

The Idaho Department of Insurance, an agency of the state of Idaho, regulates the business of insurance in Idaho. Department staff can assist Idaho residents with problems or questions involving insurance. For more information, contact the Department:

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INDIVIDUAL HIGH RISK REINSURANCE POOL PLANS FOR IDAHO RESIDENTS



What are the “High Risk Reinsurance Pool Plans”?

The law that created the High Risk Reinsurance Pool Plans (HRP Plans) went into effect on January 1, 2001. The purpose of the HRP Plans is to make health insurance coverage available to Idaho residents not covered by employment-related insurance. Idaho residents may be eligible for the HRP Plans regardless of health status or claims history.

There are five HRP Plans: Basic, Standard, Catastrophic A, Catastrophic B and HSA Compatible. An applicant has the right to choose any one of the five Plans. The Plans’ key features are described on page 5.

Who is eligible for the HRP Plans?

If you are an Idaho resident or dependent of an Idaho resident, you may be eligible for an HRP Plan through the insurance carriers that are approved to offer individual health benefit plans in Idaho.

For a list of the approved insurance carriers, please contact the Idaho Department of Insurance by calling one of the numbers listed at the end of this brochure. The list is also on the department’s Website, www.doi.idaho.gov. Select “Consumers” then “Health Insurance Information”.

There are four ways you may be eligible:

#1:

If you are:

- Under age 65; and
- Not eligible for coverage under a group health plan, Medicaid, or Medicare, and do not have other health insurance coverage; and

You apply for any individual health benefit plan from the approved insurance carriers:

- If any one carrier declines your coverage under another health benefit plan due to your health status or claims history; **or**
- If a carrier refuses to issue a plan to you providing coverage substantially similar to an HRP Plan except at a higher premium rate;

then that carrier **must** offer to you your choice of one of the five HRP Plans. The carrier’s offer must be in writing and explain why the offer has been made, and how to enroll in an HRP Plan. You are not required to

exhaust any available COBRA continuation coverage prior to your eligibility for an HRP Plan.

#2:

If you are a “federally eligible individual” under the federal law known as HIPAA (Public Law 104-191), you are eligible to apply for an HRP Plan from any one of the approved carriers.

A “federally eligible individual” means an individual:

1. Who has had at least 12 months of creditable coverage as of the date the individual applies for an HRP Plan; and
2. Whose most recent prior creditable coverage was under a group health benefit plan; and
3. Who is not eligible for coverage under a group health plan, Medicare, or Medicaid, and who does not have other health insurance coverage; and
4. Whose most recent creditable coverage was not terminated based on nonpayment of premiums or fraud; and
5. Who, if offered, elected COBRA continuation coverage or a similar state program and exhausted that continuation coverage.

NOTE: Under Idaho law COBRA eligibility does not render a person ineligible for coverage under an HRP Plan. The “under age 65” limitation does not apply to a “federally eligible individual”.

#3:

If you are eligible for the credit for health insurance costs (trade adjustment assistance) under the Trade Act of 2002 (Public Law 107-210), you are eligible to apply for an HRP Plan from one of the approved carriers. You do not have to be declined for a preferred plan due to health status or claims experience or refused coverage due to high premiums in order to qualify for an HRP Plan.

In addition, if you had prior creditable coverage for a total period of three months as of the date you apply for an HRP plan, and there was no break in coverage over 63 days:

- The preexisting condition limitation in your HRP plan will not apply to you; and
- You are not required to exhaust any available COBRA continuation coverage or a similar state program prior to your eligibility to enroll for an HRP Plan.

#4:

If you are eligible under #1, #2 or #3 above but have existing coverage under another health benefit plan, you are eligible to apply for an HRP Plan if:

- There is a reasonable probability that you will exceed your lifetime benefit maximum under your existing coverage within 90 days; and
- The lifetime benefit maximum is at least \$500,000.

If I qualify under #1, #2, #3 or #4 above, are there reasons why I still might not be eligible?

You are not eligible for an HRP Plan if:

1. You are not a “federally eligible individual” and, except as provided in #4 above, you have or obtain health insurance coverage substantially similar to or more comprehensive than an HRP Plan, or would be eligible to have that coverage at a rate not exceeding the rate for an HRP Plan if you elect it;
2. You are determined to be eligible for Medicaid health care benefits;
3. You previously terminated an HRP Plan within the past 12 months (not applicable to a “federally eligible individual” under #2 on page 2); or
4. You are an inmate or resident of a state or other public institution, or a state, local or private correctional facility (not applicable to a “federally eligible individual” under #2 on page 2).

What are the premium costs for the HRP Plans?

The Board of Directors of the Idaho Individual High Risk Reinsurance Pool sets the premiums for the HRP Plans. ALL carriers must charge the same premium rates set for the five plans by the HRP Board of Directors.

You may call the Department at one of the numbers listed at the end of this brochure and ask for the HRP Plan premium amounts. The premiums are also on our Website, www.doi.idaho.gov. Select “Consumers” then “Health Insurance Information”. The premiums shown are the amounts charged each month.

Do these plans cover preexisting health conditions?

Idaho law defines a “preexisting condition” as:

- A condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment during the six months immediately preceding the effective date of coverage; or
- A condition for which medical advice, diagnosis, care, or treatment was recommended or received during the six months immediately preceding the effective date of coverage; or

- A pregnancy existing on the effective date of coverage.

