

§ 152.2 Definitions.

For purposes of this part the following definitions apply:

*Creditable coverage* means coverage of an individual as defined in section 2701(c)(1) of the Public Health Service Act as of March 23, 2010 and 45 CFR 146.113(a)(1).

*Enrollee* means an individual receiving coverage from a PCIP established under this section.

*Lawfully present* has the meaning given the term at 45 CFR 155.20.

*Out-of-pocket costs* means the sum of the annual deductible and the other annual out-of-pocket expenses, other than for premiums, required to be paid under the program.

*Pre-Existing condition exclusion* has the meaning given such term in 45 CFR 144.103.

*Pre-Existing Condition Insurance Plan (PCIP)* means the temporary high risk health insurance pool plan (sometimes referred to as a “qualified high risk pool”) that provides coverage in a State, or combination of States, in accordance with the requirements of section 1101 of the Affordable Care Act and this part. The term “PCIP program” is generally used to describe the national program the Secretary is charged with carrying out, under which States or non-profit entities operate individual PCIPs.

*Resident* means an individual who has been legally domiciled in a State.

*Service Area* refers to the geographic area encompassing an entire State or States in which PCIP furnishes benefits.

*State* refers each of the 50 States and the District of Columbia.

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