

**Art. 3.50-3.**

**Texas State College and University Employees  
Uniform Insurance Benefits Act**

**Citation**

Sec. 1. This Act Shall be known and may be cited as the "Texas State College and University Employees Uniform Insurance Benefits Act."

**Purposes**

Sec. 2. It is hereby declared that the policy and purposes of this Act are:

- (a) to provide uniformity in the basic group life, accident, and health insurance coverages for all employees of Texas institutions;
- (b) to enable Texas institutions to attract and retain competent and able employees by providing them with basic life, accident, and health insurance coverages comparable to those commonly provided in private industry and those provided employees of other agencies of the State of Texas and Texas public colleges and universities under the Texas Employees Uniform Group Insurance Benefits Act;
- (c) to foster, promote, and encourage employment by and service to the institutions of Texas as a career profession for persons of high standards of competence and ability;
- (d) to recognize and protect the investment of the Texas institutions in each employee by promoting and preserving economic security and good health among employees of the Texas institutions;
- (e) to foster and develop high standards of employer-employee relationships between the Texas institutions and their employees; and
- (f) to recognize the long and faithful service and dedication of employees of the Texas institutions and to encourage them to remain in service until eligible for retirement by providing health insurance and other group insurance benefits for such employees.

## Definitions

### Sec. 3.

- (a) Unless a different meaning is plainly required by the context, the following words and phrases as used in this Act shall have the following meanings:
- (1) "Administering carrier" shall mean any carrier or organization, qualified to do business in Texas, designated by an institution to administer any services, benefits, insurance coverages, or requirements in accordance with this Act.
  - (2) (A) "Retired employee" shall mean a former employee as defined in this Act who has at least three years' service as an eligible employee with an employing institution, whose last state employment before retirement was with that employing institution, and who retires or has retired under a retirement provision under the jurisdiction of:
    - (i) the Teachers Retirement System of Texas, pursuant to Subtitle C, Title 8, Government Code;
    - (ii) the Optional Retirement Program, Chapter 830, Government code; provided, however, that the employee has met service requirements, age requirements, and other applicable requirements as may be promulgated by the institution comparable to the requirements for retirement under the Teachers Retirement System of Texas;
    - (iii) the Employees Retirement System of Texas; or
    - (iv) any other federal or state statutory retirement program to which the institution has made employer contributions; provided, however, that the employee has met service requirements, age requirements, and other applicable requirements as may be promulgated by the institution comparable to the requirements for retirement under the Teachers Retirement System of Texas.
  - (B) A former employee is eligible to be classified as a retired employee at an employing institution if the former employee:
    - (i) meets the minimum requirements established under Paragraph (A) of this subdivision to qualify as a retired employee except that the last state employment before retirement is not at the employing institution; and

- (ii) does not meet the requirements for a retired employee under Section 3, Texas Employees Uniform Group Insurance Benefits Act (Article 3.50-2, Vernon's Texas Insurance Code).
- (3) "Carrier" shall mean a qualified carrier as defined in this Act.
- (4) (A)"Employee" shall mean any person employed by a governing board of an institution:
  - (i) who received his compensation for services rendered to an institution, is eligible for participation in the Teachers Retirement System of Texas, and is expected to work at least 20 hours per week and to continue in the employment for a term of at least 4 1/2 months or is appointed for at least 50 percent of a standard full-time appointment; or
  - (ii) who receives his compensation for services rendered as provided in this subdivision but is not permitted to be a member of the Teachers Retirement System of Texas because he is solely employed by an institution of higher education that as a condition of employment requires the employee to be enrolled as a student in the institution in graduate-level courses and who is employed at least 20 hours a week.
- (B) Persons performing personal services for such institutions as independent contractors shall never be considered employees for purposes of this Act.
- (5) "Employer" shall mean the institutions defined in Subdivision (7) of this section.
- (6) "Group life, accident, or health insurance plan" shall mean any group insurance policy or contract, life , accident, medical, dental, or hospital service agreement, membership or subscription contract, or similar group arrangement provided by an administering carrier.
- (7) "Institution" shall mean The University of Texas System or The Texas A&M University System.
- (8) "Dependent" shall mean the spouse, as defined in the Texas Family Code, of an employee or retired employee, and an unmarried child under 25 years of age including: (A) an adopted child, (B) a stepchild, foster child, or other child who is in a regular parent-child relationship, (C) any such child, regardless of age, who lives with or whose care is provided by an employee or retired employee on a regular basis, if such child is mentally retarded or

physically incapacitated to such an extent as to be dependent upon the employee or retired employee for care or support, as the institution shall determine.

