HOPE FOR AUTISM

an insurance reference guide for parents & caregivers

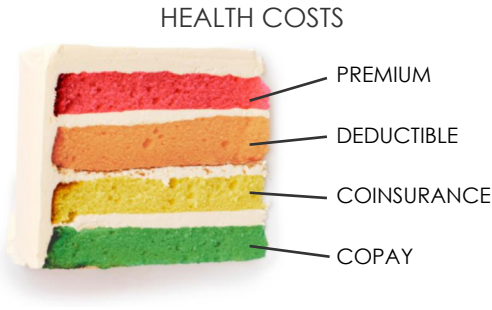
Therapy BEYOND

HEALTH INSURANCE is designed to help you and your family cover the cost of your medical expenses if you get sick or injured, just like auto insurance covers your car if you get into an accident.

EXAMPLE

Consider this example as you learn more about these health insurance terms below

$500 Monthly Premium
$30,000 Medical Bill
$3,000 Deductible
20% Coinsurance
$50.00 Copayment
$5,000 Out-of-Pocket Maximum



OUT OF POCKET EXPENSES

PREMIUM is the specific amount you are responsible to pay each month whether or not you use any medical services. This amount has to be paid each month, or your insurance could get canceled, kind of like not paying your cable bill. You can also look at it like a piggy bank - you chip in every month, even if you don't need it, and that money is there when you do need it. Life happens, and that's when insurance really comes in handy!

In addition to the monthly **premium**, your plan will likely have you pay a portion of your medical expenses using your own money. These out of pocket costs may include...

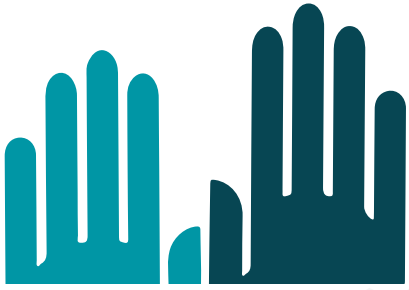
Deductible
Copayment
Coinsurance

OUT OF POCKET EXPENSES, CONT.

DEDUCTIBLE is the amount of money you pay for your health care expenses before your health insurance starts covering some of your costs. In the example on page 2, your deductible is $3,000, and your health insurance will not pay any of your health care costs until you have paid your entire deductible. So, if you have a $30,000 medical bill, you'll be required to pay your $3,000 deductible. The remaining $27,000 will be split between you and your health insurance provider. Once the insurance company is paying part of the costs, your portion is called the copay (if it is a flat dollar amount). It is called coinsurance if it is a percentage.

KNOW THE DIFFERENCE

COPAYMENT. COINSURANCE. DEDUCTIBLE

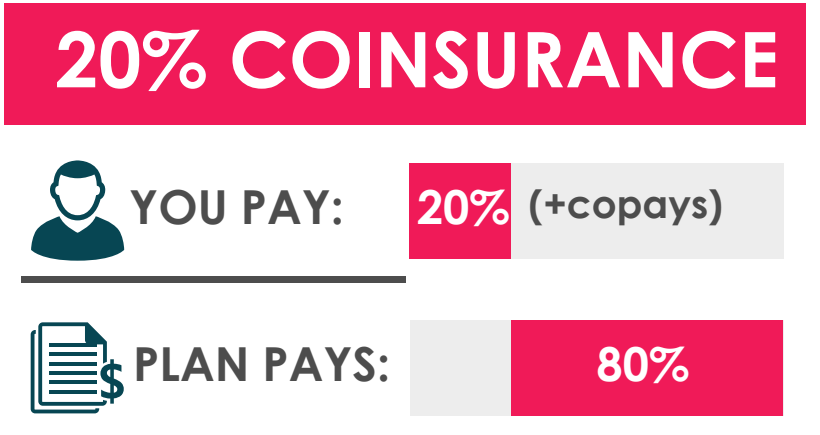


Your plan may have a **family deductible in addition to **individual deductibles** for each family member. Individual deductibles are lower than the family deductible. Once an individual hits their individual deductible, their health insurance plan kicks in just for them. But once the family deductible is met, health insurance kicks in for every member of the family, regardless of whether or not an individual has reached their deductible.*

OUT OF POCKET EXPENSES, CONT.

COPAYMENT is a flat fee that you pay for a covered service with the insurance company paying the remainder of the cost. This copay can be paid either before or after you've hit your deductible. If your copayment is $50 on a doctor visit, for example, you would pay $50 for each visit until you reach your out-of-pocket maximum. For example, you may pay $50 for a doctor visit that would typically cost $150 if you didn't have a copay plan; you pay the $50 and your insurance plan will cover the remaining $100. Some plans do not offer copay plans, and instead all monies paid go towards the annual deductible.

COINSURANCE is a percentage of the cost that you must pay after your deductible is met. In the example above, you plan has a 20% coinsurance. If your medical expense is $30,000, instead of paying $30,000 you will only be responsible for the 20% (or $6,000) and your insurance provider will pay the remaining $24,000. This cost sharing ends when you reach your out of pocket maximum.



