

## **Individual Health Limited Benefit Checklist**

## Use this checklist:

- When reviewing individual health limited benefit insurance policies or products.
- 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.
- A policy reviewed against this checklist must also satisfy the "<u>Individual Health Product Requirements</u>" checklist.
- To enter the page number or reference location in the "Page" field.

## **Minimum Standards**

Page \_\_\_\_\_: Provides coverage as set forth in:

- Minimum Standards for Basic Hospital Expense Coverage <u>28 TAC Section 3.3071</u>;
- Minimum Standards for Basic Medical-Surgical Expense Coverage 28 TAC Section 3.3072; or
- Minimum Standards for Disability Income Protection Coverage <u>28 TAC Section 3.3075</u> but the types or amounts of benefits, are less than prescribed in at least two benefit areas(not including the deductible - <u>28 TAC Section 3.3079</u>

Page \_\_\_\_\_: Notice requirements - <u>28 TAC Section 3.3079(a)</u> and <u>Section 3.3091</u>

## **Mandated Benefits**

Page	: Amino acid-based elemental formulas - <u>TIC Chapter 1377</u>
•	: Acquired brain injury (forms must include definitions referenced in <u>28 TAC Section Section 1352.003</u> , and <u>28 TAC Sections 21.3101 - 21.3107</u>
Page	: Cardiovascular disease, certain tests - <u>TIC Chapter 1376</u>
Page	: Clinical trials, routine care for participants – <u>TIC Sections 1379.051 - 1379.056</u>
Page	: Colorectal cancer testing – TIC Section 1363.003, and 28 TAC Section 21.2106(b)(6)
Page	: Complications of pregnancy - same as any other illness - 28 TAC Section 21.405
J	_ : Developmental delays - offer of certain therapies for children with al delays – <u>TIC Section 1367.205</u>
Page	: Diabetes – <u>TIC Sections 1358.001 - 1358.005</u> , and <u>28 TAC Sections 21.2601 - 21.2606</u>

Section 21.2605 and Section 21.2606
Page: Hearing screening for children – <u>TIC Section 1367.103</u>
Page: Childhood immunizations – <u>TIC Section 1367.053</u>
Page: Mammography – <u>TIC Section 1356.005</u>
Page: Minimum stay after mastectomy or lymph node dissection – <u>TIC Section 1357.054</u> and <u>1357.055</u>
Page: Required notices for mastectomy or lymph node dissection – <u>TIC Section 1357.056</u> , and <u>28 TAC Section 21.2103</u>
Page: Reconstructive surgery after mastectomy – <u>TIC Section 1357.004</u>
Page: Maternity - minimum stay after birth of child – <u>TIC Section 1366.055</u>
Page: Required notice for maternity benefits – <u>TIC Section 1366.058</u> , and <u>28 TAC Section 21.2103</u>
Page: Mental/nervous disorders with demonstrable organic disease as referenced in <u>Exhibit A</u> - <u>28 TAC Section 3.3057(c)</u>
Page: Oral contraceptives - <u>28 TAC Section 21.404</u>
Page: Orally administered anticancer medications – <u>TIC Section 1369.204</u>
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 <u>TIC Section 1370.003(b)</u> . <u>TIC Chapter 1370</u> applies only if the specified disease or limited benefit plan provides benefits for cancer treatment or other similar treatment – <u>TIC Section 1370.002(a)((1)(A)</u>
Page: Prescription contraceptive drugs, devices, services – <u>TIC Sections 1369.101</u> - <u>1369.109</u> , and <u>28 TAC Section 21.404(3)</u>
Page: Prescription drug formulary disclosure – <u>TIC Section 1369.054</u>
Page: Prescription drug formulary continuation – <u>TIC Section 1369.055</u>
Page: Prescription drug formulary - Provider Directories and Member Handbooks: requirements forformulary information on internet website, formulary disclosure, and formulary information provided by toll-free telephone number – <u>TIC Section 1369.0542 - 1369.0544</u>

