



# Texas Department of Insurance

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## Evidence of Coverage Requirements (Large Employer & Conversion 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**	
<i>HMOs must file the evidence of coverage and related forms for approval prior to issuance</i>	<ul style="list-style-type: none"> <li>• §1271.101</li> <li>• 28 TAC §11.301(4)</li> <li>• 28 TAC §11.501</li> </ul>
<i>Plain Language Requirements</i>	<ul style="list-style-type: none"> <li>• 28 TAC Chapter 3, Subchapter G</li> </ul>
MANDATORY EOC PROVISIONS	
<input type="checkbox"/> Alzheimer's Disease (if applicable)	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(24)</li> <li>• Chapter 1354</li> </ul>
<input type="checkbox"/> Cancellation, Termination & Non-Renewal	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(3)</li> <li>• §843.208</li> <li>• §1501.108</li> </ul>
<input type="checkbox"/> Conformity with State Law	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(20)</li> </ul>
<input type="checkbox"/> Complaint and Appeal Procedures: <ul style="list-style-type: none"> <li>• Complaints</li> <li>• Adverse Determination and Appeal of Adverse Determination, including IRO Information</li> <li>• Retaliatory Action Prohibited for Filing a Complaint</li> </ul>	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(5)</li> <li>• §1271.054</li> <li>• §§843.251-843.262</li> <li>• Chapter 4201</li> <li>• 28 TAC Chapter 19, Subchapter R</li> <li>• §843.281</li> </ul>
<input type="checkbox"/> Continuation of Coverage	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(6)</li> <li>• §§1271.301-1271.305</li> </ul>
<input type="checkbox"/> Coverage Terms/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.	<ul style="list-style-type: none"> <li>• §843.210</li> </ul>

<input type="checkbox"/> Definitions	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(7)</li> </ul>
<input type="checkbox"/> Drug Formulary (if drugs are covered)	<ul style="list-style-type: none"> <li>• Chapter 1369, Subchapter B</li> <li>• 28 TAC §11.506(25)</li> <li>• 28 TAC §§21.3001-21.3023</li> </ul>
<input type="checkbox"/> Effective Date	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(8)</li> </ul>
<input type="checkbox"/> Eligibility Requirements – See below for Eligibility & Enrollment Standards.	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(9)(A)-(E)</li> </ul>
<input type="checkbox"/> Emergency Services	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(10)(A)-(F)</li> <li>• 28 TAC §11.508(a)(1)(J)</li> <li>• 28 TAC §11.2203(c) - Dental</li> <li>• §843.002(7)</li> <li>• §1271.155</li> </ul>
<input type="checkbox"/> Entire Contract, Amendments	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(11)</li> </ul>
<input type="checkbox"/> Exclusions & Limitations	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(12)</li> </ul>
<input type="checkbox"/> Face Page: <ul style="list-style-type: none"> <li>• HMO name, address &amp; telephone number</li> <li>• Important Notice (English/Spanish)</li> <li>• Toll-Free Telephone Numbers</li> </ul>	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(1)</li> <li>• 28 TAC §1.601</li> <li>• §521.102</li> </ul>
<input type="checkbox"/> Grace Period	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(13)</li> </ul>
<input type="checkbox"/> Handicapped Child – A covered disabled child's attainment of a limiting age does not operate to terminate the coverage of such child.	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(18)</li> <li>• §1501.002(2)(C) – “Dependent” definition</li> </ul>
<input type="checkbox"/> Incontestability	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(14)(A)-(B)</li> </ul>
<input type="checkbox"/> Medicare Supplement & Long Term Care Minimum Standards (if applicable)	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(21)</li> <li>• 28 TAC Chapter 3, Subchapter T</li> </ul>
<input type="checkbox"/> OB/GYN Designation & Notice to Enrollees	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(23)(A)-(G)</li> <li>• Chapter 1451, Subchapter F</li> <li>• 28 TAC §11.1600(b)(11)(B)</li> </ul>
<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"> <li>• 28 TAC §11.506(15)(A)-(C)</li> <li>• 28 TAC §11.508(a)</li> <li>• §1271.055</li> </ul>
<input type="checkbox"/> Premium Rate Changes - 60-Day Notice	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(16)</li> <li>• Chapter 1254</li> </ul>
<input type="checkbox"/> Prompt Payment of Enrollee Claims	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(4)</li> <li>• Chapter 542, Subchapter B</li> <li>• §1271.005(c)</li> </ul>
<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"> <li>• 28 TAC §§11.506(17)</li> <li>• 28 TAC §11.1600(b)(12)</li> </ul>
<input type="checkbox"/> Schedule of Benefits (Co-payments)	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(2)(A)-(C)</li> </ul>
<input type="checkbox"/> Specialist as Primary Care Physician	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(22)</li> <li>• §§1271.201-1271.203</li> </ul>
<input type="checkbox"/> Student Coverage	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(19)</li> <li>• Chapter 1503</li> <li>• §1501.002(2)(E)</li> </ul>
<b>OPTIONAL EOC PROVISIONS</b>	
<input type="checkbox"/> Arbitration	<ul style="list-style-type: none"> <li>• 28 TAC §11.511(5)</li> </ul>
<input type="checkbox"/> Coordination of Benefits	<ul style="list-style-type: none"> <li>• Chapter 1203</li> <li>• 28 TAC §11.511(1)</li> <li>• 28 TAC Chapter 3, Subchapter V</li> </ul>
<input type="checkbox"/> Conversion Privilege	<ul style="list-style-type: none"> <li>• 28 TAC §11.511(4)</li> </ul>

