

Form CCP Figure 1

**TEXAS DEPARTMENT OF INSURANCE
REQUIRED DISCLOSURE NOTICE FOR ALL EMPLOYER GROUP HMO CONSUMER CHOICE BENEFIT
PLANS ISSUED IN TEXAS**

As required by 28 TAC §21.3530, I have been informed that the Consumer Choice Standard Benefit Plan that I am purchasing does not include all state mandated health insurance benefits. I **understand** that the following benefits are provided at a reduced level from what is mandated, or are excluded completely from the plan**:

Mandated Benefit Description	Benefit Reduced	Benefit Excluded
<p>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.</p>	<p>This plan includes deductibles.</p>	
<p>BASIC HEALTH SERVICES - <i>Section 843.002(2) and Section 11.2(b)(8), Title 28, Texas Administrative Code</i></p> <p>Each evidence of coverage providing basic health care services shall provide the following basic health care services when they are provided by network physicians or providers.</p> <p>Outpatient services, including:</p> <ul style="list-style-type: none"> • Primary care and specialist physician services; • outpatient services by other providers; • diagnostic services, including laboratory, imaging and radiologic services; • therapeutic radiology services; • prenatal services, if maternity benefits are covered; • outpatient rehabilitation therapies including physical therapy, speech therapy and occupational therapy; • home health services, as prescribed or directed by the responsible physician or other authority designated by the HMO; <p>Preventive Services, including:</p> <ul style="list-style-type: none"> • Periodic health examinations for adults as required in the Insurance Code §1271.153; • well-child care from birth as required in the Insurance Code §1271.154; • Cancer screenings as required in the Insurance Code Chapter 1356 relating to mammography; • cancer screenings as required in the Insurance Code Chapter 1362 relating to screening for prostate cancer; • eye and ear examinations for children through age 17, to determine the need 	<p>All plan services and supplies may include a deductible, except for those services and supplies listed in the footnote, below, designated to be covered at 100% under the provisions of the Federal Patient Protection and Access to Care Act.</p> <p>Please refer to the Certificate of Coverage and Schedule of Benefits for a detailed description of covered benefits as well as information on cost-sharing responsibilities.</p>	

(Continued on the next page)

For use with Texas 2-100 HNOly 2000 80 and HNOly 3000 80 plans effective 1/1/14 (metallic and non-metallic). Also used for Texas HNOly 50% (metallic and non-metallic) when IVF is selected.

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Mandated Benefit Description	Benefit Reduced	Benefit Excluded
<p>for vision and hearing correction in accordance with established medical guidelines;</p> <ul style="list-style-type: none"> • immunizations for adults in accordance with the United States Department of Health and Human Services Centers for Disease Control Recommended Adult Immunization Schedule by Age Group and Medical Conditions, or its successor. • No less than 20 outpatient mental health visits per enrollee per year as may be necessary and appropriate for short-term evaluative or crisis stabilization services, which must have the same cost-sharing and benefit maximum provisions as any physical health services; and • Emergency services as required by the Insurance Code §1271.155. <p><u>Inpatient hospital services, including:</u></p> <p>Room and board, general nursing care, meals and special diets when medically necessary, use of operating room and related facilities, use of intensive care unit and services, x-ray services, laboratory and other diagnostic tests, drugs, medications, biologicals, anesthesia and oxygen services, special duty nursing when medically necessary, radiation therapy, inhalation therapy, administration of whole blood and blood plasma, and short-term rehabilitation therapy services in the acute hospital setting.</p> <p><u>Inpatient physician care services, including:</u></p> <p>Services performed, prescribed, or supervised by physicians or other health professionals including diagnostic, therapeutic, medical, surgical, preventive, referral and consultative health care services.</p> <p><u>Outpatient hospital services, including:</u></p> <p>Treatment services; ambulatory surgery services; diagnostic services, including laboratory, radiology, and imaging services; rehabilitation therapy; and radiation therapy.</p>		

(Continued on the next page)

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** Pursuant to the Federal Patient Protection and Access to Care Act (PPACA), the following are covered at 100% with no Copayments, Deductibles or dollar maximum benefits:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventative Service Task Force (USPSTF);
- Routine Adult Physical Examinations (including immunizations, routine vision and hearing screenings);
- Routine Well Child Care (including immunizations);
- Routine Cancer Screenings (which include Screening Mammograms; Prostate Specific Antigen (PSA) Tests; Digital-Rectal Exams (DRE); Fecal Occult Blood Tests (FOBT); Sigmoidoscopies; Double Contrast Barium Enemas (DCBE) and Colonoscopies);
- Routine Eye Examinations, including refraction;
- Pediatric Preventive Dental; and
- Routine Well-Woman Care, including Gynecological Exams and routine Pap smears.

* Note: if additional space is needed, the carrier may add additional lines, or may continue the list on a subsequent page, but must clearly note that an additional page is attached.

This HMO Consumer Choice Health Benefit Plan may include requirements and/or restrictions on deductibles, coinsurance, copayments, or annual or lifetime maximum benefit amounts that differ from other HMO plans. I understand that I may obtain from the Department of Insurance a consumer brochure with more information on Consumer Choice Health Benefit Plans, either by visiting the TDI website at [\[www.tdi.texas.gov/consumer/index.html\]](http://www.tdi.texas.gov/consumer/index.html), or by calling [1-800-252-3439].

Signature of Applicant

Name of Applicant

Name of Business (if applicable)

Address

City

State

Zip

Date

Note: This form must be retained by the carrier issuing the policy and must be provided to the Commissioner of Insurance upon request. **You have the right to a copy of this written disclosure statement free of charge.** A new form must be completed upon each subsequent renewal of this policy.