CALIFORNIA PCIP Pre-Existing Condition Insurance Plan

MRMIP

We've got you covered!

Get the coverage you need, even if you have been denied before.

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Application and Handbook 2011

PCIP

California Pre-Existing Condition Insurance Plan

MRMIP

California Major Risk Medical Insurance Program

9/2011

Glossary of Definitions

- **Annual benefit maximum**
  The *annual benefit maximum* is the total amount that your health plan pays for services each year. If the services you use reach that amount in any year, you must pay for any additional services until the end of the year, when your plan will start paying again. PCIP has no annual maximum. MRMIP has an annual maximum of $75,000.
- **Annual out-of-pocket maximum**
  The *out-of-pocket maximum* is the highest amount that you will have to pay in a given year for health services, excluding your monthly premiums. The out-of-pocket maximum consists of the copayments or the deductible and coinsurance you pay for health services. The out-of-pocket maximum for the MRMIP and PCIP program is $2,500 per year ($4,000 per family in MRMIP). In the MRMIP and PCIP programs, there is no out-of-pocket maximum for services received from out-of-network providers.
- **Brand name drug deductible**
  A *brand name drug deductible* is the amount you pay every year for brand-name prescription medicines before your health plan starts paying for them. PCIP has a $500 brand name drug deductible. MRMIP has no brand name drug deductible.
- **Coinsurance**
  Coinsurance is a percentage share of the cost of services that you pay after meeting your annual deductible. Your health plan pays the rest. The amount of coinsurance you pay can range from 15% for in-network services to 50% for out-of-network services.
- **Copayments**
  A *copayment* is a fixed dollar share of the cost of services (such as doctor visits or medicines) that you pay when you get those services. Your health plan pays the rest. Copayments count toward your yearly deductible. You must continue to make copayments even after you reach your yearly deductible.
- **Deductible**
  A *deductible* is the total amount you pay every year for services and medications before your health plan starts paying. PCIP has a $1,500 deductible for in-network services and a $3,000 deductible for out-of-network services. MRMIP has a $500 deductible for both in-network and out-of-network services.
- **Disenrollment**
  Disenrollment is the act of leaving a program in which you are enrolled. A person who enrolls in either program may leave the program by choice or because of a decision made by the program. For example, someone may be disenrolled because he or she did not pay premiums, or someone may choose to disenroll because he or she purchased other insurance.
- **Health Maintenance Organization (HMO)**
  An *HMO* is a type of health coverage where you get all of your health services through a specific network of doctors and hospitals. Services provided by doctors or hospitals outside of your network probably will not be paid for by your plan, unless it is an emergency. HMOs require that you select a Primary Care Physician, who is responsible for managing and coordinating your health care, including your referrals to specialists.
- **HIPAA**
  HIPAA is the federal Health Insurance Portability and Accountability Act of 1996. It helps protect health insurance coverage when workers leave their jobs. It also protects the privacy and security of individuals' personal health information by requiring certain "covered entities" to tell consumers how their health information will be used.
- **Lifetime benefit maximum**
  The *lifetime benefit maximum* is the total amount that your health plan pays for services over your lifetime. If the services you use reach that amount, you no longer have coverage for any additional services. PCIP has no lifetime maximum. MRMIP has a lifetime maximum of $750,000.
- **Plan allowance**
  The *plan allowance* is the amount that the plan considers as full payment for each covered service. In-network providers agree to accept a negotiated plan allowance as payment in full, so that subscribers pay only their in-network coinsurance or copayment after meeting the deductible. However, if a subscriber receives out-of-network services, the subscriber will be responsible for any charges above the plan allowance, as well as for his or her coinsurance or copayment.
- **Pre-existing condition**
  A *pre-existing condition* is any medical condition that a doctor or other licensed health practitioner diagnosed, cared for, recommended treatment for, or treated for a period of time before the person tried to obtain health coverage.
- **Preferred Provider Organization (PPO)**
  A *PPO* is a type of health coverage where you pay less if you get your health services from a network of "preferred" doctors and hospitals. If you get care from a preferred provider, you will pay your annual deductible and/or coinsurance for your visit. If you get services from doctors not in the preferred network (known as going "out-of-network"), you will pay a higher amount. PPOs do not require you to select a Primary Care Physician, and do not require referrals to see specialists.
- **Premium**
  A *premium* is a monthly fee that PCIP or MRMIP members must pay to stay enrolled in the plan.
- **Preventive care services**
  Preventive care services are services that your health plan offers to help you stay healthy and to identify medical problems early. Preventive care services may include regular checkups, certain immunizations and lab services, PAP smears, mammograms, well-baby and well-child services, prostate exams, and tests for sexually transmitted diseases.
- **Provider network**
  A *provider network* is a group of doctors and hospitals that agree to provide health services at an agreed rate of payment. If you are in an HMO, you will generally have to receive services from providers in your network. If you are in a PPO, you will pay less if you receive services from providers in your network than if you get services from a doctor or hospital that is not in your network.

Health Insurance for Californians

The state of California offers two health insurance programs for Californians who have pre-existing medical conditions and have not been able to get coverage because of this.

Two insurance programs but only one application!

The two health insurance programs in California are the Pre-Existing Condition Insurance Plan (PCIP) and Major Risk Medical Insurance Program (MRMIP). The programs have different eligibility rules, benefits, and monthly premiums.

PCIP is a federally funded program, and MRMIP is a state funded program.

PCIP: Pre-Existing Condition Insurance Plan

- PCIP does not cover dependents. Each individual must meet the PCIP eligibility requirements to be enrolled.
- PCIP monthly premiums are usually less compared to MRMIP.
- You must be a U.S. Citizen or U.S. National or be lawfully present to qualify for coverage.
- You must be without health coverage for at least 6 months.
- After you are enrolled, you can get health services right away.

MRMIP: Major Risk Medical Insurance Program

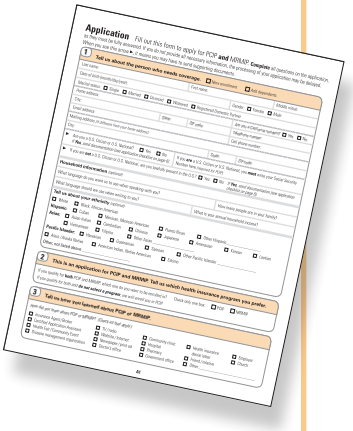
- MRMIP covers dependents.
- MRMIP monthly premiums are usually more compared to PCIP.
- If you select a **PPO**, you may have to wait 3 months before you get health services for your pre-existing condition. If you select an **HMO** you may have to wait 3 months before you can begin the coverage.

The application

The four-page application for both programs starts on page A1. If you qualify for both programs, you can choose which program you want. You can call 1-877-428-5060 for assistance with either program.

Note: If you want the PCIP program for yourself and one or more dependents, each person must apply separately and qualify.

IMPORTANT NOTICE: If you enroll in MRMIP, it will prevent you from qualifying for the Pre-Existing Condition Insurance Plan, unless you later become uninsured for 6 months.



Are You Eligible for PCIP or MRMIP?

You may qualify for PCIP if:

- You are a resident of California.
- You have a pre-existing condition as shown by:

  A denial letter from a health insurance company or health plan dated within the last 12 months, **or**

  A letter dated within the last 12 months, from a licensed doctor, physician assistant, or nurse practitioner, stating the individual has or used to have a medical condition, disability, or illness (go to PCIP website for a sample form), **or**

  An offer of individual (not group) health coverage with higher premiums than the Major Risk Medical Insurance Program (MRMIP) preferred provider organization (PPO) rate in the area where you live *(see pages 8–13)*. The offer letter must be dated within the last 12 months, **or**

  A certificate of creditable coverage letter issued by another state or Federally administered PCIP program showing previous enrollment within the past 6 months *(see page 20)*.
- You are not enrolled in Medicare Part A and B, COBRA, or Cal-COBRA benefits.
- You are a U.S. Citizen or U.S. National — or you are lawfully present in the U.S. (you **must** provide a Social Security Number if you are a U.S. Citizen or U.S. National).
- You have not had health coverage for at least 6 months.

You may qualify for MRMIP if:

- You are a resident of California.
- You have a pre-existing condition as shown by:

  A denial letter from a health insurance company or health plan dated within the last 12 months, **or**

  An offer of individual (not group) health coverage with premiums that are higher than the rates of your first MRMIP plan choice *(see pages 8–13)*. The offer letter must be dated within the last 12 months, **or**

  Involuntary termination from a health plan, health insurance company or employer plan for reasons other than fraud or non-payment of premiums. The involuntary termination letter must be dated within the last 12 months.
- You are not eligible for Medicare Part A and Part B (except for end-stage renal disease) or for COBRA or Cal-COBRA benefits.

Note:

Social Security Numbers are not required.