<input type="checkbox"/> Subrogation	<ul style="list-style-type: none"> <li>• 28 TAC §11.511(2)</li> </ul>
<input type="checkbox"/> Workers' Compensation Insurance-sale of substitutes to WC Insurance (if applicable)	<ul style="list-style-type: none"> <li>• 28 TAC §11.511(3)</li> <li>• 28 TAC §5.6302</li> </ul>
<b>MANDATORY PROVISIONS-GROUP AGREEMENT ONLY</b>	
<input type="checkbox"/> Certificate	<ul style="list-style-type: none"> <li>• 28 TAC §11.509(1)</li> </ul>
<input type="checkbox"/> New Members	<ul style="list-style-type: none"> <li>• 28 TAC §11.509(2)</li> </ul>
<b>ELIGIBILITY &amp; ENROLLMENT STANDARDS</b>	
<input type="checkbox"/> Adopted Children	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(9)(A)(i)</li> <li>• §1501.608</li> </ul>
<input type="checkbox"/> Affiliation Period - Imposed by HMO (cannot exceed 60 days for enrollees & 90 days for late enrollees)	<ul style="list-style-type: none"> <li>• §1501.104</li> </ul>
<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 contract based on the fact that enrollee has been exposed to asbestos fibers or silica or has filed a claim governed by Chapter 90, Civil Practice and Remedies Code	<ul style="list-style-type: none"> <li>• §544.453</li> </ul>
<input type="checkbox"/> Effective Date	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(8)</li> </ul>
<input type="checkbox"/> Genetic Testing: <ul style="list-style-type: none"> <li>• Notice to enrollee</li> <li>• Consent required (including consent from mother for testing <i>in utero</i>)</li> <li>• Information to enrollee of test results</li> <li>• Inducement prohibited (to buy insurance or to induce abortion)</li> <li>• Improper use of test results prohibited</li> </ul>	<ul style="list-style-type: none"> <li>• Chapter 546</li> </ul>
<input type="checkbox"/> Grandchildren – If children are eligible, limiting age for children & grandchildren must be stated in the EOC.	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(9)(E)</li> <li>• §1271.005(e)</li> <li>• §§1271.006</li> <li>• §1201.062</li> </ul>
<input type="checkbox"/> Handicapped Child – A covered disabled child's attainment of limiting age does not operate to terminate the coverage of such child.	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(18)</li> <li>• §1501.002(2)(C)</li> </ul>
<input type="checkbox"/> Late Enrollment & Late Enrollee Exceptions	<ul style="list-style-type: none"> <li>• §1501.008</li> <li>• §1501.606</li> </ul>
<input type="checkbox"/> Limiting Age – Subscriber & Dependents	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(9)(C)</li> </ul>
<input type="checkbox"/> Court-Ordered Medical Child Support	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(9)(A)(iv)</li> <li>• Chapter 1504</li> <li>• 28 TAC Chapter 21, Subchapter L</li> </ul>
<input type="checkbox"/> New Enrollees-special enrollment in accordance with 45 C.F.R. 146.117 (HIPAA)	<ul style="list-style-type: none"> <li>• 28 TAC §11.509(2)</li> </ul>
<input type="checkbox"/> Newborns	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(9)(D)</li> <li>• §1501.002(2)(B)</li> <li>• §1501.607</li> </ul>
<input type="checkbox"/> Newly Acquired Dependents	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(9)(B)</li> </ul>
<input type="checkbox"/> Open Enrollment	<ul style="list-style-type: none"> <li>• §1501.606</li> </ul>
<input type="checkbox"/> Participation Criteria-Determined by the HMO	<ul style="list-style-type: none"> <li>• §§1501.601-1501.606</li> </ul>

