MHIP
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, among other individuals, those who qualify for the Health Care Tax Credit (HCTC).

MHIP benefits include:

- Medical
- Mental Health & Substance Abuse
- Prescription Drug

Your Choice

Your company has provided a COBRA plan for you, and it is another option. Those COBRA benefits include: Medical, Vision and Dental services.

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, CTC 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	$196	$252	$129	$439	$204
	30-34	$231	$302	$154	$521	$235
	35-39	$268	$346	$178	$603	$259
	40-44	$307	$395	$204	$684	$307
	45-49	$343	$441	$225	$768	$384
	50-54	$378	$489	$249	$848	$490
	55-59	$415	$535	$276	$930	$616
	60-64	$452	$584	$299	$1,015	$769
Individual &	Spouse					
	Under 30	$392	$505	$258	$879	$407
	30-34	$463	$603	$307	$1,041	$470
	35-39	$537	$692	$357	$1,206	$518
	40-44	$613	$790	$407	$1,367	$615
	45-49	$686	$882	$450	$1,536	$767
	50-54	$757	$977	$499	$1,697	$980
	55-59	$829	$1,070	$551	$1,860	$1,231
	60-64	$903	$1,169	$599	$2,030	$1,537

* 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	$131	$131	$163	$185	$247	$316
	30-34	$147	$147	$195	$222	$294	$374
	35-39	$162	$162	$224	$255	$339	$434
	40-44	$191	$199	$256	$291	$384	$492
	45-49	$191	$227	$289	$327	$431	$550
	50-54	$191	$255	$319	$360	$477	$609
	55-59	$191	$283	$348	$394	$525	$668
	60-64	$191	$308	$378	$428	$571	$729
Individual &	Spouse						
	Under 30	$264	$236	$326	$370	$494	$633
	30-34	$291	$291	$391	$442	$587	$750
	35-39	$323	$323	$450	$509	$680	$867
	40-44	$380	$399	$511	$583	$770	$984
	45-49	$380	$455	$576	$655	$863	$1,101
	50-54	$380	$510	$637	$721	$956	$1,253
	55-59	$380	$565	$697	$789	$1,048	$1,338
	60-64	$380	$616	$755	$857	$1,143	$1,457

* 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 received a completed application on or before the 15th of the month goes into effect on the first of the next month.

If MHIP receives a completed application after the 15th of the month 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

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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
Emergency Room	20% In/Out network and $75	20% In/Out network and $75	20% In/Out network and $75	$75 copay

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