

Benefits Summary

Transition Plan

PCIP offers a comprehensive benefit package

The Pre-Existing Condition Insurance Plan (PCIP), created under the Affordable Care Act, provides preventive care (paid at 100%, with no deductible) when 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. After you pay the deductible, you will pay 30% of medical costs. There is a separate deductible for prescriptions.

The maximum you will pay out-of-pocket for covered services in a calendar year is \$3,125, or \$5,000 for non-formulary prescriptions. A facility or provider that accepts payment for a covered service furnished to an enrollee may not bill the enrollee for an amount greater than the cost-sharing amount for the covered services calculated by the PCIP. Benefits are effective on or after July 1, 2013.

Please note that the benefits described in this flyer apply only to people who live in states transitioning into the federally-run PCIP from a state-run PCIP.

The availability and unavailability of membership in the Pre-Existing Condition Insurance Plan (PCIP) and any benefits authorized through the plan are at all times subject to federal law, regulations, and the contract between the PCIP Administrator and the United States Department of Health and Human Services, and are dependent on continued availability of federal funding.

For more information:

Health care options in all states:
Coverage and benefits in the federally-run PCIP:

www.healthcare.gov
www.pciplan.com
(800) 220-7898

For general information about PCIP:

www.pcip.gov
1-866-717-5826



What you pay for care	Transition Plan
Deductible type	Separate medical & prescription deductibles
Deductible (medical) ^o	\$1,000
Coinsurance (medical) ^o	30%
Catastrophic (or Out-of-Pocket) Maximum ^o	\$3,125 / \$5,000 for non-formulary prescriptions
Inpatient Hospital Services [^]	30%
Outpatient Surgery	30%
Primary Care Office Visit	\$25 copay
Specialty Office Visit	\$25 copay
Annual Preventive Care Office Visit	Nothing
Preventive Care – Other	Nothing
Emergency Room	30%
Lab – Outpatient	30%
X-Ray ^{^<<} & Other Diagnostic Tests	30%
Maternity & Newborn Care [*]	30%
Therapy Services <i>Includes Physical & Occupational (Up to 60 visits/ calendar year); Speech (up to 30 visits/calendar year) and Cardiac or Pulmonary Rehab.</i>	30%
Skilled Nursing Facility ^{^ **}	Benefits limited to \$700 day
Home Health Care – skilled nursing, IV therapy <i>(Limited to 25 in-home visits per calendar year)</i>	30%
Hospice (combination inpatient & outpatient)	Benefits limited to \$15,000
Mental Health/Substance Abuse	Same as medical conditions.
You must see a preferred provider to receive the following benefits:	
Durable Medical Equipment (DME) [^]	30%
Transplants ^{^ ***}	30%

^o Deductibles, copays and coinsurance apply to the out-of-pocket maximum.

[^] Pre-certification for these services is required.

^{<<} Only certain radiology procedures require pre-certification.

^{*} Care of a newborn during the covered portion of the mother's maternity stay.

^{**} Inpatient stay at a skilled nursing facility is covered for the first 14 days following transfer from acute inpatient stay, when skilled care is still required.

^{***} Transplant services must be precertified and provided by a facility participating in the Lifetrac Network. Benefits for transplants outside of this network are limited to \$100,000.

This is a brief description of the features of PCIP. For complete information on benefits, see the 2013 PCIP Plan Brochure. All benefits are subject to the definitions, limitations and exclusions set forth in the federal brochure.

Prescription Drugs	You Pay – after deductible	
	Formulary	Non-formulary
Prescription Drugs:		
Rx Deductible ^o	\$250	\$375
Retail – up to a 30-day supply each fill		
Generic – First Two Fills	\$4	\$4
Generic – 3rd Fill & After	Greater of \$4 or 50%	Greater of \$4 or 50%
Brand – First Two Fills	\$40	\$80
Brand – 3rd Fill & After	Greater of \$40 or 50%	All charges
Specialty	25%, \$150 max	50%, \$300 max
Mail Order – 90-day supply		
Generic	\$10	\$10
Brand	\$100	\$200
Specialty	25%, \$350 max	50%, \$500 max

Additional information on prescription coverage:

Preferred Step Therapy and Prior Authorization rules apply to some medications. For a list of drugs on the formulary, go to www.pciplan.com. Non-preferred step therapy drugs are not a covered benefit. 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 difference between the cost of the brand-name drug and the generic will not be applied to the deductible or annual out-of-pocket maximum. Specialty medications are those used to treat some severe, chronic medical conditions and are usually administered by injection or infusion.



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