<input type="checkbox"/> Premiums/Coverage Terms – 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.	<ul style="list-style-type: none"> <li>• §843.210</li> </ul>
<input type="checkbox"/> Student Coverage – Termination due to Change in Enrollment Status	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(19)</li> <li>• Chapter 1503</li> <li>• §1501.002(2)</li> </ul>
<input type="checkbox"/> Waiting Period-Determined by the employer for new employees.	<ul style="list-style-type: none"> <li>• §1501.002(17)</li> <li>• §1501.105</li> <li>• §1501.606</li> </ul>
<b><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></b>	
Definition of “Basic Health Care Services”	<ul style="list-style-type: none"> <li>• §843.002(2)</li> <li>• 28 TAC §11.2(b)(8)</li> </ul>
<input type="checkbox"/> <b>EMERGENCY SERVICES</b>	<ul style="list-style-type: none"> <li>• 28 TAC §11.508(a)(1)(J)</li> </ul>
<input type="checkbox"/> <b>INPATIENT SERVICES INCLUDING:</b> <ul style="list-style-type: none"> <li>• Administration of whole blood and blood plasma</li> <li>• Anesthesia and oxygen services</li> <li>• Drugs, medications &amp; biologicals</li> <li>• Room and board</li> <li>• General nursing care</li> <li>• Inhalation therapy</li> <li>• Laboratory and other diagnostic tests</li> <li>• Meals and special diets when medically necessary</li> <li>• Radiation therapy</li> <li>• Short-term rehabilitation therapy services in the acute hospital setting</li> <li>• Special duty nursing when medically necessary</li> <li>• Use of operating room and related facilities</li> <li>• Use of intensive care unit and services</li> <li>• X-ray services</li> </ul>	<ul style="list-style-type: none"> <li>• 28 TAC §11.508(a)(2)</li> </ul>
<input type="checkbox"/> <b>INPATIENT PHYSICIAN CARE SERVICES</b>	<ul style="list-style-type: none"> <li>• 28 TAC §11.508(a)(3)</li> </ul>
<input type="checkbox"/> <b>OUTPATIENT MENTAL HEALTH SERVICES (not less than 20 visits)</b>	<ul style="list-style-type: none"> <li>• 28 TAC §11.508(a)(1)(I)</li> </ul>
<input type="checkbox"/> <b>OUTPATIENT HOSPITAL SERVICES INCLUDING:</b> <ul style="list-style-type: none"> <li>• Ambulatory surgery services</li> <li>• Diagnostic services</li> <li>• Treatment services</li> </ul>	<ul style="list-style-type: none"> <li>• 28 TAC §11.508(a)(4)</li> </ul>

