental health and substance use disorder benefits (MH/SUD) - Quantitative and nonquantitative treatment limits, including visit limits, cost sharing, and other financial requirements (including methodology used to calculate reimbursements) must be no more restrictive for MH/SUD than for medical or surgical benefits - [TIC §1355.254](#)

Page Cannot prohibit or restrict assignment of benefits - [TIC §1204.053](#)

Page Cannot exclude or limit payment of benefits covered by Medicaid - [TIC §1204.201](#)

Page Waiting periods may not be applied to any loss resulting from accidental injuries as defined in the policy - [28 TAC §3.3055\(1\)](#)

Page Cannot exclude expenses of non-indigent patient in a government facility if charges are customarily charged (non-indigent patients) and collected by that facility - [TIC §1204.002](#)

Page Cannot require services by particular hospital or person - [28 TAC §3.3704](#)

Page Cannot limit or exclude benefits for services by a provider acting within the scope of licensure - [TIC §1451.104](#)

Page Cannot reduce benefits more than 50 percent for failure to pre-authorize, or flat fee penalty cannot exceed \$500 - [TIC §1201.002](#) and [§1701.055](#)

Page Policies with mental illness coverage cannot exclude benefits for services provided by a tax-supported institution of Texas - [TIC §1355.202](#)

Page Cannot exclude services of a licensed dietitian if policy provides those benefits (may require physician recommendation) - [TIC §1451.302](#)

Page Cannot refuse to enroll a person solely because the person is enrolled in another health benefit plan at time of application - [TIC §1206.003](#)

Page A probationary or waiting period shall not exceed 30 days for sickness except: (1) for pregnancy, childbirth, miscarriage or complications of pregnancy, no more than 30 days from inception; and (2) six months for losses from hernia, disorder of reproductive organs, varicose veins, hemorrhoids, appendix, tonsils, adenoids and gall bladder - [28 TAC §3.3055\(1\)](#)

Page If policy provides orthodontic benefits, cannot exclude for overbite, overjet, openbite, or arch length discrepancies measuring less than 4 millimeters or any other arbitrary unit of measurement or qualifications - [28 TAC §3.3601](#)

Page Cannot exclude oral contraceptives if all other prescription drugs are covered - [28 TAC §21.404\(3\)](#)

Page Step therapy - exception - drugs for stage-four metastatic cancer are not subject to step-therapy or fail first attempts if approved by the United States Food and Drug Administration - [TIC §1369.213](#), as added by HB1584

Page Cannot treat complications of pregnancy differently than any other sickness - [28 TAC §21.405\(1\)](#) and [§3.3021](#)

Page Cannot apply waiting periods to maternity benefits so as to exclude coverage for premature births - [28 TAC §21.405\(3\)](#)

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Page Cannot deny maternity benefits in an individual policy when comparable family policies provide those benefits - [28 TAC §21.404\(6\)](#)

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Page Unfair discrimination - may not refuse to enroll or renew due to exposure to asbestos or silica - [TIC §544.453](#)

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CERTIFICATION OF CREDITABLE COVERAGE

Page Reduction for prior creditable coverage - [TIC §1201.154](#), and [28 TAC §3.3018\(b\)](#)

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Page Certification and disclosure of coverage under health benefit plan - [TIC Chapter 1205](#)

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Page Definitions - [28 TAC §21.1101](#)

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Page Certification of coverage - [28 TAC §21.1102](#)

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Page Timing of issuance of a written certificate of creditable coverage to an individual - [28 TAC §21.1103](#)

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Page Form and content of written certificate of creditable coverage - [28 TAC §21.1104](#)

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Page Delivery of certificate of creditable coverage - [28 TAC §21.1105](#)

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Page Dependent coverage - [28 TAC §21.1106](#)

Page Creditable coverage established through means other than written certificate - [28 TAC §21.1107](#)

Page Notification of creditable coverage and pre-existing condition exclusion - [28 TAC §21.1108](#)

Page Severability - [28 TAC §21.1109](#)

Page Certificate of creditable coverage form - [28 TAC §21.1110](#)

TERMINATION OF INSURANCE

Page A guaranteed renewable policy may be discontinued or non-renewed for (1) failure to pay premium or (2) fraud or intentional misrepresentation and other specific reasons listed in rule - [28 TAC §3.3038\(c\)](#)

