

The Pre-Existing Condition Insurance Plan

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Center for Consumer Information and Insurance Oversight

Overview of the Pre-Existing Condition Insurance Plan (PCIP)

- Section 1101 of The Affordable Care Act (ACA) requires that HHS establish a “temporary high risk health insurance pool program”
- Provides immediate 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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ACA Established Basic Eligibility Requirements

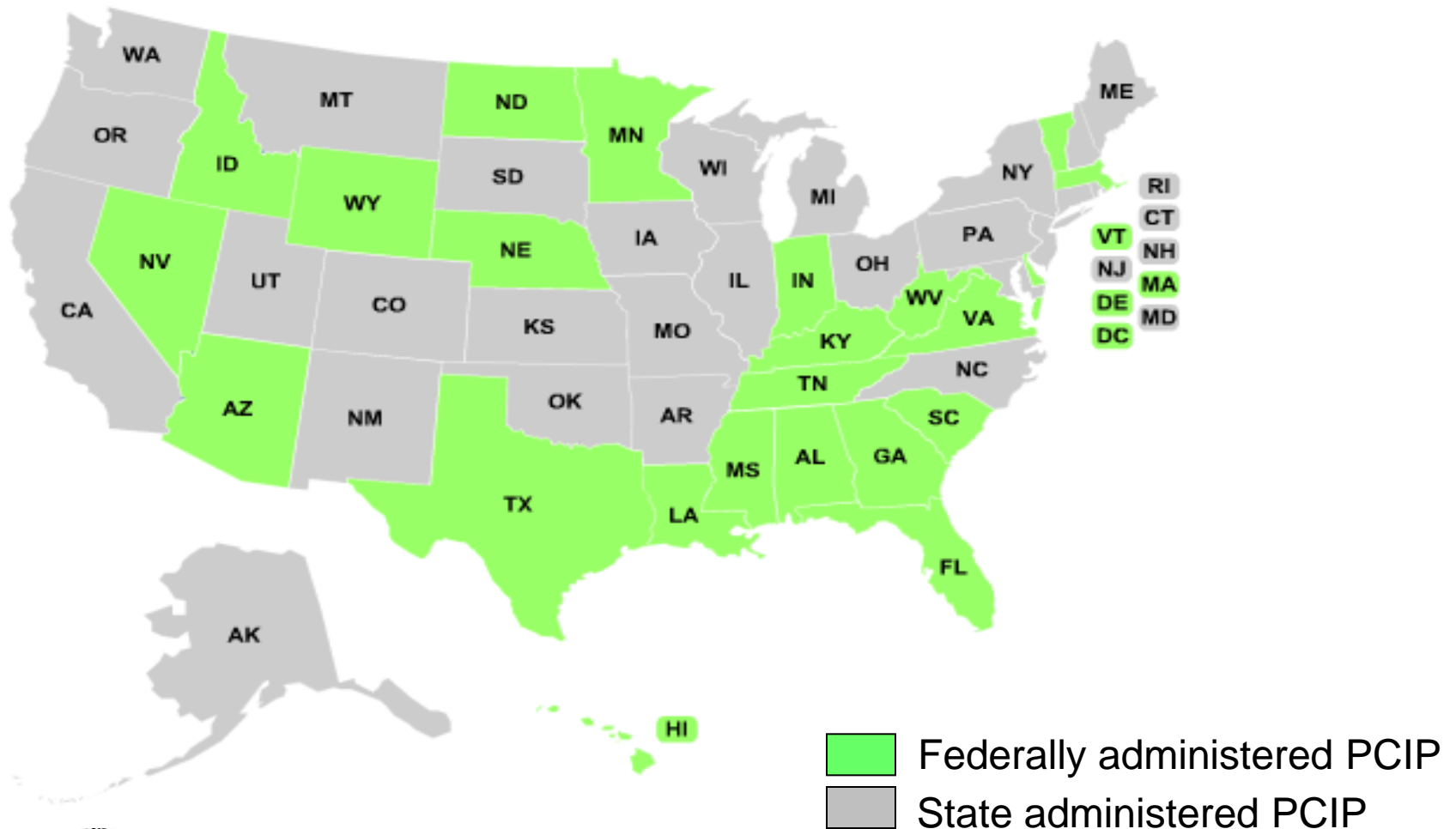
- In order to qualify for PCIP, an individual must:
 - Be a U.S. citizen or residing in the U.S. legally;
 - Have been uninsured for a minimum of 6 months before applying to PCIP; and
 - Have a pre-existing condition or have been denied coverage because of a health condition.



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Administration of PCIP Varies by State



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PCIP Offers Comprehensive Benefits

- Care in medical offices for treatment of illness or injury
- Emergency services
- Inpatient and outpatient hospital, mental health, and substance abuse services
- Prescription drugs
- In- and out-of-network benefits

Select PCIP Out-of-Pocket Costs (Federal Program), 2011

Monthly Premium for 50 Year Old	Deductible	Cost Sharing	Out-of-Pocket Maximum
\$214 - \$432 (premiums vary by age, state, and plan)	\$1,000 - \$2,500 medical or combined; \$250 - \$500 Rx only	Typically 20% for in-network services; 40% out-of-network	\$5,950 for in-network services; \$7,000 out-of-network



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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 EST



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