<input type="checkbox"/> <b>OUTPATIENT SERVICES INCLUDING:</b> <ul style="list-style-type: none"> <li>• Home Health Services</li> <li>• Prenatal Services (if maternity benefits covered)</li> <li>• Primary Care-§843.203 &amp; §§1271.201-1271.203</li> <li>• Outpatient Diagnostic Services</li> <li>• Outpatient Rehabilitation Therapies (including physical, speech &amp; occupational therapy)- §1271.156</li> <li>• Outpatient Services by Other Providers</li> <li>• Specialist Services</li> <li>• Therapeutic Radiology Services</li> </ul>	<ul style="list-style-type: none"> <li>• 28 TAC §11.508(a)(1)</li> </ul>
<input type="checkbox"/> <b>PREVENTIVE HEALTH SERVICES INCLUDING:</b> <ul style="list-style-type: none"> <li>• Adult Immunizations</li> <li>• Cancer Screenings-Prostate &amp; Colorectal Cancer</li> <li>• Cancer Screenings-Mammography</li> <li>• Eye &amp; Ear Exams for Children Through Age 17</li> <li>• Periodic Adult Health Examinations</li> <li>• Immunizations for Children</li> <li>• Well-Child Care From Birth</li> </ul>	<ul style="list-style-type: none"> <li>• 28 TAC §11.508(a)(1)(H)</li> </ul>
<b>ADDITIONAL BENEFITS-OTHER THAN BASIC HEALTH CARE SERVICES</b>	
<input type="checkbox"/> Acquired Brain Injury	<ul style="list-style-type: none"> <li>• Chapter 1352</li> </ul>
<input type="checkbox"/> Birth of Child & Post-Delivery Care-Minimum Inpatient Hospital Stay	<ul style="list-style-type: none"> <li>• 28 TAC §11.508(b)</li> <li>• Chapter 1366, Subchapter B</li> </ul>
<input type="checkbox"/> Cervical Cancer-Annual diagnostic medical procedures for each woman 18 yrs of age or older for the early detection of cervical cancer	<ul style="list-style-type: none"> <li>• §1370.003</li> </ul>
<input type="checkbox"/> Chemical Dependency	<ul style="list-style-type: none"> <li>• 28 TAC §11.509(3)</li> <li>• Chapter 1368</li> <li>• 28 TAC Chapter 3, Subch. HH (St'ds for Reasonable Cost Control &amp; UR for Chem. Dep. Trtmt. Ctrs.)</li> </ul>
<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"> <li>• §843.309</li> <li>• §843.362</li> <li>• §1272.302</li> <li>• 28 TAC §11.901(3) - Required HMO-Physician/Provider contract provision</li> </ul>
<input type="checkbox"/> Craniofacial Abnormalities	<ul style="list-style-type: none"> <li>• Chapter 1367, Subchapter D</li> </ul>
<input type="checkbox"/> Crisis Stabilization Unit & Residential Treatment Center for Children and Adolescents	<ul style="list-style-type: none"> <li>• 28 TAC §11.509(5)</li> <li>• §§1355.051-1355.058</li> </ul>
<input type="checkbox"/> Dental Treatment- Inability to Undergo Treatment in an Office Setting	<ul style="list-style-type: none"> <li>• 28 TAC §11.509(7)</li> <li>• §1360.005(b)</li> </ul>
<input type="checkbox"/> Diabetes Care-Self-Management Training, Equipment & Supplies	<ul style="list-style-type: none"> <li>• 28 TAC §11.508(b)(3)</li> <li>• 28 TAC Chapter 21, Subchapter R</li> <li>• Chapter 1358</li> </ul>
<input type="checkbox"/> Hearing Test for Newborns	<ul style="list-style-type: none"> <li>• Chapter 1367, Subchapter C</li> </ul>
<input type="checkbox"/> Mastectomy-Breast Reconstruction	<ul style="list-style-type: none"> <li>• 28 TAC §11.508(b)(1)</li> <li>• Chapter 1357, Subchapter A</li> </ul>
<input type="checkbox"/> Mastectomy-Minimum Hospital Stay	<ul style="list-style-type: none"> <li>• 28 TAC §11.508(b)(1)</li> <li>• Chapter 1357, Subchapter B</li> </ul>