- (9) "President" shall mean the duly authorized chief official of any institution covered under the provisions of this Act or such other official as may be designated by a governing board to carry out the provisions of this Act.
- (10) "Qualified carrier" shall mean:
  - (A) any insurance company authorized to do business in this state by the Texas Department of Insurance to provide any of the types of insurance coverages, benefits, or services provided for in this Act under any of the insurance laws of the State of Texas, which has an adequate surplus, a successful operating history, and which has had successful experience in providing and servicing any of the types of group coverage provided for in this Act as determined by the Texas Department of Insurance;
  - (B) any corporation operating under Chapter 20 of the Texas Insurance Code which provides any of the types of coverage, benefits, or services provided for in this Act, which has a successful operating history, and which has had successful experience in providing and servicing any of the types of group coverage provided for in this Act as determined by the Texas Department of Insurance; or
  - (C) any combination of carriers as herein defined, upon such terms and conditions as may be prescribed by the institution; provided, however, that for purposes of this Act carriers combining for the purpose of bidding and/or underwriting this program shall not be considered in violation of Chapter 15, Business & Commerce Code.
- (11) "Service" shall mean any personal services of any employee creditable in accordance with rules and regulations promulgated by the institution.
- (12) "Active employee plan" shall mean a plan or program of group life, accident, or health insurance for active employees as determined by the institution as provided in this Act.
- (13) "Retired employee plan" shall mean a plan or program of group insurance as determined by the institution as defined in this Act for all retired employees as defined in this Act.

- (14) "Cafeteria plan" means a plan as defined and authorized by Section 125, Internal Revenue Code of 1986 (26 U.S.C. Sec. 125).
- (15) "The University of Texas System" means the entities listed or described in Section 65.02, Education Code.
- (16) "Serious mental illness" means the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM) III-R:
- (A) schizophrenia;
  - (B) paranoid and other psychotic disorders;
  - (C) bipolar disorders (mixed, manic, and depressive);
  - (D) major depressive disorders (single episode or recurrent); and
  - (E) schizo-affective disorders (bipolar or depressive).
- (17) "The Texas A&M University System" means the entities governed under Chapters 85 through 88, Education Code, and includes the Texas Veterinary Diagnostic Laboratory.
- (18) "Basic coverage" means health insurance coverage and other coverages that meet the basic coverage standards established under Section 4(b)(1) of this Act.
- (19) "Serious mental illness" has the meaning assigned by Section 1, Article 3.51-14, Insurance Code.
- (19) "Optional coverage" means group coverages other than basic coverage.
- (b) In addition to the foregoing definitions, the institution shall have authority to define by rule any words and terms necessary in the administration of this Act.
  - (c) Notwithstanding Subsection (a)(2) of this section, a person who, before September 1, 1991, retired under Subtitle C, Title 8, Government Code, with at least five but less than 10 years of service is a retired employee for purposes of this Act.

## **Authority**

### Sec. 4.

- (a) A Texas State college and University Employees Uniform Insurance Benefits Program is hereby created. Each institution shall implement the program for the benefit of its employees and retired employees.
- (b) Each institution shall:
  - (1) determine basic coverage standards which shall be comparable to those commonly provided in private industry and those provided employees of other agencies and institutions of higher education of the State of Texas under the Texas Employees Uniform Group Insurance Benefits Act (Article 3.50-2, Vernon's Texas Insurance Code). The institution may design a plan around existing local conditions.
  - (2) include in its respective bid documents for the various coverages a provision calling for each bidder to identify its administrative cost as a distinguishable figure and to enumerate what services the bidder will render in exchange for the administrative costs so identified.
  - (3) determine basic procedural and administrative practices for insurance coverages to be provided under the provisions of this Act.
  - (4) submit its program, including any agreement under which a firm is engaged to administer a self-insured program, to competitive bidding at least once every six years. It is further provided that:
    - (A) The Texas Department of Insurance shall provide, by request of the institution , a list of all carriers authorized to do business in the State of Texas and who will be eligible to bid on the insurance coverage or coverages provided in this Act.
    - (B) The Texas Department of Insurance shall, upon request by the institution, examine and evaluate the bidding contracts and certify their actuarial soundness to the institution within 15 days from the date of request.
    - (C) The institution is not required to select the lowest bid, but shall take into consideration other factors such as ability to service contracts, past experience, financial stability, and other relevant criteria. Should the institution select a carrier whose bid differs from that advertised, the reasons for such deviation shall be fully justified and recorded in the minutes of the next meeting of the governing board of the institution.

