

## Understanding Your Health Insurance Coverage

When your child has a special health care need, developmental delay or disability, it is important to understand your health insurance coverage. Below are some steps to take to learn about your coverage.

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### Rules of Thumb

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- When you talk on the phone with your health insurance company, always write down the date, name of the person you talked with, and information they gave you. Keep this in a notebook to use each time you call the insurance company.
- Always keep copies of any documents the insurance company gives you.

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### Get a Summary Plan Description of What Your Health Plan Covers

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Call the member service number on your insurance card and ask for a summary plan description that tells what your insurance covers and how to find providers who accept your insurance and/or are in the plan's network. The summary might be a paper document or it might be posted online at their website.

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### Find Out What Your Plan Requires to Cover Services

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Some basic questions to ask are:

- Do I need a referral from my child's primary care doctor to see a specialist?
- Do I need a referral from my child's primary care doctor to see a specific therapist or program for early intervention services? (i.e., Physical Therapist, Occupational Therapist, Speech Therapist, Nutritionist)
- Do I need to get a referral in a certain way? (In-office appointment with the primary doctor? Certain amount of time in advance to get approval? Other?)
- Does the referral need to be renewed after a certain amount of time or number of visits to the specialist?
- Can I get approval for more visits over the phone or do I need to schedule another visit with the primary care doctor?
- How many therapy visits are covered in a year?

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- What services, tests and procedures need to be OK'd by the insurance plan ahead of time? (Usually called pre-authorization.)
- Can the doctor get pre-authorization or do I need to contact the health plan myself?
- Does my child have to see only the doctors or other medical service providers who have agreed to be covered by my plan? (Usually called in-network providers.)
- If my child can also see doctors or other healthcare providers who are not part of my plan (called out-of-network providers), what are the rules for seeing them?
- What will it cost me to use an out-of-network provider?
- Can my child see an out-of-network provider in an emergency or when traveling? If so, what will it cost me?
- Where can I find information about the plan's appeal process if the plan denies payment for a service that I think should have been covered?
- Where can I find information about how to ask the plan to make an exception to a rule?

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### Medically Necessary Services

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Insurance plans sometimes won't pay for healthcare or medical services unless they are convinced the services are "medically necessary."

Find out how your plan defines "medically necessary."

Your primary care doctor or other medical provider can write a letter to try to prove medical necessity.