<input type="checkbox"/> Off-Label Drugs	<ul style="list-style-type: none"> <li>• Chapter 1369, Subchapter A</li> <li>• 28 TAC §§21.3010-3011</li> </ul>
<input type="checkbox"/> Osteoporosis	<ul style="list-style-type: none"> <li>• Chapter 1361</li> <li>• 28 TAC §11.509(4)</li> </ul>
<input type="checkbox"/> PKU Dietary Formulas (if drugs are covered).	<ul style="list-style-type: none"> <li>• Chapter 1359</li> </ul>
<input type="checkbox"/> Serious Mental Illness	<ul style="list-style-type: none"> <li>• Chapter 1355, Subchapter A</li> <li>• 28 TAC §§11.509(5)</li> </ul>
<input type="checkbox"/> TMJ-Conditions Affecting TMJ	<ul style="list-style-type: none"> <li>• Chapter 1360</li> <li>• 28 TAC §11.509(6)</li> </ul>
<input type="checkbox"/> Urgent Care	<ul style="list-style-type: none"> <li>• 28 TAC §11.1607(b)</li> </ul>
<b>REQUIRED AUTISM SPECTRUM DISORDER (ASD) COVERAGE FOR CERTAIN CHILDREN</b>	
<input type="checkbox"/> Definition - "Autism Spectrum Disorder" A neurobiological disorder that includes autism, Asperger's syndrome, or Pervasive Developmental Disorder--Not Otherwise Specified.	<ul style="list-style-type: none"> <li>• §1355.001(3)</li> </ul>
<input type="checkbox"/> Applicability of ASD-Related Requirements Subchapter A, Chapter 1355, TIC, applies to a <b>group</b> * evidence of coverage that is offered by an HMO operating under Ch. 843, TIC.  *NOTE: Applicability section <i>does not</i> include reference to an Individual EOC offered by an HMO.	<ul style="list-style-type: none"> <li>• Chapter 1355</li> <li>• §1355.002(1)(E)</li> </ul>
<input type="checkbox"/> Eligibility for ASD-Related Benefits A Large Group EOC or Small Group EOC issued by an HMO must include ASD-related coverage to an enrollee who is: <ul style="list-style-type: none"> <li>• older than 2 years old; and</li> <li>• younger than 6 years old;* and</li> <li>• who is diagnosed with Autism Spectrum Disorder (ASD).</li> </ul> *NOTE: If an enrollee who is being treated for ASD becomes six years of age or older and continues to need treatment, §1355.015, TIC, does not preclude coverage of ASD-related treatment and services.	<ul style="list-style-type: none"> <li>• Chapter 1355</li> <li>• §1355.015(a)</li> </ul>
<input type="checkbox"/> Mandatory Coverage A Large Group EOC <b>must cover</b> for certain enrollees (see above) all “generally-recognized” services (see below) prescribed in relation to ASD by the enrollee’s Primary Care Physician in the treatment plan recommended by that Physician.	<ul style="list-style-type: none"> <li>• §1355.015(b)</li> </ul>

<input type="checkbox"/> “Health Care Practitioner” – Those Who May Provide Covered ASD-related Services  An individual providing treatment prescribed under §1355.015, TIC, must be a health care practitioner: <ul style="list-style-type: none"> <li>• who is licensed, certified or registered by an appropriate Texas Regulatory Agency;</li> <li>• who’s professional credential is recognized &amp; accepted by an appropriate U.S. Regulatory Agency; OR</li> <li>• who is certified as a Provider under the TRICARE military health system.</li> </ul>	<ul style="list-style-type: none"> <li>• §1355.015(b)(1)-(3)</li> </ul>
<input type="checkbox"/> Mandatory Coverage – Generally-Recognized Services A Large Group EOC <b>must cover</b> for certain enrollees (see above) all generally-recognized services (see below) prescribed in relation to ASD by the enrollee’s Primary Care Physician in the treatment plan recommended by that Physician, which may include: <ul style="list-style-type: none"> <li>• evaluation &amp; assessment services;</li> <li>• applied behavior analysis;</li> <li>• behavior training &amp; behavior management;</li> <li>• speech therapy;</li> <li>• occupational therapy;</li> <li>• physical therapy; or</li> <li>• medications or nutritional supplements used to address ASD symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>• §1355.015(c)</li> </ul>
<input type="checkbox"/> ASD-Related Coverage “Parity” Under any EOC issued to a Large Group, the required ASD-related coverage may be subject to copayments, deductibles, coinsurance, annual benefit limits and lifetime benefit maximums which are consistent with copayments, deductibles, coinsurance, annual benefit limits and lifetime benefit maximums applicable to other coverage provided under the EOC.	<ul style="list-style-type: none"> <li>• §1355.015(d)</li> </ul>
<b><i>MANDATORY ACQUIRED BRAIN INJURY (ABI) BENEFITS – LARGE GROUP &amp; INDIVIDUAL</i></b>	
<input type="checkbox"/> Mandatory ABI-related Benefits & Services Any Large Group EOC issued by an HMO must include coverage for certain medically necessary benefits and services required for and related to treatment of an acquired brain injury.	<ul style="list-style-type: none"> <li>• Chapter 1352</li> <li>• §1352.003</li> </ul>

