factsheet

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Pre-existing Condition Insurance Plans: Frequently Asked Questions

What is a Pre-existing Condition Insurance Plan?

The health care reform bill, signed by President Obama on March 23, 2010, established a temporary insurance high-risk pool program, formally known as the Pre-existing Condition Insurance Plan (PCIP), for individuals who are unable to obtain private insurance because of a pre-existing condition.

Who is eligible for this insurance plan?

To be eligible, you must:

- Be a citizen or national of the United States or be a legal resident of the United States;
- Have been uninsured for at least six months; and
- Have been unable to obtain private health insurance due to a pre-existing condition.

As part of the application process, individuals must provide documentation proving that they have been denied individual coverage or specific benefits because of a pre-existing condition. Each state may also require additional information. Beginning July 1, 2011, in states where PCIP is administered by the Federal government, an applicant can submit a letter from a doctor stating that the applicant has a qualifying condition.

How does this affect people with Alzheimer's disease?

This will primarily affect individuals with younger-onset Alzheimer's disease who are not yet eligible for Medicare or Medicaid and do not have access to other private health insurance because of a pre-existing condition.

Didn't the health care reform law prohibit preexisting condition exclusions in private insurance?

Yes, but not until January 1, 2014. At that time, insurance companies will be prohibited from denying coverage due to a pre-existing condition or charging a higher premium based on health status. Until that date, individuals who cannot obtain insurance because of a pre-existing condition are eligible to participate in a Pre-existing Condition Insurance Plan.

My COBRA eligibility is ending soon. Since I have a pre-existing condition, can I apply for the Pre-existing Condition Insurance Plan when my COBRA coverage ends?

No. In order to be eligible for the Pre-existing Condition Insurance Plan you must have been uninsured for at least six months. However, federal law requires that when your COBRA coverage runs out, the insurance company <u>must</u> offer you an individual policy, regardless of your health status or pre-existing conditions.

Are there income restrictions on eligibility?

No. There is no income restriction on participation in the program. All individuals who meet the eligibility criteria mentioned above can participate, regardless of income.

Is this available in every state?

Yes. In 29 states and the District of Columbia, the plan will be run by the states. The other 21 states chose to have the federal government run the program.



How do I know if my state is running the plan or if I am under the federal plan?

See the Tables to the right. However, if you are eligible to participate, it does not matter if your state has its own plan or the federal plan.

What benefits are included in the plan?

A broad range of health benefits – including primary and specialty services, hospital care and prescription drugs – are covered under the plan. And, if it is a covered benefit, you will receive it even if it is a treatment for a pre-existing condition.

How much does the plan cost?

Premiums vary depending on where you live and your age. Premiums <u>cannot</u> be higher because of your medical condition. Effective July 1, 2011, the premiums for federally run plans in states listed in Table 2 were reduced by as much as 40 percent, making the plans more affordable.

Where do I apply?

Go to www.HealthCare.gov. By clicking on your state, you will find information about the Pre-existing Condition Insurance Plan available to you, including the premiums, deductibles, and copayments. If you are in a state that is covered by the federal plan, you can apply on-line at this site. If you are in a state that has its own plan, www.HealthCare.gov will redirect you to your state's on-line application.

If I am enrolled in the Pre-existing Condition Insurance Plan, what happens on January 1, 2014, when the new insurance regulations kick in?

The Pre-existing Condition Insurance Plan will end on January 1, 2014. At that time, if you are enrolled in the Pre-existing Condition Insurance Plan or if you are uninsured and do not have access to employer-provided health insurance, you will be transferred to your state's Health Insurance Exchange, where you should be able to find several options for purchasing affordable private health insurance.

States Running Their Own Pre-existing Condition Insurance Plan

Alaska New Jersey
Arkansas New Mexico
California New York
Colorado North Carolina

Connecticut Ohio
District of Columbia Oklahoma
Illinois Oregon
Iowa Pennsylvania

Kansas Rhode Island Maine South Dakota

Maryland Utah
Michigan Vermont
Missouri Washington
Montana West Virginia
New Hampshire Wisconsin

States with Federally-Run Pre-existing Condition Insurance Plan

Alabama Minnesota Arizona Mississippi Delaware Nebraska Florida Nevada Georgia North Dakota Hawaii South Carolina Idaho Tennessee Indiana Texas Kentucky Virginia Louisiana Wyoming

Massachusetts