



Texas Department of Insurance

Health and WC Network Certification & QA, Mail Code 103-6A
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Consumer Choice Evidence of Coverage Requirements (Individual 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	<ul style="list-style-type: none"> • 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 of Individual Contract	<ul style="list-style-type: none"> • §843.208 • §1271.307 • 28 TAC §11.506(3)(D)
<input type="checkbox"/> Conformity with State Law	<ul style="list-style-type: none"> • 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 • Chapter 4201 • 28 TAC Chapter 19, Subchapter R • §843.281
<input type="checkbox"/> Consideration	<ul style="list-style-type: none"> • 28 TAC §11.507(3)
<input type="checkbox"/> Coverage Continuation—Change in Marital Status	<ul style="list-style-type: none"> • 28 TAC §11.507(4) • 28 TAC §21.407
<input type="checkbox"/> Definitions	<ul style="list-style-type: none"> • 28 TAC §11.506(7)
<input type="checkbox"/> Effective Date	<ul style="list-style-type: none"> • 28 TAC §11.506(8)

<input type="checkbox"/> Eligibility Requirements-Dependents (<i>see below for eligibility standards</i>)	<ul style="list-style-type: none"> • 28 TAC §11.506(9)
<input type="checkbox"/> Emergency Services	<ul style="list-style-type: none"> • 28 TAC §11.506(10)(A)-(F) • 28 TAC §11.508(a)(1)(J) • 28 TAC §11.2203(c) - Dental • §843.002(7) • §1271.155
<input type="checkbox"/> Entire Contract, Amendment	<ul style="list-style-type: none"> • 28 TAC §11.506(11)
<input type="checkbox"/> Exclusions & Limitations	<ul style="list-style-type: none"> • 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)(A)-(C) • 28 TAC §1.601 • §521.102
<input type="checkbox"/> Grace Period	<ul style="list-style-type: none"> • 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)
<input type="checkbox"/> Incontestability	<ul style="list-style-type: none"> • 28 TAC §11.506(14)
<input type="checkbox"/> OB/GYN Designation & Notice to Enrollees	<ul style="list-style-type: none"> • 28 TAC §11.506(23)(A)-(G) • Chapter 1451, Subchapter F • 28 TAC §11.1600(b)(11)(B)
<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)(A)-(C) • 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(c)
<input type="checkbox"/> Reinstatement	<ul style="list-style-type: none"> • 28 TAC §11.507(1)
<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)(12)
<input type="checkbox"/> Schedule of Benefits (copayments)	<ul style="list-style-type: none"> • 28 TAC §11.506(2)(A)-(C)
<input type="checkbox"/> Student Coverage	<ul style="list-style-type: none"> • 28 TAC §11.506(19) • Chapter 1503
<input type="checkbox"/> Ten Days to Examine Agreement	<ul style="list-style-type: none"> • 28 TAC §11.507(2)
OPTIONAL EOC PROVISIONS	
<input type="checkbox"/> Arbitration	<ul style="list-style-type: none"> • 28 TAC §11.511(5)
<input type="checkbox"/> Subrogation	<ul style="list-style-type: none"> • 28 TAC §11.511(4)
<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
ELIGIBILITY & ENROLLMENT STANDARDS	
<input type="checkbox"/> Adopted Children	<ul style="list-style-type: none"> • 28 TAC §11.506(9)(A)(i)
<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 fibers or silica or has filed a claim governed by Chapter 90, Civil Practice and Remedies Code	<ul style="list-style-type: none"> • §544.453

