



Maryland Health Insurance Plan

Maryland Health Insurance Plan (MHIP) RG-Steel



What is the Maryland Health Insurance Plan (MHIP)

MHIP is a state agency that offers health insurance to individuals who are uninsured or uninsurable. Included in that group are, specifically for RG-Steel.

- Individuals who qualify for the Health Care Tax Credit (HCTC).
- Individuals who qualify for COBRA, only if their COBRA plan DOES NOT offer prescription drug coverage.

If you are offered COBRA that has a drug benefit, you are not eligible for MHIP.

MHIP Benefits

MHIP benefits include:

- **Medical**
- **Mental Health & Substance Abuse**
- **Prescription Drug**

Your Choice

Your company has provided other plans for you to choose, and they are options.

You may have received a letter from the COBRA carrier offering you health care coverage for 18 months. You have 60 days to select COBRA. If you do, you will not be eligible for MHIP until your COBRA policy expires.

If you prefer to select MHIP, you must obtain a letter indicating that you are eligible for HCTC.

Whether you are enrolled in your COBRA plan or with MHIP, HCTC will offer you assistance in paying a portion of your health care insurance.

MHIP's Plans

MHIP has the following Plans. Some plans have deductibles for medical and/or drug. *

- ▶ \$500 Deductible PPO (\$100 Rx Deductible)
- ▶ \$1000 Deductible PPO (\$250 Rx Deductible)
- ▶ \$2600 High Deductible Plan (HDP) – Includes Rx Ded.
- ▶ HMO (\$250 Rx Deductible)
- ▶ HealthyBlue Triple Option Plan (HMO) – Deductible
Varies on Option chosen

* Based on per person. See application materials for full description of plan information.

MHIP Premiums - RG-Steel

Includes 72.5% HCTC Discount

		\$1000 PPO	\$500 PPO	\$2600 HDP	HMO	Healthy Blue HMO
Individual						
	Under 30	\$74	\$96	\$49	\$167	\$77
	30-34	\$88	\$114	\$58	\$197	\$89
	35-39	\$102	\$131	\$68	\$229	\$98
	40-44	\$116	\$150	\$77	\$259	\$117
	45-49	\$130	\$167	\$85	\$291	\$145
	50-54	\$144	\$185	\$95	\$322	\$186
	55-59	\$157	\$203	\$105	\$353	\$233
	60-64	\$171	\$222	\$114	\$385	\$292
Individual & Spouse						
	Under 30	\$149	\$191	\$98	\$333	\$155
	30-34	\$175	\$229	\$117	\$395	\$178
	35-39	\$204	\$262	\$135	\$458	\$196
	40-44	\$233	\$300	\$155	\$519	\$233
	45-49	\$260	\$334	\$171	\$582	\$291
	50-54	\$287	\$371	\$189	\$644	\$372
	55-59	\$315	\$406	\$209	\$706	\$467
	60-64	\$343	\$443	\$227	\$770	\$583

* See Application materials for Individual/Child and Family premiums.

Low Income Subsidy

Applicants with low income may qualify for reduced premiums.

- **Individuals who qualify are enrolled in our premium subsidy program called MHIP+.**
- **Individuals must complete a MHIP+/MHIP Federal+ Subsidy Application which is included in the application materials. The amount of subsidy received is based on your total household income.**

Proof of income, such as your 1040 tax material, must also be submitted with your application to MHIP.

MHIP+

MHIP+ Offered to individuals & family

- PPO \$200 Medical Deductible; \$0 Rx deductible
- PPO \$500 Medical Deductible; \$100 Rx Deductible
- HMO (No Medical Deductible); \$250 Rx Deductible

MHIP+ Premiums Low Income Subsidy (RG-Steel Workers)*

Includes 72.5% HCTC Discount

		\$200 PPO			\$500 PPO			HMO	
		Plan 1	Plan 2		Plan 3	Plan 5		Plan 4	Plan 6
Individual									
	Under 30	\$50	\$50		\$62	\$70		\$94	\$120
	30-34	\$56	\$56		\$74	\$84		\$111	\$142
	35-39	\$62	\$62		\$85	\$97		\$129	\$164
	40-44	\$72	\$76		\$97	\$110		\$145	\$186
	45-49	\$72	\$86		\$109	\$124		\$164	\$209
	50-54	\$72	\$97		\$121	\$137		\$181	\$231
	55-59	\$72	\$107		\$132	\$149		\$199	\$254
	60-64	\$72	\$117		\$144	\$163		\$217	\$277
Individual & Spouse									
	Under 30	\$100	\$90		\$123	\$140		\$188	\$240
	30-34	\$111	\$111		\$148	\$168		\$223	\$285
	35-39	\$122	\$122		\$171	\$193		\$258	\$329
	40-44	\$144	\$152		\$194	\$221		\$292	\$373
	45-49	\$144	\$172		\$219	\$248		\$327	\$418
	50-54	\$144	\$194		\$241	\$273		\$362	\$475
	55-59	\$144	\$214		\$264	\$299		\$398	\$507
	60-64	\$144	\$234		\$287	\$325		\$433	\$553

* See Application materials for Individual/Child and Family premiums.