Deferred enrollment: If you have health coverage but it is going to end soon, you may apply now for MRMIP. This is called *deferred enrollment*. Get a letter from your health plan or employer that says when your coverage will end.

Medi-Cal: If you receive Medi-Cal benefits now and want to switch to MRMIP, consider the cost.

PCIP and MRMIP Benefits

	PCIP	MRMIP
Annual medical deductible	$1,500	$500 / subscriber or subscriber and dependents
Brand name drug deductible	$500	None
Annual out-of-pocket maximum	$2,500	$2,500 / $4,000 subscriber and dependents
Annual benefit maximum	None	$75,000
Lifetime benefit maximum	None	$750,000
Health care provider source	PCIP PPO Network *(see pages 14–19)*	Anthem Blue Cross, Contra Costa Health Plan, Kaiser *(see pages 14–19)*
Pre-existing condition exclusion or Post-enrollment waiting period	None	3 months *(see page 22)*

Worksheet: Find Out Which Program Is Right for You

Do you qualify for PCIP?	
You are a resident of California.	☐ Yes
You have a pre-existing medical condition and can send **one** of these documents to show proof: ▪ A denial letter from a health insurance company or health plan, dated within the last 12 months, **or** ▪ A letter dated within the last 12 months, from a licensed doctor, physician assistant, or nurse practitioner, stating the individual has or used to have a medical condition, disability, or illness (go to PCIP website for a sample form), **or** ▪ An offer of individual (not group) health coverage at higher premiums than the MRMIP preferred provider organization (PPO) rate where you live. The offer letter must be dated within the last 12 months *(see pages 8–13 for MRMIP's PPO monthly premiums.)*, **or** ▪ A certificate of creditable coverage letter issued by another state or Federally administered PCIP program showing previous enrollment within the past 6 months *(see page 20)*.	☐ Yes
You are **not** enrolled in Medicare Parts A and B, COBRA, or Cal-COBRA benefits.	☐ Yes
You are one of the following: ▪ U.S. Citizen or U.S. National and have a Social Security Number **or** ▪ Lawfully present in the U.S. (not a U.S. Citizen)	☐ Yes
You have not had health coverage for at least 6 months.	☐ Yes
If you answered Yes to all the questions above, you probably qualify for PCIP.	

Do you qualify for MRMIP?	
You are a resident of California.	☐ Yes
You have a pre-existing medical condition and can send **one** of these documents to show proof: ▪ A denial letter from a health insurance company or health plan, dated within the last 12 months, **or** ▪ An offer of individual (not group) health coverage with premiums that are higher than your first MRMIP plan choice. The offer letter must be dated within the last 12 months *(see pages 8–13 for MRMIP's monthly premiums)*, **or** ▪ Proof of involuntary termination from a health plan, health insurance company or employer plan for reasons other than fraud or non-payment of premiums. The involuntary termination letter must be dated within the last 12 months.	☐ Yes
You are **not** eligible for Medicare Parts A and B (except for end stage renal disease), COBRA, or Cal-COBRA benefits.	☐ Yes
If you answered Yes to all the questions above, you probably qualify for MRMIP.	

The PCIP is generally the best health coverage program for everyone who qualifies!
The PCIP premiums are more affordable and PCIP has no annual or lifetime benefit maximum.
Review the program differences below.

Generally, PCIP premiums are lower in comparison to MRMIP.

In PCIP, there are no annual or lifetime benefit maximums. MRMIP has annual and lifetime benefit maximums that can result in your being responsible for all costs above the maximums, or being unable to obtain medical care.

In PCIP, there is no waiting period for immediate treatment for your pre-existing medical condition. **Note:** MRMIP has a 3-month post enrollment waiting period (HMOs) or pre-existing condition exclusion (PPO). These may be waived under certain circumstances *(see page 22)*.

If you cannot meet the PCIP requirement that you be uninsured for 6 months, the MRMIP option is available.

If you cannot meet the PCIP citizenship or immigration requirements, the MRMIP option is available.

If you want more help, call 1-877-428-5060 Monday through Friday 8:00 AM – 8:00 PM, Saturday 8:00 AM – 5:00 PM.

Application Checklist: ***Important!*** Use this to make sure you send us a complete application. An incomplete application may delay your enrollment if you qualify. **Note:** Do not send this checklist with your application. When you see this arrow ►, it means you may have to send supporting documents.

- ☐ You have reviewed the PCIP and MRMIP comparison charts, which provide information about eligibility, benefits, and costs.
- ☐ You have answered all questions on the application.
- ☐ Send these documents with your application:
  - ► **For PCIP**, include a copy of **one** of these:
    - ☐ A denial letter from individual (not group) health coverage received in the last 12 months
    - ☐ A letter dated within the last 12 months from a licensed doctor, physician assistant or nurse practitioner stating the individual has or used to have a medical condition, disability, or illness
    - ☐ An offer letter of individual (not group) health coverage with premiums that are **higher than the MRMIP PPO rate** based on the area where you live
    - ☐ A Certificate of Creditable Coverage letter issued by PCIP from another state or Federally administered PCIP program, (response on page A3 of application)
  - ► **For PCIP**, include a copy of **one** of these:
    - ☐ Certificate of U.S. Citizenship
    - ☐ Certificate of U.S. Naturalization
    - ☐ U.S. birth certificate
    - ☐ U.S. passport
    - ☐ Other proof of citizenship
    - ☐ Proof of immigration status (Send documents that are not expired. Include copies of both front and back.)

      For a list of acceptable immigration documents, go to **www.pcip.ca.gov**. Then click on the "Frequently Asked Questions" link on the website. Or, call us if you need assistance!
  - ► **If you choose MRMIP**, include a copy of **one** of these:
    - ☐ A denial letter from individual (not group) health coverage received in the last 12 months
    - ☐ An offer letter of individual (not group) health coverage with premiums that are **higher than your first MRMIP plan choice** received in the last 12 months
    - ☐ A termination letter from a health plan, health insurance company or employer plan for reasons other than fraud or non-payment of premiums received in the last 12 months

  If you choose MRMIP *and:*
  - ► **you are applying for deferred enrollment** because you believe you qualify but currently have health coverage. Include a copy of a letter from the employer or insurance company you have now, telling us when the insurance coverage will end.
  - ► **you currently have Medicare Part A and Part B because of end-stage renal disease**. Include a copy of the approval letter from Medicare.
  - ► **you want to waive part or all of the waiting or exclusion period**. Include a copy of proof of any insurance coverage that you had before.
  - ► **you have a dependent child who is over 23 years old**. Send a doctor's letter with the application for each child over 23 stating that the person cannot work because of a continuous physical or mental disability that started before age 23. The dependent child cannot be married.
- ☐ Sign the application.
- ☐ Write a check for one month's premium for the program you are interested in. Make the check payable to the **Managed Risk Medical Insurance Board (MRMIB)**. See pages 8–13 for the programs' monthly premiums by region.
- ☐ Mail the application with your check and all required documents to:

  California Pre-Existing Condition Insurance Plan, P.O. Box 537032, Sacramento, CA 95853-7032

  Insurance Agents/Brokers or Certified Application Assistants: Complete **all applicable** boxes at the bottom of the application on page A4 to request and receive payment.

Section 1101 of the Patient Protection and Affordable Care Act, Public Law 111-148 and Insurance Code Sections 12739.52(e), 12711(a), authorizes the programs to collect and maintain the information solicited in this application.

For PCIP questions, call **1-877-428-5060**
Monday through Friday 8:00 AM – 8:00 PM, Saturday 8:00 AM – 5:00 PM
or visit **www.pcip.ca.gov**.

For MRMIP questions, call **1-800-289-6574**
Monday through Friday 8:30 AM – 7:00 PM
or visit **www.mrmib.ca.gov**.

Application

Fill out this form to apply for PCIP **and** MRMIP. **Complete** all questions on the application, as they must be fully answered. If you do not provide all necessary information, the processing of your application may be delayed. When you see this arrow ►, it means you may have to send supporting documents.

1 Tell us about the person who needs coverage. ☐ New enrollment ☐ Add dependents

Last name: | First name: | Middle initial:

Date of birth (month/day/year): | Gender: ☐ Female ☐ Male

Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Registered Domestic Partner

Home address: | Are you a California resident? ☐ Yes ☐ No

City: | State: | ZIP code: | Telephone number:

Email address: | Cell phone number:

Mailing address *(if different from your home address):*

City: | State: | ZIP code:

► Are you a U.S. Citizen or U.S. National? ☐ Yes ☐ No
*If **Yes**, send documentation (see application checklist on page 6).*

If you **are** a U.S. Citizen or U.S. National, you **must** write your Social Security Number here *(required for PCIP):*

► If you are **not** a U.S. Citizen or U.S. National, are you lawfully present in the U.S.? ☐ Yes ☐ No *If **Yes**, send documentation (see application checklist on page 6).*

Household information *(optional)*

What language do you want us to use when speaking with you? | How many people are in your family?

