

## Services Covered by the IPXP

- Inpatient services
- Outpatient services
- Doctor visits
- Surgical services
- Skilled nursing services up to 120 days per year
- Home health care up to 270 visits per year
- Hospice care
- Specified organ transplants
- Prescription drugs
- Durable medical equipment
- Physical, speech and occupational therapy
- Maternity care
- Preventive services



Illinois Preexisting Condition Insurance Plan  
Plan Administrator: Health Alliance Medical Plans  
301 S. Vine St.  
Urbana, IL 61801

Toll Free 877-210-9167  
TTY/TDD 711 or 1-800-526-0844 (Illinois Relay)  
Fax 217-337-3425  
[www.insurance.illinois.gov/ipxp](http://www.insurance.illinois.gov/ipxp)



# IPXP

## 2012

Illinois Preexisting  
Condition Plan  
(IPXP)

If you've been uninsured  
for six months or more  
**AND**  
you have a preexisting  
medical condition, the  
IPXP wants to help.

What's IPXP? The IPXP is a health insurance program for uninsured Illinois residents with a preexisting medical condition. The program is paid for through federal funding and participants' premium payments.

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# More About the IPXP

## IPXP Eligibility Requirements

To qualify for coverage through the IPXP, you must meet the following eligibility requirements.

- You must be a U.S. citizen, national or legal resident.
- You must be a resident of Illinois.
- You must be uninsured for six or more consecutive months before applying.
- You must have applied for individual health insurance and been rejected by an insurer due to health reasons OR you must have a physician's letter confirming any of the Presumptive Medical Conditions or a preexisting condition.

You may also be eligible if you refused an offer of insurance coverage similar to the IPXP which would have cost 25 percent more than the standard rate for comparable coverage, or which would have had a rider excluding the preexisting condition.

## You Are Not Eligible for the IPXP When:

- You are receiving coverage similar to the IPXP;
- You are receiving Medicaid; or
- You are enrolled in Parts A or B of Medicare.

## IPXP Coverage Highlights

The IPXP covers preexisting conditions and a broad range of health benefits including preventive care, primary and specialty care, hospital care and prescription drugs.

- Preexisting conditions are covered.
- Enrollees choose from four calendar year deductibles: \$500, \$1,000, \$2,000 or \$5,000.
- PPO coverage.
- Prescription drugs are covered without a deductible, except under the \$5000 deductible plan.
- Coinsurance for all services is 20% with the \$500, \$1,000 and \$2,000 deductible plan (for non-preferred PPO providers coinsurance is 40%). With the \$5,000 deductible plan, there's no coinsurance after the deductible is met (for non-preferred PPO providers coinsurance is 20%).
- Calendar year out-of-pocket limits. Out-of-pocket expenses are limited each calendar year for major medical expenses.

### • In-network

- \$2,850 for the \$500 deductible plan
- \$3,350 for the \$1,000 deductible plan
- \$4,350 for the \$2,000 deductible plan
- \$5,000 for the \$5,000 deductible plan (medical and pharmacy)

### • Out-of-network

- \$5,000 for the \$500 deductible plan
- \$5,500 for the \$1,000 deductible plan
- \$6,500 for the \$2,000 deductible plan
- \$7,150 for the \$5,000 deductible plan

## IPXP Premiums

Your IPXP premium is based on your:

- Age
- Address
- Tobacco usage
- Deductible option

## IPXP Effective Date of Coverage

Once all information necessary to determine that you qualify for coverage is received, your coverage will be effective on the next date, once per week, that enrollments are open.

## To Learn More

For more information or to get an application, call the number below or visit us on the web.

Toll Free 877-210-9167

TTY/TDD 1-800-526-0844

(Illinois Relay)

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