***Connecticut General Statutes*** ***Title 38a Insurance, Chapter 700c Health Insurance***

**Sec. 38a-490a. Coverage for birth-to-three program.** (a) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for medically necessary early intervention services provided as part of an individualized family service plan pursuant to section 17a-248e. Such policy shall provide coverage for such services provided by qualified personnel, as defined in section 17a-248, for a child from birth until the child's third birthday.

(b) No such policy shall impose a coinsurance, copayment, deductible or other out-of-pocket expense for such services, except that a high deductible plan, as that term is used in subsection (f) of section 38a-493, shall not be subject to the deductible limits set forth in this section.

(c) No payment made under this section shall (1) adversely affect the availability of health insurance to the child, the child's parent or the child's family members insured under any such policy, or (2) be a reason for the insurer, health care center or plan administrator to rescind or cancel such policy. Payments made under this section shall not be treated differently than other claim experience for purposes of premium rating.

*(P.A. 96-185, S. 6, 16; June 30 Sp. Sess. P.A. 03-3, S. 7; Sept. Sp. Sess. P.A. 09-3, S. 46; P.A. 11-44, S. 147; P.A. 12-44, S. 1; P.A. 13-84, S. 5; P.A. 14-235, S. 18; June Sp. Sess. P.A. 15-5, S. 350; P.A. 18-68, S. 11.)*

*History: P.A. 96-185 effective July 1, 1996; June 30 Sp. Sess. P.A. 03-3 deleted provision re coverage for at least $5,000 annually, added Subdivs. (1) and (2) re coverage and benefits to be provided by policy and made technical changes, effective August 20, 2003; Sept. Sp. Sess. P.A. 09-3 amended Subdiv. (2) by increasing per child per year benefit from $3,200 to $6,400 and by increasing 3-year per child aggregate benefit from $9,600 to $19,200, effective October 6, 2009; P.A. 11-44 added provision prohibiting out-of-pocket expenses with exception for high deductible plans, deleted Subdiv. (1) and (2) designators and made technical changes, effective January 1, 2012; P.A. 12-44 designated existing provisions as Subsecs. (a) to (d), amended Subsec. (a) to add “amended or continued” and delete “on or after July 1, 1996”, amended Subsec. (d) to add provisions re restrictions on treatment of payment, and made technical changes, effective July 1, 2012; P.A. 13-84 amended Subsec. (a) by designating existing provision re coverage for services provided by qualified personnel as Subdiv. (1) and adding Subdiv. (2) re coverage for insured diagnosed with autism spectrum disorder prior to release of the fifth edition of the American Psychiatric Association's “Diagnostic and Statistical Manual of Mental Disorders”, effective June 5, 2013; P.A. 14-235 made a technical change in Subsec. (b); June Sp. Sess. P.A. 15-5 amended Subsec. (a) by deleting former Subdiv. (2) re level of coverage and making a conforming change, deleted former Subsec. (c) re maximum and aggregate benefit, and redesignated existing Subsec. (d) as Subsec. (c) and amended same to delete former Subdiv. (1) re loss of benefits due to maximum lifetime or annual limits, redesignate existing Subdiv. (2) as Subdiv. (1) and redesignate existing Subdiv. (3) as Subdiv. (2), effective January 1, 2016; P.A. 18-68 made a technical change in Subsec. (b).*

Source <https://www.cga.ct.gov/current/pub/chap_700c.htm#sec_38a-490a>

And

**Sec. 38a-516a. Coverage for birth-to-three program.** (a) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for medically necessary early intervention services provided as part of an individualized family service plan pursuant to section 17a-248e. Such policy shall provide coverage for such services provided by qualified personnel, as defined in section 17a-248, for a child from birth until the child's third birthday.

(b) No such policy shall impose a coinsurance, copayment, deductible or other out-of-pocket expense for such services, except that a high deductible plan, as that term is used in subsection (f) of section 38a-520, shall not be subject to the deductible limits set forth in this section.

(c) No payment made under this section shall (1) adversely affect the availability of health insurance to the child, the child's parent or the child's family members insured under any such policy, or (2) be a reason for the insurer, health care center or plan administrator to rescind or cancel such policy. Payments made under this section shall not be treated differently than other claim experience for purposes of premium rating.

*(P.A. 96-185, S. 7, 16; June 30 Sp. Sess. P.A. 03-3, S. 8; Sept. Sp. Sess. P.A. 09-3, S. 45; P.A. 11-44, S. 148; P.A. 12-44, S. 2; P.A. 13-84, S. 6; P.A. 14-235, S. 19; June Sp. Sess. P.A. 15-5, S. 349; P.A. 18-68, S. 16.)*

*History: P.A. 96-185 effective July 1, 1996; June 30 Sp. Sess. P.A. 03-3 deleted provision re coverage for at least $5,000 annually, added Subdivs. (1) and (2) re coverage and benefits to be provided by policy and made technical changes, effective August 20, 2003; Sept. Sp. Sess. P.A. 09-3 amended Subdiv. (2) by increasing per child per year benefit from $3,200 to $6,400 and by increasing 3-year per child aggregate benefit from $9,600 to $19,200, effective October 6, 2009; P.A. 11-44 added provision prohibiting out-of-pocket expenses with exception for high deductible plans, deleted Subdiv. (1) and (2) designators, added exception to provision re maximum benefit for child with autism spectrum disorders, and made technical changes, effective January 1, 2012 (Revisor's note: References to “autism spectrum disorders” were changed editorially by the Revisors to “autism spectrum disorder” to conform with changes made to Sec. 38a-514b by P.A. 11-4); P.A. 12-44 designated existing provisions as Subsecs. (a) to (d), amended Subsec. (a) to add “amended or continued” re policy and delete “on or after July 1, 1996”, amended Subsec. (d) to add provisions re restrictions on treatment of payment, and made technical changes, effective July 1, 2012; P.A. 13-84 amended Subsec. (a) by designating existing provision re coverage for services provided by qualified personnel as Subdiv. (1) and adding Subdiv. (2) re coverage for insured diagnosed with autism spectrum disorder prior to release of the fifth edition of the American Psychiatric Association's “Diagnostic and Statistical Manual of Mental Disorders”, effective June 5, 2013; P.A. 14-235 amended Subsec. (b) to replace reference to Sec. 38a-493 with reference to Sec. 38a-520 and make a technical change; June Sp. Sess. P.A. 15-5 amended Subsec. (a) by deleting former Subdiv. (2) re level of coverage and making a conforming change, deleted former Subsec. (c) re maximum and aggregate benefit, and redesignated existing Subsec. (d) as Subsec. (c) and amended same to delete former Subdiv. (1) re loss of benefits due to maximum lifetime or annual limits, redesignate existing Subdiv. (2) as Subdiv. (1) and redesignate existing Subdiv. (3) as Subdiv. (2), effective January 1, 2016; P.A. 18-68 made a technical change in Subsec. (b).*

Source: <https://www.cga.ct.gov/current/pub/chap_700c.htm#sec_38a-516a>