Page Discontinuance or non-renewal for Insurance Code Chapter 20 companies (now [Insurance Code Chapter 842](#)) - [28 TAC §3.3038\(c\)\(4\)](#)

Page Insurer may discontinue offering an individual plan if certain listed conditions are met - [28 TAC §3.3038\(d\)](#)

Page Insurer may refuse to renew all individual plans in this state if certain listed conditions are met - [28 TAC §3.3038\(e\)](#)

MISCELLANEOUS PROVISIONS

- Page Pharmacy benefit cards - [TIC §§1369.151 - 1369.154](#)
- Page Notice of premium increase at renewal or nonrenewable based on an attained age- [TIC §1210.001](#)

PROHIBITED POLICY PROVISIONS

- Page Benefits may not be restricted, modified or excluded based on sex or marital status of the insured - [28 TAC §21.405\(6\) and \(7\)](#)
- Page Prohibited practices regarding AIDS, HIV, or sexual orientation - [28 TAC §21.704](#)
- Page AIDS exclusion prohibited - [TIC §1202.052](#)
- Page Certain riders or endorsements added after date of issue require signed acceptance by policyholder - [28 TAC §3.3040\(b\)](#)
- Page Policies with hospital confinement indemnity coverage may not exclude federal government hospitals - [28 TAC §3.3040\(d\)](#)
- Page Discrimination against optometrist or ophthalmologist - [TIC §1451.153](#) ‡
- Page Refusal to reimburse solely on services provided by a pharmacist, acting in the scope of his/her license, is prohibited - [TIC §1451.001\(13-a\)](#), [§1451.1261\(d\)](#), and [§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 §1301.0516](#)

Page If convalescent or extended care benefits following hospitalization are provided, the policy may not condition benefits upon admission to facility within a period of less than 14 days after discharge from hospital - [28 TAC §3.3040\(f\)](#)

Page If accidental death and dismemberment coverage is offered in the contract, insured has the option to include all eligible insureds - [28 TAC §3.3040\(g\)](#)

Page If policy provides benefits for transplant recipient, must also provide benefits to live donor to the extent that benefits remain after recipient's expenses have been met - [28 TAC §3.3040\(h\)](#)

Page Commissioner has authority to disapprove policy provisions deemed unjust, unreasonable, or unfairly discriminatory - [28 TAC §3.3040\(i\)](#)

Page Victims of family violence - [TIC §§544.151 - 544.158](#)

Page Unauthorized use of Federal Drug Enforcement Administration numbers - [Health and Safety Code §481.003](#)

Page Use of genetic information - [TIC §§546.051- 546.053](#)

Page Restrictions on payment and reimbursement - [TIC §1301.056](#)

Page For child subject to medical support order, higher premiums for residing outside the service area are prohibited - [28 TAC §21.2004\(e\)](#)

Page May not consider a determination that the applicant has or has not previously been denied health benefit plan coverage in underwriting the coverage for which the applicant has applied - [TIC §544.502](#)

SHORT-TERM LIMITED DURATION PLANS

- Page - Definition of short-term limited duration insurance - [TIC §1509.001](#) and [26 CFR §54.9801-2](#): health insurance coverage that:
- has an expiration date specified in the contract that is less than 12 months after the original effective date of the contract and, taking into account renewals or extensions, has a duration of no longer than 36 months in total; and displays prominently in the contract and in any application materials provided in connection with enrollment in such coverage in at least 14 point type the language in the following Notice, with any additional information required by applicable state law:
 - o This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.

Page Health carrier disclosure - [TIC §1507.006](#) and [28 TAC §21.3530](#)

Page Disclosure form - A disclosure form in at least 14-point type must be provided with any short-term limited-duration policy or application - [TIC §1509.002](#)

Page Renewability - guaranteed renewability provisions do not apply, but any right to renew coverage must be clearly disclosed - [28 TAC §3.3050](#)

INDIVIDUAL DENTAL AND VISION REQUIREMENTS

If applicable, policy must:

- Page Disclose that benefit offered is limited to least costly treatment - [TIC §1451.205](#)
- Page Specify in dollars and cents the payment amount for services, or explain standard on which payment of benefits is based - [TIC §1451.205](#)
- Page Accessible website for dentist and patient - Include information on type of dental services covered, reimbursement percentage of allowed charges, and, for contracting dentist, an estimate of the amount of the payment or reimbursement - [TIC §1451.205 \(b\) and \(c\)](#) and [§1451.206\(a\)\(2\)](#)

