

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

Under Texas law, [insurers or 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. [Insurers or 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:

<b>Description of the State Requirements Reduced or Excluded</b> - if additional space is needed, the [insurer or HMO] may add additional lines, or may continue the list on a subsequent page, but must clearly note that an additional page is attached.	<b>Benefit Reduced</b>	<b>Benefit Excluded</b>
No Deductible [(HSA plans: Deductible applies to all covered services except Preventive Screenings/Immunizations and Telehealth/Telemedicine services.)]  [(Non-HSA plans: Deductible applies to [Lab,] [X-ray,] [Complex Imaging,] [Emergency Medical Transportation,] [Emergency Room Services,] and [Inpatient Hospital services, Outpatient Hospital services, Childbirth Delivery Facility services, Home Health Care, Skilled Nursing Facility services, Durable Medical Equipment, Prosthetics/Orthotics, Hospice, Infusion, Allergy Testing, Dialysis and Retail specialty drugs.))]		X
Home Health Visits	X	
Rehabilitation Visits	X	
In-Vitro Fertilization Visits	X	

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 <http://tdi.texas.gov/consumer/consumerchoice.html> 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 [insurer or 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.

