

MHIP+ APPLICATION - For Existing MHIP Members during July 2010 - June 2011 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*	MHIP+ Income Eligibility	Household Size*	MHIP+ Income Eligibility
1	\$32,490	5	\$77,370
2	\$43,710	6	\$88,590
3	\$54,930	7	\$99,810
4	\$66,150	8	\$111,030
Larger than 8, call MHIP at (443) 738-0667 or (888) 444-9016			

* Your household size is the total number of exemptions claimed on your tax return and is not related to the total number of individuals on your MHIP policy or application.

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 2009 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 2009 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):			

PPO \$200: Plan 1 Plan 2
 PPO \$500: Plan 3 Plan 5
 HMO: Plan 4 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 <small>if Applicant is under age 18 or Legally Incompetent</small>
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MHIP Subscriber ID Number (required)	Date
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REQUIRED DOCUMENTATION: Please attach copies of all of your 2009 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, 2010 - June 30, 2011 Plan Contract Year

Use the **MHIP+ Plan Option Chart** (on the right) to determine which Plan is available.

Find your household size and then locate the column to the right with a household income level at or above your current estimated household income.

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, 4, 5 or 6 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.

MHIP+ Plan Option Chart				
Household Size	Plan 1	Plan 2	Plan 3 or 4	Plan 5 or 6
1	\$16,245	\$21,660	\$27,075	\$32,490
2	\$21,855	\$29,140	\$36,425	\$43,710
3	\$27,465	\$36,620	\$45,775	\$54,930
4	\$33,075	\$44,100	\$55,125	\$66,150
5	\$38,685	\$51,580	\$64,475	\$77,370
6	\$44,295	\$59,060	\$73,825	\$88,590
7	\$49,905	\$66,540	\$83,175	\$99,810
8	\$55,515	\$74,020	\$92,525	\$111,030

MHIP+ \$200 PPO No Drug Deductible	Individual	Individual & Child(ren)	Individual & Spouse	Individual & Family	
Medical out-of-pocket max - \$1,000 Individual/\$2,000 Family Drug copays of \$10 generic, \$25 preferred brand, \$50 non-preferred brand, \$75 select brand name Drug out-of-pocket max - \$1,500 per member All other benefits are the same as the standard PPO Plans					
PLAN 1	AGE: 0 - 29	\$163	\$245	\$327	\$368
	30 - 34	\$182	\$272	\$362	\$407
	35 - 39	\$201	\$300	\$400	\$450
	40 - 44	\$236	\$354	\$471	\$531
	45 - 49	\$236	\$354	\$471	\$531
	50 - 54	\$236	\$354	\$471	\$531
	55 - 59	\$236	\$354	\$471	\$531
	60 - 64	\$236	\$354	\$471	\$531
	65 and over	\$236	\$354	\$471	\$531

MHIP+ \$200 PPO No Drug Deductible	Individual	Individual & Child(ren)	Individual & Spouse	Individual & Family	
Medical out-of-pocket max - \$1,000 Individual/\$2,000 Family Drug copays of \$15 generic, \$35 preferred brand, \$50 non-preferred brand, \$125 select brand name Drug out-of-pocket max - \$2,000 per member All other benefits are the same as the standard PPO Plans					
PLAN 2	AGE: 0 - 29	\$163	\$245	\$327	\$368
	30 - 34	\$182	\$272	\$362	\$407
	35 - 39	\$201	\$300	\$400	\$450
	40 - 44	\$247	\$371	\$495	\$557
	45 - 49	\$281	\$423	\$564	\$634
	50 - 54	\$316	\$475	\$633	\$712
	55 - 59	\$350	\$525	\$700	\$788
	60 - 64	\$382	\$573	\$764	\$861
	65 and over	\$468	\$702	\$937	\$1,054

MHIP+ \$500 PPO; \$100 Drug Deductible	Individual	Individual & Child(ren)	Individual & Spouse	Individual & Family	
Medical out-of-pocket max - \$3,000 Individual/\$6,000 Family Drug copays of \$15 generic, \$35 preferred brand, \$75 non-preferred brand, \$125 select brand name Drug out-of-pocket max - \$2,000 per member All other benefits the same as the standard PPO Plans					
PLAN 3	AGE: 0 - 29	\$202	\$304	\$404	\$455
	30 - 34	\$242	\$363	\$484	\$545
	35 - 39	\$278	\$418	\$557	\$627
	40 - 44	\$317	\$475	\$634	\$714
	45 - 49	\$358	\$536	\$714	\$803
	50 - 54	\$395	\$592	\$789	\$888
	55 - 59	\$432	\$649	\$864	\$971
	60 - 64	\$469	\$703	\$936	\$1,054
	65 and over	\$509	\$765	\$1,019	\$1,146

MHIP+ HMO; \$250 Drug Deductible	Individual	Individual & Child(ren)	Individual & Spouse	Individual & Family	
Benefits same as the standard HMO Plan Drug copays of \$15 generic, \$35 preferred brand, \$75 non-preferred brand, \$125 select brand name Drug out-of-pocket max - \$2,000 per member					
PLAN 4	AGE: 0 - 29	\$306	\$460	\$613	\$689
	30 - 34	\$364	\$547	\$728	\$820
	35 - 39	\$421	\$631	\$843	\$947
	40 - 44	\$476	\$715	\$954	\$1,074
	45 - 49	\$535	\$802	\$1,069	\$1,205
	50 - 54	\$592	\$888	\$1,184	\$1,331
	55 - 59	\$650	\$976	\$1,299	\$1,462
	60 - 64	\$708	\$1,063	\$1,416	\$1,593
	65 and over	\$766	\$1,150	\$1,532	\$1,723

MHIP+ \$500 PPO; \$100 Drug Deductible	Individual	Individual & Child(ren)	Individual & Spouse	Individual & Family	
Medical out-of-pocket max - \$3,000 Individual/\$6,000 Family Drug copays of \$15 generic, \$35 preferred brand, \$75 non-preferred brand, \$125 select brand name Drug out-of-pocket max - \$2,000 per member All other benefits the same as the standard PPO Plans					
PLAN 5	AGE: 0 - 29	\$229	\$343	\$458	\$515
	30 - 34	\$275	\$413	\$549	\$618
	35 - 39	\$316	\$474	\$631	\$711
	40 - 44	\$361	\$541	\$722	\$812
	45 - 49	\$406	\$608	\$811	\$912
	50 - 54	\$447	\$670	\$893	\$1,004
	55 - 59	\$488	\$734	\$978	\$1,100
	60 - 64	\$531	\$798	\$1,063	\$1,196
	65 and over	\$578	\$867	\$1,154	\$1,298

MHIP+ HMO; \$250 Drug Deductible	Individual	Individual & Child(ren)	Individual & Spouse	Individual & Family	
Benefits same as the standard HMO Plan Drug copays of \$15 generic, \$35 preferred brand, \$75 non-preferred brand, \$125 select brand name Drug out-of-pocket max - \$2,000 per member					
PLAN 6	AGE: 0 - 29	\$392	\$589	\$784	\$882
	30 - 34	\$464	\$697	\$930	\$1,045
	35 - 39	\$537	\$806	\$1,075	\$1,209
	40 - 44	\$609	\$915	\$1,220	\$1,372
	45 - 49	\$682	\$1,024	\$1,365	\$1,536
	50 - 54	\$755	\$1,133	\$1,553	\$1,698
	55 - 59	\$829	\$1,244	\$1,658	\$1,865
	60 - 64	\$904	\$1,356	\$1,807	\$2,034
	65 and over	\$978	\$1,466	\$1,956	\$2,200