



May 2009

Dear Valued Member:

We are writing to inform you of a recent state mandate regarding coverage for autism spectrum disorders (ASD).

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**PENNSYLVANIA MANDATES COVERAGE FOR AUTISM SPECTRUM DISORDERS**

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In July 2008, the Commonwealth of Pennsylvania passed a law requiring health insurers to cover the diagnosis and treatment of autism spectrum disorders (ASD) for 51+ commercial group customers. This mandate is effective beginning July 1, 2009, and will be provided to our customers and their members on their coverage renewal date (on or after July 1, 2009). Families that may be eligible for coverage under this mandate should verify their coverage renewal date by calling 1-800-ASK-BLUE (1-800-275-2583) or contacting their employer.

Under the new mandate, coverage will be provided for enrolled individuals under age 21 and will be capped at a \$36,000 maximum\* per benefit period. This mandate requires coverage for the following:

- evaluations and tests needed to diagnose an autism disorder;
- medically necessary prescribed treatments such as applied behavioral analysis and rehabilitative care, blood level tests, psychiatric and psychological services, speech/language therapy, occupational therapy, physical therapy, and prescription drugs.

Services not covered under the mandate include benefits that are normally excluded from coverage under your medical plan, including services that are not medically necessary, services provided by an individualized education program and delivered in a school, and services in excess of the \$36,000 benefit period maximum. Once a member reaches the \$36,000 benefit period maximum for approved services that have a primary diagnosis of autism, additional services may be eligible for coverage through a government agency. Expenses not eligible under this plan may also be eligible for coverage through a government agency. Pennsylvania residents should check with the Pennsylvania Department of Public Welfare. Members who reside outside Pennsylvania should contact similar government agencies in their area.

\* Beginning January 1, 2013, the benefit maximum for ASD coverage will be adjusted annually for inflation.

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**OBTAINING COVERAGE**

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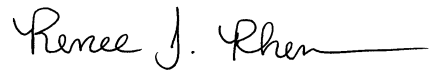
Services for ASD must be medically necessary and must have a primary diagnosis of ASD. Depending on the service that is being requested, the member, or a health care provider on a member's behalf, may be required to submit a treatment plan to Independence Blue Cross once every six months for review and approval. Services for ASD will not be subject to any limits on the number of visits. However, services are subject to applicable member cost-sharing, policy limits, maximums, exclusions, and precertification and referral requirements under your benefits program.

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If you would like more information about this benefit enhancement, please contact Customer Service at 1-800-ASK-BLUE (1-800-275-2583). For more information on autism, refer to the Pennsylvania Department of Public Welfare website at [www.dpw.state.pa.us/ServicesPrograms/Autism/Act62](http://www.dpw.state.pa.us/ServicesPrograms/Autism/Act62).

Let me also thank you for selecting Independence Blue Cross as your health benefits plan. We value your business and remain committed to providing you access to quality health care coverage at the lowest possible cost.

Sincerely,

A handwritten signature in cursive script that reads "Renee J. Rhem" followed by a horizontal line.

Renee J. Rhem  
Director, Customer Service