

**adultBasic termination
Member FAQs**

1. Is it true my adultBasic coverage will end in February?

Yes. We are sorry to tell you that the Commonwealth of Pennsylvania has informed us that they are ending the adultBasic program effective February 28. After that date, you will no longer have health care coverage under the adultBasic program.

2. Why are you cancelling my adultBasic coverage?

Keystone Health Plan East is a contractor for the state-funded adultBasic program. The decision to end the coverage was made by the Commonwealth due to lack of funding.

3. Will I receive written notice about the program ending?

Yes. You should have received a letter from the state that informs you that the adultBasic program is ending and information about other coverage options you can consider. If you have adultBasic coverage through Keystone Health Plan East and did not receive your termination notice by the beginning of February 2011, please call Keystone Health Plan East at 1-800-464-5437.

4. What if I've recently submitted an application for the program?

Since the state's program will no longer be available after February 28, Keystone Health Plan East will not be accepting or processing any new or pending applications for adultBasic after January 20.

5. What if I'm in the hospital when my coverage is terminated?

Your adultBasic coverage will continue through your hospitalization until you are discharged or up until 90 days after your coverage has ended, whichever comes first.

6. What if I'm in the middle of treatment for cancer or dialysis?

Unfortunately, medical services provided after February 28, 2011 cannot be paid for by the adultBasic program. We urge you to explore other coverage options right away that may cover these treatments. Keystone Health Plan East will work with members and their physicians on a case-by-case basis to identify appropriate transition of care plans. If you would like, we will forward your name to our care management department.

Note to Service Representative: Take caller's name and contact information.

7. Will I be enrolled in Medicaid or placed back on the wait list?

Neither the Commonwealth nor IBC can enroll you in Medicaid automatically. If your income has declined since you applied for adultBasic, you may be eligible for Medical Assistance health care coverage. You can learn more or apply at www.compass.state.pa.us or call the state's Department of Public Welfare 1-800-842-2020. Medical Assistance provides comprehensive coverage with no pre-existing condition clause. Since adultBasic coverage is ending, the state will not maintain an adultBasic waiting list.

8. Will any other program take its place? What other health care coverage options will I have? Am I subject to pre-existing condition rules?

We are not aware of any plans to replace adultBasic with another government-sponsored health care program at this time.

The termination letter will provide options you can consider for health coverage, including Medical Assistance or Medicare, if you qualify, and PA Fair Care, which is a new federally-backed, state-based health plan for uninsured adults with pre-existing conditions.

You may want to consider Special Care, a limited benefit product for low-income individuals, which currently costs \$148.70 per month. For adultBasic members enrolling directly into Special Care by May 2, IBC has agreed to waive the initial income review as well as the pre-existing condition requirement. We encourage you to review all the options available to help you make an informed decision about health coverage that best meets your health care needs and budget. You may wish to check out our website at: www.ibx.com/adultbasic_options.

IBC will also send you a letter that can be provided to any new company you may choose to provide you health care coverage that you have previously been covered through adultBasic. This is called a Certificate of Creditable Coverage. Depending on the product you choose, and how long you have been insured, you may be subject to pre-existing condition rules.

9. What should I do with the HIPAA Certificate of Creditable Coverage?

When you receive a HIPAA Certificate of Creditable Coverage from us, check it for accuracy. It must include the name of the person covered under the former policy, along with the starting date and ending date of coverage. For this reason, it is not possible to obtain a Certificate prior to the termination date of your adultBasic coverage. If necessary, you can forward a copy of the Certificate to the company providing your new health care coverage, but remember to keep a copy for your own records. You might want to store the certificate inside the cover of the new health policy itself for easy reference later.

10. Can I get care at local health clinics?

Community health centers across the state provide free or low-cost medical health care for all ages on an ability-to-pay basis. In some locations, a full range of services such as dental care and prescription drugs is available. Services may be free or low-cost, based on your household income. For a clinic near you, please visit:

http://www.ibx.com/social_mission/medical_grants/supported_clinics.html or www.pachc.com/health_find.html

11. I am pregnant and need to have health coverage. What should I do now that my adultBasic coverage is ending?

Because you are pregnant, you may be eligible for the Medical Assistance Healthy Beginnings Program, which provides comprehensive prenatal and postpartum coverage, as well as health coverage for your child. If you wish, we can immediately transfer your application to your local County Assistance Office.

12. Will I be offered other coverage through IBC?

The termination letter you receive will provide options you can consider for health coverage, including Special Care, a limited benefit product for low-income individuals, which currently costs \$148.70 per month. For adultBasic members enrolling directly into Special Care by May 2, IBC has agreed to waive the initial income review as well as the pre-existing condition clause. We encourage you to review all the options available to help you make an informed decision that best meets your health care needs and budget. You may wish to check out our website at: www.ibx.com/adultbasic_options.

13. I am currently on the adultBasic wait list and I do not have health insurance. Can I apply for Special Care? What if I have a pre-existing condition? Do I have to provide documentation of my income?

Yes, you can apply for Special Care. However, because you are not currently enrolled in adultBasic, all of the usual eligibility rules will be followed. That means, the pre-existing condition exclusion will not be waived. (Coverage will be excluded for one year for a medical condition for which medical advice or treatment was received during the 12 months prior to the effective date of the Special Care policy.) Also, you will have to provide documentation of your income as instructed in the Special Care application.

14. Where can I obtain more information about why adultBasic ended?

You can contact the Office of CHIP and adultBasic in Harrisburg at 1-800-GO-BASIC (1-800-462-2742).

15. Is it true that adultBasic is ending because IBC will no longer fund the program?

Through an agreement made with the Commonwealth of Pennsylvania in 2005, IBC voluntarily contributed well over \$100 million to help fund adultBasic. This six-year agreement expired at the end of 2010. The agreement was intended to be a temporary solution to helping the uninsured in PA. The Commonwealth did not identify sustainable funding for adultBasic.

16. Is CHIP affected by this?

No. There are no changes to the CHIP program.

17. Will I be responsible to pay for any health care services?

The benefits you currently receive through the adultBasic program will continue to be paid for until February 28. Any necessary prior authorizations, deductibles, copays or coinsurance still apply.

18. Will I be covered if I recently applied for adultBasic or sent in my renewal notice?

IBC will not accept any new applications or process pending adultBasic application or renewal forms, as the program will no longer be available after February 28.

19. I paid my March monthly premium bill a few days ago. Does that mean I'll have coverage for March? If not, will I receive a refund and when can I expect it?

adultBasic coverage will end on February 28, 2011. There will not be any coverage provided beyond this date. If you have received an invoice for March coverage, please disregard the notice. If you have paid your March premium, we will send you a refund for that payment in a few weeks. If you do not receive a refund, please call us at 1-800-464-5437.

Please note: If you did not pay your **February** coverage invoice, then you will not have coverage for February.