

How to Understand Your Insurance Benefits

Insurance plans in Washington may cover part or all of the therapy costs for individuals with speech, language, and cognitive delays or disorders. It is important to contact your plan or thoroughly read your benefit booklet to understand specific coverage. Ask or read closely to determine if your plan covers only *acquired* speech, language and cognitive deficits that result from a loss of skills due to injury or illness. Typically these speech therapy benefits are used for an individual's rehabilitation related to medical conditions such as stroke, illness or brain injury. These rehabilitative speech therapy benefits do not usually cover therapy for children who may be late in developing speech, language or cognitive skills. Other plans have a specific benefit which may be called "neurodevelopmental therapy". A neurodevelopmental or NDT benefit covers services such as speech therapy for children who are significantly behind in developing speech and language skills. And some plans do not differentiate their speech therapy benefits between *developmental* or *acquired* conditions. Be sure to ask if your plan has any exclusions that may apply to speech therapy or hearing services. Some insurance plans may not cover services for stuttering, voice disorders or even autism. Other plans may not cover developmental speech therapy but may have a specific clause that does cover autism. Find out also if your plan has a deductible, a co-pay, or coinsurance that will be applied to speech therapy. Ask if there is an annual dollar cap or session number limit. Finally, find out if your plan has any preauthorization requirements. Each plan is different and it is important to ask specific questions. If this is all too confusing or if you're uncomfortable with the information you get, you may ask your provider to contact your plan for further clarification.

Employer-sponsored group insurance plans in the state of Washington typically cover therapy for speech, language and other developmental delays among children through their seventh birthdays. The Washington mandate RCW 48.44.450 details this benefit and how it applies to speech therapy, occupational therapy and physical therapy.

<http://apps.leg.wa.gov/rcw/default.aspx?cite=48.44.450>

The WA State employee or Public Employee Benefit Board (PEBB) Uniform Medical Plan, now managed by Regence, is an example of a plan that provides up to 60 combined visits (ST, OT, PT) of neurodevelopmental therapies each year. The PEBB plan actually does not stop coverage on the child's seventh birthday while many employer-sponsored plans in WA do. Many of the private employer sponsored plans written in WA seem to follow the model provided by the PEBB but may have different deductibles, co-pays, or annual allowances for speech therapy.

Large employers may be self-insured or offer plans that are written out of state and are not subject to Washington's RCW 48.44.450. These plans may fall under ERISA (Employment Retirement Income Security Act of 1974) laws and are overseen federally by the Department of Labor. If you are unsure if your plan is subject to ERISA laws, ask your employer or contact Washington's Office of Insurance Commissioner to find out.

The American Speech Language and Hearing Association (ASHA) offers a wealth of consumer information about insurance coverage on their website. <http://www.asha.org/public/coverage/> Information is easily accessed for understanding types of insurance plans, alternative sources for health care assistance and tools for influencing change in insurance plans.