



Texas Department of Insurance

HMO Division, Mail Code 103-6A
 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
 512-322-4266 telephone • 490-1013 fax • www.tdi.state.tx.us

Consumer Choice Evidence of Coverage Requirements (Small Employer Plans)

Although every effort has been made to ensure the accuracy and completeness of the information contained in this document, all parties are advised to consult the Texas Insurance Code, the Texas Administrative Code and other applicable insurance statutes to determine the extent and nature of their own requirements.

In addition, the requirements listed are only summaries. The reader should refer to the actual cited statutes or rules to review the complete provisions listed.

All dealings with the Texas Department of Insurance are governed and controlled solely by the Texas Insurance Code, the Texas Administrative Code and other applicable statutes, and not by this document.

Texas Insurance Code (TIC) and Texas Administrative Code (TAC) Evidence of Coverage (EOC) Requirements**	
HMOs must file the evidence of coverage and related forms for approval prior to issuance	<ul style="list-style-type: none"> • §1271.101 • 28 TAC §11.301(4) • 28 TAC §11.501
Plain Language Requirements	28 TAC Chapter 3, Subchapter G
FORMS/DOCUMENTS TO BE INCLUDED IN A CCBP FILING	
<input type="checkbox"/> Health Carrier Disclosure <input type="checkbox"/> Cost savings statement: reduction in premium resulting from the differences in coverage and design between the consumer choice health benefit plan and an identical plan providing all state-mandated health benefits <input type="checkbox"/> Certification of compliance relating to Offer of State-Mandated Plan <input type="checkbox"/> Rates to be used with a consumer choice health benefit plan	<ul style="list-style-type: none"> • 28 TAC §21.3543 • §21.3530 • §21.3542
MANDATORY EOC PROVISIONS	
<input type="checkbox"/> Alzheimer's Disease (if applicable)	<ul style="list-style-type: none"> • 28 TAC §11.506(24) • Chapter 1354
<input type="checkbox"/> Cancellation, Termination & Non-Renewal	<ul style="list-style-type: none"> • 28 TAC §11.506(3) • §843.208 • §1501.108
<input type="checkbox"/> Conformity with State Law	28 TAC §11.506(20)
<input type="checkbox"/> Complaint and Appeal Procedures: <ul style="list-style-type: none"> • Complaints • Adverse Determination and Appeal of Adverse Determination, including IRO Information Retaliatory Action Prohibited for Filing a Complaint	<ul style="list-style-type: none"> • 28 TAC §11.506(5) • §1271.054 • §§843.251-843.262 & 843.281 • Article 21.58A • 28 TAC Chapter 19, Subchapter R
<input type="checkbox"/> Continuation of Coverage	<ul style="list-style-type: none"> • 28 TAC §11.506(6) • §§1271.301-305
<input type="checkbox"/> Definitions	28 TAC §11.506(7)
<input type="checkbox"/> Effective Date	28 TAC §11.506(8)
<input type="checkbox"/> Eligibility Requirements-Dependents (<i>see below for eligibility standards</i>)	28 TAC §11.506(9)

