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## Frequently Asked Questions About ICHIP and The Affordable Care Act

- Why is the Illinois Comprehensive Insurance Plan being reduced and perhaps eliminated entirely?
  - One of the main provisions of the Affordable Care Act, (ACA) signed into law by President Obama on March 23, 2010, requires health insurance carriers to issue coverage to any applicant, regardless of their health and offer the coverage at the same premium rates, regardless of pre-existing conditions or gender. This “guaranteed issue” coverage will become available starting January 1, 2014. Since the main purpose of ICHIP’s Traditional Pool was to provide coverage to those who could not access coverage in the private market, and since the ACA removes that barrier, the Traditional Pool is no longer needed. ICHIP’s HIPAA Pool may continue to exist after January 1, 2014, depending on whether legislation to eliminate it is enacted. Any decision to eliminate the HIPAA Pool will be shared with you if such legislative action occurs.
- What is the new “insurance marketplace” or exchange that I’ve been reading about? How does it differ from the program I am currently enrolled in?
  - An insurance exchange or “marketplace” is not really a program at all. It is simply a resource to use that will help you search for an insurance plan that meets the minimum benefits required by law. Illinois’ marketplace can be accessed by phone or mail or through its web site. It will help you comparison shop for plans provided by various carriers. You may qualify for premium tax credits and cost-sharing reduction subsidies that are available only through the market place. In future communications we will provide additional resource information to assist you.
- How will the cost of my new plan compare to the cost of ICHIP?
  - The cost of your new coverage will depend on several variables, but it will always be less than ICHIP coverage. ICHIP’s rates are required by law to be greater than private market rates.

- How will the new coverage under the Affordable Care Act differ from what I now experience under ICHIP?
  - Your coverage will depend on the kind of plan that you choose. There is one major difference between ACA and ICHIP: under the new federal system of health insurance coverage you will be afforded a wider array of choices, including hospitalization, prescription drugs, emergency care and physician services. It should give you a greater menu of health insurance coverage than you now experience under ICHIP.
  
- I have been told that my insurance coverage under the Affordable Care Act may actually be better than what I have under ICHIP. How can that be?
  - The benefits under your ICHIP coverage were set by Illinois law prior to the enactment of the ACA. The ACA includes certain preventative benefits (sometimes called “wellness benefits”) as “first dollar” coverage, meaning that no deductible, copay or coinsurance on your part is needed. Your ICHIP benefits have very limited preventative care benefits and, when they are covered, are not “first dollar”. The ACA requires that carriers provide certain essential health benefits, including mental health parity, pediatric dental and vision care, and chronic disease management. These requirements do not apply to ICHIP.
  
- I also was told that my costs might actually be lower than they have been under ICHIP. How can I get better coverage at a lower rate?
  - Under the Affordable Care Act, certain individuals may qualify for premium subsidies in the form of tax credits and cost-sharing subsidies if they purchase their coverage through the new health insurance exchanges that are scheduled to be up and running in 2014. In future communications we will direct you to resources that will provide additional guidance. Because ICHIP rates, in accordance with law, have been set at a multiple of 150% of the average rate in the individual market for similar coverage, they will always exceed ACA rates.
  
- How will I sign up for the new plan under ACA?
  - Starting in October, 2013, you will be able to get information about all of the plans that will be available. Coverage from the marketplace is set to begin in January, 2014. You will be able to enroll in one of these new plans either online or by downloading an application. There will be help online, by phone and in person. Marketplace personnel will provide assistance. Visit [www.healthcare.gov/marketplace](http://www.healthcare.gov/marketplace) for more information.

- What kind of assistance can I expect from ICHIP during the transition from our high risk pool coverage to coverage available as a result of the Affordable Care Act?
  - We will be here to help with any questions you might have about your ICHIP coverage and premiums and to assist you in obtaining coverage under the ACA.
  
- What if I want to continue my insurance coverage under ICHIP?
  - New enrollment into the ICHIP's Traditional Pool coverage will end on January 1, 2014, when guaranteed issue is scheduled to be in effect. No services rendered on or after the date your coverage non-renews for this pool will be covered by the Plan. The HIPAA Pool may or may not continue to exist after January 1, 2014, depending on whether legislation to eliminate it is enacted. It is uncertain at this point whether you will be able to renew your HIPAA Pool coverage. Any decision to eliminate the HIPAA Pool will be shared with you.
  
- I am in the middle of a treatment plan due to cancer treatment or other disease process (or I am pregnant and not yet due to deliver). Will the new insurance continue to pay for my care?
  - Ask your provider to submit your claims as soon as they are incurred, as there will be a time limit for filing claims. Expenses for service dates while you are still covered by ICHIP will be processed according to policy provisions in effect at the time the service was received. Because you are currently undergoing a treatment plan for your illness or pregnancy, it is important that you sign up for coverage in the new marketplace right away. The good news is that you cannot be turned down because of your illness or pregnancy.
  
- What if I am hospitalized on the day that my ICHIP coverage ends and continue to remain hospitalized for the next several days? Which insurance will cover me?
  - Your ICHIP coverage will only provide benefits for services rendered while you were covered under ICHIP. This applies even if you are hospitalized on the date your coverage with ICHIP ends. To ensure that you don't have a gap in coverage, we recommend that you enroll in the marketplace or directly with an insurance carrier when open enrollment begins in October 2013.
  
- What must I do to make sure my health care coverage is seamless, that I don't fall into a gap?

- The insurance marketplace is scheduled to be operational on January 1, 2014, with open enrollment beginning October 1, 2013. We recommend that you apply for other coverage when open enrollment begins in October. In further communications we will provide additional resource information to assist you.
- How can I get more information about this transition?
  - Check the ICHIP website often, as we will post the most recent information available on our website. You can also call us M-F 8:00 a.m. to 4:30 p.m. As long as you remain insured with us, we will continue to send you written reminders and updates.
- Can I schedule a call or meeting with a ICHIP representative to assist me through this transition?
  - Certainly! When would you like to come in or set up a call? We are available M-F 8:00 a.m. to 4:30 p.m.
- Does my existing ICHIP coverage meet the “individual mandate” that I’ve been reading about?
  - Based on a proposed federal rule, HIPAA Pool coverage would, at least initially. The rule provides that for an initial period after January 1, 2014 the coverage would be exempt from the mandate and its tax for noncompliance. However, the U.S. Department of Health and Human Services may review the “extent and quality” of the coverage and the pool’s exempt status.
- Where can I learn more about the ACA?
  - Enclosed is a brochure from our plan administrator, Blue Cross Blue Shield of Illinois. For more information, refer to the federal government website at [www.healthcare.gov](http://www.healthcare.gov)