- (D) The institution shall select and contract for services performed by health maintenance organizations that are approved by the State of Texas to offer health-care services to eligible employees and retired employees in a specific area of the state.
  - (5) adopt rules and regulations consistent with the provisions of this Act and its purpose as it deems necessary to carry out the statutory responsibilities.
  - (6) establish procedures to allow each covered employee and retired employee to obtain prompt action regarding claims pertaining to insurance provided under this Act.
- (c) An advisory committee for each institution shall be selected, serve, and perform duties as hereinafter described:
- (1) Selection. One member of the advisory committee shall be elected from each of the components, units, or agencies of the institution at such times as designated by the institution and in accordance with general guidelines for such elections provided by the institution.
  - (2) Qualifications of members. The members of the advisory committee shall be chosen from among employees as defined in this Act. The persons so elected shall demonstrate mature judgement, special abilities, and sincere interests in employee insurance programs and be able to represent the needs of all employees of the component, unit, or agency represented with regard to advisory committee actions.
  - (3) Terms of membership. Members of the advisory committee elected under the terms of this Act shall serve for a period of two years, subject to reelection. At the initial meeting of the advisory committee, and subsequently each year, the members who are elected shall elect a chairman and other such officers as may be necessary. A vacancy shall be filled by an employee of the same component, unit, or agency from which the vacancy occurred, being appointed by the chief executive officer of the component, unit, or agency for the balance of the vacated term.
  - (4) Duties.
    - (A) The advisory committee shall cooperate and work with the governing board of the institution in coordinating and correlating the administration of the group insurance program among the various components, units, and agencies. Members of the advisory committee shall cooperate and work with the governing board of the institution as advisors in development, implementation, coordination, and administration of the group

insurance programs among the various components, units, and agencies.

- (B) The advisory committee shall provide a channel for open communication of ideas and suggestions regarding coverages, eligibility, claims, procedures, bidding, administration, and all other aspects of employee insurance benefits.
- (d) Notwithstanding any other provisions of this Act, the governing boards providing programs of benefits under this Act are authorized to self-insure the programs and may, at their discretion, engage a firm to administer the program. Any plan of coverages for which an institution does not purchase insurance but provides coverage on a self-insured basis is exempt from any other insurance law of this state unless the law expressly applies to that plan or this Act.
- (e) The governing board of each institution providing benefits under this Act may design, develop, adopt, implement, and administer a cafeteria plan. The governing board may include in a cafeteria plan any benefit that may be included in a cafeteria plan under federal law. In addition to other authority granted to a governing board by this Act, the governing board may cooperate and work with and may enter into necessary contracts and agreements with one or more independent and qualified agencies, persons, or entities to design, develop, adopt, implement, or administer or to assist in the design, development, adoption, implementation, or administration of a cafeteria plan under this Act. A cafeteria plan may be designed, developed, adopted, implemented, and administered by or on behalf of an institution. If the governing board determines that a cafeteria plan adopted under this subsection is no longer advantageous to the institution and its employees, the governing board may adopt an order terminating the cafeteria plan and providing a procedure for the orderly withdrawal of the institution and its employees from that plan.
- (f) An institution may join with another institution to procure one or more group contracts with any insurance company authorized to do business in this state, insuring the employees and retired employees of each participating institution. The purpose of this authorization is to provide institutions of higher education with the ability to obtain the benefits of economy and improved coverages for their employees and retired employees which may occur through increased purchasing economies for larger groups of employees.
- (g) An institution may join with the trustee of the program established under the Texas Employees Uniform Group Insurance Benefits Act (Article 3.50-2, Vernon's Texas Insurance Code) or the trustee of the program established under Article 3.50-4, Insurance Code, to provide long-term care insurance coverage. Each participating trustee and the governing board of the institution must mutually agree to join together for this

purpose, subject to terms that are beneficial to all participants. An institution may not participate in an agreement under this subsection unless any cost or administrative burden associated with the development of, implementation of, or communications about the long-term care coverage program is incidental.