What language should we use when writing to you? | What is your annual household income?

Tell us about your ethnicity *(optional)*

☐ White ☐ Black, African American

Hispanic: ☐ Cuban ☐ Mexican, Mexican American ☐ Puerto Rican ☐ Other Hispanic _____

Asian: ☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Japanese ☐ Amerasian ☐ Korean ☐ Laotian
☐ Vietnamese ☐ Filipino ☐ Other Asian _____

Pacific Islander: ☐ Hawaiian ☐ Guamanian ☐ Samoan ☐ Other Pacific Islander _____

☐ Aleut/Alaska Native ☐ American Indian, Native American ☐ Eskimo

Other, not listed above _____

2 This is an application for PCIP and MRMIP. Tell us which health insurance program you prefer.

If you qualify for **both** PCIP and MRMIP, which one do you want to be enrolled in? Check only one box: ☐ PCIP ☐ MRMIP

*If you qualify for both and **do not select a program**, we will enroll you in PCIP.*

3 Tell us how you learned about PCIP or MRMIP.

How did you learn about PCIP or MRMIP? *(Check all that apply.)*

☐ Insurance Agent/Broker
☐ Certified Application Assistant
☐ Health Fair/Community Event
☐ Disease management organization
☐ TV/radio
☐ Website/Internet
☐ Newspaper/print ad
☐ Doctor's office
☐ Community clinic
☐ Hospital
☐ Pharmacy
☐ Government office
☐ Health insurance denial letter
☐ Friend/relative
☐ Other _____
☐ Employer
☐ Church

4 Information for MRMIP coverage

If you qualify for MRMIP, which health plan do you want? *(see pages 14–19)* ☐ Anthem Blue Cross ☐ Contra Costa ☐ Kaiser Permanente

▶ Were you covered by a similar high-risk insurance program in another state within the last 12 months? ☐ Yes ☐ No

If you do not qualify for MRMIP right now but expect to qualify soon, are you applying for deferred enrollment? *(see page 21)* ☐ Yes ☐ No
*If **Yes,** please provide the following information:*

Name of current insurance company, health plan, or health program:	Date your coverage started:
Reason for future termination:	Date your coverage will end:

▶ If you are applying for deferred enrollment, send a copy of a letter from your health insurance plan indicating when your coverage will end.

Have you met the requirements to avoid all (or part) of the MRMIP exclusion/waiting period? *(see page 22)* ☐ Yes ☐ No
*If **Yes,** please fill in the information below:*

Name of prior insurance company, health plan, or health program:

Date that your coverage started:	Date that your coverage will end:

▶ If you have met the requirements to avoid all (or part) of the exclusion/waiting period, send a copy of your health insurance policy, health plan document, or proof that you had coverage (including Medicare and Medi-Cal) indicating when your coverage ended.

5 If you are applying for MRMIP and want coverage for dependents, list the dependents here.

*PCIP does **not** provide coverage for dependents. Each person interested in PCIP must complete a separate application. He or she must qualify to be enrolled.*

Name of dependent Last, First, Middle Initial, **and** SSN (optional)	**Gender** Female or Male	**Date of birth** Month/Day/Year	**Married?** Yes or No	**Relationship to applicant** Check one:
1.	☐ F ☐ M	/ /	☐ Y ☐ N	☐ Spouse ☐ Child ☐ Stepchild ☐ Registered Domestic Partner ☐ Child of Registered Domestic Partner ☐ Other _____
2.	☐ F ☐ M	/ /	☐ Y ☐ N	☐ Spouse ☐ Child ☐ Stepchild ☐ Registered Domestic Partner ☐ Child of Registered Domestic Partner ☐ Other _____
3.	☐ F ☐ M	/ /	☐ Y ☐ N	☐ Spouse ☐ Child ☐ Stepchild ☐ Registered Domestic Partner ☐ Child of Registered Domestic Partner ☐ Other _____

▶ If a dependent child is over 23 years old, send a doctor's letter with the application for each child over 23 stating that the person cannot work because of a continuous physical or mental disability that started before age 23. The dependent child cannot be married.
Is the dependent child (who is over 23 years old) covered by Medicare? ☐ Yes ☐ No

Have any of your dependents met the requirements to avoid all (or part) of the exclusion/waiting period? *(see page 21)* ☐ Yes ☐ No
*If **Yes**, list their names below:*

Name of dependent	Name of prior health insurance company	Date coverage started	Date coverage ended
1.		/ /	/ /
2.		/ /	/ /
3.		/ /	/ /

▶ If the dependent has met the requirements to avoid all (or part) of the exclusion/waiting period, send a copy of the health insurance policy, health plan document, or proof that you had coverage (including Medicare and Medi-Cal) indicating when his or her coverage ended.
If you have more dependents, photocopy page A2 and fill it out. Send the additional pages with your application.
Subscriber dependents age 18 and under are not subject to the pre-existing condition exclusion period or the post-enrollment waiting period.

6 Tell us about your recent health insurance experience.

- Have you received a denial letter from a health insurance company or health plan within the past 12 months? *If **Yes,** provide a copy of the **denial letter**.* ☐ Yes ☐ No
- **For PCIP:** Within the past 12 months, have you received an offer of individual (not group) health coverage at higher rates than the MRMIP PPO product? *If **Yes**, provide a copy of the **offer letter**.* ☐ Yes ☐ No
- **For MRMIP:** Within the past 12 months, have you received an offer of individual (not group) health coverage at higher rates than your selected MRMIP health plan? *If **Yes**, provide a copy of the **offer letter**.* ☐ Yes ☐ No
- **For MRMIP:** Have you been involuntarily terminated from health insurance coverage for reasons other than fraud or nonpayment of premium? *If **Yes**, provide a copy of the **termination letter**.* ☐ Yes ☐ No
- **For PCIP:** Have you received a letter from a licensed doctor, physician assistant, or nurse practitioner, stating the individual has or use to have a medical condition, disability or illness within the past 12 months? *If **Yes**, provide a copy of the **provider letter**.* ☐ Yes ☐ No

For PCIP: Within the past 6 months, have you had any of the following types of health coverage? ☐ Yes ☐ No
*If **Yes,** please indicate by checking the boxes below.*

- ☐ Another PCIP program *(see page 20)*. If so, which state: _____
  - ☐ Check this box if you obtained other health coverage **after** you were disenrolled from another PCIP program.
- ☐ Individual or job-based health coverage, including COBRA or Cal-COBRA
- ☐ Medicare Part A and Part B
- ☐ Medi-Cal (Medicaid)
- ☐ Children's Health Insurance Program (CHIP), including Healthy Families Program (HFP)
- ☐ Another state's high-risk pool or California's Major Risk Medical Insurance Program (MRMIP)
- ☐ TRICARE (military health insurance)
- ☐ Health benefit plan provided to Peace Corps workers
- ☐ Health coverage provided by a public health plan established by a state, the U.S. government (such as coverage provided to veterans enrolled in VA health care), or a foreign country
- ☐ FEHBP (health insurance for federal employees or retirees), including Temporary Continuation of Coverage (TCC)
- ☐ Services provided by the Indian Health Service or by a Tribe or Tribal organization for treating your medical condition

If you had health coverage within the past 6 months, please provide the reason your health coverage ended.

- ☐ You or someone in your family lost or left his or her job
- ☐ Your insurance company stopped covering dependents
- ☐ You or someone in your family stopped working full time and were no longer eligible for benefits
- ☐ You moved out of the insurance company's service area (or moved out of state)
- ☐ Your insurance premiums were too high
- ☐ Your COBRA coverage ended
- ☐ You voluntarily ended your insurance coverage
- ☐ You are no longer eligible for publicly sponsored coverage
- ☐ Other. Explain the reason your coverage ended: _____

Has your employer, an insurance company or insurance Agent/Broker discouraged you from getting health coverage that you qualified for? *If **Yes**, provide more information below.* ☐ Yes ☐ No

Name of employer or health insurance company:

Address:

City:	State:	ZIP code:

7 MRMIP health plan dispute resolution and PCIP dispute resolution

In **MRMIP**, each plan has its own rules for resolving disputes about delivery, services, and other matters. Some plans say you must use binding arbitration for disputes (not including disputes with the program about which benefits are covered); others do not. Some plans say that claims for malpractice must be decided by binding arbitration; others do not. If the plan you choose requires binding arbitration, you are giving up your right to a jury trial and cannot have a dispute decided in court. To find out how a plan resolves disputes, you can call the plan and request an Evidence of Coverage booklet. To see which MRMIP plans require binding arbitration, see page 7.

