

PA Fair Care is Pennsylvania's health plan for uninsured adults with pre-existing conditions. This temporary plan offers transitional insurance coverage until the broader coverage provisions of federal health insurance reform come to fruition in January 2014.

PA Fair Care Eligibility and Availability

Funding for PA Fair Care is based on monies received from the federal government.

Pennsylvania is expected to receive approximately \$160 million to administer PA Fair Care. That means that approximately 3,500 individuals could be enrolled in the program in the first year. In the final year of the program, we expect to have approximately 5,600 individuals enrolled.

Acceptance into the program will be on a first come, first serve basis. So that means – once the available slots are full, a waiting list will be necessary. Six months after PA Fair Care coverage begins, the department, in conjunction with the federal government, will re-evaluate claim and administrative costs of the program to determine if additional individuals on the waiting list may be enrolled in the program. Thereafter enrollment offers will be made every 6 months to individuals on the waiting list if such funds are available.

Upon notice of an offer of enrollment, an individual on the waiting list will have 30 days to submit premium payment and any additional information needed for enrollment in the program.

You may eligible to be enrolled in PA Fair Care if the following conditions are met:

- You are a resident of the Commonwealth of Pennsylvania.
- You are a citizen or national of the United States or lawfully present in the United States.
- You have been uninsured for six months prior to the date you are applying for coverage into the program.
- You have a pre-existing condition.

You are NOT eligible for PA Fair Care if:

You are eligible for or enrolled in Medicare (Part A and/or Part B), Medical Assistance (Medicaid), the Children's Health Insurance Program (CHIP) or have had creditable health insurance coverage within the past 6 months. Creditable health insurance coverage includes individual or job-based health plan, including COBRA; adultBasic; TRICARE (military health insurance); VA health care; FEHBP (health insurance for Federal employees or retirees), including Temporary Continuation of Coverage (TCC); health benefit plan provided to Peace Corps workers; services provided by the Indian Health Service or by a Tribe or Tribal organization for treating your medical condition.

If you are currently on the waitlist for adultBasic:

Individuals currently on the waitlist for adultBasic, so long as you are still uninsured, may be eligible for PA Fair Care. In addition, you will not lose your place on the waitlist if you apply for PA Fair Care.

PA Fair Care Benefits

Once enrolled in PA Fair Care, you will have access to the following benefit package:

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| » Preventive care | » Therapy services | » Emergency accident and medical care |
| » Physician services | » Skilled nursing | » Prescription medications |
| » Diagnosis and treatment of illness or injury, such as laboratory tests, X-rays, wound dressing and casting to immobilize fractures | » Maternity and newborn care (up to 31 days) | » Durable medical equipment |
| | » Inpatient hospitalization | » Serious mental illness |
| | » Outpatient hospital services | » Hospice |

PA Fair Care will NOT cover:

- » services not medically necessary;
- » services or supplies that are experimental or investigative except routine costs associated with clinical trials;
- » hearing aids, hearing examinations/tests for the prescription/fitting of hearing aids, and cochlear electromagnetic hearing devices;
- » assisted fertilization techniques such as in vitro fertilization, GIFT and ZIFT;
- » alternative therapies/complementary medicine;
- » dental care, including dental implants and nonsurgical treatment of temporomandibular joint syndrome (TMJ);
- » routine foot care, unless medically necessary or associated with the treatment of diabetes;
- » foot orthotics, except for orthotics and podiatric appliances required for the prevention of complications associated with diabetes;
- » contraceptive devices;
- » immunizations for travel or employment;
- » service or supplies payable under workers' compensation, motor vehicle insurance, Medicare or other legislation of similar purpose;
- » cosmetic services/supplies;
- » vision care;
- » services for mental health conditions other than serious mental illness;
- » abortions, except in cases of rape or incest, or where the life of the woman would be endangered.

PA Fair Care Cost & How to Apply

What is the cost for Pa Fair Care?

The monthly premium for Pa Fair Care is about \$283.00, plus additional copays and coinsurance.

I think I am eligible. How can I apply?

Applications will be completed online at www.PaFairCare.com. The application will be available on Wednesday, August 4, 2010 after 8:30 a.m. or you can call using the toll-free number, 1-888-767-7015 (TTY 1-888-767-7018).

To apply, you will need the following information handy:

- Social Security Number if a U.S. citizen
- Alien Registration Number or I-94 Number if a Noncitizen
- PA Driver's License Number or PA Identification Number

For a list of documentation that may be required to confirm enrollment eligibility, please refer to the [PA Fair Care FAQ's](#) page.

