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## Online chat



Welcome to today's chat. I'm Richard Popper, the Director of Insurance Programs at the Center for Consumer Information & Insurance Oversight, which is part of the Centers for Medicare & Medicaid Services at the U.S. Department of Health and Human Services. I'm looking forward to answering as many of your questions as I can during the next hour.

Here's how today's chat will work:

1. You do not need to refresh your browser during the chat; this page will refresh automatically with the most recent question/answer appearing at the bottom of the page.
2. There is no audio. If you're reading this, then you've found the chat.
3. You may [submit a question](#) at any time during the next hour.
4. If you can't be with us for the entire hour, don't worry. We will leave the transcript of today's Q&A right here on the PCIP website.

Let's go to our first question.

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**Conway, South Carolina** (Not a PCIP enrollee): I am an insurance agent and want to have my client apply for this coverage. She has only been without coverage since March 2011. She has been declined by six different companies in South Carolina because of her pre-existing conditions. If I put her on a short-term major medical until this PCIP takes effect in July, will this make her ineligible for coverage under the six months without insurance requirement?

**Richard Popper:** Yes. A short-term major medical policy is health insurance coverage and anyone enrolled in such plan would not be eligible for the PCIP program. To be eligible for the Pre-Existing Condition Insurance Plan, you must have been without health coverage for at least 6 months prior to the actual application date.

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**Florahome, Florida** (Standard Option): With the rate changes on July 1, will the deductible remain the same? Will the new rates apply to me, or is it only for new applicants? (I've had this plan for three months.)

**Richard Popper:** The deductibles in all plan options will remain the same for 2011. Yes, the new rates will apply to all current and new enrollees.

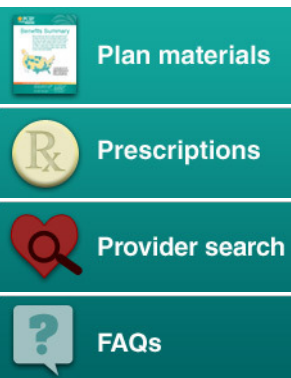
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**Austin, Texas** (Not a PCIP enrollee): I had health coverage in New Jersey, but have moved to Texas and coverage with the same provider has been declined. As a diabetic with heart disease, I cannot be without health care for the next six months. How can I obtain health coverage without a six-month period without health care? Or what else should I do?

**Richard Popper:** If you are not eligible for PCIP, you may wish to look into other coverage to meet your immediate coverage needs such as Medicare, Medicaid, the Children's Health Insurance Program (CHIP), state high risk pools, or other alternative programs administered in your state. For more information and resources that will help you access quality, affordable health care coverage, including an online comparison tool to find insurance options, please visit [www.HealthCare.gov](http://www.HealthCare.gov).

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**Brooklyn Center, Minnesota** (Not a PCIP enrollee): My sister-in-law is presently on COBRA and is being treated for breast cancer. Her COBRA will run out at end of June. She has been denied insurance and is a U.S. citizen, but does not meet the six-month requirement of not having insurance to qualify for PCIP. Any suggestions? I'm wondering if there may be help through the state to get her treatments after her COBRA runs out?



**Richard Popper:** *Individuals who have exhausted COBRA coverage have certain guaranteed issue rights under HIPAA. A consumer who has exhausted her COBRA coverage can enroll in her state's high-risk pool within 60 days of exhausting COBRA without a waiting period or pre-existing condition exclusion period.*

*If she is not eligible for PCIP, she may wish to look into other coverage to meet her immediate coverage needs such as Medicare, Medicaid, the Children's Health Insurance Program (CHIP), state high risk pools, or other alternative programs administered in her state. For more information, please visit [www.HealthCare.gov](http://www.HealthCare.gov).*

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**Coral Springs, Florida** (Not a PCIP enrollee): I'm a Florida licensed 215 health and life agent. Can I help enroll individuals and be compensated? Do you offer any training program or written materials to assist me in better understanding this product? Any marketing brochures to help me explain this program?