In **PCIP**, there are rules for resolving disputes about delivery, services, and other matters. To find out how PCIP resolves disputes, you can call PCIP at 1-877-428-5060, or refer to the Summary Plan Description booklet on our website at **www.pcip.ca.gov**.

8 Important notices and declarations, and understandings and responsibilities

I declare that I have read this application, the answers provided, and the documents enclosed. I certify that the information provided with this application is true, complete, and correct to the best of my knowledge. I have read and understand the Notices, and I am making the Declarations on page 7. I have also read and I understand the MRMIP health plan dispute resolution **and** PCIP dispute resolution explanation on page A3.

Signature of applicant/parent or legal guardian ▸▸ _____ Date: _____

If you are a parent or legal guardian of the person applying for coverage, you must sign above and provide the following information:

Full name:		Telephone number:
Mailing address:		
City:	State:	ZIP code:

Check your relationship to the person applying for coverage: ☐ Parent ☐ Stepparent ☐ Caretaker Relative ☐ Legal Guardian

☐ Other _____

For **MRMIP only**, the dependent(s) listed on this application must sign here:

Signature of applicant's spouse/registered domestic partner: _____ Date: _____

Signature of applicant's dependent age 18 or over: _____ Date: _____

Signature of applicant's dependent age 18 or over: _____ Date: _____

9 Permission to share PCIP and MRMIP information

I give permission for PCIP **or** MRMIP to give information over the telephone about my application status and final eligibility status to the person listed below.

Person's Name:	EE/CAA Number: *(if applicable):*
CA Agent/Broker License Number *(if applicable):*	

Applicant's signature ▸▸ _____ **Date:** _____

10 For Insurance Agents/Brokers or Certified Application Assistants (CAAs) only:

If you assisted an applicant in completing this application, please complete this section. You must complete all **applicable** boxes. You will not be paid if you do not complete this section prior to sending the application. Missing information cannot be submitted at a later date for payment. *(Please see page 20.)* If the applicant wants PCIP or MRMIP to provide you with the status of this application and final eligibility decision, make sure the applicant signs Section 9 above.

Agent/Broker name:			CAA name:
Street address:			City:
State:	ZIP code:	Phone:	Email address:
CA Agent/Broker License Number:		Tax I.D./Social Security Number (Agent/Broker only):	
CAA Number:		EE Number:	

I understand that payment will not be made unless and until this applicant is enrolled in the program. I certify that I provided free assistance to the applicant.

Agent/Broker or CAA signature: _____ **Date:** _____

Important Notices and Declarations

PCIP and MRMIP Declarations

- I understand that it is my responsibility to inform PCIP of any health coverage I get in the future or if I move out of California, so that I can be disenrolled.
- I understand that, if I voluntarily disenroll from PCIP or if I am disenrolled involuntarily (for example, for failure to pay my premiums on time), I may not re-qualify for enrollment until at least 6 months after my coverage ends.
- I understand that my application and enrollment information may be shared with other Federal and State government agencies for purposes of establishing PCIP eligibility.
- I understand that my application must be reviewed to determine whether or not I qualify for coverage.
- I understand that, if my application is approved, the effective date of coverage will be determined according to applicable laws and regulations and I will be informed in writing of the effective date of coverage.
- I understand that the MRMIP health plan dispute resolution process may include binding arbitration, rather than a court trial to resolve any claim. This includes a claim for malpractice asserted by me, my enrolled dependents, heirs, personal representatives, **or** someone with a relation to us against the participating health plan or against the employees, partners or agents of the participating health plan.
- I understand that MRMIP's Contra Costa Health Plan DOES NOT require binding arbitration.
- I understand that MRMIP's Anthem Blue Cross and Kaiser Permanente Health Plans DO require binding arbitration of disputes INCLUDING malpractice, so long as the disputes are beyond the jurisdictional limit of the small claims court. This does not include disputes with the program about which benefits are covered.
- I understand that if I do not provide all the necessary information requested to process the application, the application will be denied or returned as incomplete.
- I declare that, within the last 6 months, I have not had health coverage prior to the date I am asking for coverage in the PCIP.
- I declare that all individuals listed on this application are residents of the State of California.
- I declare and understand that making a monthly premium payment does not mean that I am accepted by, or, if accepted, immediately enrolled into, the programs.
- I declare that no person listed on this application and applying for MRMIP is eligible for both Medicare Parts A and Part B, unless they are solely eligible because of end-stage renal disease.
- I declare that no person listed on this application and applying for PCIP is enrolled in Medicare Parts A and B.
- I declare that all individuals listed on this application will abide by all rules of program participation.
- I declare that no person listed on this application and applying for current or deferred enrollment into MRMIP is currently eligible to purchase any continuation of employer health benefits under the provisions of 29 U.S. Code 1161 et seq. (COBRA), **or** under the provisions of Insurance Code Sections 10128.50 et seq. and Health and Safety Code Sections 1366.20 et seq. (Cal-COBRA). These are laws which allow people to buy into their employer's health insurance for up to 36 consecutive months after they leave their employment.
- I declare that no person listed on this application and applying for PCIP is enrolled in COBRA or Cal-COBRA.
- I declare that no person listed on this application, and applying for coverage through the MRMIP, was terminated within the last 12 months from a "Post-MRMIP Guaranteed Issue Pilot Program" as a result of non-payment of premiums, a request to disenroll voluntarily, or fraud. A "Post MRMIP Guaranteed Issue Pilot Program" is a health plan in which an individual had an opportunity to enroll between September 1, 2003 and December 31, 2007 as a result of being disenrolled from MRMIP after 36 consecutive months of enrollment.
- I declare that I have read and understand the information on this Application and agree to these Notices and Declarations.

Access to Your Records

You have the right to access records maintained by the Managed Risk Medical Insurance Board that contain your personal information. To do so, contact:

Managed Risk Medical Insurance Board
Attn: HIPAA Coordinator
P.O. Box 2769
Sacramento, CA 95812-2769
(916) 324-4695

PCIP and MRMIP Monthly Premiums | Area 1

Use this chart to compare premiums based on your age and where you live.

Premiums for people who live in: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Mendocino, Modoc, Mono, Monterey, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, and Yuba counties. Some health plans may not be available in your area—see notes below.

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1. Kaiser Permanente Northern California serves these ZIP codes in these counties: **Amador** 95640 and 95669 | **El Dorado** 95613-14, 95619, 95623, 95633-35, 95651, 95664, 95667, 95672, 95682, and 95762 | **Kings** 93230 and 93232 | **Placer** 95602-04, 95648, 95650, 95658, 95661, 95663, 95677-78, 95681, 95703, 95722, 95736, 95746-47, and 95765 | **Sutter** 95659, 95668, 95674, and 95676 | **Tulare** 93261, 93618, 93666, and 93673 | **Yolo** 95605, 95607, 95612, 95616-18, 95645, 95691, 95694-95, 95697-98, 95776, and 95798-99 | **Yuba** 95692, 95903, and 95961

Premiums effective through December 31, 2011

	PCIP	MRMIP In MRMIP, you get your health care through a health plan. Premiums for the health plans are listed below.					
	Subscriber only	Subscriber only		Subscriber and 1 dependent		Subscriber and 2 or more dependents	
Age	PCIP	Anthem Blue Cross PPO	Kaiser Permanente N. California[1]	Anthem Blue Cross PPO	Kaiser Permanente N. California[1]	Anthem Blue Cross PPO	Kaiser Permanente N. California[1]
0 – 14	$119.00	$334.50	$260.41	$637.00	$520.83	$889.20	$900.64
15 – 18	$119.00	$485.30	$328.76	$973.60	$694.18	$1,437.20	$1,136.78
19 – 29	$164.00	$485.30	$328.76	$973.60	$694.18	$1,437.20	$1,136.78
30 – 34	$237.00	$615.50	$388.48	$1,119.10	$789.70	$1,711.00	$1,375.60
35 – 39	$264.00	$691.40	$417.14	$1,221.20	$870.89	$1,846.70	$1,375.60
40 – 44	$292.00	$741.40	$468.08	$1,357.20	$955.28	$1,889.70	$1,396.30
45 – 49	$332.00	$789.70	$514.28	$1,551.80	$1,001.46	$2,106.80	$1,396.30
50 – 54	$411.00	$985.80	$593.88	$1,849.10	$1,194.10	$2,386.00	$1,544.38
55 – 59	$492.00	$1,166.20	$679.84	$2,192.30	$1,323.08	$2,680.70	$1,544.38
60 – 64	$535.00	$1,421.30	$753.08	$2,515.70	$1,506.18	$3,046.90	$1,744.99
65 – 69	$535.00	$1,591.90	$1,201.93	$2,817.50	$2,131.56	$3,412.60	$2,769.80
70 – 74	$535.00	$1,677.10	$1,268.85	$2,968.40	$2,249.01	$3,595.40	$2,928.08
> 74	$535.00	$1,776.60	$1,346.18	$3,144.60	$2,378.53	$3,808.70	$3,097.71

PCIP and MRMIP Monthly Premiums | Area 2

Use this chart to compare premiums based on your age and where you live.

