FACT SHEET – Summary

Rehabilitation and Habilitation Services and Devices

This fact sheet is intended to help Navigators answer specific questions that people with disabilities might ask about rehabilitation and habilitation services and devices benefits when they are considering buying health insurance through the Marketplace

Q1. What do I need to know about rehabilitation and habilitation services and devices?

A. Health plans available through the Marketplace must offer rehabilitation and habilitation services and devices as essential health benefits. These services speed your recovery after an illness or injury and might help to slow the progression of your disability or help you improve your health, strengthen your ability to participate in the community, and maintain function long-term. These categories of services and benefits are grouped together here and also in federal law because they are interdependent and might be used at the same time to ensure recovery or to meet a specific clinical or functional goal.

Q2-3. What are examples of rehabilitation v. habilitation services?

A. Rehabilitation typically includes services you might need to regain function after an injury or illness and include acute clinical care or treatment in a hospital, rehabilitation hospital or residential rehabilitation facility. Whereas, habilitation focuses on helping you or a family member get, keep or improve skills that you need for communication and daily activities.

Q4. What are examples of devices?

A. Devices are equipment to help you benefit from habilitation and/or rehabilitation therapy services or meet other clinical or functional needs. Examples include walkers, canes, and crutches, glucose monitors and infusion pumps, prosthetics and orthotics, low vision aids, augmentative communication devices, and complex rehabilitation technologies such as motorized wheelchairs and assistive breathing machines.

Q5. Does health insurance sold through the Marketplace cover rehabilitation, habilitation and devices?

A. Although individual and small group health plans sold either inside or outside the Health Insurance Marketplace must offer rehabilitation and habilitation services and devices, the scope of the benefits available will vary from plan to plan.

Q6. Can health plans I am considering limit the amount of money they can spend on rehabilitation and habilitation services and devices I might need?

A. Federal law prevents health plans from limiting the amount of money they spend every year or in total on health benefits. However, plans are allowed to substitute benefits within a category, place visit limits on the benefits, such as those for therapy

visits described above, and use other ways to control costs. (Even though substitutions within benefit categories are allowed, rehabilitation and habilitation services cannot be substituted for one another because they involve different therapies.)

Q7. My spouse, who has arthritis, needs various devices including a new bench for use in the shower and support stockings. Will the plans sold through the Marketplace cover these items?

A. While plans sold through the Marketplace are required to cover the broad category of "devices," the federal government has not defined what specific equipment, sometimes referred to as Durable Medical Equipment (DME) plans must provide. Since the benefits offered by plans sold through the Marketplace are modeled after a typical plan available in each state, that model plan acts as a guide to what Marketplace plans likely will cover. Therefore, plans will likely exclude these types of items from coverage.

Q8. I need a new prosthetic limb. Will the Marketplace plans pay for the leg?

A. Limb prostheses and orthotics such as leg braces are not explicitly included in the required benefits categories of rehabilitation and habilitation services and devices, but the federal government has stated that insurance plans typically cover limb prostheses and orthotics. These products are also sometimes found listed as durable medical equipment in health plans' summaries of benefits and coverage.

Q9. I require intermittent mental health therapies. Do Marketplace plans cover these services?

A. You should be able to get mental health benefits from any plan that you purchase through the Marketplace. Mental health and substance use disorder services (MH/SUD) are an essential health benefit that all plans must provide.

Q10. I need information about available therapy benefits and coverage limits for more than one type of medical equipment from plans I am considering purchasing. How can I get this information?

A. Please review our first three fact sheets on Comparing Health Plan's Benefits and Coverage Summaries, Getting and Using Health Plan Evidence of Coverage and Using Health Plan Customer Service (http://www.nationaldisabilitynavigator.org/ndnrc-materials/fact-sheets/)

Q11. I have balance problems and need regular physical therapy to maintain lower body strength and coordination. Can I get more visits than the plan typically pays for?

A. Federal law requires that plans design benefits, such as the number of therapy visits, in ways that do not discriminate because of disability. However, because plans are allowed to place limits on certain therapies, some people with disabilities may not be able to get the level of medically necessary therapy services they need to maintain function.

