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ACT QUICKLY! TIME TO ENROLL IN PRE-EXISTING CONDITION INSURANCE PLAN
What you should know about High Risk Pools and the Pre-Existing Condition Insurance Plan

TOWSON, MD, August 25, 2010—The new Health Care Reform law—or the “Patient Protection and Affordable Care Act” and the “Health Care and Education Affordability Reconciliation Act” as it is formally titled—has many components and provisions, many of which do not go into effect until 2014. One important provision which is already in effect that may impact you or your family member living with PIDD is the creation of a new program called the Pre-Existing Condition Insurance Plan (PCIP). This plan is designed to provide insurance to individuals who are not able to obtain private insurance due to pre-existing condition exclusions until 2014 when the other health care reform changes are in place.

If you are in this situation, it is important to know some things about the new PCIPs and also to begin the process of application as soon as possible.

The PCIPs will be offered in every state; however, in some states the federal government will be managing the plans while other states have opted to manage their own plans. The chart below shows which states will be utilizing the federal government’s plan and which will be operating their own plans.

Federally Operated		State Operated	
Alabama	Minnesota	Alaska	New Jersey
Arizona	Mississippi	Arkansas	New Mexico
D.C.	Nebraska	California	New York
Delaware	Nevada	Colorado	North Carolina
Florida	North Dakota	Connecticut	Ohio
Georgia	South Carolina	Illinois	Oklahoma
Hawaii	Tennessee	Iowa	Oregon
Idaho	Texas	Kansas	Pennsylvania
Indiana	Vermont	Maine	Rhode Island
Kentucky	Virginia	Maryland	South Dakota
Louisiana	West Virginia	Michigan	Utah
Massachusetts	Wyoming	Missouri	Washington
		Montana	Wisconsin
		New Hampshire	

In all cases (whether the state is operating their own plan or using the federal plan), some eligibility criteria remains the same. The applicant must:

- Be a citizen or national of the United States or lawfully present in the United States.
- Have been uninsured for at least the last six months.
- Have had a problem getting insurance due to a pre-existing condition.

For the federal PCIP, the applicant must prove their inability to obtain private insurance due to a pre-existing condition by submitting an insurance denial of coverage due to pre-existing condition or an offer of insurance coverage but denial of certain benefits due to pre-existing condition dated within the past 6 months. The state run PCIPs may have different criteria to prove this component of eligibility, so it is important to check into the eligibility requirements for your particular state.

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Some of the key benefits of the FEDERALLY MANAGED PCIP include:

- Premiums no greater than the standard rate for healthy individuals purchasing coverage on their own (i.e., the individual market).
- No lifetime or annual caps on benefits.
- The plan must pay 100% of covered benefits after your out-of-pocket expenses exceed \$5,950 for benefits received from in-network health care providers (\$7,000 for out-of-network providers).
- All covered benefits (medical and prescriptions) apply towards satisfying the plan deductible and out-of-pocket limits.
- Once you've met the deductible, you will pay a \$25 copayment for doctor visits, \$4 to \$30 for most drugs at a retail pharmacy for the first two prescriptions and 50% of the cost of the prescriptions after that. If you use mail order, you will pay \$10 for generic drugs or \$75 for brand drugs on the plan formulary for a 90 day supply.
- Ig therapy will be covered under the specialty pharmacy benefit. After meeting the annual deductible, specialty pharmacy co-pay maximum of \$350 for a three-month supply with in-network provider when prescriptions are ordered through Medco pharmacy home delivery or participating retail pharmacies. Additional requirements related to medical necessity and pre-authorization may also apply. In addition, the co-pay may be higher for branded drugs and out-of-network providers, depending on a variety of circumstances (e.g., availability of a generic drug, medical issues, etc.).
- Different Ig replacement products will have different out-of-pocket expenses. Information on drug costs and additional information can be found at www.pciplan.com or (1-800-220-7898)
- For all prescriptions, if you choose a brand-name drug for which a generic drug exists, you will pay the generic copay and the difference between the cost of the brand-name drug and the cost of the generic drug (unless your physician has provided clinical necessity for the brand-name drug which will require preauthorization). Only the generic copay will apply to your deductible and out-of-pocket maximum.

The STATE-ADMINISTERED plans differ according to the state operating the plan:

- Premiums may vary based on age, but still cannot exceed 100% of the standard rate for healthy individuals purchasing coverage on their own.
- Some contain lifetime and/or annual benefit caps.
- Cost-sharing requirements (i.e., deductibles, copays, and coinsurance) will vary by state).
- Maximum out-of-pocket costs will not exceed \$5,950, but may be lower.
- Out of pocket prescription drug coverage cost will differ according to the state's individual plan. It will depend on the state as to how Ig therapy is covered. To find out how your state's plan will cover Ig and other prescriptions, go to www.healthcare.gov
- For all prescriptions, if there are preferred drugs available and you choose a brand-name drug, you will pay the applicable copay, plus the difference in cost between the generic and brand-name drug.

The new PCIPs are not to be confused with existing High Risk Pool programs that many states offered prior to the creation of this new plan. Most states that had these plans prior to Health Care Reform will continue to operate their existing High Risk Pools in addition to the PCIP. The two plans will have slightly different eligibility requirements and benefits, and the state High Risk Pool may have a higher premium rate for beneficiaries.

Enrollment for the federal PCIPs began July 1, 2010. Enrollment dates for the state run PCIPs vary by state. Some states have already enrolled individuals in their program, and others have not yet begun accepting applications.

If you are interested in enrolling in one of these plans, it is very important that you act as quickly as possible. Some states may cap enrollment to the PCIPs because the funding is limited.

Applications and information about the state managed PCIPs and existing state High Risk Pools can be found at www.healthcare.gov or 1-866-717-5826.

Applications and information on the federally managed PCIPs can be found at www.pciplan.com or 1-800-220-7898.

If you are interested in applying for the PCIP but worried about the premium cost, these organizations may be able to help with financial assistance:

Patient Services Incorporated (PSI): 1-800-366-7741 www.patientservicesinc.org

Charis Partners: 1-888-242-7472 www.charispartners.org

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