

MHIP FEDERAL PLAN – Q & A

What is the MHIP Federal Plan?

The MHIP Federal Plan is a temporary federal high risk pool program that is operated by MHIP and provides health insurance coverage to uninsured Maryland residents with a preexisting condition.

What are the eligibility requirements for the MHIP Federal Plan?

To be eligible to enroll in the MHIP Federal Plan, an individual must:

1. Be a citizen or national of the United States or lawfully present in the United States;
2. Be a current resident of Maryland;
3. Have been uninsured for a continuous period of six months prior to the date that the individual applies to the MHIP Federal Plan; and
4. Have a preexisting condition.

What kind of documentation is required to prove a preexisting condition?

An applicant for the MHIP Federal Plan must provide:

1. Evidence that, for health reasons, a carrier has refused to issue substantially similar coverage to the individual;
2. Evidence that, for health reasons, a carrier has refused to issue substantially similar coverage to an individual, except at a rate that exceeds MHIP rates; or
3. Certification by a licensed physician or nurse practitioner that the individual has a history of or suffers from a medical condition that is included on a list of medical conditions adopted in regulation by the MHIP Board.

Can an individual qualify for the MHIP Federal Plan if the individual has or is eligible for other health insurance coverage?

An individual is not eligible for the MHIP Federal Plan if the individual is enrolled in or eligible for:

1. The federal Medicare program;
2. The Maryland Medical Assistance Program;
3. The Maryland Children's Health Program; or
4. An employer-sponsored group health insurance plan that includes benefits comparable to benefits under the MHIP Federal Plan, unless the individual is eligible for the tax credit for health insurance costs under §35 of the Internal Revenue Code.

What benefits are offered by the MHIP Federal Plan?

The MHIP Federal Plan offers a comprehensive benefit package similar to the benefit package offered by other MHIP plan options. Among the differences between the benefit packages offered by the MHIP Federal Plan and other MHIP plan options:

- The MHIP Federal Plan will not cover abortions except in the case of rape or incest or where the life of the woman would be endangered; and
- The MHIP Federal Plan will not cover dependent family members. (Newborns will be covered under the MHIP Federal Plan for 30 days after birth, but then must have other coverage.)

What plan options are available under the MHIP Federal Plan?

The MHIP Federal Plan offers one plan option – a \$1,500 high deductible plan. Both medical and pharmacy claims count toward the deductible. The plan option also has an out-of-pocket maximum of \$1,500, the same amount as the deductible. Once that amount has been met, in-network costs are covered in full. If an individual goes out of network, the individual is responsible for the difference between the allowed benefit and the billed amount.

What are the premiums for the MHIP Federal Plan?

Premiums for the MHIP Federal Plan range from \$141 per month for an individual under age 30 to \$354 for an individual age 65 and older.

Does the MHIP Federal Plan provide coverage to dependents?

No, the MHIP Federal Plan provides individual coverage only.

When will the MHIP Federal Plan be available?

Applications for the MHIP Federal Plan will be available on August 1. If completed applications are received by August 15 and applicants meet the eligibility requirements, they can have an effective date as early as September 1.

Why is the MHIP Federal Plan referred to as “temporary” high risk pool program?

The MHIP Federal Plan is a temporary program that is intended to serve as a bridge until comprehensive health care reforms take effect in 2014. The MHIP Federal Plan will remain in effect until the end of 2013, when it will be replaced by an insurance exchange established under federal health care reform legislation.