

Major Risk Medical Insurance Program (MRMIP)

Who is this program for?

MRMIP is for California residents who are not able to obtain individual insurance coverage because of pre-existing health conditions. MRMIP can help those who 1) have been denied coverage, have limited coverage or coverage under which certain health conditions are excluded (not covered); or 2) have very high premiums because of those pre-existing health conditions. The program is subsidized by contributions from enrollees and the State of California through tobacco tax dollars.

What are the eligibility requirements?

- Applicants must be residents of California.
- Applicants must not be eligible for Medicare Part A or Part B unless they have a disability.
- Applicants must not be able to purchase health insurance under COBRA or Cal-COBRA, although COBRA or Cal-COBRA enrollees may apply in advance for MRMIP for coverage to begin when their COBRA benefits end.
- Applicants must have been denied coverage under **one** of the following circumstances and submit written proof:
 - They were denied coverage during the previous 12 months.
 - They were offered premium rates that were higher than the rate established by MRMIP.
 - They were members of a group that was denied coverage during the previous 12 months.

What benefits are covered?

- MRMIP enrollees receive comprehensive medical benefits for inpatient and outpatient hospital and physician services. Applicants can call participating health plans or MRMIP or go online to request Evidence of Coverage or a Certificate of Insurance booklet.
- MRMIP benefits cover up to \$75,000 per calendar year and a maximum of \$750,000 per lifetime.
- Individuals who enroll in HMOs (Health Maintenance Organization) will have a 3-month waiting period during which time they will pay no contributions and will not be eligible for services. For those enrolling in PPOs (Preferred Provider Organization), there is a pre-existing period of 3 months during which no services will be provided related to the pre-existing condition. However, contributions are paid during this period. There are some exceptions to the waiting period, including being on a waiting list for MRMIP coverage for over 60 days.
- Subscribers' dependents can also be covered under the plan.
- Subscribers will continue to be enrolled into MRMIP for as long as they are eligible for the program.

How does immigration status affect eligibility?

Immigration status is not taken into consideration.

How are services delivered?

Enrollees will select a plan from those offered in their counties. Participating health plans in Los

Angeles County are Anthem Blue Cross and Kaiser Permanente Southern California (Kaiser Permanente is not available on Catalina Island).

What is the cost?

- MRMIP has an annual household deductible of \$500 that the applicant must pay before MRMIP begins to pay for services.
- Premiums vary by the age of the subscriber, the health provider and the health plan selected. If dependents are included in the coverage, the premium is based on the age of the subscriber.
- Subscribers pay MRMIP established fixed amounts for certain services. If co-payments are required, they cannot exceed 25% of the cost of the covered service, and deductibles cannot exceed \$500 per calendar year per household. Maximum out-of-pocket expenses for services offered by the subscribers' plans and covered by MRMIP are \$2,500 per person per calendar year and \$4,000 per household per calendar year.
- Transfers to other parts of the State or changing to another health plan may affect contribution rates.

What about other insurance?

Medi-Cal beneficiaries can apply for the program but will need to pay premiums and deductibles for coverage under MRMIP, which can be expensive. Medi-Cal will not pay for those costs. Medi-Cal may cover some services that private plans do not, such as dental care.

How to apply:

Interested applicants can request an application from MRMIP at 1-800-289-6574 or download the application from the MRMIB website at <http://www.mrmib.ca.gov>. When applying for MRMIP and/or Pre-Existing Condition Insurance Plan (PCIP), the application will be reviewed for both health care programs to inform the applicant of his/her coverage options. In order for eligibility to be determined for both programs, the applicant must fill out both the MRMIP Application and the PCIP Supplemental Application.

Contact information:

- For more information please visit: <http://www.mrmib.ca.gov/mrmib/MRMIPBRO.pdf>
- MRMIB: <http://www.mrmib.ca.gov>
- Department of Managed Care: <http://www.hmohelp.ca.gov> or call 1-888 466-2219
- Department of Insurance: <http://www.insurance.ca.gov> or call 1-800-927-4357



Assistor Tips!!!

- Make certain that applicants understand about the waiting period, health plan choices, co-payments and deductibles and payment plans.
- Since MRMIP may have a waiting list, anyone who anticipates a loss of coverage should be placed on the waiting list as soon as possible.