**Richard Popper:** *By October 1, we will be compensating qualified licensed brokers and agents a flat fee of \$100 per enrolled applicant for enrolling individuals into this plan. If you would like more information about this program when it becomes available, click [PCIP referral payment program](#), then submit your name and email address.*

*Here are some links to help you familiarize yourself with PCIP:*

- [Plan materials](#) – View/download the 2011 PCIP Benefits Summary and the 2011 PCIP Brochure.
  - [Premium rates](#) – Click on your state to see the monthly premium rates for each of the three PCIP plan options.
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**Little River, South Carolina** (Not a PCIP enrollee): I have a pre-existing condition and am currently on my wife's insurance as a dependent. There is always a possibility of being without insurance in this economy. I am 61, paid taxes for over 40 years and would like the opportunity to buy this plan if ever needed. The problem is the six-month period without insurance. Interest in this plan would skyrocket if this would change. There are millions of Americans like me who are willing to pay these premiums if given the chance. It's like rolling the dice to be without insurance for six months. Can we expect this six-month period without insurance to be deleted from the requirements?

**Richard Popper:** *The six-month uninsured requirement was congressionally mandated under the Affordable Care Act. It is our duty as an executive agency to carry out the law. Also note that the PCIP program was designed to immediately help consumers who are uninsured and have a pre-existing condition. In 2014, you will have more choices, including being able to change insurers (who will be required to cover your pre-existing condition).*

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**Springfield, Virginia** (Extended Option): I'm planning to move to another state. How does this affect my coverage? What do I need to do to ensure that I don't have a gap in coverage when I move?

**Richard Popper:** *The Pre-Existing Condition Insurance Plan is available in every state and the District of Columbia. If you move out of the service area of a Pre-Existing Condition Insurance Plan, you don't have to be uninsured for another six months to be eligible to enroll in another Pre-Existing Condition Insurance Plan. You may apply to enroll in a Pre-Existing Condition Insurance Plan in your new area.*

*You should contact the Pre-Existing Condition Insurance Plan in your new area to find out how to apply. Information about applying for PCIP in every state and the District of Columbia is available at [www.HealthCare.gov](http://www.HealthCare.gov) or 1-866-717-5826 (TTY: 1-866-561-1604) Monday through Friday from 8 a.m. to 11 p.m. Eastern time.*

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**San Antonio, Texas** (Not a PCIP enrollee): I see something on the website about a "health assessment." What is this, and how is it used?

**Richard Popper:** *The [health assessments](#) help us learn about our enrollees' health needs and how we can help. It's an online questionnaire that identifies your health risks and needs. We use this information to reach out to enrollees, to direct our providers and to identify good candidates for our care management programs.*

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**Tampa, Florida** (Not a PCIP enrollee): Is there any incentive for PCIP enrollees to take the health

risk assessment?

**Richard Popper:** *Yes. If you [complete the health assessment](#) within 90 days after your enrollment in PCIP, we'll send you a \$50 VISA gift card.*

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**Birmingham, Alabama** (Standard Option): When will I be issued my new coupon payment book?

**Richard Popper:** *Current PCIP enrollees should have received a letter in the mail stating the amount of their new premium at the beginning of June. This letter should have included a new coupon payment book. If you did not receive your new coupons, please call (877) 829-9562 between 9 a.m. and 5 p.m. Eastern time, Monday through Friday.*

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**Fort Lauderdale, Florida** (Not a PCIP enrollee): I plan to enroll. If I establish another HSA account, can that be used with this plan as well?

**Richard Popper:** *You may use your existing HSA account with the PCIP HSA Option. You do not need to open a separate health savings account.*

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**Houston, Texas** (Not a PCIP enrollee): I have a herniated disc in my back and have not had insurance for a year, but I have not been declined for other health coverage. Am I a candidate for this program? I am 31 years old.

**Richard Popper:** *Yes, you are a candidate if you meet all the eligibility requirements. You must:*

- 1) be a citizen or national of the United States or residing in the United States legally;*
- 2) have a pre-existing condition;*
- 3) and have been without health coverage for at least the last six months.*

*Different states may use different methods of determining whether you have a pre-existing condition. If you live in a state where PCIP is run by the federal government, you will need to provide a copy of one of the following documents:*

