

Pre-Existing Condition Insurance Plan Program

Office of Insurance Programs
Center for Consumer Information and Insurance Oversight
Centers for Medicare & Medicaid Services



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Statutory Authority for PCIP

- Section 1101 of the Affordable Care Act (ACA) requires that HHS establish a “temporary high risk health insurance pool program”
- Provides coverage for individuals with pre-existing conditions until the Health Insurance Exchanges are available in 2014
 - Law required establishment within 90 days of enactment



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Eligibility for PCIP

A person applying for PCIP must:

- Reside within the service area of the PCIP;
- Be a U.S. citizen or reside in the U.S. legally;
- Have been without health coverage for a minimum of 6 months before applying; and
- Have a pre-existing condition, as defined by the PCIP and approved by HHS.



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Pre-Existing Condition Requirement

- Each PCIP determines how applicants must satisfy its pre-existing condition requirement.
- In federally-run PCIP, applicants must provide:
 - a denial of coverage,
 - offer of coverage with an exclusionary rider,
 - offer of coverage at least twice as much as PCIP rate,* or
 - provider’s documentation of a current or prior condition.**
- In state-run PCIPs, documentation requirements vary.

*Applicable only for a child under age 19 or for a person who lives in Massachusetts or Vermont.

** Currently applicable only for a child under age 19. Beginning July 1, adults will also be able to provide this kind of documentation.



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Applying for PCIP Coverage

- Each PCIP establishes mechanisms for enrollment, e.g. mailing or faxing a paper application or completing an online form.
- In federally-run PCIP, people can apply for coverage by:
 - Mailing a paper application;
 - Calling the call center to complete an application over the phone; or

– Filing out an online application at www.pcip.gov.



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PCIP Offers Comprehensive Benefits...

- Care in medical offices for treatment of illness or injury
- Emergency services
- Inpatient and outpatient hospital services
- Inpatient and outpatient mental health and substance abuse services
- Prescription drugs
- Home health care and hospice services
- Outpatient laboratory and diagnostic services
- In- and out-of-network benefits



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...and Important Features for Consumers

- First-dollar coverage for preventive care
- No lifetime maximum on the amount the plan pays for enrollee's care
- Benefits are available immediately when coverage begins, even for pre-existing conditions
- The ability to receive benefits at any qualified provider



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2011 Plan Options and Out-of-Pocket Costs

As in commercial coverage, PCIP enrollees pay monthly premiums and deductibles for coverage

Beneficiary Responsibilities	Federal Plans			State Plans
	Standard Option	Extended Option	HSA-eligible Option	
Monthly premium	\$93 - \$578	\$125 - \$778	\$97 - \$600	\$69 - \$1,806
Medical deductible	\$2,000	\$1,000	\$2,500	\$0 - \$5,000
Drug deductible	\$500	\$250	Incl. in medical	\$100 - \$500 or incl.
Out-of-pocket limit	\$5,950	\$5,950	\$5,950	\$5,950

NOTE: Above amounts represent in-network costs. More information on costs and benefits is available at <http://www.pcip.gov>.



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What Enrollees Pay for Care

Beneficiary Responsibilities	Standard Option	Extended Option	HSA-eligible Option*	State Plans
Inpatient and Outpatient Hospital Services	20%	20%	20%	Varies
Emergency Services	20%	20%	20%	
Lab and Diagnostic Services	20%	20%	20%	
Medical Coinsurance	20%	20%	20%	
Office Visit Copay	\$25**	\$25**	\$25	
Drug Copay	\$4/\$40/25%	\$4/\$30/25%	\$4/\$30/25%	

NOTE: Above amounts represent costs for selected in-network services. More information on costs and benefits is available at <http://www.pcip.gov>.

*With the exception of preventive care, the full deductible must be met prior to receipt of benefits, including prescription drugs.

**Services in a physician's office are available at fixed copay, even if deductible is not met.



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Where Consumers Can Find More Information