PA Fair Care FAQ

PA Fair Care offers prescription drug coverage. Will this apply to just generic drugs or brand name?

PA Fair Care will cover generic drug prescriptions. The program will cover brand name drugs only if a generic substitute is not available or a generic substitute can not be used for medical reasons.

What qualifies as a pre-existing condition?

For a list of pre-existing conditions, you may [click here](#).

Will plans be able to backdate for charges incurred in the past?

Any services provided prior to your enrollment date will not be covered by PA Fair Care.

Will I lose my place on the adultBasic waiting list if I apply for this program?

No, you will not lose your place on the adultBasic wait list if you apply for PA Fair Care. However, if you are enrolled in adultBasic, you will not be eligible for PA Fair Care. To be eligible for PA Fair Care, you must not have had health insurance during the 6 month period prior to the date on which you apply.

Given PA Fair Care is temporary, what happens when it terminates in 2014?

When PA Fair Care terminates on December 31, 2013, enrollees will transition into receiving health coverage through the state-based American Health Benefit Exchanges. Procedures will be developed to ensure that there are no lapses in coverage.

What out-of-pocket expenses will the State require as part of PA Fair Care?

The following chart outlines the out-of-pocket expenses associated with PA Fair Care:

Benefit	In-Network	Out-of-Network
Calendar Year Deductible	\$1,000	\$10,000
Coinsurance after Deductible	80%	50%
Out-of-Pocket Maximum	\$5,000	\$20,000
Lifetime Maximum	Unlimited	Unlimited
Primary Care Office Visit	\$25 copay	50% after deductible
Specialist Office Visit	\$30 copay	50% after deductible
Preventive Care	100%	50% after deductible
Routine Gynecological Exam/Pap test	100%	50% after deductible
Mammogram	100%	50% after deductible
Nutritional Counseling for Weight Management	100%	50% after deductible
Therapy Services: Physical & Occupational (15 visits per CY) Speech (15 visits per CY) Cardiac Rehab (36 visits/CY) Pulmonary Rehab (36 visits per CY)	\$30 copay	50% after deductible
Emergency Room	80% after deductible	50% after deductible
Outpatient Laboratory/Pathology	80% after deductible	50% after deductible
Maternity and Newborn Care (31 days)	80% after deductible	50% after deductible
Inpatient Hospital Services (120 days/CY in-network; 90 days/CY out-of-network)	80% after deductible	50% after deductible
Outpatient Surgery	80% after deductible	50% after deductible
Skilled Nursing Facility	80% after deductible	50% after deductible
Home Health Care (30 visits per CY)	80% after deductible	50% after deductible
Hospice	80% after deductible	50% after deductible
Outpatient X-ray/Radiology	80% after deductible	50% after deductible
Prescription Drugs	\$20 copay generic, \$50 brand copay. Brand used only if generic is not available, or if medically necessary	50% after deductible
Serious Mental Illness	The same as medical conditions	

How will PA Fair Care be funded?

The federal law appropriates \$5 billion of federal funds to support the temporary state high-risk pool programs. Funds are being allotted to states using a combination of factors including nonelderly population, nonelderly uninsured and geographic cost as a guide. Pennsylvania was awarded \$160 million over the life of the program.

HHS intends to reallocate allotments after a period of not more than two years, based on an assessment of state actual enrollment and expenditure experiences.

How do I show proof that I have a pre-existing condition?

Proof of a pre-existing condition can be demonstrated in a number of ways:

- Provide documentation from a health insurance company stating that you are ineligible for creditable coverage due to a medical condition; or
- Provide documentation from a health insurance company offering health coverage with a rider that excludes coverage for your medical condition; or
- Provide a written statement from a physician stating that you have an existing medical condition that may result in denial of creditable coverage by a health insurance company.

How soon will insurance benefits begin after I apply?

On average, it takes four to six weeks for an application to be processed after we receive your 1st monthly premium payment. If you've been enrolled in the program, you will receive a letter from Highmark, Pa Fair Care's insurance company, notifying you of the insurance effective date. Insurance benefits will be effective the first of the month following the month of eligibility determination. For example, if you're notified that you've been enrolled in the program on the 13th of the month, your benefits won't begin until the 1st of the following month.

Can my spouse and I apply together, on the same application?

PA Fair Care offers individual coverage – not family coverage. So, you will both need to apply separately.