

PRE-EXISTING CONDITION INSURANCE PLAN (PCIP)

The Dirigo Health Agency (DHA) is administering the Pre-Existing Condition Insurance Plan through a contractual relationship with the US Department of Health & Human Services. Any benefits through the plan are at all times subject to federal law and regulation. The program is available to individuals and self employed of one starting August 1, 2010 through the DirigoChoice program. To be included in the pre-existing condition plan the individual must meet the following criteria:

*Not had medical coverage for the previous 6 months before applying for assistance and provide a signed statement.

*Have at least one of the following pre-existing medical conditions and provide supporting documentation from a medical provider:

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| 1. Angina pectoris | 14. Dementia and Alzheimer's Disease | 26. Motor or Sensory Aphasia |
| 2. Asthma | 15. Depression | 27. Multiple Sclerosis |
| 3. Cancer | 16. Diabetes | 28. Muscular Dystrophy |
| 4. Celiac Disease | 17. Friedreich's Ataxia | 29. Myasthenia Gravis |
| 5. Cerebral Palsy | 18. HIV/AIDS | 30. Myotonia |
| 6. Chronic Kidney Disease | 19. Heart Disease Requiring Open Heart Surgery | 31. Parkinson's Disease |
| 7. Chronic Obstructive Pulmonary Disease (COPD) | 20. Hemophilia | 32. Polycystic Kidney Disease |
| 8. Cirrhosis of the Liver | 21. Hodgkin's Disease | 33. Psychotic Disorders |
| 9. Congestive Heart Failure | 22. Huntington's Chorea | 34. Quadriplegia |
| 10. Coronary Artery Disease | 23. Hypertension | 35. Stroke |
| 11. Coronary Occlusion | 24. Juvenile Diabetes | 36. Syringomyelia |
| 12. Crohn's Disease | 25. Leukemia | 37. Wilson's Disease |
| 13. Cystic Fibrosis | | |

*Be 1) a citizen or national of the US and able to provide a copy of their US public birth certificate or passport **or** 2) lawfully present with permanent resident status in the US and able to provide a copy of their permanent resident card

Subsidies are available on a sliding scale to enrollees with household incomes under 300% of the Federal Poverty Limit (\$32,490 for a single, \$66,150 for a family of four) and assets under \$60,000 for a single and under \$120,000 for a household of 2 or more.

To enroll

1. Contact DHA customer service at 1-877-892-8391 to prescreen, determine monthly cost and request application forms
2. Send completed application forms and supporting documents (typically tax returns and other proof of income **and** assets, coverage certification, provider documentation, and citizenship/residency forms) to DirigoChoice 153 State House Station, Augusta, ME. 04333.
3. DHA will make a final eligibility determination within 30 days of receipt of all required documentation. Coverage is effective the first of the month and is not retrospective.