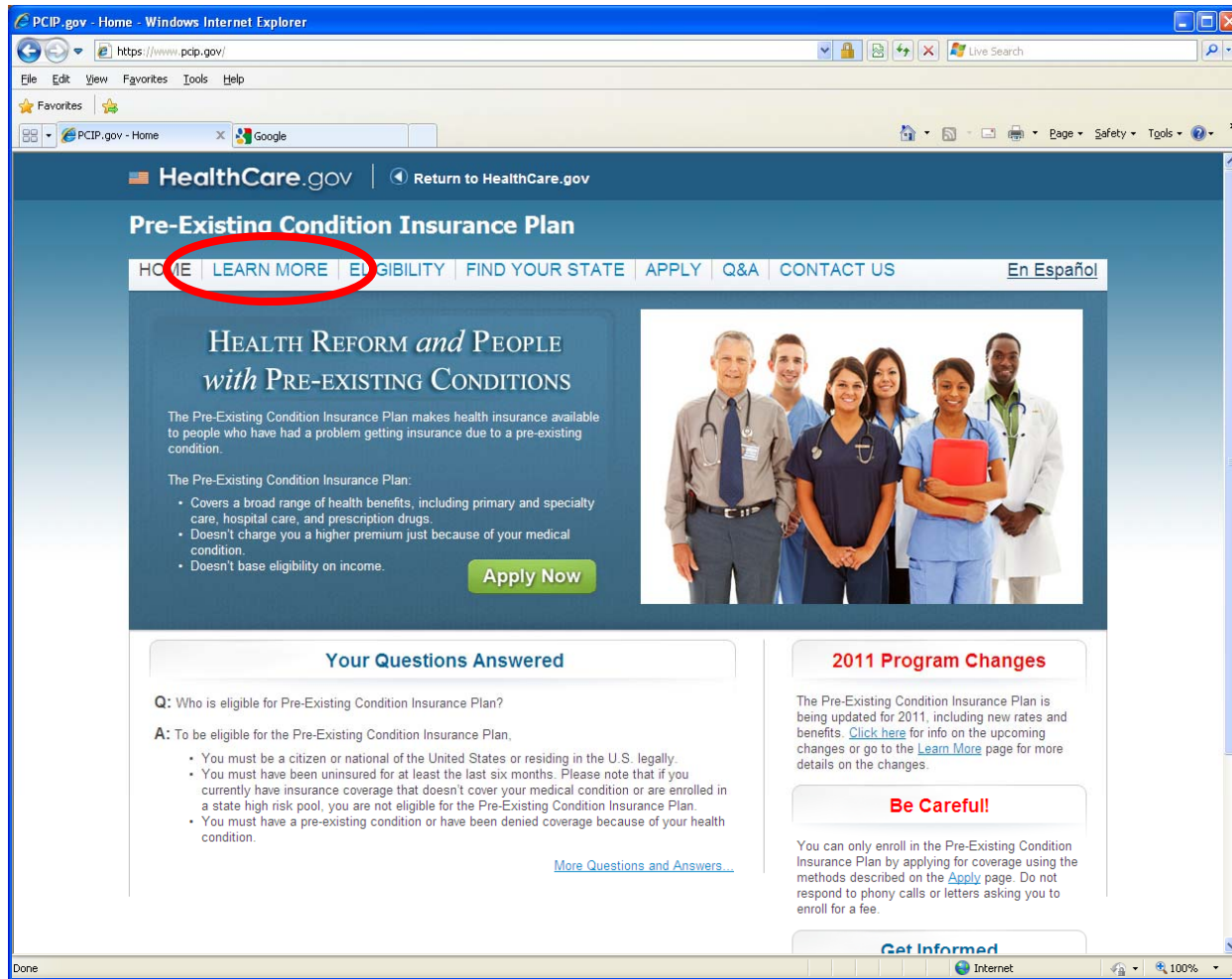
- Consumers interested in applying to PCIP may visit <http://www.pcip.gov>
 - Under “Select Your State,” consumers should click their state of residence on the interactive map
 - Each state page includes state-specific information
- Consumers may also request information by calling 1-866-717-5826 (TTY: 1-866-561-1604)
 - The Call Center is open from Monday – Friday from 8 am – 11 pm ET



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Where Consumers Can Find More Information



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Where Consumers Can Find More Information

Links to information on rates, plans, and benefits

PCIP.gov - Learn More - Windows Internet Explorer

https://www.pcip.gov/LearnMore.html

HealthCare.gov | Return to HealthCare.gov

Pre-Existing Condition Insurance Plan

HOME | LEARN MORE | ELIGIBILITY | FIND YOUR STATE | APPLY | Q&A | CONTACT US [En Español](#)

Learn More Topics

- [Introduction](#)
- [2011 PCIP Program Changes](#)
- [Eligibility](#)
- [Benefits](#)
- [Premium Rates](#)

Introduction

In March of 2010, Congress passed and President Obama signed the Affordable Care Act—the new health insurance law. The law creates a new program – the Pre-Existing Condition Insurance Plan -- to make health insurance available to you if you have been denied coverage by private insurance companies because of a pre-existing condition.

The Pre-Existing Condition Insurance Plan (PCIP), which is administered by either your state or the U.S. Department of Health and Human Services, provides a health coverage option if you have been uninsured for at least six months, you have a pre-existing condition or have been denied health coverage because of your health condition, and are a U.S. citizen or are residing here legally.