- A copy of a denial letter from an insurance company for individual insurance coverage in your state that is dated within the past 12 months. Or, a copy of a letter dated within the past 12 months from an insurance agent or broker licensed in your state that tells you that you are not eligible for individual insurance coverage from one or more insurance companies because of your medical condition.*
  - A copy of a letter from an insurance company in your state offering you coverage that you did not accept with a rider that is dated within the past 12 months. This rider states that your specific medical condition won't be covered if you accept the offer of coverage.*
  - (Applicable only for a child under age 19 or a resident of Massachusetts or Vermont) A copy of a letter from an insurance company in your state offering you coverage that you did not accept. This letter must show that the insurance company will cover you for a premium that is at least twice as much as the Pre-Existing Condition Insurance Plan premium for the Standard Option in your state.*
  - A copy of a letter from a doctor, physician assistant, or nurse practitioner dated within the past 12 months stating that you have or had a medical condition, disability, or illness. This letter must include your name and medical condition, disability, or illness and the name, license number, state of licensure and signature of the doctor, physician assistant, or nurse practitioner. NOTE: This option is currently only available for a child under age 19. Beginning July 1, 2011, this option will be available to all applicants.*
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**Cape Coral, Florida** (Extended Option): I would just like to comment to Little River. I am one of those people that has a pre-existing condition and have not been able to get insurance for years. This plan literally saved my kidney. When I enrolled I was able to move my coverage up to May 1 in place of June 1 so I could get help right away. I am so grateful for this coverage.

**Richard Popper:** *Thanks so much for your kind comments. We are always pleased to hear how PCIP is helping our enrollees and saving lives.*

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**Atlanta, Georgia** (Not a PCIP enrollee): Are any benefits payable before the deductible is met?

**Richard Popper:** *Yes. For all of the PCIP plans, preventive services (annual physicals, mammograms, flu shots, etc.) are covered at 100% when you see an in-network provider. The deductible does not need to be met first.*

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**Brandywine, Delaware** (Standard Option): Can PCIP enrollees see any provider?

**Richard Popper:** *Yes, but an enrollee will have less out-of-pocket expense if he or she sees in-network providers. The out-of-network deductible is more for each of the plans and the maximum out-of-pocket for non-participating providers is \$7,000. To find in-network providers, a PCIP enrollee can click [Provider Search](#) and select his or her state of residence from the drop-down menu.*

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**Austin, Texas** (Standard Option): Has it been determined yet whether or not the doctor's letter stating the applicant is disabled must include the disabling condition?

**Richard Popper:** *Effective July 1, 2011 an applicant may demonstrate eligibility for PCIP by providing a copy of a letter from a doctor, physician assistant, or nurse practitioner dated within the past 12 months stating that the applicant has or had a medical condition, disability, or illness. This letter must include the applicant's name and medical condition, disability, or illness and the name, license number, state of licensure and signature of the doctor, physician assistant, or nurse practitioner. NOTE: This option is currently only available for a child under age 19.*

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**Essex, Vermont** (HSA Option): How can I get my provider into your network?

**Richard Popper:** *Click on [Provider Nomination form](#). Follow the instructions to nominate your provider.*

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**Cleveland, Texas** (Standard Option): I will turn 65 in October. Do I have to get Medicare insurance, or can I stay with PCIP?

**Richard Popper:** *For questions regarding Medicare, including whether you will be eligible for and/or enrolled in Medicare when you turn 65, visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.*

*PCIP enrollees receive a letter three months before their 65th birthday notifying them that they will be disenrolled from PCIP when their Medicare coverage begins. If a PCIP enrollee has questions regarding the notice or if they believe the information is incorrect, they should call PCIP at (877) 829-9562 between 8 a.m. and 5 p.m. Eastern time, Monday through Friday.*

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**Cypress, Texas** (HSA Option): Is the rate decrease retroactive?

**Richard Popper:** *No, the decrease is effective July 1, 2011.*

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**Richmond, Virginia** (Extended Option): I was wondering what would happen to those of us who are covered under PCIP if the new health care law is repealed -- which is being discussed a lot in the news. Since PCIP was due to the new health care law, would I then lose my insurance again, or would I be grandfathered in? This is very scary to think about not being with health insurance again with a pre-existing condition.

**Richard Popper:** *The Affordable Care Act remains the law of the land and we are continuing to carefully and effectively implement this law to improve the health of all Americans. The Affordable Care Act created the Pre-Existing Condition Insurance Plan, which is available to people who are U.S. citizens or residing here legally, have a pre-existing condition or have been denied health coverage because of their health condition, and have been without health coverage for at least 6 months. This program will be available until 2014. In 2014, you will have access to affordable health insurance choices through a new competitive marketplace called an Exchange. An Exchange will provide a transparent and competitive insurance marketplace where individuals and small businesses can buy affordable and qualified health benefit plans. Exchanges will offer you a choice of health plans that meet certain benefits and cost standards. In addition, starting in 2014, it will be against the law for an insurance company to discriminate against you based on a pre-existing condition. We recognize how important the Pre-Existing Condition Insurance Plan is to you and will let you know if there are any changes that could affect your coverage.*

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**Newton Falls, Ohio** (Not a PCIP enrollee): When I got my insurance, it covered my pre-existing condition (rheumatoid arthritis), but then changed and no longer pays for the RA treatments. In February, my spousal support runs out and if I can't find a job, I won't be able to pay for my

current insurance. Would I be able to get PCIP?

