



PIDD Post

Volume: 8

BioRx... Get headed in the right direction.

Health Reform and Pre-existing Conditions

A pre-existing condition is defined as any medical condition that a person had knowledge of, or had been treated for, prior to enrolling in a health insurance program. Under many pre-existing condition laws, a pre-existing condition is one for which any of the following was recommended or received within the six months prior to the health insurance enrollment date: medical advice, diagnosis, care or treatment.

Anywhere from 50 to 129 million (19 to 50 percent) of Americans under the age of 65 have some type of pre-existing condition. Older Americans between the ages of 55 and 64 are at particular risk. Up to one in five Americans under the age of 65, which is nearly 25 million individuals, is uninsured.

In March of 2010, Congress passed, and President Obama signed, the **Affordable Care Act** – the new health insurance law. The law creates a new program – the Pre-existing Condition Insurance Plan. This makes health insurance available if you have been denied coverage because of a pre-existing condition.

As of September 23, 2010, health insurance companies are prohibited from denying coverage to children ages 19 and under who have a pre-existing condition. In 2014, this will also apply to adults who have pre-existing conditions. In the meantime, starting June 23, federal funding is being made available for adults who have been uninsured for the prior

six months and have pre-existing conditions. This funding will be available until 2013.

Many uninsured Americans with pre-existing conditions already have enrolled in the temporary high-risk pool program called the Pre-existing Condition Insurance Plan (PCIP), which provides private insurance to those locked out of the insurance market because of a pre-existing condition. The PCIP program serves as a bridge until 2014 when insurance companies can no longer deny or limit coverage or charge higher premiums. This program is administered by either your state or the U.S. Department of Health and Human Services.

To qualify for the plan you must:

- have not been insured for at least the past 6 months
- be an American citizen or legal resident, and
- have been declined from getting medical insurance because of a pre-existing condition

This plan is available in every state, and each state has a website to provide detailed information. A list of websites is available at www.pcip.gov/StatePlans.html.

If you or someone you know have been denied insurance coverage and you believe that this plan would benefit you, more information can be found at www.HealthCare.gov or by calling 1-866-717-5826.

FOR MORE INFORMATION, CONTACT US AT 1-866-442-4679, or visit www.biorx.com

Past issues of the PIDD Post can be found at www.biorx.com/pidd.php