This program may be able to help you, if you've been locked out of the insurance market, until 2014. In 2014, you will have access to affordable health insurance choices through a new competitive marketplace called an Exchange and you will no longer be discriminated against based on a pre-existing condition.

The Program:

- Covers a broad range of health benefits, including primary and specialty care, hospital care, and prescription drugs. All covered benefits are available to you, even to treat a pre-existing condition.
- Doesn't charge you a higher premium just because of your medical condition.
- Doesn't base eligibility on income.

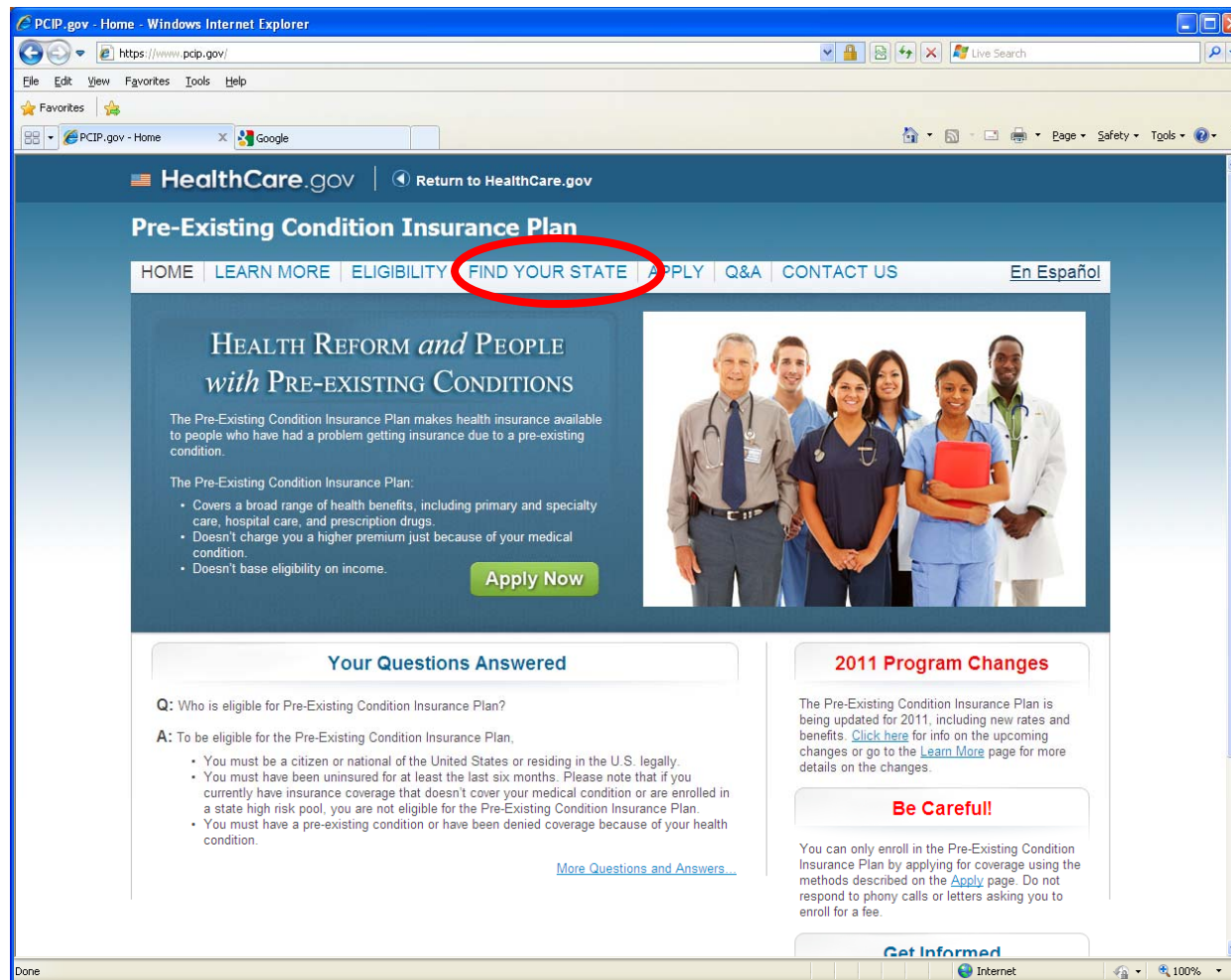
The U.S. Department of Health and Human Services, with the help of the U.S. Office of Personnel Management and the U.S. Department of Agriculture's National Finance Center, will run the Pre-Existing Condition Insurance Plan in some states. The federal government contracts with a national insurance plan to administer benefits in those states. Other states have requested that they run the



