



Buffalo Hearing & Speech Center

LISTEN, LEARN, COMMUNICATE

Know Your Insurance Plan

Enrollment in one of Buffalo Hearing & Speech Center's Programs does not guarantee insurance coverage.

Discovering that your insurance plan does not provide coverage for certain services after they have already been provided can be a frustrating and expensive surprise. Make sure you are an informed consumer and research your health insurance plan. Every plan is unique, and it is your responsibility to understand the type of coverage you have.

If you haven't already done so, we encourage you to contact your health insurance provider and ask the following:

- What are my benefits for habilitative speech-language therapy?
 - It is important to clarify the type of coverage, as policies may state that there is a speech therapy benefit but may not state under what circumstances the member has coverage.
- Is there a limit to the number of speech sessions that I can receive per year? (Our programs last for a total of 20 sessions)
- Do I share my speech benefits with any other therapies (Physical/Occupational Therapy)? Have I used any sessions on those?
- What is my out-of-pocket financial responsibility?

Each insurance policy has its own parameters, but most coverage will involve at least one (if not all four) of the following patient responsibilities:

- **Deductible:** The amount you pay for covered health care services before insurance starts to pay.
- **Copayment/Copay:** A fixed amount for a covered service paid by a patient to a provider of a covered service, before receiving the service. The amount may vary based on the type of service.
- **Coinsurance:** Percentage of costs of covered health care services you pay after you've paid your deductible. For example, if you have a 20% coinsurance and your health care provider charges \$100 for a service; you pay \$20 and insurance pays the remainder.
- **Non-Covered Service:** 100% of the cost is the patient's responsibility, as there is no benefit to cover the service listed in the patient's plan.

Please remember our programs are billed **per class**. For example, if you have a copay, the copay amount should be multiplied by 20 for an accurate representation of the total cost of tuition. The same holds true regardless of the type of patient responsibility that is listed in your insurance plan (deductible, coinsurance, non-covered service, etc.)

We cannot stress the importance of being familiar with your health insurance policy and benefits. While we do check your benefits; it is not done until just prior to the start of the program. Families who find out about their benefits in advance are often able to make informed decisions regarding changes to their child's program schedule before classes fill up or the refund deadline passes. They also report a better experience overall.