<input type="checkbox"/> Emergency Services	<ul style="list-style-type: none"> • 28 TAC §11.506(10) • 28 TAC §11.508(a)(1)(J) • 28 TAC §11.2203-Dental • §843.002(7) • §1271.155
<input type="checkbox"/> Entire Contract, Amendment	28 TAC §11.506(11)
<input type="checkbox"/> Exclusions & Limitations	28 TAC §11.506(12)
<input type="checkbox"/> Face Page: <ul style="list-style-type: none"> • HMO name, address & telephone number • Important Notice (English/Spanish) • Toll-Free Telephone Numbers 	<ul style="list-style-type: none"> • 28 TAC §11.506(1) • 28 TAC §1.601 • §521.102
<input type="checkbox"/> Grace Period	28 TAC §11.506(13)
<input type="checkbox"/> Handicapped Child (child's attainment of a limiting age does not operate to terminate the coverage of a handicapped child)	<ul style="list-style-type: none"> • 28 TAC §11.506(18) • §1501.002(2)
<input type="checkbox"/> Incontestability	28 TAC §11.506(14)
<input type="checkbox"/> Medicare Supplement & Long Term Care Minimum Standards (if applicable)	<ul style="list-style-type: none"> • 28 TAC §11.506(21) • 28 TAC Chapter 3, Subchapter T
<input type="checkbox"/> Out-of-Network Services (when covered medically necessary services are not available through network physicians/providers.)	<ul style="list-style-type: none"> • 28 TAC §11.506(15) • 28 TAC §11.508(a) • §1271.055
<input type="checkbox"/> Premium Rate Changes-60-Day Notice	<ul style="list-style-type: none"> • 28 TAC §11.506(16) • Chapter 1254
<input type="checkbox"/> Prompt Payment of Claims (enrollee claims)	<ul style="list-style-type: none"> • 28 TAC §11.506(4) • Chapter 542, Subchapter B • §1271.005
<input type="checkbox"/> Service Area-Description & Map (a ZIP code map and a provider list may meet this requirement)	<ul style="list-style-type: none"> • 28 TAC §§11.506(17) • 28 TAC §11.1600(b)
<input type="checkbox"/> Schedule of Benefits (copayments)	28 TAC §11.506(2)
OPTIONAL EOC PROVISIONS	
<input type="checkbox"/> Arbitration	28 TAC §11.511(5)
<input type="checkbox"/> Coordination of Benefits	<ul style="list-style-type: none"> • Chapter 1203 • 28 TAC §11.511(1) • 28 TAC Chapter 3, Subchapter V
<input type="checkbox"/> Conversion Privilege	28 TAC §11.511(4)
<input type="checkbox"/> Subrogation	28 TAC §11.511(2)
<input type="checkbox"/> Workers' Compensation Insurance-sale of substitutes to WC Insurance (if applicable)	<ul style="list-style-type: none"> • 28 TAC §11.511(3) • 28 TAC §5.6302
MANDATORY PROVISIONS-GROUP AGREEMENT ONLY	
<input type="checkbox"/> Certificate	<ul style="list-style-type: none"> • 28 TAC §11.509(1)
<input type="checkbox"/> New Members	<ul style="list-style-type: none"> • 28 TAC §11.509(2)
ELIGIBILITY & ENROLLMENT STANDARDS	
<input type="checkbox"/> Adopted Children	<ul style="list-style-type: none"> • 28 TAC §11.506(9)(A)(i) • §1501.158
<input type="checkbox"/> Affiliation Period-Imposed by HMO (cannot exceed 60 days for enrollees & 90 days for late enrollees)	§1501.104
<input type="checkbox"/> Asbestos-HMO may not reject, deny, limit, cancel, refuse to renew, increase the premiums for, or otherwise adversely affect the person's eligibility for or coverage under the policy or contract based on the fact that enrollee has been exposed to asbestos	Article 21.53X

fibers or silica or has filed a claim governed by Chapter 90, Civil Practice and Remedies Code	
<input type="checkbox"/> Effective Date	28 TAC §11.506(8)
<input type="checkbox"/> Genetic Testing: <ul style="list-style-type: none"> • Notice to enrollee • Consent required (including consent from mother for testing <i>in utero</i>) • Information to enrollee of test results • Inducement prohibited (to buy insurance or to induce abortion) • Improper use of test results prohibited 	Chapter 546
<input type="checkbox"/> Grandchildren	<ul style="list-style-type: none"> • 28 TAC §11.506(9)(E) • §1201.62 • §§1271.005(e) & 1271.006
<input type="checkbox"/> Handicapped Child (child's attainment of a limiting age does not operate to terminate the coverage of a handicapped child)	<ul style="list-style-type: none"> • 28 TAC §11.506(18) • §1501.002(2)(C)
<input type="checkbox"/> Late Enrollment & Late Enrollee Exceptions	§1501.008
<input type="checkbox"/> Limiting Age (subscriber & dependents)	28 TAC §11.506(9)(C)
<input type="checkbox"/> Medical Support Court Order-Spouse & Child	<ul style="list-style-type: none"> • 28 TAC §11.506(9)(A)(iv) • Chapter 1504 • §1501.008(c) • 28 TAC Chapter 21, Subchapter L
<input type="checkbox"/> New Enrollees-special enrollment in accordance with 45 C.F.R. 146.117 (HIPAA)	28 TAC §11.509(2)
<input type="checkbox"/> Newborns	<ul style="list-style-type: none"> • 28 TAC §11.506(9)(D) • §1501.002(2)(B) • §1501.157
<input type="checkbox"/> Newly Acquired Dependents	<ul style="list-style-type: none"> • 28 TAC §11.506(9)(B)
<input type="checkbox"/> Open Enrollment	§1501.156
<input type="checkbox"/> Participation Criteria-Determined by the HMO	§§1501.154-155 & 1501.203
<input type="checkbox"/> Premiums: Group contract holder is liable for an enrollee's premiums from the time the enrollee is no longer part of the group eligible for coverage under the contract until the end of the month in which the contract holder notifies the HMO that the enrollee is no longer part of the group eligible for coverage by the contract; The enrollee remains covered by the contract until the end of that period.	§843.210
<input type="checkbox"/> Service Area Description	<ul style="list-style-type: none"> • 28 TAC §11.506(9)(A)(i) & (A)(ii)
<input type="checkbox"/> Waiting Period-Determined by the employer for new employees.	<ul style="list-style-type: none"> • §1501.002(17) • §1501.105 • §1501.156
<i>BASIC HEALTH CARE SERVICES-MANDATORY COVERAGE (28 TAC §11.508(a)) (must be provided as needed without limitation as to time and cost unless permitted by statute or TDI rules)</i>	
Definition of "Basic Health Care Services"	<ul style="list-style-type: none"> • Section 843.002(2) • 28 TAC §11.2(b)(9)
<input type="checkbox"/> EMERGENCY SERVICES	28 TAC §11.508(a)(1)(J)

