

Frequently Asked Questions on Enrollment of Children Under 19 With Pre-Existing Conditions

September 23, 2010

The newly-enacted federal health care reform bill, the Patient Protection and Affordable Health Care Act, provides that children under age 19 cannot be denied coverage or subjected to coverage limitations or exclusions because of a pre-existing health condition. These Frequently Asked Questions further explain how this provision works.

Question #1: Does the new law apply to children covered by group health plans provided by employers?

- A: Yes. Group health plans offered by employers may no longer impose pre-existing condition exclusions on enrollees under 19 years of age. This prohibition becomes effective for plan years beginning on or after September 23, 2010. This new law applies to both “grandfathered” plans (group plans in existence on March 23, 2010 that do not significantly change their benefits, cost sharing or other features) as well as “non-grandfathered” plans, as defined by the Patient Protection Act.

Question #2: Does the new law apply to children with coverage purchased in the individual market directly from an insurer after September 23, 2010?

- A. Yes. Individuals under the age of 19 cannot be denied coverage or be subjected to a coverage limitation or exclusion because of a pre-existing health condition. The new law applies to both individual and family coverage purchased on or after September 23, 2010.

Question #3: Does the new law apply to children with coverage currently in effect that was purchased in the individual market directly from an insurer before September 23, 2010?

- A. No. The new law only applies to policies issued or renewed on or after September 23, 2010. In addition, to the extent the policy is a “grandfathered” policy as defined by the Patient Protection Act, it will be exempt from the new law even after renewal. A “grandfathered policy” is a policy that existed on or prior to March 23, 2010 and that does not significantly change its benefits, cost sharing, and other features. Check with your insurer to determine if the new law will apply to your current policy at renewal. If the policy is not a grandfathered plan, the new law will take effect when the policy renews.

Question #5: I have heard that insurers have suspended sales of child-only individual policies. Is this true?

- A: While it is true that some insurers have announced they have suspended sales of child-only coverage across the country, in Ohio, insurers that sell coverage in Ohio’s individual market are required by law to offer basic and standard plans on a guaranteed issuance basis to anyone who is not eligible for other coverage. Thus, in Ohio, carriers cannot suspend the sale of basic and standard plans to children under the age of 19 if they sell any coverage in Ohio’s individual health insurance market.

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Fraud Hotline: 1-800-686-1527

OSHIIP Hotline: 1-800-686-1578

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Question #6: What is a child-only policy and does the insurers' announced suspension of the sale of coverage to children involve family coverage?

A: A "child-only policy" is a policy purchased in the individual market directly from an insurer that covers only a child. The announced suspension does not involve family coverage and people purchasing coverage in the individual market can buy a variety of health plans for children through family policies.

Question#7: If insurers must continue to sell basic and standard plans, what kind of coverage is affected by the insurers' announced suspension of the sale of coverage to children?

A: Insurers are not required to offer other types of coverage to children, including coverage that is more comprehensive. Basic and standard plans usually do not provide as many benefits as coverage offered to families and adults. Thus, people seeking to purchase a policy covering only a child may not be offered more comprehensive coverage that insurers sell through family plans or to adults.

Question #8: Will I be able to get child only coverage throughout the year?

A: Basic and standard plan coverage will be available to children throughout the year. Insurers cannot limit or close enrollment in basic and standard plans except in limited circumstances. If an insurer chooses to sell other coverage to children through stand alone policies, the insurer may limit sales to certain times of the year known as open enrollment periods. The Department of Insurance is preparing additional guidance as to the rules that apply to the open enrollment periods for coverage sold to children and will update these FAQs when that guidance is issued.

Question #9: If I can't get a policy from an insurer that covers only my child, where can I get coverage?

A: Coverage continues to be available to children with pre-existing conditions through other programs. The following are available options.

1. Basic and Standard Plans. For information about basic and standard coverage that insurers must sell through Ohio's open enrollment program, click here:
<http://www.insurance.ohio.gov/Consumer/Pages/ObtainingHealthInsuranceThroughOpenEnrollment.aspx>

2. The Ohio High Risk Pool. Coverage for children is available through the Ohio High Risk Pool. The program is for uninsured people with preexisting health conditions who have not had insurance coverage for six months before enrolling. High risk pool coverage is more comprehensive than the basic and standard plans sold through open enrollment. The program was created under the new federal health care reform law. More information and an application can be found at <http://www.ohiohighriskpool.com/> or by calling 1-877-730-1117.

3. Children's Buy In Program. The Children's Buy In Program is a public health insurance program available to certain children under age 19 in Ohio. The program was created as part of Governor Ted Strickland's Turn Around Ohio Initiative specifically for children with pre-existing

conditions who have not had insurance for six months before enrolling and who live in a family with a gross income of more than 300% of the Federal Poverty Level. Children's buy in coverage is more comprehensive than the basic and standard plans sold through Ohio's open enrollment. More information can be found at <http://jfs.ohio.gov/OHP/cbi/index.stm>

4. Medicaid. Ohio's Medicaid program provides health care coverage to children who have limited income. More information can be found at http://jfs.ohio.gov/families/health_care/index.stm

5. Family Coverage. Consider buying a family plan. Coverage for children is available in Ohio through family plans purchased in the individual market.

For more information contact the Ohio Department of Insurance, Consumer Services Division at 1(800) 686-1526 or www.insurance.ohio.gov