

STATE OF OHIO
DEPARTMENT OF INSURANCE
COMMUNICATIONS OFFICE
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Health Insurance Open Enrollment Program Accepting Enrollees Starting Jan. 1

New state rate-cap reform measure estimated to cover 52,000 more Ohioans

COLUMBUS — A new Ohio law that has made it possible for an estimated 52,000 additional adult Ohioans to obtain health insurance becomes effective on January 1, 2010, said Ohio Department of Insurance Director Mary Jo Hudson.

The reform puts a rate-cap in place so that more Ohioans can secure basic health coverage through the state-mandated Open Enrollment Health Insurance Program. Insurers are limited in how much they can charge people with diabetes, cancer and other pre-existing or chronic conditions who purchase individual health policies from private insurers through the program. Following a phased-in approach, a cap on rates may eventually be 1 1/2 times the lowest rate charged to a person of similar age and gender. This change is eventually expected to reduce open enrollment premiums by at least 50 percent.

“This is a positive step toward decreasing the number of Ohioans without health insurance and making coverage more affordable and available to everyone in the state,” Director Hudson said. “This was one of several health coverage reform measures contained in the state’s recently enacted state budget bill that could help 109,000 now uninsured adult Ohioans obtain coverage.”

Ohioans are encouraged to visit the Open Enrollment Health Insurance Program [Toolkit](#) on the Department’s web site at www.insurance.ohio.gov for a list of the approximately 25 insurers in the program, and company contact information (web addresses will be posted January 4). Ohio insurance consumers can also contact an insurance agent for information. Insurers have an annual quota beginning January 1 and once an insurer meets its quota of people enrolled in coverage through open enrollment, the insurer is not required to accept additional applications until the insurer falls below the quota.

Certain insurance consumers who have lost their coverage need to secure new insurance within 63 days or a 90-day waiting period for coverage to

begin and a 12-month waiting period for treatment of pre-existing medical conditions likely will be applied by most insurers.

Those deemed as a Federally Eligible Individual (FEI) will have the waiting periods waived. You are considered an FEI if: 1. You have 18-months of creditable health coverage (an employer group health plan, Medicare, Medicaid and COBRA) and your most recent coverage was through an employer. 2. You have exhausted all continuation of benefit options (such as COBRA). 3. Your old coverage did not terminate due to nonpayment of premium. To have immediate coverage, an FEI must be enrolled in an open enrollment plan by midnight of the 63rd day after losing the old coverage. A copy of the certificate of coverage from the previous insurer must be provided to the new insurer in order to have the pre-existing condition period waived.

Ohioans with questions and concerns about their insurance can call the Department's consumer hotline at **1-800-686-1526**. Free information can also be obtained at www.insurance.ohio.gov.

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