



For more information on Inclusive Health, including details on eligibility criteria, covered health services and rates, please visit our website at www.inclusivehealth.org.

Inclusive Health, also known as the North Carolina Health Insurance Risk Pool (NCHIRP), provides affordable, individual health insurance coverage for North Carolinians who do not have access to an employer health plan and face higher premiums due to a pre-existing medical condition. It will also offer coverage to individuals who are federally defined HIPAA eligible or qualify due to loss of employment due to the effects of international trade under the Trade Adjustment Assistance Act. Inclusive Health was created by the North Carolina General Assembly in 2007, and will begin accepting enrollment applications in the fall of 2008 for an effective date of January 2009.

Who Can Join Inclusive Health

You can qualify for coverage from Inclusive Health if you:

- (a) are a North Carolina resident and a legal resident of the United States;
- (b) don't have access to group coverage as an employee or as a dependent of an employee;
- (c) don't qualify for any government program such as Medicare, Medicaid or SCHIP; and meet any one of the following, if you:
 - Have been rejected or refused by an insurer for similar coverage for medical reasons
 - Have been offered coverage by an insurer with a conditional rider limiting coverage
 - Have only been offered coverage at a premium rate that is higher than Inclusive Health's rate
 - Have existing non-group coverage in effect, but at a premium rate higher than Inclusive Health's rate
 - Have a diagnosed condition from a list of high-risk conditions (also known as "presumptive health conditions"; see the Inclusive Health website at www.inclusivehealth.org for a list)
 - Are a federally HIPAA-eligible individual, including those who currently have this coverage through an insurer
 - Are a resident eligible for federal Health Coverage Tax Credit under the Transitional Assistance Act (international trade-displaced workers and Pension Benefit Guaranty Corporation recipients)

Inclusive Health Plans Options

Just like most traditional employer-sponsored health plans, Inclusive Health covers a broad range of services, including preventive care, urgent care, outpatient services, a prescription drug benefit and other common health care services. Inclusive Health offers several plan options, so you can choose the plan that best meets your individual medical and financial needs.

You have three plan options to choose from — Plan A, B or C*. These plans share a common range of covered care services, but differ in terms of their annual deductibles, annual out-of-pocket maximum, and enrollee copayments. The table below provides a brief overview of each Inclusive Health plan option**:

	Plan A	Plan B	Plan C
General Policy Provisions			
Annual Deductible	\$1,000	\$2,500	\$5,000
Coinsurance***	80% in network****; 50% out of network	80% in network; 50% out of network	100% in network; 100% out of network
Annual Out-of-Pocket Maximum (including Deductible)	\$2,000 in network; \$4,000 out of network	\$4,000 in network; \$5,000 out of network	\$5,000 in network; \$5,000 out of network
Lifetime Benefit Maximum	\$1,000,000	\$1,000,000	\$1,000,000

* For complete coverage details, www.inclusivehealth.org.

** For complete benefit details, www.inclusivehealth.org.

*** Coinsurance is the percentage of covered expenses that Inclusive Health will pay toward the total expenses incurred for those services.

**** For a complete list of the providers that are participating in the Inclusive Health Plan, visit the Inclusive Health website at: www.inclusivehealth.org.

Inclusive Health Premiums

Inclusive Health premiums vary based on age, gender, whether you are a smoker or not, and your choice of plan option (Plan A, B or C). For the most recent information on monthly premiums, visit the Inclusive Health website at www.inclusivehealth.org or call the Inclusive Health Customer Service Center at 866-665-2117.

The Inclusive Health Provider Network

When you successfully enroll in Inclusive Health, you will receive an identification card (ID card) that you will show to your provider each time you request health care services.

You are free to use any provider you choose. Generally, though, if you use a Network Provider, you will incur lower coinsurance costs. If you use a Non-Network Provider — that is, a provider that does not participate with the Inclusive Health network — you may incur higher coinsurance and out-of-pocket costs.

For a complete list of the Inclusive Health providers, visit the Inclusive Health website at www.inclusivehealth.org and select the “Provider Search” option.

Coverage Waiting Period

The plans offered by Inclusive Health include a waiting period on coverage for pre-existing conditions. The length of the waiting period is six (6) months for all policies that go into effect between January 1 and June 1, 2009. Policies that go into effect on or after July 1, 2009 will be subject to a 12-month waiting period.

Getting Started With Inclusive Health

Congratulations! You have taken the first step to obtain health coverage. Now, take the next step to find out if Inclusive Health is right for you. Visit www.inclusivehealth.org to read more and complete an online application. Or, you can call 866-665-2117 to speak directly with an Inclusive Health representative.