**Note** - LHL reviews directories and handbooks only if member language is included; otherwise reviewed by MCQA. Refer to <u>TIC Section 1301.158</u> Information Concerning Preferred Providers

	for member handbook requirements. Refer to <u>28 TAC Section 3.3705(b)</u> if the handbook des the PPO/EPO disclosures specified in <u>Section 3.3705(b)</u> .
Page <u>1369.</u>	: Prescription drug - modification of drug coverage under plan – <u>TIC Section</u> 0541
issuer presc	: Prescription drug coverage for autoimmune diseases and blood disorders - An may not require an enrollee to receive more than one prior authorization annually for ription drugs prescribed to treat an autoimmune disease, hemophilia, or Von Willebrand se. TIC Section 1369.654
Page	: Prostate testing – <u>TIC Section 1362.003</u>
Page <u>21.21</u>	: Prostate testing, notice requirements – <u>TIC Section 1362.004</u> , and <u>28 TAC Section</u> 03
Page	: Prosthetic and orthotic devices and related services - TIC Chapter 1371
Page	: Reconstructive surgery for craniofacial abnormalities – TIC Section 1367.153
_	: Telehealth and telemedicine medical services – <u>TIC Sections 1455.001 – 1455.006</u> as ed by <u>Section 111.001</u> 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 coversthe service in an inperson setting - <u>TIC Section 1455.004(a)(1)</u>
•	May not exclude benefits solely because the covered service or procedure is not provided through an in-person consultation - <u>TIC Section 1455.004(a)(2)(A)</u>
•	May not limit, deny, or reduce coverage for a telemedicine or telehealth, service based on the platform used - <u>TIC Section 1455.004(a)(2)(B)</u>
•	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. <u>TIC Section 1455.004(b), (b-1), and (d)</u>
Manda	ted Coverage
Page	: Continuation of coverage upon change in marital status - 28 TAC Section 21.407
_	: Continuation for spouse if insured dies, reaches age limit, or other occurrence <u>AC Section 3.3052(c)</u>
Page	: HIV, AIDS, or HIV-related illnesses – <u>TIC Section 1202.052</u>
Page	: Podiatrist certification – <u>TIC Section 1451.351</u>

Page	_: Dietitian – <u>IIC Section 1451.302</u>
•	: Prescription drugs, if covered, must cover prescriptions for chronic, life-threateningillness – <u>TIC Section 1369.004</u>
Page	: Dental care benefits, if included – <u>TIC Sections 1451.201 - 1451.207</u>
_	: Convalescent care, if included, cannot be conditioned upon admission within less after discharge from hospital - <u>28 TAC Section 3.3040(f)</u>
_	_: Accidental death and dismemberment, if offered, must contain option to include aleds - 28 TAC Section 3.3040(g)
_	_: Transplant benefit, if included, shall provide reimbursement of medical expenses of the extent benefits remain after recipient's expenses have been paid on 3.3040(h)
Page	: Alzheimer's disease benefit, if included – <u>TIC Sections 1354.001</u> and <u>1354.002</u>
Prohibited Ex	clusions and Limitations
Page	: Cannot prohibit or restrict assignment of benefits – <u>TIC Section 1204.053</u>
Page 1204.201	_: Cannot exclude or limit payment of benefits covered by Medicaid – <u>TIC Section</u>
_	_: Waiting periods may not be applied to any loss resulting from accidental injuries as policy - <u>28 TAC Section 3.3055(1)</u>
_	_: Cannot exclude expenses of non-indigent patient in a government facility if customarily charged (non-indigent patients) and collected by that facility – <u>TIC Section</u>
benefit provis	: Exceptions, exclusions, and reductions must be clearly expressed as a part of the sion or set forth as a separate provision and appropriately captioned – <u>TIC Section</u> d <u>28 TAC Section 3.3057(c)</u> and <u>Exhibit A.</u>
Page	_ : Cannot prohibit or limit assignment to physician or other provider – 204.053
_	: Cannot limit or exclude benefits for services by a provider acting within the scope TIC Section 1451.104
_	_ : Cannot reduce benefits more than 50 percent for failure to pre-authorize, or flat fee ot exceed \$500 – TIC Sections 1701.055 and 1201.002

