



Understanding Your Health Insurance FAQs

What is a Co-payment? The payment you make, usually a fixed dollar amount such as \$15, each time you visit the doctor or have a medical/behavioral therapy. Not all plans have copayments. These typically do not accumulate toward the deductible.

Note: Your plan may have different co-payments for different services. For example, behavioral health, speech therapy, occupational therapy, and physical therapy sessions may have copayments that are different than when you visit the doctor.

What is a Co-Insurance? Shared costs between you and the health insurance plan. For example, you pay 20 percent of costs and your plan pays 80 percent. These percentages may be different from plan to plan. Some plans may not have coinsurance.

What is a Deductible? The amount you're responsible for paying for covered medical expenses before your health insurance plan begins to pay for covered medical expenses each year.

Note: Your plan may have separate deductible fund amounts for therapeutic services from your general plan deductible. For example, your plan may have a \$500 deductible for speech therapy services, a \$500 deductible for occupational therapy, etc.

Who is the behavioral health insurer? This is who will reimburse for services such as ABA and counseling/therapy for your child or family provided by a LMHC, LICSW, or PhD/PsyD level psychologist. This is often a separate provider than your basic health insurance provider.

Do I have a benefit limit for services such as speech therapy, occupational therapy or physical therapy? Some policies put a limit on the number of sessions allowed per benefit year, even if the service is covered. Clinicians may request additional sessions with clinical justification, however approval is not guaranteed.

Are speech therapy, occupational therapy, and physical therapy covered with a diagnosis of Autism Spectrum Disorder? Some insurance policies only cover those therapies to treat an injury or medical condition such as stroke or cochlear implants (not developmental needs).

What does it mean for a service to be 'medically-necessary'? Some insurance policies have benefits for therapeutic services listed (speech-language therapy, occupational therapy, etc.) but are only covered if the child has a diagnosis that deems the intervention 'medically-necessary'. Medical necessity by the insurance definition often does not include development concerns such as autism, development delay and speech language disorder.

What is ARICA? ARICA requires health insurers in Massachusetts to provide coverage for the diagnosis and treatment of Autism Spectrum Disorders. More information found here:

<http://www.mass.gov/eohhs/docs/eohhs/autism/arica-factsheet.pdf> and here:
<https://malegislature.gov/Laws/SessionLaws/Acts/2010/Chapter207>.