

What is OMIP?

OMIP is an acronym for the Oregon Medical Insurance Pool. OMIP was created in 1987 by the Oregon Legislature to provide health insurance to people who were refused health insurance because of a medical condition. In short, it is a safety net or last resort for people who cannot get individual health insurance.

OMIP also provides health coverage in certain circumstances when an individual exhausts or is unable to obtain COBRA or portability coverage, and for individuals who are eligible for the Health Coverage Tax Credit (HCTC) through the federal government.

Is OMIP an insurance company?

No. OMIP is a state program that works like a self-insured employer, and is exempt from many of the provisions of the Oregon Insurance Code. OMIP currently contracts with Regence BlueCross BlueShield of Oregon (RBCBSO) to administer the program for the State of Oregon.

What is HCTC?

HCTC stands for the Health Coverage Tax Credit. It is a federal tax credit that pays 65% of health insurance premiums for qualified Trade Adjustment Assistance recipients and Pension Benefit Guaranty Corporation payees allowing them to pay only 20% of their premiums for:

- Health care coverage from a state-qualified health plan (such as OMIP);
- COBRA coverage, if they are responsible for paying more than 50% of the premiums; or
- A spouse's employer-sponsored health plan, if the spouse pays more than 50% of the cost with after-tax dollars.

How does having HCTC make me eligible for OMIP?

OMIP is the state qualified health plan in Oregon that meets the HCTC's benchmark for health care benefits and does not require medical underwriting in order to be eligible.

OMIP's medical benefits are comparable to the benefits provided by employer-sponsored health plans with full comprehensive medical coverage. OMIP does not provide vision or dental benefits.

You do not have to enroll in OMIP to receive the HCTC 65 percent credit towards your health care premiums if:

- you are enrolled in COBRA coverage for which you are responsible for 50 percent or more of the premium payments; **or**
- you are able to enroll in a spouse's employer-sponsored health plan and you are responsible for more than 50 percent of the cost with after-tax dollars.

Note: If you are not receiving the federal 65% COBRA premium reduction subsidy and are eligible for the HCTC you could have an extension on the duration of your COBRA coverage. For more information on this go to www.irs.gov and search "HCTC" or contact the HCTC Customer Contact Center at 1-866-628-4282. For those with a hearing impairment, call 1-866-626-4282 (TTY).

Will my spouse or my children be eligible to enroll onto OMIP?

The IRS's HCTC Program, which administers the HCTC, determines if you qualify for this subsidy. If your spouse or children meet all eligibility requirements listed in the HCTC Program Kit, they are automatically eligible for health care benefits provided by OMIP.

What about coverage for pre-existing conditions?

OMIP will waive the six-month waiting period for pre-existing conditions for all eligible HCTC applicants.

When should I apply to OMIP?

As soon as you receive the letter (mailed with the HCTC Program Kit) from the HCTC Program that says you may be eligible for the HCTC. If your application for OMIP is received by OMIP within 70 days from the date of the HCTC eligibility certificate, then you will not be subject to the six month pre-existing conditions exclusion.

How do I apply to OMIP?

You need to complete an OMIP application by choosing one of the four medical plans. Then you need to indicate on the application that you are HCTC eligible in Section D of the OMIP application (top of page 20). If you qualify for OMIP due to eligibility for the HCTC you only have to satisfy a 90 day prior coverage period in order to receive full credits toward the six-month waiting period for pre-existing conditions. And your OMIP application must be received by OMIP within 70 days from the date on your HCTC eligibility certificate. If OMIP receives your application after the 70 days, then OMIP will apply a six-month waiting period for pre-existing conditions.

What is a Certificate of Coverage (COC)

A COC is a certificate issued to you by your previous health carrier upon termination of your policy. This certificate reflects your effective date of coverage and your termination date of coverage. This certificate is used when you enroll in another policy that has an exclusion period for pre-existing conditions to provide offsetting credits toward the exclusion period on the new policy. Also, OMIP uses this certificate to establish the termination date of your previous policy. As an eligibility requirement a person is not eligible if they have comparable health coverage on the date his/her OMIP goes into effect.