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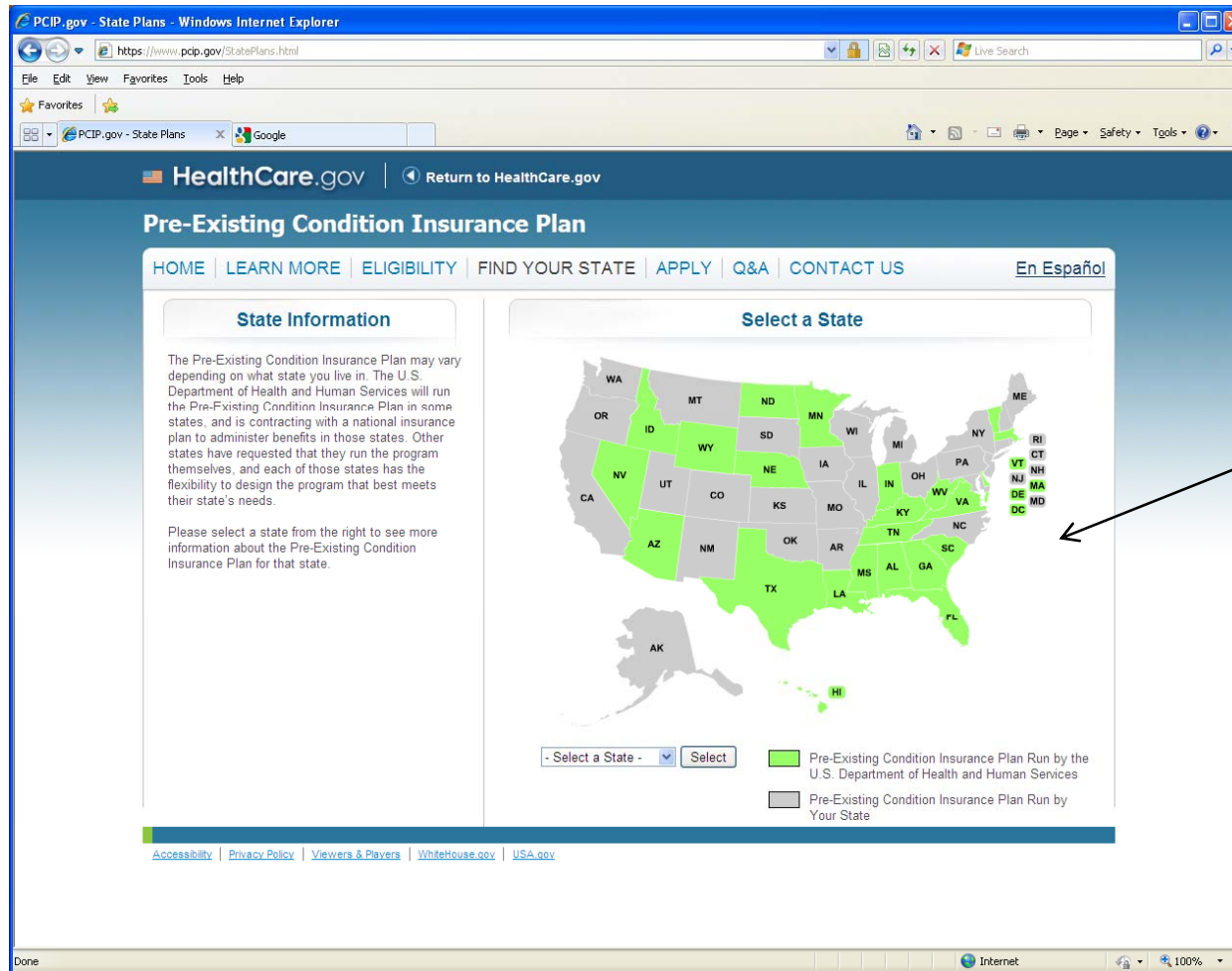
How Consumers Can Apply to PCIP



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How Consumers Can Apply to PCIP



Select
state of
residence



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PCIP Program Guidance

- Portability of coverage
- Third-party payers
- Coverage of newborns
- Eligibility for children under age 19*

*Currently applicable only for a child under age 19. Beginning July 1, adults will also be able to provide this kind of documentation.



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PCIP Moving Forward

- Focus on Outreach
 - Pursuing a targeted outreach and enrollment strategy
 - Forging relationships with other federal agencies to identify potentially eligible consumers
 - Partnering with external groups to educate consumers
 - Using CMS toolkits: newsletter drop-in articles, poster, website links, fact sheets, poster prints are downloadable from website.



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For more information on the Pre-existing Condition Insurance Plan, please visit <http://www.pcip.gov>



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