Memorial Hermann Commercial Health Plan, Inc.

Consumer choice plan disclosure statement

This health plan does not include the same level of benefits required in other plans.

This [PPO/ HMO] plan is a consumer choice plan. This plan doesn't include the same level of benefits that are in Texas health plans known as state-mandated plans. This plan does include all health benefits required by the Affordable Care Act.

[The benefits or coverages you are agreeing to on this renewal are different from your current plan.][2] [The benefits required by state law have changed since you first received this disclosure.][3] To see all benefits offered by this plan, go to the plan's "Summary of Benefits and Coverage."

Benefit/coverage: [4]	**This plan:**	**A health plan with required benefits (state-mandated plan):**
[Deductible The amount you pay for care before the plan begins to share the cost.]	Has a deductible.	Has no deductibles for in-network care.
Out-of-pocket costs The amount you pay when you receive care, up to an annual limit.	Includes out-of-pocket costs that meet federal requirements but may sometimes be more than in a state-mandated plan.	A copay must be less than 50% of the total cost of the service. Annual out-of-pocket costs must be capped at 200% of your annual premium cost if you alert the plan.
Habilitative and Rehabilitative Care that helps you improve skills for dailyliving.	Includes a limit on the number of visits per year for speech therapy, occupational therapy, and physical therapy.	Has no limit on the amount of care if it is needed for medical reasons.
Autism care Autism spectrum disorder is a disorder that often affects how a person interacts with others and communicates.	Covers applied behavioral analysis. Each year,the plan has a limit on the number of sessions for: • Speech therapy. • Occupational therapy. • Physical therapy.	Has no limit on the amount of care that is ordered by your doctor.

If you want a plan with all required benefits:

We also offer a state-mandated plan that includes all required benefits.

To learn more about this plan, call [855-645-8448] or visit [https://healthplan.memorialhermann.org].

[By signingthis form, you acknowledge the following:][8] [When you first bought this consumer choice plan, you agreed to the following statements:][9]

- I understand the consumer choice plan I am applying for does not provide the same level of coverage required in other Texas health plans (state-mandated plans).
- I understand I can get more information about consumer choice plans from the Texas Department of Insurance's website, www.tdi.texas.gov/consumer/consumerchoice.html, or by calling the Consumer Help Line at 1-800-252-3439.

Don't sign this document if you don't understand it.
No firme este documento si no lo comprende.

Print the name of the person applying: _____

Signature of the person applying: _____

Date of signature: _____

Name of business, if applicable: _____

[Memorial Hermann Commercial Health Plan must give you a copy of this statement upon request.][11]

[1] Only include this statement if the plan provides the federal essential health benefits.
[2] Only include this statement in forms provided at the time of renewal when the state-mandates in the plan have changed from the version of the form previously signed. The health carrier may choose to add explanatory language regarding what has changed.
[3] Only include this statement in forms provided at the time of renewal when additional state-mandates are enacted in law that are not included in the plan. The health carrier may choose to add explanatory language regarding what has changed.
[4] The cells below contain examples of plain language descriptions as required by 28 Texas Administrative Code Section 21.3530(c)(2).
[5] Only include for an individual market plan that is available on Healthcare.gov.
[6] Only include for an individual market plan that is not available on Healthcare.gov.
[7] Only include this statement in forms delivered on Healthcare.gov consistent with 28 TAC §21.3530(e)(2).
[8] Only include this statement in forms provided at the time of issuance when the applicant must sign the disclosure.
[9] Only include this statement in forms provided at the time of renewal when a signature is not required.
[10] Only include this statement in individual market plans.
[11] Do not include for disclosures delivered on Healthcare.gov consistent with 28 TAC §21.3530(e)(2).