<input type="checkbox"/> The services & benefits which any Large Group EOC <b>must cover</b> in relation to treatment of ABI <b>include</b> the following: <ul style="list-style-type: none"> <li>• Cognitive Rehabilitation Therapy</li> <li>• Cognitive Communication Therapy</li> <li>• Neurocognitive Therapy &amp; Rehabilitation</li> <li>• Neurobehavioral, Neurophysiological, Neuropsychological &amp; Psychophysiological Testing &amp; Treatment</li> <li>• Neurofeedback Therapy</li> <li>• Remediation</li> <li>• Post-Acute Transition Services</li> <li>• Community Reintegration Services, including: <ul style="list-style-type: none"> <li>➢ Outpatient Day Treatment; or</li> <li>➢ Other Necessary ABI-related Post-Acute Care Treatment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• §1352.003(a)-(b)</li> </ul>
<input type="checkbox"/> ABI-related coverage “Parity” Under any EOC issued to a Large Group, the required ABI-related coverage may be subject to copayments, deductibles, coinsurance, annual benefit limits and lifetime benefit maximums which are consistent with copayments, deductibles, coinsurance, annual benefit limits and lifetime benefit maximums applicable to other similar coverage provided under the EOC.	<ul style="list-style-type: none"> <li>• §1352.003(d)</li> </ul>
<input type="checkbox"/> Prohibited Provision/Practice Any Large Group EOC issued by an HMO may not include any Day Limits for covered ABI-related Acute Care in any ABI-related Post-Acute Care Day Limits. Any ABI-related Post-Acute Care Day Limits must be stated separately (from Acute Care Day Limits) in the EOC.	<ul style="list-style-type: none"> <li>• §1352.003(c)</li> </ul>
<input type="checkbox"/> Prohibited Practice – Large Group EOC An HMO may not deny coverage that is required under Chapter 1352, TIC, based solely on the fact that the treatment or services are provided at a facility other than a hospital. ABI-related treatment may be provided at an appropriate facility, including: <ul style="list-style-type: none"> <li>➢ a Hospital regulated under Ch. 241, Health &amp; Safety Code, including an acute or post-acute rehabilitation hospital; and</li> <li>➢ an assisted living facility regulated under Chapter 247, Health &amp; Safety Code.</li> </ul>	<ul style="list-style-type: none"> <li>• §1352.006</li> </ul>
<b><i>BENEFITS THAT MUST BE OFFERED UNDER A GROUP CONTRACT</i></b>	
<input type="checkbox"/> Certain Therapies for Children with Developmental Delays-Rehabilitative & Habilitative Therapies	<ul style="list-style-type: none"> <li>• Chapter 1367, Subchapter E</li> </ul>
<input type="checkbox"/> Emotional Illness or Disorder (inpatient hospital-alternative treatment facility)	<ul style="list-style-type: none"> <li>• §§1355.101-1355.106</li> <li>• 28 TAC §11.510(3)</li> </ul>
<input type="checkbox"/> In Vitro Fertilization Procedures	<ul style="list-style-type: none"> <li>• Chapter 1366, Subchapter A</li> <li>• 28 TAC §11.510(1)</li> </ul>



