

PCIP offers health coverage, even if you have a pre-existing condition

Many people who have been unable to get health insurance can now get coverage through the Pre-Existing Condition Insurance Plan (PCIP), created under the Affordable Care Act. PCIP is provided through the U.S. Department of Health and Human Services and administered by the Office of Personnel Management through GEHA in more than 20 states.

Choose the plan that fits your needs

PCIP has been improved for 2012, with better benefits and lower out-of-pocket expenses. PCIP enrollees can choose from three plan options, with different levels of premiums, calendar year deductibles and prescription copayments.

Each of the three PCIP plan options provides preventive care (paid at 100%, with no deductible) when you see an in-network doctor and the doctor indicates a preventive diagnosis. Included are annual physicals, flu shots, routine mammograms and cancer screenings. For other care, you will pay a deductible before PCIP pays for your health care and prescriptions. After you pay the deductible, you will pay 20% of medical costs in-network. Starting January 1, 2012, the maximum you will pay out-of-pocket for covered services in a calendar year with the Standard Option or Extended Option is \$4,000 in-network/\$7,000 out-of-network. The maximum with the HSA Option is \$6,050 in-network/\$7,000 out-of-network. There is no lifetime maximum or cap on the amount the plan pays for your care.

Are you eligible?

To be eligible for the Pre-Existing Condition Insurance Plan, you must be a citizen or national of the United States or residing in the U.S. legally, have been uninsured for at least the last six months, and have a pre-existing condition or have been denied coverage because of your health condition.

Want more information?

Health care options in all states: www.healthcare.gov

PCIP administered by GEHA: www.pciplan.com, (800) 220-7898

To apply for the Pre-Existing Condition Insurance Plan: (866) 717-5826