Required health benefits are determined by plan type and whether the plan is regulated by State or Federal law.

For example, “fully insured” plans are state-regulated and required benefits are established by State law. Forty-six (46) states have enacted legislation that requires coverage for the diagnosis and treatment of autism, including Applied Behavior Analysis (ABA), in at least some fully insured markets (see FAQ #2).

“Self-funded” health benefit plans are not subject to State law. Minimum required benefits in “self-funded” plans are established by Federal law i.e., ERISA. ERISA does not currently require coverage for ABA, however many self-funded health benefit plan administrators have voluntarily added this coverage in response to employee advocacy. For more information on autism coverage in self-funded health benefit plans, please see FAQ #3.

1. How can I determine which type of health plan I have?
If you receive your health benefits through your employer, the plan may be either fully insured or self-funded. Although there are exceptions, most large companies (i.e., those that employ more than 200 employees) provide self-funded health benefit plans, and smaller companies (e.g., those with 100 or fewer employees) provide fully insured plans. In order to be certain whether an employer-sponsored health benefit plan is fully insured or self-funded, please contact the health benefits director in your Human Resources Department.

An individual policy is a policy that is not purchased in connection with an employer but directly from an insurance company or agent. Individual health benefit plans are fully insured.

A State Employee Health Benefit Plan is one that is offered to state employees and is administered by a state agency. As with other employer-sponsored health benefit plans, State Employee Health Benefit plans may be fully insured or self-funded (see FAQ #4).

Military Health Care Programs (e.g., TRICARE) are provided to military personnel, retirees and their dependents and are administered by the Department of Defense (see FAQ #5).

A Federal Employees Health Benefits (FEHB) plan is one that is offered to civilian federal employees and is administered by the U.S. Office of Personnel Management (see FAQ #6).

Medicaid and CHIP are health insurance programs that are jointly funded by states and the federal government. Eligibility for these programs are based on income but some states have chosen to extend coverage to other non-income-based groups such as individuals receiving home and community based services (see FAQ #7).
2. Which health benefits for autism must fully insured plans in Alabama cover?

Fully insured plans include large group, small group and individual plans. Small group plans in Alabama are defined as those provided by employers with 2 to 50 employees. Under the Affordable Care Act (ACA), small group and individual plans are further characterized by whether they are grandfathered (GF) or non-grandfathered (NGF). Grandfathered plans are those that were in place prior to March 23, 2010. Plans sold after this date are considered non-grandfathered and must comply with certain provisions of the ACA (e.g., they must provide coverage for Essential Health Benefits). Non-grandfathered plans include those sold on the Health Insurance Marketplace.

<table>
<thead>
<tr>
<th>Fully Insured Plan Type</th>
<th>Coverage Required?</th>
<th>Age caps or dollar limits?</th>
<th>Reference</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large group plans</td>
<td>Yes</td>
<td>Yes</td>
<td>HB 284 (2017)</td>
<td>10/1/17</td>
</tr>
<tr>
<td>Small group plans (GF)</td>
<td>No</td>
<td>N/A</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Small group plans (NGF)</td>
<td>No</td>
<td>N/A</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Individual Plans (GF)</td>
<td>Yes</td>
<td>Yes</td>
<td>BCBS-AL</td>
<td>10/1/17</td>
</tr>
<tr>
<td>Individual Plans (NGF)</td>
<td>No</td>
<td>N/A</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

Additional Information

Coverage is limited to individuals with autism age 18 years or younger.

Covered benefits include:
- Diagnosis
- Behavioral Health Treatment, including Applied Behavior Analysis (ABA)
- Pharmacy Care
- Psychiatric Care
- Psychological Care
- Speech Therapy, Occupational Therapy, Physical Therapy

The bill imposes annual dollar caps on ABA based on age:
- $40,000/year ages 0-9
- $30,000/year ages 10-13
- $20,000/year ages 14-18

(Note: dollar caps on ABA can be exceeded on an individual basis if determined to be medically necessary. There are no annual dollar caps on other covered services.)

* Effective 1/1/2017, all fully insured group health benefit plans offered by United HealthCare will cover ABA for autism even in states without mandated coverage.
Frequently Asked Question about
Health Insurance Coverage for Autism in Alabama

3. What can I do if my self-funded health benefit plan does not cover ABA or other medically necessary treatments for autism?
Please download the Autism Speaks Self Funded Employer toolkit for information on how you can advocate for the addition of meaningful coverage for autism in self-funded health benefit plans. Email advocacy@autismspeaks.org for further assistance.

4. Must State Employee Health Benefit Plans provide coverage for autism in Alabama?
Yes. — Effective 12/31/18 coverage for autism services is required in PEEHIP and SEIB plans the same as for large group plans

5. What coverage for autism must be provided under TRICARE?
TRICARE covers applied behavior analysis (ABA) for autism under the Comprehensive Autism Care Demonstration Project. While this demonstration project is scheduled to terminate 12/31/2018, advocacy efforts are underway to make the ABA benefit permanent.

6. What coverage for autism must be provided in Federal Employee Health Benefit Plans?
Effective 1/1/2017, all Federal Employee Health Benefit Plans administered by the Office of Personnel Management (OPM) must provide coverage for ABA.

7. What coverage for autism must be provided in Medicaid Plans?
All medically necessary treatments needed to correct and ameliorate health conditions for Medicaid-eligible individuals under the age of 21 must be covered under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit of Medicaid. This includes coverage of medically necessary treatments for autism such as ABA. However, the adequacy of implementation of coverage for autism under EPSDT varies considerably from state to state. If you have questions about Medicaid coverage for autism in Alabama, please email advocacy@autismspeaks.org