

MANDATED HEALTH BENEFITS AS OF SEPTEMBER 1, 2017

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 are the sole sources used to govern and control all dealings with the department; this chart should not be considered to provide legal guidance, and is intended only as an educational resource.

The chart below shows the benefits that must be included in fully insured major medical plans in Texas. These requirements 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 department.

Some plans, referred to as Consumer Choice Plans (CCPs), are exempt from certain state mandates as described under [TIC Ch. 1507](#), and subject to [28 TAC Ch. 21, Sub Ch. AA](#). Where state law generally allows a CCP to exclude coverage, the mandate includes the following symbol: €. However, where federal law applies the requirement, the CCP column will note that CCPs must cover the mandate in one or more market. 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 illustrates which mandated benefits are considered EHB under federal law and required to be included in plans issued to individuals or small employer groups. Federal law also applies individual plan requirements to association plans that are issued to individuals. This chart does not contain all federal requirements. [Read more about the federal EHB requirements](#). If your health plan has been the same since before March 23, 2010, when Congress passed the Affordable Care Act (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](#). If you have specific questions about the federal requirements, you should contact the federal [Health and Human Services Commission](#) or the [Department of Labor](#).

Mandated Benefits	State Sources	Federal EHB: Individual & Small Group	State law: Individual	State law: Small Group	State law: Large Employer, Association Plans	State law: Consumer Choice Plans
HMO-Specific Mandates						
HMO Basic Health Care Services - without limit on time or cost	TIC Ch. 1271 Subch. D 28 TAC §11.508(d)	Yes	HMO only	HMO only - as applicable	HMO only	CCPs must cover but may impose time and cost limits
Rehabilitation Therapies – constraints on coverage limits - without limit if meets treatment goals	TIC §1271.156	Yes	HMO only	HMO only	HMO only	CCPs must cover but may impose time and cost limits
HMO Cost Sharing Restrictions: ☒ - copays may not exceed 50% of cost of service - copays may not exceed 200% of annual premium - no deductible may apply	28 TAC §11.506(b)(2)	NA	HMO only	HMO only	HMO only	No; CCPs may impose deductibles and higher copayment amounts
All Other Mandates						
Home Health ☒	TIC Ch. 1351 for insurance 28 TAC §11.508(a)(1)(G) for HMO	Yes	No (Required for HMO)	Offer (Required for HMO)	Offer (Required for HMO)	Yes – individual and small group (federal law); No – large group; (HMO must cover, but may apply limits)
Acquired Brain Injury ☒	TIC Ch. 1352 28 TAC Ch. 21, Subch. W	Yes	Yes	Yes	Yes	Yes – individual and small group (federal law); No – large group
Autism Spectrum Disorder ☒	TIC §1355.015 28 TAC Ch. 21, Subch. JJ	Yes	No	Yes	Yes	Yes – small group (federal law); No – large group

Mandated Benefits	State Sources	Federal EHB: Individual & Small Group	State law: Individual	State law: Small Group	State law: Large Employer, Association Plans	State law: Consumer Choice Plans
Serious Mental Illness, Crisis Stabilization Unit, Residential Treatment Center for Children and Adolescents, and Psychiatric Day Treatment Facilities; Parity; Offer – Inpatient Treatment of Mental or Emotional Illness or Disorder; ☒ and Chemical Dependency ☒	TIC Ch. 1355 TIC Ch. 1355, Subch. F 28 TAC Ch. 21, Subch. P TIC §1355.106 TIC Ch. 1368 28 TAC Ch. 3, Subch. HH	Yes See also 42 USC §300gg-26 and 45 CFR §146.136	<u>SMI:</u> No <u>Parity:</u> Yes <u>Offer:</u> No <u>Chem. Dep.:</u> No	<u>SMI:</u> Offer <u>Parity:</u> Yes <u>Offer:</u> No <u>Chem. Dep.:</u> Yes	<u>SMI:</u> Yes; <u>Parity:</u> Yes <u>Offer:</u> No <u>Chem. Dep.:</u> Yes	<u>SMI:</u> Yes TIC §§1507.003(b)(7) and §1507.053(b)(6) <u>Parity:</u> Yes <u>Offer:</u> No <u>Chem. Dep.:</u> Yes – small group (federal law); No – large group
Reconstructive Surgery Following Mastectomy; and Minimum Stay for Mastectomy or Lymph Node Dissection ☒	TIC Ch. 1357 28 TAC §11.508(b)(1) 42 USC §300gg-52	<u>Surgery:</u> Yes <u>Minimum stay:</u> Yes	<u>Surgery:</u> Yes <u>Minimum stay:</u> Yes	<u>Surgery:</u> Yes <u>Minimum stay:</u> No	<u>Surgery:</u> Yes <u>Minimum stay:</u> Yes	<u>Surgery:</u> Yes – federal law, Women’s Health and Cancer Rights Act of 1998; <u>Minimum stay:</u> Yes – individual (federal law); No – large group
Diabetes – Minimum Coverage and Supplies and Services	TIC Ch. 1358 Subchapter A and Subchapter B 28 TAC Ch. 21, Subch. R 28 TAC §11.508(b)(3)	Yes	Yes	No	Yes	<u>Subchapter A:</u> No <u>Subchapter B and rules:</u> Yes TIC §1507.003(b)(6) 28 TAC §11.508(b)(3)
Formulas for Phenylketonuria (PKU) or other Heritable Diseases	TIC Ch. 1359 28 TAC §11.509(6)	Yes	No	Yes	Yes	Yes TIC §1507.003(b)(10) 28 TAC §11.509(6)

