



Texas Benefit Comparison

This document outlines differences between the mandated benefits for small group fully insured plans and the benefits contained in the self-funded plan templates available through the Assurant Self-Funded Program in the state of Texas.

Service name & description	Fully insured benefit	Benefits included in the self-funded plan templates
Maternity and Newborn	Covered, subject to deductible and coinsurance	<ul style="list-style-type: none"> • Maternity covered, subject to deductible and coinsurance • Routine well newborn care, including nursery care, is subject to coinsurance only, deductible is waived for the newborn child if they are added as a covered dependent
Mental Health and Substance Abuse	Covered, subject to deductible and coinsurance	<p>For groups with less than 51 employees</p> <ul style="list-style-type: none"> • Inpatient confinement: 30-day limit, subject to plan deductible and 50% coinsurance • Outpatient: covered, subject to deductible and 50% coinsurance • 50% coinsurance applies to out-of-pocket maximum <p>For groups with more than 50 employees:</p> <ul style="list-style-type: none"> • Covered same as any other illness
Pediatric Vision	<ul style="list-style-type: none"> • 1 routine eye exam visit per plan year • 1 pair of glasses per plan year 	Not covered
Pediatric Hearing	Hearing test is covered for infants	Not covered

This is a summary of benefits. It is not intended to represent all benefits provided by fully insured health plans or to represent all benefits included under a self-funded plan established by an employer. Please refer to the summary plan description or ask your agent for a complete listing of self-funded plan benefits, limitations and exclusions.

The Assurant Self-Funded Program provides tools for small-business employers to establish a self-funded health benefit plan for their employees. The benefit plan is established by the employer and is not an insurance product. Stop loss insurance for the self-funded plan is underwritten and issued by Time Insurance Company.



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Telehealth and Telemedicine	Subject to deductible and coinsurance	Not covered
Habilitative and Rehabilitative <ul style="list-style-type: none"> Physical Therapy Speech Therapy Occupational Therapy 	PT, OT, Adjustments & Manipulations: limited to 35 visits combined per covered person per plan year	No defined limits; coverage will cease when measurable and significant progress toward expected and reasonable outcomes has been achieved or has plateaued as determined by the lan
Home Health Care	Limited to 60 visits per covered person per plan year	Limited to 50 visits per covered person per plan year
Autism Spectrum Disorders	Coverage includes applied behavior analysis therapy for treatment of autism spectrum disorders for a covered person under 10 years of age when part of a treatment plan	<ul style="list-style-type: none"> Subject to medical necessity review Administered under the Mental Health and Substance Abuse benefit
Medical Foods	Subject to deductible and coinsurance	Not covered
Pediatric Dental	<ul style="list-style-type: none"> Covers 1 dental checkup every 6 months Anesthesia covered under age 14 	<ul style="list-style-type: none"> Not covered Anesthesia is covered for children under age 6 if related to a dental condition or a developmental disability for which patient management in the dental office has proven to be ineffective

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