The HRP Plans may exclude benefits for a preexisting condition for 12 months after the effective date of coverage. However, if you were covered under a group or individual health benefit plan within 63 days before applying for an HRP Plan, you will receive credit for the time insured under your prior coverage towards satisfaction of this 12-month exclusion under your HRP Plan.

No preexisting condition limitation or exclusion may be applied under the HRP Plan to a “federally eligible individual” if the individual applies for coverage within 63 days of the date of termination of prior creditable coverage.

If I’m eligible for an HRP Plan, may I cover my family under the Plan too?

Yes. If you are eligible for an HRP Plan, your dependents who are Idaho residents may also be eligible under that Plan. However, you may want to discuss with your agent if an HRP Plan would be the most appropriate coverage for your family.

Can my HRP Plan be terminated if I have expensive medical claims?

Your HRP Plan may not be terminated or canceled due to your claims,

If your claims do exceed the Lifetime Maximum Benefit Per Carrier, you may apply for a new HRP Plan with another carrier. **It is important that you do not have a 63-day or greater gap in coverage between the two plans.**

Can my HRP Plan be terminated for other reasons?

An HRP Plan may be terminated on the first day of the month after:

1. The date an insured is no longer an Idaho resident;
2. The date an insured requests the HRP Plan to end;
3. The date of an insured’s death;
4. At the option of the High Risk Pool Board, 30 days after the carrier makes any inquiry about an insured’s eligibility or place of residence to which the insured does not reply; or
5. The date the insured no longer meets eligibility requirements for an HRP plan.

The HRP Plan policy may include additional termination provisions.

What are the benefits under the HRP Plans?

Key features for the five HRP Plans include:

Benefit Areas*	Basic Plan	Standard Plan	Catastrophic A Plan	Catastrophic B Plan
Lifetime Maximum Benefit Per Carrier (ALL Benefit Areas)	\$500,000	\$1,000,000	\$1,000,000	\$1,000,000
Calendar Year Deductible Amount Per Individual (Benefit Areas A, C, D, E and F; Benefit Areas B and G have separate deductibles)	\$500	\$1,000	\$2,000	\$5,000
Normal Maternity Benefit Deductible (Benefit Area B)	\$5,000	\$5,000	\$5,000	\$5,000
Outpatient Prescription Drugs Calendar Year Deductible per Individual (50% Benefit Percentage / 50% Coinsurance Percentage; Does not apply to Out-of-Pocket Expense Limit) (Benefit Area G)	\$250	\$250	\$500	\$500
Benefit/Coinsurance Percentage (ALL Benefit Areas except Benefit Area G)	50% / 50%	70% / 30%	70% / 30%	80% / 20%
Individual Out-of-Pocket Expense Calendar Year Maximum (Does NOT include Deductible or Co-Payments) (ALL Benefit Areas except Benefit Area G)	\$20,000	\$10,000	\$10,000	\$10,000

HSA COMPATIBLE PLAN

Benefit Areas*	HSA Compatible Plan
Lifetime Maximum Benefit Per Carrier (ALL Benefit Areas)	\$1,000,000
Calendar Year Deductible Amount (ALL Benefit Areas)	\$3,000 per individual \$6,000 per family
Normal Maternity Benefit (Benefit Area B)	EXCLUDED
Benefit/Coinsurance Percentage (ALL Benefit Areas)	60% / 40%
Out-of-Pocket Expense Calendar Year Maximum (INCLUDES Deductible, Copayments, and Coinsurance)	\$5,000 per individual \$10,000 per family
Outpatient Prescription Drugs Calendar Year Maximum (Benefit Area G)	\$6,000

Benefit Areas *	All Plans
Preventive Services Calendar Year Maximum Benefit (Benefit Area A)	\$200
Organ Transplant Lifetime Maximum Benefit (Benefit Area C)	\$250,000
Skilled Nursing Facility Calendar Year Maximum Benefit (Benefit Area C)	45 Days
Rehabilitation Therapy Calendar Year Maximum Benefits	\$25,000 Inpatient (Benefit Area C) \$2,000 Combined Outpatient (Benefit Area D)
Home Health Care Calendar Year Maximum Benefit (Benefit Area D)	\$5,000
Hospice Care Calendar Year Maximum Benefit (Benefit Area D)	\$5,000
Growth Hormone Therapy Calendar Year Maximum Benefit (Benefit Area D)	\$25,000
Ambulance Service Calendar Year Maximum Benefit (Benefit Area E)	\$2,000
Durable Medical Equipment Calendar Year Maximum Benefit (Benefit Area E)	\$10,000
Psychiatric and Substance Abuse Services Calendar Year Benefit Maximum (Benefit Area F)	\$5,000

* For more information on the coverage under each Benefit Area and the plan exclusions and limitations, please call the Idaho Department of Insurance at one of the numbers listed at the end of this brochure. You may also review the sample plans on the department's Website, www.doi.idaho.gov. Select "Consumers" then "Health Insurance Information" and "Individual High Risk Pool Plan Designs".

If you have any additional questions or concerns about the HRP Plans or other health insurance issues, please contact the Idaho Department of Insurance.

NOTE: If Idaho's HRP Plans do not meet your needs, another coverage option is available. Effective July 1, 2010, the federal government developed a new Pre-existing Condition Insurance Plan (PCIP) to cover people with preexisting conditions. Please see <http://pciplan.com> or call toll-free 1-866-717-5826 (TTY 1-866-561-1604).