<input type="checkbox"/> Effective Date	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Chapter 546
<input type="checkbox"/> Grandchildren	<ul style="list-style-type: none"> • 28 TAC §11.506(9)(E) • §§1271.005(e) • §1271.006 • §1201.062
<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)
<input type="checkbox"/> Limiting Age (subscriber & dependents)	<ul style="list-style-type: none"> • 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 • 28 TAC Chapter 21, Subchapter L
<input type="checkbox"/> Newborns	<ul style="list-style-type: none"> • 28 TAC §11.506(9)(D)
<input type="checkbox"/> Newly Acquired Dependents	<ul style="list-style-type: none"> • 28 TAC §11.506(9)(B)
<input type="checkbox"/> Past Denial of Coverage: HMO may ask whether enrollee has previously been denied health benefit plan coverage <i>only</i> for the purpose of determining whether to ask for other information relating to a factor used by the insurer in underwriting the coverage; HMO may not consider information in underwriting the coverage.	<ul style="list-style-type: none"> • §544.302
<input type="checkbox"/> Student Coverage	<ul style="list-style-type: none"> • 28 TAC §11.506(19) • Chapter 1503
<i>BASIC HEALTH CARE SERVICES-MANDATORY COVERAGE (28 TAC §11.508(a))</i> <i>(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"> • §843.002(2) • 28 TAC §11.2(b)(8)
<input type="checkbox"/> EMERGENCY SERVICES	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 28 TAC §11.508(a)(2)
<input type="checkbox"/> INPATIENT PHYSICIAN CARE SERVICES	<ul style="list-style-type: none"> • 28 TAC §11.508(a)(3)
<input type="checkbox"/> OUTPATIENT MENTAL HEALTH SERVICES (not less than 20 visits)	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 28 TAC §11.508(a)(1)
<input type="checkbox"/> PREVENTIVE HEALTH SERVICES INCLUDING: <ul style="list-style-type: none"> • Adult Immunizations • Cancer Screenings (Prostate & Colorectal Cancer) • Cancer Screenings (Mammography) • Eye & Ear Exams for Children Through Age 17 • Periodic Adult Health Examinations • Immunizations for Children • Well-Child Care From Birth 	<ul style="list-style-type: none"> • 28 TAC §11.508(a)(1)(H)
ADDITIONAL BENEFITS-OTHER THAN BASIC HEALTH CARE SERVICES	
<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	<ul style="list-style-type: none"> • §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) - Required HMO-Physician/Provider contract provision
<input type="checkbox"/> Craniofacial Abnormalities	<ul style="list-style-type: none"> • Chapter 1367, Subchapter D
<input type="checkbox"/> Diabetes Care-Self-Management Training, Equipment & Supplies	<ul style="list-style-type: none"> • 28 TAC §11.508(b)(3) • 28 TAC Chapter 21, Subchapter R • Chapter 1358
<input type="checkbox"/> Hearing Test for Newborns	<ul style="list-style-type: none"> • Chapter 1367, Subchapter C
<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"/> Minimum Inpatient Hospital Stay-Birth of Child & Postdelivery Care	<ul style="list-style-type: none"> • Required by Federal Law • 28 TAC §11.508(b)(2)
<input type="checkbox"/> Urgent Care	<ul style="list-style-type: none"> • 28 TAC §11.1607(g)
COVERAGE STANDARDS	
<input type="checkbox"/> Complications of Pregnancy	<ul style="list-style-type: none"> • 28 TAC §21.405
<input type="checkbox"/> Maternity Discrimination Prohibited (when maternity benefits covered) - Underwriting	<ul style="list-style-type: none"> • 28 TAC §21.404(6)
<input type="checkbox"/> Victims of Family Violence	<ul style="list-style-type: none"> • Chapter 544, Subchapter D
ENROLLMENT FORM/APPLICATION	
<input type="checkbox"/> Disability	<ul style="list-style-type: none"> • 28 TAC §11.1602
<input type="checkbox"/> OB/GYN-Selection	<ul style="list-style-type: none"> • 28 TAC §11.506(23)(F)
<input type="checkbox"/> Primary Language other than English	<ul style="list-style-type: none"> • 28 TAC §11.1602
MEMBER IDENTIFICATION CARDS	
<input type="checkbox"/> Basic Information	<ul style="list-style-type: none"> • 28 TAC §11.1601

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