Premiums for people who live in: Fresno, Imperial, Kern, Madera, Mariposa, Merced, Napa, Sacramento, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Sonoma, and Stanislaus counties. Some health plans may not be available in your area—see notes below.

2. Kaiser Permanente Northern California serves all ZIP codes in **Sacramento**, **San Joaquin**, and **Solano** counties and these ZIP codes in these counties: **Fresno** 93242, 93602, 93606-07, 93609, 93611-13, 93616, 93619, 93624-27, 93630-31, 93646, 93648-52, 93654, 93656-57, 93660, 93662, 93667-68, 93675, 93701-12, 93714-18, 93720-30, 93737, 93741, 93744-45, 93747, 93750, 93755, 93760-61, 93764-65, 93771-79, 93786, 93790-94, 93844, and 93888 | **Madera** 93601-02, 93604, 93614, 93636-39, 93643-45, 93653, and 93669 | **Mariposa** 93623 | **Napa** 94503, 94508, 94515, 94558-59, 94562, 94567 (except the community of Knoxville), 94573-74, 94576, 94581, and 94599 | **Sonoma** 94922-23, 94926-28, 94931, 94951-55, 94972, 94975, 94999, 95401-07, 95409, 95416, 95419, 95421, 95425, 95430-31, 95433, 95436, 95439, 95441-42, 95444, 95446, 95448, 95450, 95452, 95462, 95465, 95471-73, 95476, 95486-87, and 95492.

3. Kaiser Permanente Southern California serves these ZIP codes in this county: **Kern** 93203, 93205-06, 93215-16, 93220, 93222, 93224-26, 93238, 93240-41, 93243, 93250-52, 93263, 93268, 93276, 93280, 93285, 93287, 93301-09, 93311-14, 93380, 93383-90, 93501-02, 93504-05, 93518-19, 93531, 93560-61, and 93581.

Premiums effective through December 31, 2011

Age	PCIP	MRMIP					
		In MRMIP, you get your health care through a health plan. Premiums for the health plans are listed below.					
	Subscriber only	Subscriber only		Subscriber and 1 dependent		Subscriber and 2 or more dependents	
	PCIP	Anthem Blue Cross PPO	Kaiser Permanente N.[2] & S.[3] California	Anthem Blue Cross PPO	Kaiser Permanente N.[2] & S.[3] California	Anthem Blue Cross PPO	Kaiser Permanente N.[2] & S.[3] California
0 – 14	$118.00	$318.80	$260.41	$624.80	$520.83	$862.40	$900.64
15 – 18	$118.00	$467.00	$328.76	$938.80	$694.18	$1,369.60	$1,136.78
19 – 29	$162.00	$467.00	$328.76	$938.80	$694.18	$1,369.60	$1,136.78
30 – 34	$234.00	$586.80	$388.48	$1,066.80	$789.70	$1,630.20	$1,375.60
35 – 39	$261.00	$658.90	$417.14	$1,164.20	$870.89	$1,759.50	$1,375.60
40 – 44	$289.00	$712.60	$468.08	$1,293.90	$955.28	$1,800.40	$1,396.30
45 – 49	$329.00	$752.90	$514.28	$1,506.80	$1,001.46	$2,020.40	$1,396.30
50 – 54	$406.00	$939.40	$593.88	$1,800.40	$1,194.10	$2,296.10	$1,544.38
55 – 59	$487.00	$1,111.40	$679.84	$2,138.00	$1,323.08	$2,579.90	$1,544.38
60 – 64	$530.00	$1,357.10	$753.08	$2,434.30	$1,506.18	$2,932.30	$1,744.99
65 – 69	$530.00	$1,519.90	$1,201.93	$2,726.50	$2,131.56	$3,284.30	$2,769.80
70 – 74	$530.00	$1,601.30	$1,268.85	$2,872.60	$2,249.01	$3,460.20	$2,928.08
> 74	$530.00	$1,696.30	$1,346.18	$3,043.00	$2,378.53	$3,665.40	$3,097.71

PCIP and MRMIP Monthly Premiums | Area 3

Use this chart to compare premiums based on your age and where you live.

Premiums for people who live in: Alameda, Contra Costa, Marin, San Francisco, San Mateo, and Santa Clara counties. Some health plans may not be available in your area—see notes below.

4. Contra Costa Health Plan is available only in **Contra Costa County**.

5. Kaiser Permanente Northern California serves all ZIP codes in **Alameda**, **Contra Costa**, **Marin**, **San Francisco**, and **San Mateo** counties and these ZIP codes in this county: **Santa Clara** 94022-24, 94035, 94039-43, 94085-89, 94301-06, 94309, 95002, 95008-09, 95011, 95013-15, 95020-21, 95026, 95030-33, 95035-38, 95042, 95044, 95046, 95050-56, 95070-71, 95101, 95103, 95106, 95108-13, 95115-36, 95138-41, 95148, 95150-61, 95164, 95170, 95172-73, 95190-94, and 95196.

Premiums effective through December 31, 2011

	PCIP	MRMIP								
		In MRMIP, you get your health care through a health plan. Premiums for the health plans are listed below.								
	Subscriber only	Subscriber only			Subscriber and 1 dependent			Subscriber and 2 or more dependents		
Age	PCIP	Anthem Blue Cross PPO	Contra Costa Health Plan[4]	Kaiser Permanente N. California[5]	Anthem Blue Cross PPO	Contra Costa Health Plan[4]	Kaiser Permanente N. California[5]	Anthem Blue Cross PPO	Contra Costa Health Plan[4]	Kaiser Permanente N. California[5]
0 – 14	$124.00	$354.40	$241.81	$260.41	$624.40	$596.70	$520.83	$859.70	$1,100.08	$900.64
15 – 18	$124.00	$505.50	$307.54	$328.76	$1,002.50	$596.70	$694.18	$1,522.90	$1,100.08	$1,136.78
19 – 29	$171.00	$505.50	$307.54	$328.76	$1,002.50	$596.70	$694.18	$1,522.90	$1,100.08	$1,136.78
30 – 34	$247.00	$652.00	$446.81	$388.48	$1,185.30	$791.82	$789.70	$1,715.80	$1,216.02	$1,375.60
35 – 39	$275.00	$732.30	$446.81	$417.14	$1,278.00	$791.82	$870.89	$1,850.80	$1,216.02	$1,375.60
40 – 44	$305.00	$785.10	$514.68	$468.08	$1,397.00	$978.45	$955.28	$1,986.40	$1,447.93	$1,396.30
45 – 49	$346.00	$836.40	$514.68	$514.28	$1,516.00	$978.45	$1,001.46	$2,170.80	$1,447.93	$1,396.30
50 – 54	$428.00	$1,044.40	$687.19	$593.88	$1,793.00	$1,340.47	$1,194.10	$2,449.70	$1,657.19	$1,544.38
55 – 59	$514.00	$1,235.80	$687.19	$679.84	$2,140.40	$1,340.47	$1,323.08	$2,792.20	$1,657.19	$1,544.38
60 – 64	$557.00	$1,480.40	$868.18	$753.08	$2,464.20	$1,730.74	$1,506.18	$3,174.00	$2,010.69	$1,744.99
65 – 69	$557.00	$1,658.20	$1,165.12	$1,201.93	$2,759.90	$2,270.86	$2,131.56	$3,554.90	$2,692.23	$2,769.80
70 – 74	$557.00	$1,747.00	$1,165.12	$1,268.85	$2,907.70	$2,270.86	$2,249.01	$3,745.30	$2,692.23	$2,928.08
> 74	$557.00	$1,850.50	$1,165.12	$1,346.18	$3,080.20	$2,270.86	$2,378.53	$3,967.60	$2,692.23	$3,097.71

PCIP and MRMIP Monthly Premiums | Area 4

Use this chart to compare premiums based on your age and where you live.

Premiums for people who live in: Orange, Santa Barbara, and Ventura counties. Some health plans may not be available in your area—see notes below.

6. Kaiser Permanente Southern California serves all ZIP codes in **Orange** county, and these ZIP codes in this county: **Ventura** 91319-20, 91358-62, 91377, 93001-07, 93009-93012, 93015-16, 93020-22, 93030-36, 93040-44, 93060-66, 93094, and 93099.