<input type="checkbox"/> INPATIENT SERVICES INCLUDING: <ul style="list-style-type: none"> • Administration of whole blood and blood plasma • Anesthesia and oxygen services • Drugs, medications & biologicals • Room and board • General nursing care • Inhalation therapy • Laboratory and other diagnostic tests • Meals and special diets when medically necessary • Radiation therapy • Short-term rehabilitation therapy services in the acute hospital setting • Special duty nursing when medically necessary • Use of operating room and related facilities • Use of intensive care unit and services • X-ray services 	28 TAC §11.508(a)(2)
<input type="checkbox"/> INPATIENT PHYSICIAN CARE SERVICES	28 TAC §11.508(a)(3)
<input type="checkbox"/> OUTPATIENT MENTAL HEALTH SERVICES (not less than 20 visits)	28 TAC §11.508(a)(1)(I)
<input type="checkbox"/> OUTPATIENT HOSPITAL SERVICES INCLUDING: <ul style="list-style-type: none"> • Ambulatory surgery services • Diagnostic services • Treatment services 	28 TAC §11.508(a)(4)
<input type="checkbox"/> OUTPATIENT SERVICES INCLUDING: <ul style="list-style-type: none"> • Home Health Services • Prenatal Services (if maternity benefits covered) • Primary Care • Outpatient Diagnostic Services • Outpatient Rehabilitation Therapies (including physical, speech & occupational therapy) • Outpatient Services by Other Providers • Specialist Services • Therapeutic Radiology Services 	28 TAC §11.508(a)(1)
<input type="checkbox"/> PREVENTIVE HEALTH SERVICES INCLUDING: <ul style="list-style-type: none"> • Cancer Screenings (Mammography) • Eye & Ear Exams for Children Through Age 17 • Periodic Adult Health Examinations • Immunizations for Adults & Children • Well-Child Care From Birth 	28 TAC §11.508(a)(1)(H)
<i>ADDITIONAL BENEFITS-OTHER THAN BASIC HEALTH CARE SERVICES</i>	
<input type="checkbox"/> Birth of Child & Post-Delivery Care-Minimum Inpatient Hospital Stay	<ul style="list-style-type: none"> • Required by Federal Law • 28 TAC §11.508(b)(2)
<input type="checkbox"/> Cervical Cancer-Annual diagnostic medical procedures fro each woman 18 years of age or older for the early detection of cervical cancer	§1370.003
<input type="checkbox"/> Continuity of Treatment by Treating Physician or Provider of Enrollee with a “Special Circumstance” & Termination Notice	<ul style="list-style-type: none"> • §843.309 • §843.362 • §1272.302 • 28 TAC §11.901(3)

<input type="checkbox"/> Mastectomy-Breast Reconstruction	<ul style="list-style-type: none"> • Required by Federal Law • 28 TAC §11.508(b)(1)
<input type="checkbox"/> PKU Dietary Formulas (if drugs are covered).	Chapter 1359
<input type="checkbox"/> Urgent Care	28 TAC §11.1607
COVERAGE STANDARDS	
<input type="checkbox"/> Complications of Pregnancy	28 TAC §21.405
<input type="checkbox"/> Discrimination-General Requirements Applicable to HMOs	Chapter 544
<input type="checkbox"/> Maternity Discrimination Prohibited (when maternity benefits covered)	28 TAC §21.404(6)
<input type="checkbox"/> Victims of Family Violence	Chapter 544, Subchapter D
ENROLLMENT FORM/APPLICATION	
<input type="checkbox"/> COBRA & State Continuation	<ul style="list-style-type: none"> • §§1271.301-305 • 28 TAC §11.506(6)
<input type="checkbox"/> Disability	28 TAC §11.1602
<input type="checkbox"/> Primary Language other than English	28 TAC §11.1602
MEMBER IDENTIFICATION CARDS	
<input type="checkbox"/> Basic Information	28 TAC §11.1601
CONVERSION CONTRACTS ONLY	
<input type="checkbox"/> Consideration	28 TAC §11.507(3)
<input type="checkbox"/> Continuance of Coverage-Change in Marital Status	28 TAC §11.507(4)
<input type="checkbox"/> Conversion Privilege	<ul style="list-style-type: none"> • 28 TAC §11.511(4) • §§1271.306-307
<input type="checkbox"/> Texas Health Risk Pool-Notice	28 TAC §11.506(6)
<input type="checkbox"/> Reinstatement	28 TAC §11.507(1)
<input type="checkbox"/> Ten Days to Examine Agreement	28 TAC §11.507(2)

****Unless otherwise stated, all articles, sections, chapters and subchapters cited are to the Texas Insurance Code.**