**Richard Popper:** *To be eligible for the Pre-Existing Condition Insurance Plan, you must have been without health coverage for at least 6 months prior to the actual application date, regardless of whether or not your current policy covers your health condition.*

*If you are not eligible for PCIP, you may wish to look into other coverage to meet your immediate coverage needs such as Medicare, Medicaid, the Children's Health Insurance Program (CHIP), state high risk pools, or other alternative programs administered in your state. For more information and resources that will help you access quality, affordable health care coverage, including an online comparison tool to find insurance options, please visit [www.HealthCare.gov](http://www.HealthCare.gov).*

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**Lake Park, Georgia** (Standard Option): I am curious as to why Georgia rates are so much higher than in other states, especially Florida, which is near us but much cheaper.

**Richard Popper:** *PCIP premiums are based on the rates currently charged by individual market insurers, which generally vary from state to state.*

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**Haines City, Florida** (Not a PCIP enrollee): I have a discount insurance plan; it's not health insurance. I had cancer 10 years ago. I have been told I would not qualify for health insurance because of my weight -- more so than because of my cancer diagnosis. Am I eligible for PCIP?

**Richard Popper:** *You are a candidate if you meet all the eligibility requirements, which are:*

- *be a citizen or national of the United States or residing in the United States legally;*
- *have a pre-existing condition;*
- *and have been without health coverage for at least the last six months.*

*To be eligible for the Pre-Existing Condition Insurance Plan, you must have been without other health coverage for at least 6 months prior to the actual application date.*

*If you believe your current discount insurance plan is not health insurance, you may still submit an enrollment application. However, when submitting your application please include a copy of the insurance policy in question and be sure to clearly indicate on your application this existing or prior coverage. This will help us process your application as quickly as possible.*

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**Madison, Alabama** (Not a PCIP enrollee): I'm thinking about applying for PCIP. If I enroll, what is the most I will have to pay out of pocket?

**Richard Popper:** *The catastrophic (or out-of-pocket) maximum is \$5,950 for any of the PCIP plans when using in-network providers and \$7,000 when using out-of-network providers. Your monthly premiums do not count towards this out-of-pocket maximum.*

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**Tucson, Arizona** (Standard Option): With the premiums being lowered, can I change from the Standard to the Extended at this time? Or would I have to wait until next year?

**Richard Popper:** *Unfortunately you cannot change plans at this time. There will be an Open Season period this fall when you will be able to change plan options, and those changes would be effective January 1 of the next year. Current enrollees will be notified of the Open Season in advance so they have ample time to choose a new option if they desire.*

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**McAllen, Texas** (Not a PCIP enrollee): I'm planning to enroll in the PCIP. I've been uninsured for almost six years. I have a pre-existing condition of obesity and have been denied several times. Will PCIP help me get a gastric bypass surgery?

**Richard Popper:** *In the federally-administered PCIP states (including Texas), bariatric surgery is covered only when performed at centers certified as "well qualified" (centers of excellence) by the Centers for Medicare and Medicaid Services (CMS). In addition, all criteria must be met. See pages 38-39 of the [2011 PCIP Brochure \(PDF\)](#) for criteria detail. This surgery requires pre-certification through PCIP's Care Management Department.*

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**Chester, Virginia** (Extended Option): Who is the actual insurer of the plan? Who pays the claims?

**Richard Popper:** *GEHA is under our contract with the U.S. Department of Health and Human Services (HHS), as authorized by the Affordable Care Act. GEHA administers benefits, including paying claims. The PCIP plan is underwritten by the federal government.*

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**Lakeland, Florida** (Not a PCIP enrollee): As a provider, I would like to know which network is used in Florida for PCIP enrollees?