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Temporomandibular Joint (TMJ) ☹	TIC Ch. 1360	Yes	No	No	Yes	No
In Vitro Fertilization ☹	TIC Ch. 1366, Subch. A	No	No	Offer	Offer	No
Maternity Minimum Stay – if Maternity is Covered Complications of Pregnancy Covered as any other Illness	TIC Ch. 1366, Subch. B 28 TAC §11.508(b)(2) 42 USC §300gg-51 28 TAC §21.405 42 USC §2000e(k)	Yes	Yes	Yes	Yes	Yes federal law: Newborns’ and Mothers’ Health Protection Act of 1996; and Pregnancy Discrimination Act of 1978
Reconstructive Surgery for Craniofacial Abnormalities	TIC Ch. 1367, Subch. D	Yes	Yes	No	Yes	Yes TIC §1507.003(b)(9) 28 TAC §11.509(5)
Hearing Aids and Cochlear Implants for Children; and Offer of Speech and Hearing ☹	TIC Ch. 1367, Subch. F TIC Ch. 1365	Yes	<u>Children:</u> Yes <u>Offer:</u> No	<u>Children:</u> Yes <u>Offer:</u> Yes	<u>Children:</u> Yes <u>Offer:</u> Yes	<u>Children:</u> Yes <u>Offer:</u> Yes – small group (federal law); No – large group
Developmental Delays ☹	TIC Ch. 1367, Subch. E	NA	Offer	No	Offer	No
Off-Label Drugs for Chronic, Disabling, or Life-Threatening Illness	TIC Ch. 1369 Subch. A 28 TAC Ch. 21, Subch. V, Division 3	Yes	Yes	No	Yes	No
Oral Anticancer Medications ☹	TIC Ch. 1369, Subch. E	Yes	Yes	Yes	Yes	Yes – individual and small group (federal law); No – large group

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Prosthetic and Orthotic Devices and Related Services ☹	TIC Ch. 1371	Yes	Yes	Yes	Yes	Yes – individual and small group (federal law); No – large group
Amino Acid-Based Formulas ☹	TIC Ch. 1377	Yes	Yes	Yes	Yes	Yes – individual and small group (federal law); No – large group
Transplant Donor Coverage ☹	28 TAC §3.3040(h)	Yes	Yes	No	No	Yes – individual (federal law); No – large group
Preventive Services						
Breast Cancer Screening (Low-Dose Mammography, all forms)	TIC Ch. 1356	Yes also federal preventive service	Yes	Yes	Yes	Yes TIC §1356.002(h) §1507.003(b)(12)(A) §1507.053(b)(7)(A) and federal law
Osteoporosis Screening ☹	TIC Ch. 1361	Yes also federal preventive service	No	Yes	Yes	Yes federal law, ACA preventive services
Prostate Cancer Screening	TIC Ch. 1362 TIC §1575.159	Yes	Yes	No	Yes	Yes TIC §1507.003(b)(12)(B) §1507.053(b)(7)(B)
Colorectal Cancer Screening	TIC Ch. 1363	Yes also federal preventive service	Yes	No	Yes	Yes TIC §1507.003(b)(12)(C) §1507.053(b)(7)(C)
Immunizations through age 6 without Cost-Sharing	TIC Ch. 1367 Subch. B 28 TAC §11.508(a)(1)(H)(ii)	Yes also federal preventive service	Yes	No	Yes	Yes TIC §1507.003(b)(8) 28 TAC §11.508(a)(1)(H)(ii) and federal law

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Newborn Hearing Screening	TIC Ch. 1367, Subch. C 28 TAC §11.508(a)(1)(H)(v)	Yes also federal preventive service	Yes	No	Yes	Yes TIC §1507.003(b)(8) 28 TAC §11.508(a)(1)(H)(v) and federal law
Prescription Contraceptive Drugs and Devices and Related Services; Nondiscrimination	TIC Ch. 1369 Subch. C 28 TAC §21.404	Yes also federal preventive service	Yes	Yes	Yes	Yes federal law, ACA preventive services, subject to religious exemption
Human Papillomavirus, Ovarian Cancer, and Cervical Cancer Screening	TIC Ch. 1370	Yes also federal preventive service	Yes	Yes	Yes	Yes TIC §1507.003(b)(12)(D) and §1507.053(b)(7)(D) and federal law
Cardiovascular Disease Screening ☹	TIC Ch. 1376	Yes	Yes	Yes	Yes	Yes – individual and small group (federal law); No – large group