



Using the Affordable Care Act to Access Autism Treatment Coverage - 2017

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If you currently don't have insurance that includes coverage for autism treatment, you may live in one of the 32 states that is now offering that coverage through its state exchange, and you may qualify for federal subsidies to reduce the costs of that insurance. If you don't have insurance, you are eligible to purchase insurance through your state exchange, and federal subsidies make the insurance extremely affordable for those who qualify.

Open Enrollment & Qualifying Events

Unless you experience a *qualifying event*, you can only purchase insurance – or *enroll* – through your state marketplace during the open enrollment period, unless you experience a qualifying event. **The open enrollment period for 2017 is November 1, 2016, through January 31, 2017.** *Qualifying events* include, but are not limited to, moving to a different zip code or county; marriage; divorce; death; having a baby or adopting a child; loss of insurance as the result of a job change or job loss; becoming ineligible for Medicare, Medicaid, or CHIP; or turning 26; becoming a citizen; leaving jail or prison; and starting or ending an AmeriCorps commitment. Learn more about qualifying events [here](#).

Does my state offer coverage for autism treatment?

Each state offers either a **state-based marketplace**, a **federally-facilitated marketplace**, or a **state-federal partnership marketplace** that acts as the **marketplace** where you can purchase insurance. If you live in one of the 29 states listed below or in [Washington, D.C.](#), then your state likely offers coverage for autism treatment through its marketplace. Before purchasing any plans, we strongly encourage you to confirm it includes the benefits you need.

Coverage for Autism Treatment through ACA Marketplace

Alaska	Louisiana	New Mexico
Arizona	Maine	New York
Arkansas	Maryland	Ohio
California	Massachusetts	Oregon
Colorado	Michigan	Texas
Connecticut	Missouri	Vermont
Delaware	Montana	Washington
Illinois	Nevada	Washington, DC
Indiana	New Hampshire	West Virginia
Kentucky	New Jersey	Wisconsin

In addition to autism coverage through the state or federal marketplace, you may live in a state with an autism mandate or autism benefits through Medicaid. That means that you may already have a health

insurance policy that is required to cover autism treatment or affordable benefits through your state Medicaid agency. To find out more, go to CenterforAutism.com and click on the Affordable Care Act banner.

How much will it cost?

The cost of health insurance through your state’s marketplace begins with the **monthly insurance premium**, a fixed monthly fee. If you require healthcare, then you will also have to pay a **deductible, co-insurance, and co-pays**. The deductible, co-insurance, and co-pays are collectively referred to as “**cost-sharing**,” that is, your share of the cost when you need to use your insurance. The annual total of your cost-sharing, often referred to as **out-of-pocket costs**, cannot exceed \$7,150 for an individual and \$14,300 for a family, and premium and cost-sharing subsidies will reduce those costs substantially for those who qualify.

Metals – Coverage Levels and Your Co-Insurance: The policies offered through your state exchange have four different levels of coverage called “metals.” These metals reference how much your policy will pay for a covered service and what your co-insurance will be. Policies will cover between 60-90% of covered costs, depending on which “metal” you choose, and you will be responsible for the remaining amount (10-40%) up to the out-of-pocket maximum. Premium subsidies are based on the cost of silver plans, which cover 70% of covered costs, but the subsidies may be applied to a bronze, gold, or platinum plan. While premium subsidies can be applied to any “metal” level, cost-sharing subsidies are only available for silver plans. Keep in mind that most preventive care is covered at 100%.

Coverage Levels (“Metals”)

Metal	Coverage	Your Share of Cost	Your Maximum Out-of-Pocket Cost (Excluding Premium)
Platinum	90%	10%	\$7,150 – individual \$14,300- family
Gold	80%	20%	\$7,150 – individual \$14,300 - family
Silver	70%	30%	\$7,150– individual \$14,300 - family
Bronze	60%	40%	\$7,150 – individual \$14,300 - family

Co-Pays: While co-pays will vary, the Affordable Care Act requires annual out-of-pocket costs, including co-pays, to be capped at \$7,150 for an individual and \$14,300 for a family, and people whose income is at or below 400% of the federal poverty level will qualify for reduced out-of-pocket costs, including reduced co-pays. While insurance carriers have to limit your cost to that out-of-pocket maximum, the way those out-of-pocket costs accrue has been left to the insurance carriers. That means, some plans will have higher deductibles and lower co-pays, and other plans will have low deductibles and higher co-pays.

What kind of help can I get to pay for my insurance?

Of course, even 10% of expensive medical procedures can represent a prohibitive cost for many of us, which is why the Affordable Care Act offers subsidies to help you afford the insurance premium *and* the cost sharing. You are eligible for federal tax credits and cost-sharing subsidies if your income is 250% of the [federal poverty level](#) (FPL) or less. This means that your premium, deductible, co-pays, and co-insurance will be significantly reduced. If your income is 400% FPL or lower, federal tax credits will reduce the cost of your monthly premium, but incomes above 250% of FPL will not qualify for the cost-sharing subsidies that lower the cost of your deductible, co-pays, and co-insurance.

Federal Poverty Level (FPL)*

Persons in Family	100% FPL	150% FPL	200% FPL	250% FPL	300% FPL	350% FPL	400% FPL
	Reduced Premium, Deductible, Co-Insurance, & Co-Pays				Reduced Premium		
1	\$11,880	\$17,820	\$23,760	\$29,700	\$35,640	\$41,580	\$47,520
2	\$16,020	\$24,030	\$32,040	\$40,050	\$48,060	\$56,070	\$64,080
3	\$20,160	\$30,240	\$40,320	\$50,400	\$60,480	\$70,560	\$80,640
4	\$24,300	\$36,450	\$48,600	\$60,750	\$72,900	\$85,050	\$97,200

*FPL is slightly higher in Alaska and Hawaii.

Your Subsidized Cost in Addition to Insurance Premium

Income Level for Family of Four	Coverage	Co-Insurance (Your Share of Cost with Subsidy)	Your Maximum Out- of-Pocket Cost (Excluding Premium)
100 to <150% FPL \$24,300 - \$36,449	94%	6%	\$2,350 – individual \$4,700 - family
150 to <200% FPL \$36,450 - \$48,599	87%	13%	\$2,350 – individual \$4,700 - family
200-250% FPL \$48,599 - \$60,750	73%	27%	\$5,700 – individual \$11,400 - family

Find out if you qualify.

While costs have increased, and some marketplaces have fewer choices, you should still be able to find a plan that works for you. Marketplace plans have payment grace periods to give you some additional flexibility when you encounter challenges paying the monthly premiums. If you or a family member is diagnosed with autism, you may qualify for a grant from [ACT Today!](#) to help cover the cost of your premiums.

Please send your comments or questions to Julie Kornack at J.Kornack@centerforautism.com.

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