Premiums effective through December 31, 2011

	PCIP	MRMIP					
		In MRMIP, you get your health care through a health plan. Premiums for the health plans are listed below.					
	Subscriber only	Subscriber only		Subscriber and 1 dependent		Subscriber and 2 or more dependents	
Age	PCIP	Anthem Blue Cross PPO	Kaiser Permanente S. California[6]	Anthem Blue Cross PPO	Kaiser Permanente S. California[6]	Anthem Blue Cross PPO	Kaiser Permanente S. California[6]
0 – 14	$107.00	$309.30	$239.20	$598.20	$478.41	$901.90	$829.16
15 – 18	$107.00	$456.90	$307.19	$918.30	$648.28	$1,318.40	$1,151.44
19 – 29	$147.00	$456.90	$307.19	$918.30	$648.28	$1,318.40	$1,151.44
30 – 34	$211.00	$570.00	$362.85	$1,061.60	$736.99	$1,569.10	$1,285.28
35 – 39	$237.00	$634.50	$390.26	$1,126.60	$814.39	$1,693.30	$1,285.28
40 – 44	$261.00	$697.00	$438.63	$1,246.00	$893.41	$1,732.70	$1,306.24
45 – 49	$297.00	$733.30	$480.58	$1,495.40	$935.33	$1,944.30	$1,306.24
50 – 54	$370.00	$904.40	$554.76	$1,830.70	$1,115.96	$2,236.40	$1,443.33
55 – 59	$442.00	$1,069.80	$635.38	$2,167.70	$1,236.91	$2,523.60	$1,443.33
60 – 64	$481.00	$1,306.10	$704.73	$2,311.90	$1,407.84	$2,868.20	$1,632.01
65 – 69	$481.00	$1,462.90	$1,151.48	$2,589.20	$2,048.74	$3,212.40	$2,594.70
70 – 74	$481.00	$1,541.20	$1,213.59	$2,728.00	$2,161.28	$3,384.60	$2,738.09
> 74	$481.00	$1,632.70	$1,285.70	$2,889.80	$2,297.00	$3,585.40	$2,909.73

PCIP and MRMIP Monthly Premiums | Area 5

Use this chart to compare premiums based on your age and where you live.

Premiums for people who live in: Los Angeles County. Some health plans may not be available in your area—see notes below.

7. Kaiser Permanente Southern California serves all ZIP codes in **Los Angeles County** except 90704 (Catalina Island).

Premiums effective through December 31, 2011

	PCIP	MRMIP					
		In MRMIP, you get your health care through a health plan. Premiums for the health plans are listed below.					
	Subscriber only	Subscriber only		Subscriber and 1 dependent		Subscriber and 2 or more dependents	
Age	PCIP	Anthem Blue Cross PPO	Kaiser Permanente S. California[7]	Anthem Blue Cross PPO	Kaiser Permanente S. California[7]	Anthem Blue Cross PPO	Kaiser Permanente S. California[7]
0 – 14	$110.00	$337.70	$239.20	$602.20	$478.41	$938.80	$829.16
15 – 18	$110.00	$486.40	$307.19	$976.50	$648.28	$1,450.80	$1,151.44
19 – 29	$152.00	$486.40	$307.19	$976.50	$648.28	$1,450.80	$1,151.44
30 – 34	$218.00	$621.30	$362.85	$1,129.50	$736.99	$1,695.70	$1,285.28
35 – 39	$244.00	$697.70	$390.26	$1,232.70	$814.39	$1,815.40	$1,285.28
40 – 44	$269.00	$748.20	$438.63	$1,369.80	$893.41	$1,907.60	$1,306.24
45 – 49	$306.00	$797.10	$480.58	$1,556.90	$935.33	$2,111.60	$1,306.24
50 – 54	$381.00	$994.80	$554.76	$1,820.90	$1,115.96	$2,391.20	$1,443.33
55 – 59	$455.00	$1,177.30	$635.38	$2,161.30	$1,236.91	$2,687.00	$1,443.33
60 – 64	$494.00	$1,424.40	$704.73	$2,390.90	$1,407.84	$3,054.10	$1,632.01
65 – 69	$494.00	$1,595.30	$1,151.48	$2,677.80	$2,048.74	$3,420.60	$2,594.70
70 – 74	$494.00	$1,680.70	$1,213.59	$2,821.20	$2,161.28	$3,603.80	$2,738.09
> 74	$494.00	$1,780.40	$1,285.70	$2,988.60	$2,297.00	$3,817.70	$2,909.73

PCIP and MRMIP Monthly Premiums | Area 6

Use this chart to compare premiums based on your age and where you live.

Premiums for people who live in: Riverside, San Bernardino, and San Diego counties. Some health plans may not be available in your area—see notes below.

8. Kaiser Permanente Southern California serves ZIP codes in these counties: **Riverside** 91752, 92220, 92223, 92320, 92501-09, 92513-19, 92521-22, 92530-32, 92543-46, 92548, 92551-57, 92562-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92599, 92860, and 92877-83 | **San Bernardino** 91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758, 91761-64, 91784-86, 92252, 92256, 92268, 92277-78, 92284-86, 92305, 92307-08, 92313-18, 92321-22, 92324-26, 92329, 92331, 92333-37, 92339-41, 92344-46, 92350, 92352, 92354, 92357-59, 92369, 92371-78, 92382, 92385-86, 92391-95, 92397, 92399, 92401-08, 92410-15, 92418, 92423-24, and 92427 | **San Diego** 91901-03, 91908-17, 91921, 91931-33, 91935, 91941-47, 91950-51, 91962-63, 91976-80, 91987, 92007-92011, 92013-14, 92018-27, 92029-30, 92033, 92037-40, 92046, 92049, 92051-52, 92054-58, 92064-65, 92067-69, 92071-72, 92074-75, 92078-79, 92081-85, 92091-93, 92096, 92101-24, 92126-32, 92134-40, 92142-43, 92145, 92147, 92149-50, 92152-55, 92158-79, 92182, 92184, 92186-87, and 92190-99.

Premiums effective through December 31, 2011

	PCIP	MRMIP					
		In MRMIP, you get your health care through a health plan. Premiums for the health plans are listed below.					
	Subscriber only	Subscriber only		Subscriber and 1 dependent		Subscriber and 2 or more dependents	
Age	PCIP	Anthem Blue Cross PPO	Kaiser Permanente S. California[8]	Anthem Blue Cross PPO	Kaiser Permanente S. California[8]	Anthem Blue Cross PPO	Kaiser Permanente S. California[8]
0 – 14	$108.00	$313.30	$239.20	$572.40	$478.41	$825.70	$829.16
15 – 18	$108.00	$462.40	$307.19	$897.80	$648.28	$1,345.70	$1,151.44
19 – 29	$149.00	$462.40	$307.19	$897.80	$648.28	$1,345.70	$1,151.44
30 – 34	$214.00	$576.90	$362.85	$1,048.40	$736.99	$1,589.30	$1,285.28
35 – 39	$240.00	$647.60	$390.26	$1,144.20	$814.39	$1,686.70	$1,285.28
40 – 44	$265.00	$705.40	$438.63	$1,271.50	$893.41	$1,768.80	$1,306.24
45 – 49	$301.00	$742.20	$480.58	$1,425.60	$935.33	$1,985.00	$1,306.24
50 – 54	$375.00	$923.20	$554.76	$1,680.50	$1,115.96	$2,213.30	$1,443.33
55 – 59	$447.00	$1,092.00	$635.38	$1,958.80	$1,236.91	$2,528.90	$1,443.33
60 – 64	$485.00	$1,333.40	$704.73	$2,241.70	$1,407.84	$2,892.80	$1,632.01
65 – 69	$485.00	$1,493.40	$1,151.48	$2,510.80	$2,048.74	$3,240.00	$2,594.70
70 – 74	$485.00	$1,573.40	$1,213.59	$2,645.30	$2,161.28	$3,413.50	$2,738.09
> 74	$485.00	$1,666.70	$1,285.70	$2,802.20	$2,297.00	$3,616.10	$2,909.73

PCIP and MRMIP Costs and Benefits

Use this chart to compare plans.