**Richard Popper:** *We utilize the First Health Network in the state of Florida. If you are interested in becoming a participating provider, you can complete an online [Provider Application Form](#).*

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**Aventura, Florida** (HSA Option): There seems to be some confusion when I go to a provider about what my insurance is. Do I tell them PCIP or First Health?

**Richard Popper:** *Occasionally, there is confusion regarding who provides the insurance coverage. The Pre-Existing Condition Insurance Plan is your health insurance company, also known as the "payor." The PCIP provider network is First Health. When asked, you may tell the provider you are covered by PCIP, which is part of the First Health Network.*

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**Huntingdon, Tennessee** (Not a PCIP enrollee): Does your deductible count toward your out-of-pocket maximum?

**Richard Popper:** *Yes. You should note that there are different out-of-pocket limits depending on whether or not care is received in- or out-of-network. In 2011, the out-of-pocket maximum for in-network services is \$5,950. The out-of-pocket maximum is \$7,000 for out-of-network services.*

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**Waterloo, South Carolina** (Not a PCIP enrollee): I was approved for PCIP last July but could not afford the monthly premium. Now that the rates are going down, why do I have to re-apply if nothing has changed concerning my health?

**Richard Popper:** *Yes. Because many pre-existing conditions can change over time, we would need you to reapply for PCIP. Effective July 1, 2011 an applicant may demonstrate eligibility for PCIP by providing a copy of a letter from a doctor, physician assistant, or nurse practitioner dated within the past 12 months stating that the applicant has or had a medical condition, disability, or illness. This letter must include the applicant's name and medical condition, disability, or illness and the name, license number, state of licensure and signature of the doctor, physician assistant, or nurse practitioner. NOTE: This option is currently only available for a child under age 19.*

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**The Woodlands, Texas** (Standard Option): Hi. I am signed up for preauthorized debit. Will it change the premium amount to the new lower premium?

**Richard Popper:** *If your premiums are paid through preauthorized debit, your debit will be adjusted to the correct amount automatically.*

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**Tucson, Arizona** (Standard Option): My wife just went in for her first doctor's appointment since enrolling April 1. This was for a mammogram and to see her gynecologist for an exam and pap smear, and neither one asked for a copay. Is that correct?

**Richard Popper:** *Yes! Preventive care is covered at 100% with no deductible when using an in network provider. You will find a list of services that fall within this benefit on page 23 of your plan brochure.*

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**Bloomington, Indiana** (Not a PCIP enrollee): If providers are contracted for state programs such as Medicaid/Medicare, are they also automatically contracted as a PCIP provider?

**Richard Popper:** *Providers are not automatically contracted for the PCIP program. You can locate a participating provider near you by clicking on click [provider search](#). Or if you do not locate your provider, you can nominate them by submitting a click [Provider Nomination form](#).*

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**South Bend, Indiana** (Extended Option): I just received a letter advising that my monthly premium was reduced by \$143. While I am happy about it, I am confused. In all the years I had regular health insurance, premiums always went up -- never down. Can you explain?

**Richard Popper:** *The PCIP program revised its premiums by realigning rates to the most popular individual market premiums in each state in order to best serve those eligible for the PCIP program. This resulted in a premium reduction in some states where the federally-administered PCIP operates. As was the case before, premiums vary depending on the state where you live.*

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**Flagstaff, Arizona** (Standard Option): I would just like to thank you for insuring me when no one else would.

**Richard Popper:** *We appreciate your feedback, and thank you for your interest and participation in PCIP.*

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**Grayson, Georgia** (Standard Option): With the decrease in rates, why would anyone not take advantage of this insurance? I paid a higher rate last year, but am not in a wheelchair and not walking with a cane any longer. This insurance was a blessing. I have a new hip and this fall I will be totally bionic with my back finally repaired. The hospital worked out a payment arrangement for me for the deductible. So, again my question is why wait? The network has more providers than most large carriers.

**Richard Popper:** *It is great to hear how well you are doing. I appreciate hearing how this Plan has improved your quality of life. Word of mouth is the best advertisement, so please share your success with your friends. We are sharing information about the Plan with hospitals and physicians, as they are often aware of patients in need of insurance coverage.*

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*It looks like we've run out of time. Thanks for all of your questions today. It's great to see so much interest in PCIP.*

*If you are already a PCIP enrollee, please help us spread the word about this plan by telling people you know who might qualify to apply. If you are eligible for PCIP and are ready to apply, click [Apply Now](#).*

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