

## Autism Insurance Act

**This BeneFlash applies to employers with insured health plans of 51 or more eligible employees.**

The Autism Insurance Act applies to new policies and renewals beginning July 1. The law requires insured group health plans in Pennsylvania to cover the diagnosis and treatment of autism spectrum disorders (ASD) in people under the age of 21, up to \$36,000 per year, without a limit on visits for treatment. Coverage for ASD is subject to copays, deductibles, and coinsurance and any other exclusions or limitations to the same extent as other covered services.

Employers with insured plans of 51 or more benefit-eligible employees must cover these benefits in order to comply with the state mandate. Self-funded plans are not required to comply, but they may choose to include these benefits.

### What is ASD?

Autism spectrum disorders are very complex, life-long, brain-based neurological conditions that usually begin to appear in children between 15 and 20 months of age. ASD includes:

- Autistic Disorder
- Asperger Syndrome
- Childhood Disintegrative Disorder
- Rett Syndrome
- Pervasive Developmental Disorders (Not Otherwise Specified)

### What Benefits are Covered?

Diagnostic assessment and treatment of ASD, including:

- Prescription drugs and blood level tests;
- Services of a psychiatrist and/or psychologist;
- Applied behavioral analysis; and
- Other rehabilitative care and therapies, such as speech and language pathologists, occupational and physical therapists.



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## Autism Insurance Act (continued)

### **What Do Employers Need to Do?**

Insured plans should expect to see these benefits in their new certificates of coverage or plan amendments after July 1. For calendar year plans, the benefits are effective on January 1, 2010. Insurers have been communicating with employers for several months about the mandated benefit and how it affects new and renewal rates and quoting procedures.

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