Sec. 4A. Repealed by Acts 1991, 72<sup>nd</sup> Leg., ch. 242, 11.124(a), eff. Sept. 1, 1991.

Sec. 4B. Repealed by Acts 1991, 72<sup>nd</sup> Leg., ch. 242, 11.124(b), eff. Sept. 1, 1991.

### **Excluding or limiting certain coverages prohibited**

Sec. 4C. An institution, in contracting for group insurance or health maintenance organization coverage or in self-insuring its own coverage, may not contract for or provide in that coverage:

- (1) an exclusion or limitation on coverage or services for acquired immune deficiency syndrome, as defined by the Centers for Disease Control of the United States Public Health Service, or human immunodeficiency virus infection; or
- (2) provides coverage for serious mental illness that is less extensive than the coverage provided for any other physical illness.

### **Benefit Certificates**

Sec. 5. Each institution shall assure that each employee and retired employee insured under this Act is issued a certificate of insurance or plan description setting forth the benefits to which the employee or retired employee is entitled, to whom the benefits are payable, to whom the claims shall be submitted, and summarizing the provisions of the policy or contract principally affecting the employee or retired employee.

Sec. 6. Repealed by Acts 1991, 72<sup>nd</sup> Leg., ch. 242, 11.124(b), eff. Sept. 1, 1991.

### **Reinsurance**

Sec. 7. The institutions may arrange with any administering carrier or carriers issuing any policy or policies under this Act for the reinsurance of portions of the total amount of insurance under such policy or policies with other qualified carriers which elect to participate in the reinsurance.

## Annual accounting

### Sec. 8.

- (a) Carriers providing any policy purchased under this Act shall provide an accounting to the institution not later than 120 days after the end of each policy year. The accounting for each line of coverage shall set forth, in a form acceptable to the institution:
  - (1) the cumulative amount of premiums actually remitted to the carrier under the policy from its date of issue to the end of the policy year, the amount of premiums actually remitted under the policy for each year from the anniversary date to the end of that policy year;
  - (2) the total of all mortality and other claims, charges, losses, costs, contingency reserve for pending and unreported claims and expenses incurred for each of the periods corresponding to each of the periods heretofore described in Subsection (a)(1) of this section;
  - (3) the amounts of the allowance for a reasonable profit, contingency reserves, and all other administrative charges corresponding to each of the periods as heretofore described in Subsection (a)(1) of this section.
- (b) Any excess of the total of Subsection (a)(1) of this section over the corresponding sum of Subsections (a)(2) and (a)(3) of this section may be held by the carrier issuing the policy as a special reserve. Such reserve may be used at the discretion of the institution for, but not limited to, providing additional coverage for participating employees or retired employees, offsetting necessary premium rate increases, or to reduce participating employee or retired employee premium contributions to the coverage. Any reserve held by the carrier would bear interest at a rate determined each policy year by the carrier and approved by the institution as being consistent with the rate generally used by the carrier for similar funds held under other group insurance policies.

### Sec. 9.

- (a) All insurance benefits and other payments and transactions made pursuant to the provisions of this Act to any employee or retired employee covered under the provisions of this Act shall be exempt from execution, attachment, garnishment, or any other process whatsoever.
- (b) Premiums on policies, insurance contracts, or agreements with health maintenance organizations established under this Act are not subject to any state tax, regulatory fee, or surcharge, including premium or maintenance taxes or fees.

## **Death Claims**

- Sec. 10. The amount of group life insurance and group accidental death and dismemberment insurance in force on an employee or retired employee at the date of his death shall be paid, on the establishment of a valid claim, to the person or persons surviving at the date of his death, in the following order:
- (a) to the beneficiary or beneficiaries designated by the employee or retired employee in a signed and witnessed writing received before death in the appropriate office of the institution. For this purpose, a designation, change, or cancellation of beneficiary in a will or other document not so executed and filed has no force or effect.
  - (b) if no beneficiary is designated in accordance with Subsection (a) of this section, payment shall be made in accordance with the death benefit provisions of Subtitle C, Title 8, Government Code.

## **Automatic Coverage**

Sec. 11.