PCIP	MRMIP Health Plan Options		
CALIFORNIA PCIP Pre-Existing Condition Insurance Plan **1-877-428-5060** 8:00 AM to 8:00 PM, Monday – Friday 8:00 AM to 5:00 PM, Saturday **www.pcip.ca.gov**	Anthem Blue Cross **1-877-687-0549** 8:30 AM to 7:00 PM, Monday – Friday **www.anthem.com**	CONTRA COSTA HEALTH PLAN A Division of Contra Costa Health Services **1-877-661-6230** (press 2) 8:00 AM to 5:00 PM, Monday – Friday **www.cchealth.org/health_plan**	KAISER PERMANENTE® **Northern & Southern California** **1-800-464-4000** 7:00 am to 7:00 PM, Monday – Friday 7:00 AM to 3:00 PM, Saturday – Sunday **www.kaiserpermanente.org**
Plan area You can choose the PCIP PPO Network if you live in **any county** in California (statewide).	**Plan area** You can choose this plan if you live in **any county** in California (statewide).	**Plan area** You can choose this plan if you live in **Contra Costa County.**	**Plan area** **Northern CA counties:** Alameda, Amador, Contra Costa, El Dorado, Fresno, Kings, Madera, Marin, Mariposa, Napa, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Sonoma, Sutter, Tulare, Yolo, Yuba **Southern CA counties:** Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura
Provider network ▪ More than 12,000 primary care physicians ▪ More than 40,000 specialists ▪ More than 350 hospitals	**Provider network** ▪ 40,000 PPO physicians ▪ 29,000 HMO physicians ▪ More than 400 hospitals	**Provider network** 2,000 providers and specialists in choice of two provider networks: ▪ Regional Medical Center Network or ▪ Community Provider Network	**Provider network** You choose a doctor to be your primary care physician (PCP). Your PCP works closely with you and can refer you to specialists when needed. You receive care at Kaiser Permanente medical facilities throughout the area.
Annual deductible *Does not apply to in-network preventive care.* **$1,500** per subscriber (in-network providers) **$3,000** per subscriber (out-of-network providers) There are separate deductibles for in-network and out-of-network services.	**Annual deductible** *Does not apply to preventive care.* **$500** per subscriber **$500** per household Services provided by in-network and out-of-network providers and prescription drugs apply toward the $500 deductible.	**Annual deductible** *Does not apply to in-network preventive care.* **$500** per household The annual deductible applies only to inpatient hospital services. All other services are not subject to the deductible.	**Annual deductible** *Does not apply to in-network preventive care.* **$500** per household Services provided by in-network and out-of-network providers and prescription drugs apply toward the $500 deductible.
Brand name drug deductible **$500** for in-network pharmacies **$500** for out-of-network pharmacies There are separate deductibles for in-network and out-of-network pharmacies.	**Brand name drug deductible** No separate brand name deductible	**Brand name drug deductible** No separate brand name deductible	**Brand name drug deductible** No separate brand name deductible

For PCIP questions, call **1-877-428-5060**
Monday through Friday 8:00 AM – 8:00 PM, Saturday 8:00 AM – 5:00 PM
or visit **www.pcip.ca.gov**.

For MRMIP questions, call **1-800-289-6574**
Monday through Friday 8:30 AM – 7:00 PM
or visit **www.mrmib.ca.gov**.

PCIP and MRMIP Costs and Benefits *(continued)*

PCIP	MRMIP Health Plan Options		
CALIFORNIA PCIP Pre-Existing Condition Insurance Plan	Anthem Blue Cross	CONTRA COSTA HEALTH PLAN A Division of Contra Costa Health Services	KAISER PERMANENTE® Northern & Southern California
Cost sharing **15%** coinsurance (in-network) **50%** coinsurance (out-of-network) The share you pay of the plan allowance for a covered service after meeting your deductible. For out-of-network services, you may also have to pay any amount that exceeds the plan allowance.	**Cost sharing** **15%** coinsurance (in-network) **50%** coinsurance (out-of-network) The share you pay of the plan allowance for a covered service after meeting your deductible. For out-of-network services, you may also have to pay any amount that exceeds the plan allowance.	**Cost sharing** **$15** copayment for office visits and many other services **$25** copayment for emergency room visits **$200** per day for inpatient hospital stays You pay a set amount for covered services.	**Cost sharing** **$20** copayment for office visits and many other services **$100** copayment for emergency room visits **$200** per day for inpatient hospital stays You pay a set amount for covered services.
Annual out-of-pocket maximum **$2,500** per subscriber for in-network services The maximum includes in-network medical and brand name drug deductibles, and any in-network copayments and coinsurance paid. After you meet the maximum, the plan pays 100% of in-network services for the rest of the year. Payments made for out-of-network services do not count towards the out-of-pocket maximum, and there is no maximum for out-of-network services.	**Annual out-of-pocket maximum** **$2,500** per subscriber **$4,000** per family The maximum includes any in-network copayments and coinsurance. After you meet the maximum, the plan pays 100% of in-network services for the rest of the year until you reach the annual benefit maximum. There is no out-of-pocket maximum for out-of-network services.	**Annual out-of-pocket maximum** **$2,500** per subscriber **$4,000** per family The maximum includes any copayments and coinsurance. After you meet the maximum, the plan pays 100% of in-network services for the rest of the year until you reach the annual benefit maximum. There is no out-of-pocket maximum for out-of-network services.	**Annual out-of-pocket maximum** **$2,500** per subscriber **$4,000** per family The maximum includes any copayments and coinsurance. After you meet the maximum, the plan pays 100% of in-network services for the rest of the year until you reach the annual benefit maximum. There is no out-of-pocket maximum for out-of-network services.
Annual benefit maximum **No limit**	**Annual benefit maximum** **$75,000** per subscriber	**Annual benefit maximum** **$75,000** per subscriber	**Annual benefit maximum** **$75,000** per subscriber
Lifetime benefit maximum **No limit**	**Lifetime benefit maximum** **$750,000** per subscriber	**Lifetime benefit maximum** **$750,000** per subscriber	**Lifetime benefit maximum** **$750,000** per subscriber
Prior authorization Some services require prior authorization. See the PCIP Summary Plan Description for a listing of all services that require prior authorization. This document can be found at www.pcip.ca.gov.	**Prior authorization** See the Anthem Evidence of Coverage booklet for a listing of services that require prior authorization.	**Prior authorization** See the Contra Costa Health Plan Evidence of Coverage booklet for a listing of services that require prior authorization.	**Prior authorization** See the Kaiser Northern California or Kaiser Southern California Evidence of Coverage booklet for a listing of services that require prior authorization.

This is only a summary of plan provisions and is intended for comparison purposes only. For exact terms and conditions of coverage, refer to the Summary Plan Description (for PCIP) or the applicable plan's Evidence of Coverage booklet (for MRMIP).

PCIP and MRMIP Costs and Benefits

Use this chart to compare plans. *(continued)*

	PCIP	
	You pay if you go to:	
	In-network provider	**Out-of-network provider**
Ambulance		
• Limited to transport during a medical emergency	15% per trip	15% per trip
Doctor services		
• Inpatient visits (doctor visits while you are in the hospital)	15% per inpatient visit	50% per inpatient visit
• Office visits	$25 copayment per office visit (no deductible)	50% per office visit
Durable medical equipment		
• Authorized by a physician for care of an illness or injury	15% per purchase/rental	50% per purchase/rental
Emergency room services		
• Limited to treatment of a medical emergency	15% per visit	15% per visit
Home health care		
• Medically necessary visits by home health personnel	15% per visit	50% per visit
Hospice care		
• Hospice care for subscribers who are not expected to live more than 12 months	15% per visit	50% per visit
Hospital services		
• Inpatient (semi-private room)	15% per inpatient day	50% per inpatient day
• Outpatient	15% per outpatient visit	50% per outpatient visit
Mental health care services		
• Inpatient (limited to 10 days per calendar year)	15% per inpatient day	50% per inpatient day
• Outpatient (limited to 15 visits per calendar year)	15% per outpatient visit	50% per outpatient visit
• Unlimited inpatient days and outpatient visits for treatment of serious emotional disturbances (SED) in children or severe mental illness (SMI)		
Alcohol and substance abuse treatment		
• Inpatient (services to remove toxic substances from the system)	15% per inpatient day	50% per inpatient day
• Outpatient (limited to 20 visits per calendar year)	15% per outpatient visit	50% per outpatient visit
Orthotics and prosthetics		
• Orthotics and prosthetic devices	15% per device	50% per device
Physical/occupational/speech therapy		
• Services of physical therapists / occupational therapists / speech therapists as medically appropriate on an outpatient basis	15% per visit	50% per visit

This is only a summary of plan provisions and is intended for comparison purposes only. For exact terms and conditions of coverage, refer to the Summary Plan Description (for PCIP) or the applicable plan's Evidence of Coverage booklet (for MRMIP).

