

OHIO OPEN ENROLLMENT HEALTH INSURANCE PROGRAM
Frequently Asked Questions

1	What is the difference between Standard and Basic Plans?	On the insurer's Web site, there is a Plan overview that will allow you to review and compare the coverage and benefits under the Standard and Basic Plans. Both Plans cover specific charges you incur in connection with the treatment of an injury or sickness if the charges are medically necessary, usual and reasonable, authorized by a physician, incurred while the policy is in force, and not excluded or limited from coverage by the policy. However, the calendar year deductible, coinsurance percentages, and benefit maximums vary by Plan. The Standard Plan also includes maternity coverage up to a maximum benefit of \$3,000 per occurrence.
2	Do I have Prescription Drug coverage?	Yes, costs for covered outpatient prescription drugs are subject to the Plan's deductible and coinsurance and a maximum benefit of \$2,500 per calendar year.
3	Are there pre-existing condition limitations with my Plan?	If you are a federally eligible individual under HIPAA and are issued coverage under a Standard or Basic Plan, there will be no pre-existing condition limitations. If you qualify for the Standard or Basic Plan as a non-federally eligible individual, then pre-existing conditions are not covered for the first 12 months; however, the Plan will credit any time you were covered under a previous qualifying creditable coverage health plan. A pre-existing condition means any condition treated during the six (6) month period immediately preceding the effective date of your coverage under the Standard or Basic Plan.
4	How do I get the rates for the Basic or Standard Plan?	There is a rate calculator available on the insurer's Web site, which will allow you to determine the cost of the Plan based upon your demographic information.
5	Am I guaranteed coverage?	Yes as long as you meet the eligibility requirements to qualify for the Plan under the Open Enrollment Health Insurance Program.
6	How do I fill out the application and where do I send it?	Application forms may be downloaded from the insurer's Web site. You should complete all the applicable sections on the application and mail it to the Plan administrator's address listed on the form.
7	Who do I contact if I have questions about the Plans or the application?	Should you have questions, you may call 800-224-1971 for assistance.
8	Will I be contacted by someone to let me know the status of my application?	The Plan administrator will contact you if there is any information they need to complete the processing of your application. You will be notified when your application is approved.
9	How does my policy get delivered to me?	The Plan administrator will mail an administrative kit. This kit will include your insurance policy, an insurance identification card, and other pertinent information about your coverage.
10	Where do I submit a claim?	The Plan administrator will process all insurance claims under this policy. The provider for your medical service can submit the claim on your behalf to the address noted on the back of your ID card. You will receive an explanation of benefits when the claim has been processed.
11	Can I get other supplemental coverages such as dental or vision insurance?	The Standard and Basic Plans available through the Ohio Open Enrollment Health Insurance Program do not include other supplementary coverages.