- (a) No eligible employee or eligible retired employee shall be denied enrollment in any of the coverages provided by this Act; provided, however, that the employee or retired employee may waive in writing any or all such coverages.
- (b) From the first day of employment, the institution shall automatically provide basic coverage for each active full-time employee who has not waived basic coverage or selected optional coverages. If the cost of an active employee's or retired employee's basic coverage exceeds the amount appropriated by the legislature for an employee or retired employee, the institution must provide optional coverage at no cost to the employee or retired employee. If the employee or retired employee chooses the basic coverage rather than optional coverage, the institution may deduct from or reduce the monthly compensation of the employee, or, for a retired employee, require appropriate payment, up to one-half of the amount that exceeds the state's contribution for an employee, and the institution shall pay the difference.
- (c) Each employee or retired employee who is automatically covered under this section may subsequently retain or waive the basic coverage plan and may make application for any other coverages provided under this Act within applicable standards.

Sec. 11A. Repealed by Acts 1991, 72<sup>nd</sup> Leg., ch. 242, 11.124(c), eff. Sept. 1, 1991; Acts 1991, 72<sup>nd</sup> Leg., ch. 513, 2, eff. June 15, 1991.

Sec. 12.

- (a) Each institution and agency covered under the provisions of this Act shall contribute monthly to the cost of each insured employee's and retired employee's coverage no less than the amount appropriated therefor by the legislature in the General Appropriations Act. An amount equal to the amount appropriated for an employee and retired employee under the General Appropriations Act shall be appropriated for each employee and retired employee by the governing board of the institution in its respective official operating budget, if the institution's employees are compensated from funds appropriated by such budgets rather than by the General Appropriations Act.
- (b) Except for a participant in a cafeteria plan, each employee shall authorize, in writing or electronically, and in a form satisfactory to the institution, a deduction from his monthly compensation of the difference between the total cost of premiums and the amount contributed therefor by the institution or agency. An employee who is participating in a cafeteria plan shall execute a salary reduction agreement under which his monthly compensation will be reduced in an amount that is equal to the difference between the amount appropriated by the General Appropriations Act or the institution's budget and the cost of the employee's selected coverages for which he is eligible to pay under the cafeteria plan. Also, the electing employee shall execute a salary deduction agreement for any portion of the cost that is not covered by state or institutional appropriations and cafeteria plan contributions.
- (c) A retired employee shall execute agreements and make appropriate contributions in a manner analogous to the requirements adopted under Subsection (b) of this section for an active employee.

**Employer contributions**

Sec. 13. Certification shall be submitted on or before the first day of November next preceding each regular session of the legislature; the institutions and agencies covered under the provisions of this Act shall certify to the Legislative Budget Board and budget division of the Governor's Budget and Planning Office the amount necessary to pay employer contributions for each active and retired employee from the effective date of this Act. The Legislative Budget Board and the Governor's Budget and Planning Office will establish procedures to insure that eligible institutions request appropriate funds to support this program and shall present appropriate budget recommendations to the legislature. The Teachers Retirement System of Texas, Optional Retirement Program carriers, and Employees Retirement System of Texas shall furnish each institution such information as may be deemed necessary by the institution to provide retired employees with the coverages and employer contributions provided under the Act.

### **Administrative costs**

Sec. 14. Employee covered under the provisions of this Act shall be required to pay out of the amount of employer contributions due him or out of the amount of his additional premiums due for selected coverages the expenses of the committees established in this Act; however, expenses for the administration of the self-insured plan as provided in Section 4(d) of this Act may come from the contributions of employees and the state after payments for any coverages provided for under this Act have been made. The duties of each member of the advisory committees shall be considered additional duties to those required of his other state office or employment, and all expenses incurred by any such member in performing his duties as a member of the committee shall be paid out of funds made available for those purposes to the institution of which the member is an employee or officer.

Sec. 14A. [Blank]

### **Cafeteria plan fund**

Sec 14B.

