

OKLAHOMA HEALTH INSURANCE HIGH RISK POOL (OHRP)

ORIGINAL POLICY version 104

Oklahoma Health Insurance High Risk Pool (OHRP) offers an insurance plan to provide health care benefits for Oklahomans who are **MEDICALLY ELIGIBLE** or **FEDERALLY ELIGIBLE**. This brochure contains only a brief description of benefits, for full details see the policy.

The program administrators work with a network of physicians, hospitals and other health care providers to ensure that OHRP insureds receive high-quality care in the most cost-efficient manner and setting possible. When OHRP insureds receive covered health care services from network providers, program benefits are reimbursed at a higher percentage. For out of network providers the percentage is lower and subject to other significant reductions required by law, which are noted more fully in the Oklahoma Health Insurance High Risk Pool Act (which governs this program) and the policy. Note also, not every provider in the State of Oklahoma is in the network, but because the network is an in State only network, providers out of State are almost entirely out of network.

In addition to the network, OHRP has several other cost-management features including Pre-Certification for certain services listed in the policy, including but not limited to Pre-admission Authorization.

MEDICAL ELIGIBILITY- subject to 12 month pre-existing condition exclusion

Applicants must be residents of the State of Oklahoma and the State must have been their primary residence for the preceding twelve months. Applicants must have applied for health insurance and been rejected by two carriers for similar coverage or have a letter from a physician verifying they currently have one of the conditions listed on the Conditions List included with this brochure. Rejection usually means refusal to issue any policy, but it can also mean being offered coverage at substantially more than the OHRP rate, or an offer of coverage with material and permanent underwriting restrictions.

Also, applicants must not have or be eligible for health insurance through an employer-sponsored group or self-insured plan or through continuation of such coverage or individual coverage and is not eligible for any other public or private program that provides or indemnifies for health services; AND

Applicants must not be in either Part A or Part B (or both) of Title XVIII of the Social Security Act (Medicare). Applicants must not be in a State plan under Title XIX of such Act (Medicaid).

FEDERALLY DEFINED ELIGIBILITY

Applicants must be residents of the State of Oklahoma when they apply. Applicants **MUST** apply within 63 days of the exhaustion of COBRA (if available) or State continuation plan. AND

Applicant, as of the date on which the individual seeks coverage under this Plan, has aggregate creditable coverage of 18 months or more; AND

Applicant's most recent prior creditable coverage was under a group health plan, governmental plan, church plan or health insurance coverage offered in connection with any such plan; AND

Applicant is not eligible for coverage under a group health plan, Part A or Part B of Title XVIII of the Social Security Act (Medicare) or a State plan under Title XIX of such act (Medicaid) or any successor program, and does not have other health insurance coverage; AND

Applicant's most recent coverage within the period of aggregate creditable coverage was not terminated based on a factor relating to nonpayment or premiums or fraud; AND

With respect to whom the most recent coverage under a COBRA continuation provision or under a similar state program, elected such coverage; AND

Who has exhausted such continuation coverage under such provision or program, if the individual elected the continuation coverage described above in this paragraph.

Applicant must provide letters of creditable coverage.

