



### Do you have an Autism insurance benefit in your health plan?

Many health insurance plans now cover the treatment of Autism Spectrum Disorders (ASD), including ABA therapy. In order to determine whether your plan covers the treatment of ASD, please see the information relevant to your plan type below.

### Information about the Autism Regulations in Florida

The Steven A. Geller Autism Coverage Act requires coverage for ABA therapy for individuals 0 - 18 and 18 - 22 (if still in high school and diagnosed before age 8) with Autism Spectrum Disorder for large group insurance plans and state plans.

Note: The law also requires similar coverage for the treatment of Down Syndrome.



#### Employer Sponsored Health Plans:

Some employer-sponsored health plans cover ABA therapy. Step-by-step instructions for determining if your plan covers ABA are found below.

#### Individual Plans:

While it is not mandated by law, select individual plans sold in Florida include coverage for ABA.

#### Federal Employees:

All federal employee health plans have an ABA benefit.

#### Florida State Employees:

All Florida State Employee Health Plans cover ABA.

#### Military / Tricare:

Through the Comprehensive Autism Care Demonstration, ABA therapy is available to all Tricare beneficiaries, both active duty and retired.

#### Medicaid Plans:

Florida Medicaid plans cover ABA for all eligible Medicaid recipients under the age of 21 requiring medically necessary ABA services. Contact FL Agency for Health Care Administration for specific details.

### Does your Private Employer-Sponsored Insurance cover ABA?

Follow the steps below to determine if your employer-sponsored health plan has an autism benefit that covers ABA. All plans will require that your child have a diagnosis of Autism Spectrum Disorder or Down Syndrome in order to authorize coverage.

1. Determine if your group health plan is fully-funded or self-funded (aka self-insured). You can ask your HR department directly, or you can ask your insurance company by calling the number on the back of your card.
  - a. Fully-funded plans are regulated by state laws and are subject to the terms of your state's autism insurance laws.
  - b. Self-funded plans are regulated by federal laws and are not subject to the terms of your state's insurance laws.
2. For self-funded plans: Ask your HR department or insurance company whether the policy contains an autism benefit. A partial list of self-funded companies with autism benefits is available in the Autism Speaks Self-funded Employer Tool Kit found on their website.
  - a. If the plan does not cover autism or ABA, consider using Autism Speaks' Self-funded Employer Tool Kit (found on their website) to approach your employer about adding an autism benefit
3. For fully-funded plans: Determine whether your policy is subject to a state autism insurance mandate.
  - a. Ask your HR department or insurance company for the state in which the insurance contract was written. Your plan will fall under the laws of the contract state, not the state in which you live.
  - b. Ask your HR department or insurance company whether your plan is a small (50 employees or less) or large (more than 50 employees) group policy.
  - c. Then, look online to determine the types of plans that are covered by autism insurance regulations in the state in which the contract was written, and whether those regulations apply to a plan of your type. If your type of plan is covered under the law, your insurance policy must cover the mandated level of benefits.
4. If your plan does cover ABA, pre-authorization for services is likely to be required. Your provider can help you apply for authorization.