- (a) The governing board of each institution may establish a cafeteria plan fund that shall be administered by the governing board. Salary reduction payments for benefits included in a cafeteria plan adopted under this Act other than coverages under the Texas State College and University Employees Uniform Insurance Benefits Program and appropriations by the state for the administration of a cafeteria plan adopted under this Act shall be paid into the fund. The fund is available without fiscal year limitation:
  - (1) for all payments for any benefits included in a cafeteria plan adopted under this Act other than coverages under the Texas State College and University Employees Uniform Insurance Benefits Program; and
  - (2) to pay expenses for administering the cafeteria plan adopted under this Act.
- (b) The governing board may establish a monthly charge to be paid by each employee who elects to participate in a cafeteria plan adopted under this Act for the purpose of paying the expenses of administering the cafeteria plan. The governing board shall establish the amount of the monthly charge. If the governing board establishes a monthly charge, each employee who participates in the cafeteria plan shall authorized payment of the charge by executing a payroll deduction agreement or as part of the salary reduction agreement, as determined by the governing board. The monthly charge shall be paid into the cafeteria plan fund.

- (c) The governing board may invest and reinvest any of the money in the cafeteria plan fund. The interest on, earnings of, and the proceeds from the sale of the investments become a part of the fund.

### **Reports, records, and audits**

Sec. 15. Each contract entered into under this Act shall contain provisions requiring administering carriers to

- (1) furnish such reasonable reports as the institution determines to be necessary to enable it to carry out its functions under this Act; and
- (2) permit the institution and representatives of the state auditor to examine records of the carriers as may be necessary to carry out the purpose of this Act.

Sec. 15A. Repealed by Acts 1997, 75<sup>th</sup> Leg., ch. 1122, 18, eff. Sept. 1, 1997.

### **Applicability of state open-meetings and open records statutes and federal and state privacy statutes**

Sec. 16. Any reports which shall be required by action of an institution or an advisory committee that has been established under the Act shall be matter of open record, available for review under the provisions of applicable open-record statutes of the State of Texas. This shall not be interpreted to require the release of any records pertaining to individuals insured under the provisions of this Act, the release of which would be in conflict with the rights of these individuals under federal and state privacy statutes. Meetings which are necessary for the administration of the Act shall be subject to applicable provisions of state open-meetings statutes.

### **Coverage for Dependents**

Sec. 17.

- (a) Any employee or retired employee shall be entitled to secure for his dependents any uniform group insurance coverages provided for such dependents under the rules and regulations to be promulgated by each institution. Premium payments required of the employee or retired employee in excess of employer contributions shall be deducted from the monthly pay of the employee, or the employee's monthly pay shall be reduced in the appropriate amount, or paid in such a manner and form as the institution shall determine.
- (b) This subsection applies to the surviving spouse of an employee who had at least five years of service on the date of the employee's death, including at least three years of service as an eligible employee with the employing institution, or the surviving spouse of a retired employee. A surviving

spouse subject to this subsection may elect to retain the decedent's authorized coverages and may also retain authorized coverages for any eligible dependent, at the group rate for employees, if, on the date of the death, those coverages were in effect for the spouse or dependent.

#### **Effective date**

Sec. 18. This Act shall become effective September 1, 1977, and basic coverages shall be provided by each institution covered under this Act beginning no later than September 1, 1979.

#### **Severability**

Sec. 19. If any word, phrase, clause, paragraph, sentence, part, portion, or provision of this Act or the application thereof to any person or circumstance shall be held to be invalid or unconstitutional, the remainder of the Act in all its particulars and as to all other persons and circumstances shall be valid and of full force and effect, and the legislature hereby declares that this Act would have been enacted without such invalid or unconstitutional word, phrase, clause, paragraph, sentence, part, portion, or provision, and to this end the provisions of this Act are declared to be severable.

#### **Repeal**

Sec. 20. All laws or parts of laws in conflict with this Act are hereby repealed to the extent of such conflict only.

## **Art. 3.51-14.**

### **Coverage for Certain Serious Mental Illnesses**

#### **Definitions**

Sec. 1. For purposes of this article:

- (1) "Serious mental illness" means the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM);
  - (A) schizophrenia;
  - (B) paranoid and other psychotic disorders;
  - (C) bipolar disorders (hypomanic, manic, depressive, and mixed);
  - (D) major depressive disorders (single episode or recurrent);
  - (E) schizo-affective disorders (bipolar or depressive);
  - (F) pervasive developmental disorders;
  - (G) obsessive-compulsive disorders; and
  - (H) depression in childhood and adolescence.
- (2) "Group health benefit plan" means a plan described by Section 2 of this article.
- (3) "Small employer" has the meaning assigned by Article 26.02 of this code.