PAYMENTS

- Page No difference permitted in payments to contracting and non-contracting dentists - [TIC §1451.206\(a\)\(1\)\(A\)](#)
- Page Insured may assign right to payment to dentist; if assigned, payment is made directly to dentist, and payor's obligation discharged - [TIC §1451.206\(a\)\(1\)\(B\)](#) and [§1451.206\(c\)](#)
- Page Plan must provide 100 percent of contracted amount reimbursement method with no fee to access the payment or reimbursement. Disclose on the website and on request, any fees associated with the methods of payment or reimbursement available under the plan or policy - [TIC §1451.206\(a\)\(1\)\(C\)](#) and [§1451.206\(a\)\(2\)](#)
- Page Payment need not be greater than amount specified in plan or dentist's fee for services provided - [TIC §1451.206\(b\)](#)

PRIOR AUTHORIZATION OF DENTAL CARE SERVICES

Page Prior authorization defined - [TIC §1451.208\(a\)](#)

Page Prior authorization does not include a predetermination - [TIC §1451.208\(a\)\(2\)](#)

Page If plan or policy requires prior authorization, the prior authorization must include a specific benefit payment or reimbursement amount - [TIC §1451.208\(b\)](#)

Page If plan or policy requires prior authorization, except for as provided in [TIC 1451.208\(c\)](#), the plan or policy may not reimburse the dentist an amount that is less than the amount stated in the prior authorization - [TIC §1451.208\(b\)](#)

Page Preauthorization Renewal - before the expiration of an existing preauthorization, if the health benefit plan receives a request to renew, it must review the request and issue a determination - [TIC §§1222.0003- 1222.0004](#) and [§1301.001](#) (definition of preauthorization)

Page Web-based access to preauthorization requirements - information about preauthorization must publicly be accessible on the plan's website - [TIC §1301.1351](#)

PROHIBITED PRACTICES

Page Health plan or policy cannot interfere or prevent an individual from choosing a dentist- [TIC §1451.207\(a\)\(1\)](#) and [28 TAC §21.3603](#)

Page Health plan or policy must not deny a dentist the right to participate as a contracting provider- [TIC §1451.207\(a\)\(2\)](#)

Page Health plan or policy cannot authorize a person to regulate, interfere with or intervene in provision of dental care services provided by licensed dentist - [TIC §1451.207\(a\)\(3\)](#)

Page Health plan or policy cannot require a dentist to make or obtain a dental x-ray or other diagnostic aid in providing dental care services - [TIC §1451.207\(a\)\(4\)](#)

Page Health plan or policy cannot deduct the amount of an overpayment of a claim from a payment or reimbursement for dental services provided by dentist who did not receive the overpayment - [TIC §1451.207\(a\)\(5\)](#)

Page A health insurance policy may not provide a different level of payment of benefits or reimbursement, including deductibles, maximums or other cost-sharing provisions, for covered dental care services based on whether the services are provided by a contracting or non-contracting dentist - [TIC §1451.206](#) and [28 TAC §21.3604](#)

Page Preferred provider benefits are not permitted in a dental plan - [TIC §1301.002](#) and [28 TAC §3.3701](#)

VISION REQUIREMENTS

Only applies to a managed care plan that provides or arranges for benefits for vision or medical eye care services or procedures.

BENEFITS PROVIDED

Page It must cover services by an optometrist, therapeutic optometrist, and an ophthalmologist - [TIC §§1451.151 - 1451.153](#)

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.

Page Adverse determination means and includes: - services provided or proposed that are determined not medically necessary or experimental and investigational - [TIC §4201.002\(1\)](#), and [28 TAC §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 §1369.056](#)
 - If prescription drugs are covered, the denial of a step-therapy protocol exception request - [TIC §1369.0546](#)

Page Notice of determination - [TIC §§4201.301 - 4201.304](#), and [28 TAC §19.1703\(b\)\(1\)](#) and [§19.1709](#)

Page An adverse determination must include a description of the enrollee's right to an immediate review by an Independent Review Organization (IRO), and of the procedures to obtain that review, for life threatening conditions and for a denial of prescription drugs or intravenous infusions - [TIC §4201.303\(b\) and \(c\)](#)

Page Appeal of adverse determination - [TIC §§4201.351 - 4201.360](#), and [28 TAC §19.1703\(b\)\(2\)](#) and [§19.1711](#)

Additional Comments or Objections: