

# MHIP+ Application

## July 2012 – June 2013 Plan Year

If you are a current MHIP member, you may be eligible for reduced MHIP premiums and plan cost sharing. In order to qualify, your total household income, including income from any available Social Security benefit, must be at or below the following levels, which vary by the size of your household:

Household Size	Plan 1	Plan 2	Plan 3 or 4	Plan 5 or 6
1	0–\$16,755	\$16,756–\$22,340	\$22,341–\$27,925	\$27,926–\$33,510
2	\$0–\$22,695	\$22,696–\$30,260	\$30,261–\$37,825	\$37,826–\$45,390
3	\$0–\$28,635	\$28,636–\$38,180	\$38,181–\$47,725	\$47,726–\$57,270
4	\$0–\$34,575	\$34,576–\$46,100	\$46,101–\$57,625	\$57,626–\$69,150
5	\$0–\$40,515	\$40,516–\$54,020	\$54,021–\$67,525	\$67,526–\$81,030
6	\$0–\$46,455	\$46,456–\$61,940	\$61,941–\$77,425	\$77,426–\$92,910
7	\$0–\$52,395	\$52,396–\$69,860	\$69,861–\$87,325	\$87,326–\$104,790
8	\$0–\$58,335	\$58,336–\$77,780	\$77,781–\$97,225	\$97,226–\$116,670

If you believe your income is at or below the above amounts, we recommend you complete this form by answering the questions below, and attach the required additional MHIP+ income documentation.

1. Please list the total number of exemptions claimed on your 2011 tax return filed for your household: \_\_\_\_\_.
2. Please list the total number of individuals currently in your household: \_\_\_\_\_.
3. Please tell us about your yearly household income as reflected on your 2011 tax return. If you are married, your spouse lives in your household, and you did not file a joint tax return that year, complete columns A and B.

	A—Your Return	B—Spouse's Return	C—Total
<input type="checkbox"/> Filed a 1040, the total household income listed on line 22:	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Filed a 1040, non-taxed Social Security income line 20a minus line 20b:	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Filed a 1040EZ, the adjusted gross income on line 4:	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Filed a 1040A, the total household income on line 15:	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Filed a 1040A, non-taxed Social Security income line 14a minus line 14b:	\$ _____	\$ _____	\$ _____
4. Total combined household income listed above* (add amounts listed in number 3 above):			\$ _____
5. Please tell us what you believe your yearly household income will be this year:			\$ _____
6. Please check the plan requested (see reverse side for rates, benefits and qualifications):			
<b>PPO \$200:</b> <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <b>PPO \$500:</b> <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan 5 <b>HMO:</b> <input type="checkbox"/> Plan 4 <input type="checkbox"/> Plan 6			

I certify that the foregoing information and attachments are true, accurate and complete to the best of my knowledge and I give permission for MHIP to make any necessary contacts to check the income information reported on and attached to this application. I authorize Maryland state agencies to release my most recently reported income information to MHIP for eligibility verification. This information will be used to confirm applicant eligibility for MHIP+ and may not be disclosed outside of MHIP or Maryland State agencies. I know that I can be penalized if I knowingly give false information, and I understand that I may be asked to provide additional information. By signing this application and applying for membership in MHIP, I hereby consent to the release of tax return information to MHIP from state or federal tax authorities for the sole purpose of verifying income requirements for purposes of MHIP Plan eligibility.

Print Applicant Name \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Signature of Parent or Legal Guardian (If Applicant is under age 18 or Legally Incompetent) \_\_\_\_\_

MHIP Subscriber ID Number (required) \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED DOCUMENTATION:** Please attach copies of all of your 2011 Federal Tax Form or Form 4868 Filing Extension (do not include schedules and other attachments) and send to: **MHIP, 10800 Red Run Blvd., Mail Stop 380, Owings Mills, MD 21117.**  
**Please make complete copies of all your documentation before submitting, for your own records. Thank you.**

If your last year's household income was more than the amounts listed above, but has either been reduced this year or if you did not file a tax return for last year, complete this application and provide one of the following proofs of income for the most recent three month period:

1. Copy of the two most recent pay stubs, along with a statement or note to explain how often you receive a paycheck. If a pay stub is not available, get a signed statement from your employer. Gross monthly income and the dates received should be on the statement, or
2. If self employed, send most recent 3 months profit and loss statements, along with the Schedule C from last year's federal income tax return, or
3. If you have income such as disability or retirement, send copies of award letters or bank statements showing direct deposits from disability or retirement.

# MHIP+ PLANS AND RATES

July 1, 2012–June 30, 2013 Plan Contract Year

Use the **MHIP+ Subscriber Rates** below to determine your premium.

Find the Plan that is available to you then find your age and move to the column on the right that reflects your policy type.

You may select the plan available to you based the Plan Option Chart, or any higher plan.

**Example:** A family of four with a household income of \$40,000 qualifies for Plan 2. That family may select Plan 2, 3, or 4, but may not select Plan 1.

Your actual premium may be higher if you chose to buy down the plan's pre-existing condition waiting period.

