



UniCare Life & Health Insurance Company
FOR CONSUMER CHOICE PLANS ONLY

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

As required by 28 TAC §21.3542, I have been offered the opportunity to apply for an accident and sickness insurance policy or evidence of coverage in the same category that most closely approximates the Consumer Choice Health Benefit Plan, that includes state-mandated health benefits, and that is otherwise authorized by the Insurance Code.

As required by 28 TAC §21.3530, I have been informed that the UniCare Life & Health 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:

Groups 2 –50 Employees

Mandated Benefit Description	Benefit Reduced	Benefit Excluded
Oral Contraceptives Prescription contraceptive drugs and devices and related services (unless the plan includes maternity benefits)		X
Offer of coverage for Serious Mental Illness		X
Chemical Dependency		X
Offer for coverage of in vitro fertilization		X
Offer of coverage of speech and hearing		X
Coinsurance differentials are greater than 30%	X	

Groups Over 50 Employees

Mandated Benefit Description	Benefit Reduced	Benefit Excluded
Telemedicine/Telehealth		X
Chemical Dependency		X
Offer for coverage of in vitro fertilization		X
Offer of coverage of speech and hearing		X
Coinsurance differentials are greater than 30%	X	

Insurance Coverage is underwritten by UniCare Life & Health Insurance Company ® Registered Mark of WellPoint, Inc.

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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.state.tx.us/consumer/indexc.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.

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