MAXIMUM OUT-OF-POCKET (OOP MAX)

Unexpected health care costs can add up quickly, but luckily each insurance plan comes with a safety net called the out-of-pocket maximum. This is the most you'll have to pay for in network services in a plan year. If your medical bill exceeds this amount, your insurance plan will cover 100% for the rest of the year. Deductibles, copayments, and coinsurance go toward your out-of-pocket limit; monthly premiums do not count toward this amount. Remember, your deductible and out-of-pocket maximum resets every year when your policy renews, generally on January 1st.

What if the amount I owe is more than my out-of-pocket maximum? **You only owe your OOP Max.**

EXAMPLE

$30,000 Medical Bill

$3,000 Deductible

20% Coinsurance

$5,000 Out-of-Pocket Maximum

Let's say you have a medical need that costs $30,000.

You're required to pay your $3,000 **deductible**

Your 20% **coinsurance** on the rest of the costs ($27,000) comes to $5,400.

So, your total cost is $8,400. That's $3,000 (your deductible) plus $5400 (coinsurance)

But, your **out-of-pocket maximum** is $5,000, which means your insurance company pays all covered costs above $5,000 for this medical expense and any covered care you get for the rest of the year. So, you only pay $5,000.

NETWORKS

PROVIDER NETWORK

A list of doctors that are connected to your plan. Insurance companies negotiate discounts with these providers, and they then become in-network. If you choose an in-network provider, discounts get passed down to you. If you choose out of network, you could end up paying more, and your out of pocket limit does not apply. When a provider says, "Yes, we take your insurance," this doesn't necessarily mean they are "in-network".

PLANS

HMOs are the most restrictive type of insurance and out of network providers are not covered. If you have an HMO plan, you'll be asked to choose a primary care physician (PCP) that is in-network, and this PCP will coordinate all your care.

PPOs are the least restrictive. Your insurance will cover you no matter where you go, but you'll pay more if you go out of network. Typically, you have the option between choosing an in-network doctor, who can you see at a lower cost, or an out-of-network doctor at a higher cost.

OTHER TERMS

REFERRAL

Some insurance plans require a referral from your primary care doctor (PCP) in order for you to see a specialist, such as an ABA provider or a diagnosing physician. This is different than a diagnosis, and is needed before an evaluation can be scheduled.

SPECIALIST

A specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. Some examples of a specialist would be a diagnostician, a heart surgeon, Board Certified Behavior Analysis, etc.

COORDINATION OF CARE

Deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. At Therapy and Beyond, COLLABORATION IS KEY to your family's success.

OTHER TERMS, CONT.

OPEN ENROLLMENT

A period during which you may freely enroll in or change your health insurance plan. There are also qualifying events in which you can change your insurance plan, such as getting married, having a baby, or losing health coverage. Changing your insurance during this time is considered a **Special Enrollment Period.**

PRIMARY VS SECONDARY COVERAGE

Primary health insurance is the plan that kicks in first, paying the claim as if it were the only source of health coverage. Then the secondary insurance plan picks up some (or all) of the cost left over after the primary plan has paid the claim.

PAYMENT PLAN

When you have a patient balance and need help paying, a payment plan can be set up and typically spread out over the year. With most providers requiring ongoing care, if you terminate services prior to the end of the year, you may still have a balance due.

PATIENT RESPONSIBILITY BALANCE

Any balance due after insurance has covered its portion is the responsibility of the patient.

OTHER TERMS, CONT.

PEER REVIEW

A review with your insurance company and provider discussing your child's progress and future goals for learning. Peer reviews are important in order to obtain initial treatment or continue treatment.

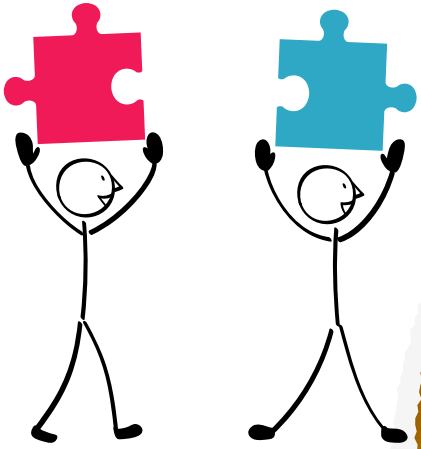
FILE AN APPEAL

Sometimes, after a peer review, your ABA treatment, or other services, may be denied by your insurance provider. If this happens, you can request that the decision in your case be looked at again.

AUTHORIZED HOURS

The number of hours your insurance provider will **authorize** for certain services, like ABA therapy. If you disagree with the amount of hours authorized, you are able to file an appeal.

NOTES



NOTES

Credits:

Produced by	*Therapy & Beyond*
Generously Underwritten by	*OCuSOFT, Inc.*
Loved and distributed by	*Hope For Three*

Therapy and Beyond is one of the largest privately owned ABA providers in Texas, Oklahoma, and Colorado. We offer ABA, speech therapy and occupational therapy for individuals with autism and other developmental differences. We offer services in our centers as well as in your home.

We hope you found this information helpful. If you are interested in ABA services or have any questions regarding your insurance policies ABA coverage please let us know.

Hope For Three is a local 501c3 nonprofit and autism advocacy group providing resources, referrals, and support to families living with autism spectrum disorder.

Hope For Three

Autism advocates. Providing help. Creating hope.

Please note, this information is intended for informational purposes and should not be considered legal or financial advice. For more detailed information please visit healthcare.gov.

Therapy & Beyond

TherapyAndBeyond.com | 844.4.ABA.NOW