

**TEXAS DEPARTMENT OF INSURANCE
REQUIRED DISCLOSURE STATEMENT FOR
ALL CONSUMER CHOICE HEALTH BENEFIT
PLANS ISSUED IN TEXAS**

Under Texas law, HMOs are permitted to market “Consumer Choice” plans, which do not have to comply with one or more state coverage requirements. They must also offer a plan that does comply with all state requirements. HMOs are required by law to obtain signatures of consumers showing they have been given this notice.

I have been informed that the consumer choice plan I am being offered does not include all of the health benefits usually required by Texas law. I understand that the following benefits are either excluded from the plan or provided at a reduced level:

Description of the State Requirements Reduced or Excluded	Benefit Reduced	Benefit Excluded
Deductibles - Section 11.506(2)(B), Subchapter F, Title 28, Texas Administrative Code: A deductible shall be for a specific dollar amount of the cost of the basic, limited, or single health care service. An HMO shall only charge a deductible for services performed out of the HMO’s service area or for services performed by a physician or provider who is not in the HMO’s delivery network.	Annual deductible will apply to services provided by HMO Participating Providers in the HMO service area. Per-occurrence deductibles may apply to certain services provided by HMO Participating Providers in the HMO service area.	
Limitations - Section 11.508 (d), Subchapter F, Title 28, Texas Administrative Code: A state-mandated health benefit plan defined in §11.2(b) of this title shall provide coverage for basic health care services as described in subsection (a) of this section, as well as all state-mandated benefits as described in §§21.3516-21.3518 of this title, and must provide the services without limitation as to time and cost, other than those limitations specifically prescribed in this subchapter.	Benefit limits will apply to Home Health Care Services; and/or Rehabilitative Services except for treatment of Acquired Brain Injury and Autism Spectrum Disorders.	
¹ Contraceptive Drugs/Services - Section 21.404(3), Subchapter E, Title 28, Texas Administrative Code: No insurer may exclude from prescription drug benefits oral contraceptives when all other prescription drugs are covered. TIC §§1369.101-1369.107: Coverage required for outpatient contraceptive services including consultation, examination, procedure, or medical service that is provided on an outpatient basis related to the use of a drug or device intended to prevent pregnancy.		¹ With respect to TIC §§1369.108, Exemption for Entities Associated with Religious Organizations, this health plan does not provide benefits for services that violate the religious convictions of the organization.

¹Only applies to groups who have declined coverage of contraceptive drugs and services based on religious convictions.

I understand that I can get more information about consumer choice plans from the Texas Department of Insurance (TDI) by visiting the TDI website at www.tdi.texas.gov/consumer/documents/ccpexplanation.pdf or by calling the TDI Consumer Help Line at 1-800-252-3439.

Signature of Applicant

Name of Applicant

Name of Business, if applicable

Address

City / State / ZIP

Date

Note: The HMO issuing the policy must keep this disclosure statement and provide it to the commissioner of insurance on request. **You have the right to a copy of this written disclosure statement free of charge.** You must sign a new disclosure statement when you buy a consumer choice plan and each time your policy renews.