

Changes to the Pre-Existing Condition Insurance Plan in Your State

The Pre-Existing Condition Insurance Plan (PCIP) was created under the Affordable Care Act to ensure more Americans with pre-existing conditions have access to affordable health insurance and serves as a bridge to 2014 when insurers will no longer be allowed to deny coverage to people with any pre-existing condition, like cancer, diabetes, and asthma. In 23 States and the District of Columbia, the PCIP program is Federally-administered. The remaining States operate their own PCIP programs using Federal funds provided by the Affordable Care Act.

Reducing Premiums and Easing Eligibility

On May 31, 2011, the U.S. Department of Health and Human Services (HHS) announced new steps to reduce premiums and make it easier for Americans to enroll in Federally-administrated PCIP programs:

- Premiums will drop as much as 40 percent in 17 States and the District of Columbia. These premium decreases help bring PCIP premiums closer to the rates in each State's individual insurance market; in the six States where PCIP premiums were already well-aligned with State premiums, premiums will remain the same.
- Eligibility standards will be eased in all 23 States and the District of Columbia where PCIP is Federally-administered to ensure more Americans with pre-existing conditions have access to affordable health insurance. Starting July 1, 2011, people applying for coverage can simply provide a letter from a doctor, physician assistant, or nurse practitioner dated within the past 12 months stating that they have or, at any time in the past, had a medical condition, disability, or illness. Applicants will no longer have to wait on an insurance company to send them a denial letter. Applicants will still need to meet other eligibility criteria, including that they are U.S. citizens or residing in the U.S. legally and that they have been without health coverage for six months.

In the chart below, you can find how PCIP premiums will be changing in States with Federally-administered PCIP programs.

State	PCIP Premium Reduction
Alabama	-40.0%
Arizona	-40.0%
Delaware	-40.0%
District of Columbia	-18.3%
Florida	-40.0%
Georgia	-15.5%
Hawaii	No Change
Idaho	No Change

Indiana	-26.2%
Kentucky	-40.0%
Louisiana	-24.8%
Massachusetts	No Change
Minnesota	-38.3%
Mississippi	-2.1%
Nebraska	-20.5%
Nevada	-37.5%
North Dakota	No Change
South Carolina	-14.7%
Tennessee	-18.4%
Texas	-23.6%
Vermont	No Change
Virginia	-40.3%
West Virginia	-15.8%
Wyoming	No Change

HHS also sent letters today to the 27 States running their own programs to inform them of the opportunity to modify their current PCIP premiums.

Increasing Outreach with Partners

Beginning this fall, HHS will begin paying agents and brokers for successfully connecting eligible people with the PCIP program. This step will help reach those who are eligible but un-enrolled. Several States have experimented with such payments with good success. This is a part of continuing HHS outreach efforts with States, insurers, providers, and agents and brokers to reach more eligible people and let them know that coverage is available. HHS is working with insurers to notify people about the PCIP option in their State when their application for health insurance is denied.

HHS is also reaching out to a coalition of providers and consumer advocates in each State. Through meetings conducted by CMS and HHS regional offices and materials such as drop-in articles, fact sheets and brochures, many more consumers will be able to learn about the benefits of the PCIP program and more partners can learn how to help residents in their State sign up for this coverage.

Similar outreach efforts this spring helped raise PCIP enrollment by nearly 50% since February 2011. Currently, 18,313 individuals receive coverage through PCIP. For State-level enrollment data as of March 31, visit www.HealthCare.gov/news/factsheets/pcip05062011a.html.

About the Pre-Existing Condition Insurance Plan

PCIP provides comprehensive health coverage, including primary and specialty care, hospital care, prescription drugs, home health and hospice care, skilled nursing care and preventive health and

maternity care. It limits annual out-of-pocket spending and does not carve out benefits the people need.

Premiums will vary depending on the state you live in, and what plan you choose. But as an example, if you live in a state where the U.S. Department of Health and Human Services provides coverage, the premium for an age 50 year old enrollee may range between \$214 and \$559, depending on State of residence and plan option. Medical and drug deductibles vary by plan option. For an estimated premium range for your state, go to www.HealthCare.gov/law/provisions/preexisting.

For more information, including eligibility, plan benefits and rates, as well as information on how to apply, visit www.pcip.gov and click on "Find Your State." Then select your State from a map of the United States or from the drop-down menu. The PCIP Call Center is open from 8 a.m. to 11 p.m. Eastern Time. Call toll-free 1-866-717-5826 (TTY 1-866-561-1604).