

# Benefits Summary

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 GEHA in more than 20 states.

## Choose the plan that fits your needs

PCIP enrollees can choose from three plan options, with different levels of premiums, calendar year deductibles, prescription deductibles and prescription copays. The HSA Option provides an opportunity to open a Health Savings Account, a tax-exempt account where you can deposit funds for eligible medical expenses.

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. The maximum you will pay out-of-pocket for covered services in a calendar year 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. Benefits are effective on or after January 1, 2012.

## 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.

## For more information:

Health care options in all states: [www.healthcare.gov](http://www.healthcare.gov)  
PCIP administered by GEHA: [www.pciplan.com](http://www.pciplan.com)  
(800) 220-7898

To apply for the Pre-Existing  
Condition Insurance Plan: 1-866-717-5826

What you pay for care	Standard Option		Extended Option		HSA Option	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
<b>Deductible type</b>	Separate medical & prescription deductibles		Separate medical & prescription deductibles		A combined medical & prescription deductible	
Deductible (medical) <sup>o</sup>	\$2,000	\$3,000	\$1,000	\$1,500	\$2,500	\$3,000
Coinsurance (medical) <sup>o</sup>	20%	40%	20%	40%	20%	40%
Catastrophic (or Out-of-Pocket) Maximum <sup>o</sup>	\$4,000	\$7,000	\$4,000	\$7,000	\$6,050	\$7,000
Inpatient Hospital Services <sup>^</sup>	20%	40%	20%	40%	20%	40%
Outpatient Surgery	20%	40%	20%	40%	20%	40%
Primary Care Office Visit	\$25 copay	40%	\$25 copay	40%	\$25 copay <sup>^^</sup>	40%
Specialty Office Visit	\$25 copay	40%	\$25 copay	40%	\$25 copay <sup>^^</sup>	40%
Annual Preventive Care Office Visit	Nothing	40%	Nothing	40%	Nothing	40%
Preventive Care – Other	Nothing	40%	Nothing	40%	Nothing	40%
Emergency Room	20%	40%	20%	40%	20%	40%
Lab – Outpatient	20%	40%	20%	40%	20%	40%
X-Ray <sup>^&lt;&lt;</sup> & Other Diagnostic Tests	20%	40%	20%	40%	20%	40%
Maternity & Newborn Care <sup>*</sup>	20%	40%	20%	40%	20%	40%
Therapy Services <sup>^</sup> :	20%	40%	20%	40%	20%	40%
Durable Medical Equipment (DME) <sup>^</sup>	20%	All charges	20%	All charges	20%	All charges
Skilled Nursing Facility <sup>^ **</sup>	Benefits limited to \$700 day		Benefits limited to \$700 day		Benefits limited to \$700 day	
Home Health Care – skilled nursing, IV therapy <sup>^</sup> <i>(Limited to 25 in-home visits per calendar year)</i>	20%	All charges	20%	All charges	20%	All charges
Hospice (combination inpatient & outpatient)	Benefits limited to \$15,000		Benefits limited to \$15,000		Benefits limited to \$15,000	
Mental Health/Substance Abuse	Same as medical conditions.		Same as medical conditions.		Same as medical conditions.	
<b>Prescription Drugs:</b>	<b>Formulary</b>	<b>Non-formulary</b>	<b>Formulary</b>	<b>Non-formulary</b>	<b>Formulary</b>	<b>Non-formulary</b>
Rx Deductible <sup>o</sup>	\$500	\$750	\$250	\$375	NA	NA
<b>Retail – up to a 30-day supply each fill</b>						
Generic – First Two Fills	\$4	\$4	\$4	\$4	\$4	\$4
Generic – 3rd Fill & After	Greater of \$4 or 50%	Greater of \$4 or 50%	Greater of \$4 or 50%	Greater of \$4 or 50%	Greater of \$4 or 50%	Greater of \$4 or 50%
Brand – First Two Fills	\$40	\$80	\$30	\$60	\$30	\$60
Brand – 3rd Fill & After	Greater of \$40 or 50%	All charges	Greater of \$30 or 50%	All charges	Greater of \$30 or 50%	All charges
Specialty	25%, \$150 max	50%, \$300 max	25%, \$150 max	50%, \$300 max	25%, \$150 max	50%, \$300 max
<b>Mail Order – 90-day supply</b>						
Generic	\$10	\$10	\$10	\$10	\$10	\$10
Brand	\$100	\$200	\$75	\$150	\$75	\$150
Specialty	25%, \$350 max	50%, \$500 max	25%, \$350 max	50%, \$500 max	25%, \$350 max	50%, \$500 max

<sup>o</sup> In-network (or formulary) deductibles, copays and coinsurance apply to the in-network out-of-pocket maximum, and will be applied to help satisfy the out-of-network catastrophic (out-of-pocket) maximum.

<sup>^</sup> Pre-certification for these services is required. Therapy services include Physical & Occupational (Up to 60 visits/calendar year); Speech (up to 30 visits/calendar year) and Cardiac or Pulmonary Rehab.

<sup>^^</sup> Your combined medical and prescription deductible must be met prior to receiving benefits.

<sup><<</sup> Only certain radiology procedures require pre-certification.

<sup>\*</sup> Care of a newborn during the covered portion of the mother's maternity stay.

<sup>\*\*</sup> 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.

**Additional information on prescription coverage:**

Under the Standard and Extended Options, you receive prescription benefits after just meeting the prescription deductible. Preferred Step Therapy and Prior Authorization rules apply to some medications. For a list of drugs on the formulary, go to [www.pciplan.com](http://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.

This is a brief description of the features of PCIP. For complete information on benefits, see the 2012 PCIP Plan Brochure. All benefits are subject to the definitions, limitations and exclusions set forth in the federal brochure.



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