	Page: Prohibition on forced organ harvesting - An issuer may not cover a transplant or post-transplant care if the transplant was performed in China, or another country known to have participated 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 extends to coverage for post-transplant care. <a href="IIC Section 1380.003">IIC Section 1380.003</a>
	Page: Policies with mental illness coverage cannot exclude benefits for services provided by a tax-supported institution of Texas – <u>TIC Section 1355.202</u>
	Page: Cannot exclude services of a licensed dietitian if policy provides those benefits (may require physician recommendation) – <u>TIC Section 1451.302</u>
	Page: Cannot refuse to enroll a person solely because the person is enrolled in another health benefit plan at time of application – <u>TIC Section 1206.003</u>
	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 Section 3.3055(1)
	Page: If policy provides orthodontic benefits, cannot exclude for overbite, overjet, open bite, or arch length discrepancies measuring less than 4 millimeters or any other arbitrary unit of measurement or qualifications - 28 TAC Section 3.3601
	Page: Cannot exclude oral contraceptives if all other prescription drugs are covered – 28 TAC Section 21.404(3)
	Page: Cannot treat complications of pregnancy differently than any other sickness – <u>28 TAC Section 21.405(1)</u> and <u>Section §3.3021</u>
	Page: Cannot apply waiting periods to maternity benefits so as to exclude coverage for premature births - 28 TAC Section 21.405(3)
	Page: Cannot deny maternity benefits in an individual policy when comparable family policies provide those benefits - 28 TAC Section 21.404(6)
	Page: Unfair Discrimination - may not refuse to enroll or renew due to exposure to asbestos or silica – <u>TIC Section 544.453</u>
Ce	ertification of Creditable Coverage
	Page: Reduction for prior creditable coverage – <u>TIC Section 1201.154</u> , and <u>28 TAC Section 3.3018(b)</u>
	Page: Certification and disclosure of coverage under health benefit plan - <u>TIC Chapter</u> 1205

Page	: Definitions - 28 TAC Section 21.1101
Page	: Certification of coverage - 28 TAC Section 21.1102
_	: Timing of issuance of a written certificate of creditable coverage to an 28 TAC Section 21.1103
Page 21.1104	: Form and content of written certificate of creditable coverage - 28 TAC Section
Page	: Delivery of certificate of creditable coverage - 28 TAC Section 21.1105
Page	: Dependent coverage - 28 TAC Section 21.1106
_	: Creditable coverage established through means other than written  8 TAC Section 21.1107
Page	: Notification of creditable coverage and pre-existing condition exclusion - on 21.1108
Page	: Severability - 28 TAC Section 21.1109
Page	: Certificate of creditable coverage form - 28 TAC Section 21.1110
Termination of	of Insurance
to pay premit	: A guaranteed renewable policy may be discontinued or non-renewed for (1) failure um or (2) fraud or intentional misrepresentation and other specific reasons listed in Section 3.3038(c)
_	: Discontinuance or non-renewal for Insurance Code Chapter 20 companies ce Code Chapter 842) - 28 TAC Section 3.3038(c)(4)
_	: Insurer may discontinue offering an individual plan if certain listed conditions are Section 3.3038(d)
•	: Insurer may refuse to renew all individual plans in this state if certain listed e met - 28 TAC Section 3.3038(e)
_	: Cannot cancel policy because covered person has been diagnosed as having, has for, or is being treated for HIV or AIDS – <u>TIC Section 1202.052</u>
Miscellaneous	s Provisions
Page	: Illegal pricing practices - <u>TIC Chapter 552</u>
<b>Prohibited Po</b>	licy Provisions
Page	: Benefits may not be restricted, modified, or excluded based on sex or marital status

of the insured - 28 TAC Section 21.405(6)(7)
Page: Prohibited practices regarding AIDS, HIV, or sexual orientation – <u>28 TAC Section</u> <u>21.704</u>
Page: AIDS exclusion prohibited – <u>TIC Section 1202.052</u>
Page : Certain riders or endorsements added after date of issue require signed acceptance by policyholder - $\underline{28\ TAC\ Section\ 3.3040(b)}$
Page: Policies with hospital confinement indemnity coverage may not exclude federal government hospitals - <u>28 TAC Section 3.3040(d)</u>
Page: Discrimination against optometrist or ophthalmologist – TIC Section 1451.153
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 Section 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 Section 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 Section 3.3040(h)
Page: Commissioner has authority to disapprove policy provisions deemed unjust, unreasonable, or unfairly discriminatory - <u>28 TAC Section 3.3040(i)</u>
Page: Victims of family violence – <u>TIC Section 544.151 - 544.158</u>
Page: Unauthorized use of Federal Drug Enforcement Administration numbers - Health and Safety Code Section 481.003
Page: Use of genetic information – <u>TIC Section 546.051- 546.053</u>
Page: Restrictions on payment and reimbursement – <u>TIC Section 1301.056</u>
Page: For child subject to medical support order, higher premiums for residing outside the service area are prohibited - <u>28 TAC Section 21.2004(e)</u>
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 – <u>TIC Section 544.502</u>