<ul style="list-style-type: none"> <li>• Medical out-of-pocket max—\$1,000 Individual/\$2,000 Family</li> <li>• Drug copays of \$0 generic, \$25 preferred brand, \$50 non-preferred brand, \$75 select brand</li> <li>• Drug out-of-pocket max—\$1,500 per member</li> <li>• All other benefits are the same as the standard PPO Plans</li> </ul>				
Plan 1				
MHIP+ \$200 PPO No Drug Deductible	Individual	Individual & Child(ren)	Individual & Spouse	Individual & Family
Under 30	\$181	\$272	\$364	\$410
30 to 34	\$203	\$303	\$402	\$452
35 to 39	\$224	\$334	\$445	\$501
40 to 44	\$263	\$394	\$524	\$591
45 to 49	\$263	\$394	\$524	\$591
50 to 54	\$263	\$394	\$524	\$591
55 to 59	\$263	\$394	\$524	\$591
60 to 64	\$263	\$394	\$524	\$591
65 and Over	\$263	\$394	\$524	\$591

<ul style="list-style-type: none"> <li>• Medical out-of-pocket max—\$1,000 Individual/\$2,000 Family</li> <li>• Drug copays of \$0 generic, \$25 preferred brand, \$50 non-preferred brand, \$75 select brand</li> <li>• Drug out-of-pocket max—\$1,500 per member</li> <li>• All other benefits are the same as the standard PPO Plans</li> </ul>				
Plan 2				
MHIP+ \$200 PPO No Drug Deductible	Individual	Individual & Child(ren)	Individual & Spouse	Individual & Family
Under 30	\$181	\$272	\$364	\$410
30 to 34	\$203	\$303	\$402	\$452
35 to 39	\$224	\$334	\$445	\$501
40 to 44	\$275	\$413	\$551	\$620
45 to 49	\$313	\$471	\$627	\$705
50 to 54	\$352	\$528	\$704	\$792
55 to 59	\$390	\$584	\$779	\$877
60 to 64	\$425	\$638	\$850	\$958
65 and Over	\$521	\$781	\$1,043	\$1,173

<ul style="list-style-type: none"> <li>• Medical out-of-pocket max—\$3,000 Individual/\$6,000 Family</li> <li>• Drug copays of \$0 generic, \$45 preferred brand, \$75 non-preferred brand, \$125 select brand</li> <li>• Drug out-of-pocket max—\$2,000 per member</li> <li>• All other benefits the same as the standard PPO Plans</li> </ul>				
Plan 3				
MHIP+ \$500 PPO No Drug Deductible	Individual	Individual & Child(ren)	Individual & Spouse	Individual & Family
Under 30	\$225	\$338	\$449	\$506
30 to 34	\$269	\$404	\$539	\$606
35 to 39	\$309	\$465	\$620	\$698
40 to 44	\$353	\$528	\$705	\$795
45 to 49	\$398	\$597	\$795	\$893
50 to 54	\$440	\$658	\$878	\$988
55 to 59	\$480	\$722	\$961	\$1,081
60 to 64	\$522	\$782	\$1,042	\$1,173
65 and Over	\$567	\$852	\$1,134	\$1,275

<ul style="list-style-type: none"> <li>• Benefits same as the standard HMO Plan</li> <li>• Drug copays of \$0 generic, \$45 preferred brand, \$75 non-preferred brand, \$125 select brand</li> <li>• Drug out-of-pocket max—\$2,000 per member</li> </ul>				
Plan 4				
MHIP+ HMO No Drug Deductible	Individual	Individual & Child(ren)	Individual & Spouse	Individual & Family
Under 30	\$340	\$512	\$682	\$766
30 to 34	\$405	\$608	\$810	\$912
35 to 39	\$468	\$702	\$938	\$1,054
40 to 44	\$529	\$796	\$1,062	\$1,195
45 to 49	\$595	\$892	\$1,190	\$1,341
50 to 54	\$658	\$988	\$1,318	\$1,481
55 to 59	\$724	\$1,086	\$1,446	\$1,627
60 to 64	\$788	\$1,182	\$1,576	\$1,773
65 and Over	\$853	\$1,280	\$1,705	\$1,918

Plan 5				
MHIP+ \$500 PPO No Drug Deductible	Individual	Individual & Child(ren)	Individual & Spouse	Individual & Family
Under 30	\$255	\$382	\$510	\$573
30 to 34	\$306	\$460	\$610	\$687
35 to 39	\$352	\$527	\$702	\$791
40 to 44	\$401	\$602	\$804	\$904
45 to 49	\$451	\$677	\$903	\$1,015
50 to 54	\$497	\$746	\$994	\$1,117
55 to 59	\$543	\$816	\$1,088	\$1,224
60 to 64	\$591	\$888	\$1,182	\$1,331
65 and Over	\$643	\$965	\$1,284	\$1,445

Plan 6				
MHIP+ HMO No Drug Deductible	Individual	Individual & Child(ren)	Individual & Spouse	Individual & Family
Under 30	\$436	\$655	\$873	\$982
30 to 34	\$516	\$776	\$1,035	\$1,163
35 to 39	\$598	\$896	\$1,196	\$1,346
40 to 44	\$678	\$1,018	\$1,357	\$1,527
45 to 49	\$759	\$1,140	\$1,519	\$1,710
50 to 54	\$840	\$1,260	\$1,728	\$1,890
55 to 59	\$922	\$1,384	\$1,845	\$2,076
60 to 64	\$1,006	\$1,509	\$2,010	\$2,263
65 and Over	\$1,088	\$1,632	\$2,177	\$2,448