HCTC Process

- Applicant obtains approval letter for HCTC.
- Applicant fills out MHIP Application, attaches copy of the HCTC approval letter along with proof of Maryland residency and mails to MHIP.
- Applicant gets MHIP welcome letter, which includes premium rate, and sends letter to HCTC.
- Applicant pays 27.5% of the premium rate directly to HCTC.
- HCTC sends MHIP the entire premium amount.
- There is no monthly billing from MHIP.

Effective Dates

If MHIP receives a completed application on or before the 15th of the month, coverage will begin on the first of the next month. In order to get coverage for October 1st, your application needs to be received on or before September 15th.

If MHIP receives a completed application is received after the 15th of the month, coverage goes into effect on the first day of the second month. For example, an application received on September 18 takes effect on November 1.

General Information

- CareFirst BC/BS administers the program.
- The plans are offered to applicants & their families.
- MHIP's benefit period is from July 1 – June 30.
Changes to plans can be made then or if there is a lifestyle change.
- If the HCTC eligible member ages into Medicare and their spouse and/or children are on the policy, MHIP allows them to continue on the policy and HCTC permits them to continue subsidizing the premium.

For More Information

Call toll-free:

(443)738-0667 or (888)444-9016

TTY/TDD: (800)367-8939

www.marylandhealthinsuranceplan.state.md.us



MHIP Plans

Benefits	PPO \$500	PPO \$1,000	HDP \$2,600	HMO
Medical Deductible	\$500/Person \$1000/Family	\$1000/Person \$2000/Family	\$2600/Person \$5200/Family	None
Pharmacy Deductible	\$100/Person	\$250/Person \$500/Family	Combined with Medical	\$250/Person \$500/Family
Annual Out-of-Pocket Max – Medical	\$2000/Person	\$2000/Person	\$4600/Person \$9200/Family	\$2000/Person
Annual Out-of-Pocket Max–Pharmacy	\$2000/Person	\$2000/Person	Combined with Medical	\$2000/Person
Annual Pharmacy Max	\$100,000/Person	\$100,000/Person	\$100,000/Person	\$100,000/Person
Lifetime Max	\$2 Million	\$2 Million	\$2 Million	\$2 Million

MHIP Plans (cont)

HealthyBlue Triple Option Plan (HMO)

Benefits	Option 1	Option 2	Option3
Provider Network	In-Network with Referrals	In-Network without Referrals	Out-of-Network

See Application materials for more detail.

Medical Summary of Benefits

Benefits	PPO \$500	PPO \$1,000	HDP \$2,600	HMO
Annual Physical & most Preventative Services	\$0 In-network; 40% Out-of-network	\$0 In-network; 40% coinsur. Out-of-network	\$0 In-network; 40% coinsur. Out-of-network	\$0 In-network; 40% coinsur. Out-of-network
Primary Care Physician (PCP)	20% In-network 40% Out-of-network	20% In-network 40% Out-of-network	20% In-network 40% Out-of-network	\$25 copay
Specialty Care Physician (SCP)	20% In-network 40% Out-of-network	20% In-network 40% Out-of-network	20% In-network 40% Out-of-network	\$35 copay
Physician Inpatient Visits	20% In-network 40% Out-of-network	20% In-network 40% Out-of-network	20% In-network 40% Out-of-network	None

Medical Summary of Benefits (cont)

Benefits	PPO \$500	PPO \$1,000	HDP \$2,600	HMO
Hospital	20% In-network 40% Out-of-network	20% In-network 40% Out-of-network	20% In-network 40% Out-of-network	\$250 per admission
Outpatient Lab & Diagnostic Services	\$0 In-network; 40% Out-of-network	\$0 In-network; 40% coinsur. Out-of-network	\$0 In-network; 40% coinsur. Out-of-network	\$25 copay
Outpatient Surgery	20% In-network 40% Out-of-network	20% In-network 40% Out-of-network	20% In-network 40% Out-of-network	\$35 copay
Outpatient Mental Health & Substance Abuse	30% In-network 50% Out-of-network	30% In-network 50% Out-of-network	30% In-network 50% Out-of-network	30% coinsurance

Prescription Drug Copays

Single Prescription	Generic	\$0
	Preferred Brand	\$45
	Non-Preferred Brand	\$75 + difference between brand drug price & generic drug price
	Select Brand	\$125
90-Day Supply	Generic	\$0
	Preferred Brand	\$90
	Non-Preferred Brand	\$150 + difference between brand drug price & generic drug price
	Select Brand	\$250