Form CCP 1 LAHR 339 | 1016

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

Under Texas law, insurers 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 <u>does</u> comply with all state requirements. Insurers 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 - 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.	Benefit Reduced	Benefit Excluded
No Deductible		х
Home Health Visits	х	
Rehabilitation Visits	х	
In Vitro Fertilization Visits	х	

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 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.

MHCHP HMO CCP1 1/2019 1/1