

## Affordable Care Act Fact Sheet

### What Are Essential Health Benefits and Why Are They Important to My Child with Special Health Care Needs?

One of the important new protections provided by the Affordable Care Act is that all health plans must now offer a comprehensive package of items and services, known as **Essential Health Benefits**. For families who have children/youth with disabilities or special health care needs, having coverage for these services, including coverage for mental health and behavior health services, pediatric dental care and vision care services and rehabilitative and habilitative services can be especially helpful.

#### What services are included under Essential Health Benefits (EHBs)?

Essential health benefits must include items and services within at least the following 10 categories:

- ambulatory patient services;
- emergency services;
- hospitalization;
- maternity and newborn care;
- mental health and substance use disorder services, including behavioral health treatment;
- prescription drugs;
- rehabilitative and habilitative services and devices<sup>1</sup> (*go to page 2 for an explanation*);
- laboratory services;
- preventive and wellness services and chronic disease management;
- pediatric services, including oral health and vision care.

Keep in mind that all new health insurance plans must cover these benefits in order to be certified and offered in the Health Insurance Marketplace.

#### Are there any exceptions to this new requirement?

Yes, some large group plans and self-insured (ERISA plans) are exempt from this ACA mandate. In addition, there are some health plans that existed prior to March 23, 2010 that were sold to individuals and businesses that are considered “grandfathered” plans and these plans do not need to cover all essential health benefits (EHBs). These are plans that are not sold through **healthcare.gov** (the Marketplace). To find out if your insurance plan is a “grandfathered” or an exempt plan contact your employer or call the Office of the Commissioner of Insurance (OCI) at **1-800-236-8517**.



## What Are Rehabilitative and Habilitative Services?<sup>1</sup>

**Rehabilitation** includes services you or your family member might need to regain function after an injury or illness and include acute clinical care in the hospital or treatment in a rehabilitation hospital or outpatient rehabilitation clinic. For example, if your family member broke their leg, physical therapy to help him regain his ability to walk would be covered under “Rehabilitative Services”

**Habilitation** focuses on helping you or a family member attain, keep or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at the expected age or teaching an adult with a disability the fine motor coordination required to dress themselves.

Habilitation services include physical, occupational, and speech therapy, and audiology and other services that are offered in both hospital and outpatient locations.

To learn more about these services see fact sheet #4 from the National Disability Navigator Resource Collaborative at [www.nationaldisabilitynavigator.org/ndnrc-materials/fact-sheets/fact-sheet-4/](http://www.nationaldisabilitynavigator.org/ndnrc-materials/fact-sheets/fact-sheet-4/)

## What if my plan does not cover one or more of these benefits?

Health plans offered in the individual and small group markets, both inside and outside of the Health Insurance Marketplace must cover Essential Health Benefits. If you believe your plan is not covering a benefit, contact Wisconsin’s Insurance Commissioner to help investigate further at **1-800-236-8517** or <https://ociaccess.oci.wi.gov/complaints/public/>. Remember, this ACA requirement does not apply to “Grandfathered,” self-insured or large-group plans.

If it is a specific service request that is being denied by your plan, contact your health plan’s **Member Services Department** and request a copy of your plan—you’ll be looking at the specific plan language and process for appealing the decision. You may consider submitting an appeal directly to your health plan.

*Keep in mind that while the Affordable Care Act requires health plans to cover the EHBs, they can still limit the number of visits or sessions per year. For example, the plan covers physical or occupational therapy services for your child’s developmental delay, however they can still limit the number of therapy sessions per year.*

## Resources to Learn More

To learn more about the Affordable Care Act and understanding your health plan coverage go to the Marketplace website ([www.healthcare.gov](http://www.healthcare.gov)) or call the Marketplace at **1-800-318-2596** available 24/7. To learn about coverage options for families including those who have children with special health care needs and/or disabilities, go the Family Voices website at <http://fvofwi.org/public-policy/affordable-care-act/>

If you have questions or need help accessing resources or services contact your Regional Center for Children and Youth with Special Health Care Needs. To find the Regional Center closest to you call **1.800.642.7837**.