<input type="checkbox"/> Speech & Hearing	<ul style="list-style-type: none"> <li>• Chapter 1365</li> <li>• 28 TAC §11.510(2)</li> </ul>
<b>COVERAGE STANDARDS</b>	
<input type="checkbox"/> Complications of Pregnancy	<ul style="list-style-type: none"> <li>• 28 TAC §21.405</li> </ul>
<input type="checkbox"/> Contraceptive Drugs & Devices and Related Services	<ul style="list-style-type: none"> <li>• Chapter 1369, Subchapter C</li> <li>• 28 TAC §21.404(3)</li> </ul>
<input type="checkbox"/> Premiums/Coverage Terms – 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.	<ul style="list-style-type: none"> <li>• §843.210</li> </ul>
<input type="checkbox"/> Discrimination-Gen. Reqmts Applicable to HMOs	<ul style="list-style-type: none"> <li>• Chapter 544</li> </ul>
<input type="checkbox"/> Drug Formulary (if drugs are covered)	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(25)</li> <li>• 28 TAC §§21.3001-21.3023</li> <li>• Chapter 1369, Subchapter B</li> </ul>
<input type="checkbox"/> Fibrocystic Breast Conditions	<ul style="list-style-type: none"> <li>• Chapter 544, Subchapter E</li> </ul>
<input type="checkbox"/> HIV/AIDs-HMO may not exclude or deny coverage for HIV, AIDS or HIV-related illness	<ul style="list-style-type: none"> <li>• Chapter 1364</li> </ul>
<input type="checkbox"/> Maternity Discrimination Prohibited (when maternity benefits covered) - Underwriting	<ul style="list-style-type: none"> <li>• 28 TAC §21.404(6)</li> </ul>
<input type="checkbox"/> Pharmacy Benefits (if drugs are covered)	<ul style="list-style-type: none"> <li>• 28 TAC §11.1605</li> </ul>
<input type="checkbox"/> Point of Service & POS Riders	<ul style="list-style-type: none"> <li>• §§843.107-108</li> <li>• 28 TAC Chapter 11, Subchapter Z</li> <li>• 28 TAC Chapter 21, Subchapter U</li> <li>• Chapter 1273</li> </ul>
<input type="checkbox"/> Telemedicine & Telehealth	<ul style="list-style-type: none"> <li>• Chapter 1455</li> </ul>
<input type="checkbox"/> Victims of Family Violence	<ul style="list-style-type: none"> <li>• Chapter 544, Subchapter D</li> </ul>
<b>ENROLLMENT FORM/APPLICATION</b>	
<input type="checkbox"/> COBRA & State Continuation	<ul style="list-style-type: none"> <li>• §§1271.301-305</li> <li>• 28 TAC §11.506(6)</li> </ul>
<input type="checkbox"/> Disability	<ul style="list-style-type: none"> <li>• 28 TAC §11.1602</li> </ul>
<input type="checkbox"/> OB/GYN-Selection	<ul style="list-style-type: none"> <li>• 28 TAC §11.506(23)(F)</li> </ul>
<input type="checkbox"/> POS Election	<ul style="list-style-type: none"> <li>• 28 TAC §11.2206</li> </ul>
<input type="checkbox"/> Primary Language other than English	<ul style="list-style-type: none"> <li>• 28 TAC §11.1602</li> </ul>
<b>MEMBER IDENTIFICATION CARDS</b>	
<input type="checkbox"/> Basic Information	<ul style="list-style-type: none"> <li>• 28 TAC §11.1601</li> </ul>
<input type="checkbox"/> Pharmacy ID Card (if drugs are covered)	<ul style="list-style-type: none"> <li>• Chapter 1369, Subchapter D</li> <li>• §4151.152</li> <li>• 28 TAC §§21.3001-21.3005</li> <li>• 28 TAC §1.601(b)(3)</li> </ul>

**CONVERSION CONTRACTS ONLY**

<input type="checkbox"/> Consideration	<ul style="list-style-type: none"><li>• 28 TAC §11.507(3)</li></ul>
<input type="checkbox"/> Continuance of Coverage Due to Change in Marital Status	<ul style="list-style-type: none"><li>• 28 TAC §11.507(4)</li></ul>
<input type="checkbox"/> Conversion Privilege	<ul style="list-style-type: none"><li>• 28 TAC §11.511(4)</li><li>• §§1271.306-1271.307</li></ul>
<input type="checkbox"/> Texas Health Risk Pool-Notice	<ul style="list-style-type: none"><li>• 28 TAC §11.506(6)(D)</li></ul>
<input type="checkbox"/> Reinstatement	<ul style="list-style-type: none"><li>• 28 TAC §11.507(1)</li></ul>
<input type="checkbox"/> Ten Days to Examine Agreement	<ul style="list-style-type: none"><li>• 28 TAC §11.507(2)</li></ul>

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