MRMIP Health Plan Options | Use this chart to compare plans

Anthem Blue Cross		Contra Costa Health Plan (A Division of Contra Costa Health Services)	Kaiser Permanente® Northern & Southern California
You pay if you go to:		You pay:	You pay:
In-network provider	**Out-of-network provider**		
15% per trip	15% per trip	$15 per trip	$75 per trip
$25 per office visit (no deductible)	50% per office visit	$15 per office visit	$20 per office visit
15% per purchase/rental	50% per purchase/rental	$0 per purchase/rental	20% per purchase/rental
15% per visit	15% per visit	$25 per visit (waived if admitted to a hospital)	$100 per visit (waived if admitted to a hospital)
15% per visit	50% per visit	$0 per visit	$0 per visit
15% per visit	50% per visit	$0 per visit	$0 per visit
15% per inpatient day 15% per outpatient visit	All charges after $650 per inpatient day All charges after $380 per day	$200 per inpatient day $15 per outpatient visit	$200 per inpatient day $20 per outpatient visit
15% per inpatient day 15% per outpatient visit	All charges after $175 per inpatient day 50% per outpatient visit	$200 per inpatient day $15 per outpatient visit	$200 per inpatient day $20 per outpatient visit
15% per inpatient day outpatient visits not covered	15% per inpatient day outpatient visits not covered	$200 per inpatient day $15 per outpatient visit	$200 per inpatient day outpatient visits not covered
15% per device	50% per device	$0 per device	$0 per device
15% per visit	All charges after $25 per visit	$15 per visit	$20 per visit

Questions? For PCIP, call 1-877-428-5060 Monday through Friday 8:00 AM – 8:00 PM, Saturday 8:00 AM – 5:00 PM or visit www.pcip.ca.gov.
For MRMIP, call 1-800-289-6574 Monday through Friday 8:30 AM – 7:00 PM or visit www.mrmib.ca.gov.

PCIP and MRMIP Costs and Benefits

Use this chart to compare plans. *(continued)*

	PCIP	
	You pay if you go to:	
	In-network provider	**Out-of-network provider**
Pregnancy and maternity care		
• Inpatient (delivery services)	15% per inpatient day	50% per inpatient day
• Outpatient (prenatal and postnatal care) • Excludes coverage for paid surrogates	15% per outpatient visit	50% per outpatient visit
Prescription drugs		
• Generic	$5 per generic drug (30-day supply)	50% per generic drug (30-day supply)
• Brand name	$15 per brand name drug (30-day supply)	50% per brand name drug (30-day supply)
• Non-preferred brand name or specialty drug	$30 per non-preferred brand name or specialty drug (30-day supply)	50% per non-preferred brand name or specialty drug (30-day supply)
Preventive care • Cytology exams • Disease management programs • Family planning counseling services • Health education services • Hearing and eye tests for children • Immunizations for adults and children • Newborn blood tests • Prostate exams for men • Routine exams, mammograms, Pap smears, Human Papillomavirus (HPV) tests, and ovarian and cervical cancer screening for women • Routine physicals and lab services • Tests for Human Immunodeficiency Virus (HIV) and sexually transmitted infections • Well-baby and well-child care • Routine colonoscopies	No charge	50% per visit (subject to the out-of-network deductible and coinsurance)
Skilled nursing facility • Services are available only when determined to be a medically appropriate alternative plan of treatment that is more cost effective	15% per visit	50% per visit
X-ray and laboratory services • Diagnostic x-rays and laboratory tests	15% per visit	50% per visit

This is only a summary of plan provisions and is intended for comparison purposes only. For exact terms and conditions of coverage, refer to the Summary Plan Description (for PCIP) or the applicable plan's Evidence of Coverage booklet (for MRMIP).

MRMIP Health Plan Options | Use this chart to compare plans

Anthem Blue Cross		CONTRA COSTA HEALTH PLAN A Division of Contra Costa Health Services	KAISER PERMANENTE® Northern & Southern California
You pay if you go to:		You pay:	You pay:
In-network provider	**Out-of-network provider**	▼	▼
15% per inpatient day 15% per outpatient visit	All charges after $650 per inpatient day 50% per outpatient visit	$200 per inpatient day $15 per outpatient visit	$200 per inpatient day $15 per outpatient visit
$5 per generic drug (30-day supply) $15 per brand name drug (30-day supply)	All charges over 50% of generic drug All charges over 50% of brand name drug	20% of generic drug cost 20% of brand name drug cost	$10 per generic drug (up to 100-day supply) $35 per brand name drug (up to 100-day supply)
15% per visit (no deductible)	50% per visit (no deductible)	$15 per visit	$0 to $20 per visit, depending on the service you receive
not covered unless medically recommended	not covered unless medically recommended	$0 per day (only covered when authorized by the plan)	$0 per day (up to 100 days per benefit period)
15% per visit	50% per visit	$0 per visit	$0 to $5 per visit, depending on the service you receive

Questions? For PCIP, call 1-877-428-5060 Monday through Friday 8:00 AM – 8:00 PM, Saturday 8:00 AM – 5:00 PM or visit www.pcip.ca.gov.
For MRMIP, call 1-800-289-6574 Monday through Friday 8:30 AM – 7:00 PM or visit www.mrmib.ca.gov.

PCIP and MRMIP Frequently Asked Questions (FAQ)

How long does it take to process my Application?

If your complete application is received with all the required documentation **by the 10th** of the month, coverage will begin the 1st day of the following month. For example, we receive a complete application by October 10th the start date of coverage will be on November 1st.

However, if your complete application is received with all required documentation **after the 10th** of the month, coverage will begin on the 1st day of the second month following your application. For example, we receive a complete application after October 10th the start date of coverage will be on December 1st. Incomplete applications will result in delayed or denied coverage. We will send you a letter informing you if you are enrolled in PCIP.

Can Insurance Agents/Brokers assist people in applying for PCIP and MRMIP?

Yes, they can assist people in applying for PCIP and MRMIP. The insurance agent's/broker's information must be included on the Application in order for them to be paid for their assistance. Insurance agents/brokers are eligible for payment for each person they assist who is **successfully enrolled** into PCIP or MRMIP.

Can Healthy Families Certified Application Assistants help people apply for PCIP?

Yes, Certified Application Assistants (CAAs) registered with an Enrollment Entity (EE) and PCIP certified can help people apply for PCIP. The EEs are eligible to receive payment. The payment will be made for each person the CAA assists who is **successfully enrolled** into PCIP. The CAA information must be included on the Application in order for the EE to be paid.

When will the payment be issued to the Insurance Agents/Brokers or Enrollment Entities (EEs)?

Payments will be issued after the applicant is enrolled in PCIP or MRMIP.

If I had health coverage in the last 6 months, why don't I qualify for PCIP? I have a pre-existing condition and I cannot be without health coverage for 6 months.

PCIP is a federal program administered in California and the federal health care reform law requires that a person be without "creditable health coverage" for at least 6 months.

I am a U.S. Citizen or U.S. National. Why do I have to provide my Social Security Number?

PCIP is a federal program administered in California and the federal law requires that U.S. Citizens or U.S. Nationals provide their Social Security Number. **If you do not provide your Social Security Number,** your application will be considered incomplete. We will send you a letter informing you that your application is incomplete. If you do not send us the information by the due date, you will be denied PCIP coverage and we will determine your eligibility for the **MRMIP**.

What is the difference in how Dependents are covered in MRMIP and PCIP?

MRMIP allows subscribers with pre-existing conditions to enroll dependents into MRMIP on the same application. Dependents include, spouse, registered domestic partner, children under the age of 23, adopted child, stepchild, natural child, or child of a domestic partner. However, dependents must meet all the same eligibility requirements except for demonstrating that they have a pre-existing condition. In addition, dependents without pre-existing conditions generally can purchase health coverage in the individual market at much lower rates. Some subscribers with dependents may benefit from differences in premiums or cost sharing in MRMIP, and from the option to enroll a newborn or newly adopted child.

PCIP does not allow subscribers and dependents to be enrolled on the same application. Each individual applying to the PCIP must complete a separate application and meet the PCIP eligibility requirements.

I was previously enrolled in another state or federally administered PCIP program. I moved and want to enroll in California's PCIP program. Can I transfer my eligibility?

- Yes. If you were disenrolled because you no longer reside in that state, you may be able to transfer your eligibility to California's PCIP. We must receive your application within 6 months after you were disenrolled from the other state or federally administered PCIP program. **Make sure** you respond to Section 6 on the Application *(see page A3):*
  - When we ask whether or not you had coverage within the last 6 months, check **"yes."**
  - Then, check the box that indicates you had coverage in **"another PCIP program."**
  - Make sure you identify the state where you previously had coverage.
  - Tell us if you have obtained other health coverage **after** you were disenrolled from the other PCIP program.

- **Provide a copy** of a Certificate of Creditable Coverage Letter issued by the PCIP program from the other state. Make sure the Certificate of Creditable Coverage Letter identifies your start date and end date of coverage with the other PCIP program.

Can I transfer my eligibility from another state's high-risk pool?

Yes. You can transfer eligibility from another state's high-risk pool as long as it was within the past 12 months and it was a similar type of a program.

I am currently enrolled in the MRMIP program. Do I qualify for PCIP?

No. If you are currently enrolled in the MRMIP, you **do not** qualify for the PCIP program. The PCIP requires that individual not have health coverage for at least 6 months.

I am currently enrolled in Medi-Cal. Do I qualify for MRMIP?

Yes, you may qualify for MRMIP as long as you meet all of the program requirements but you should carefully consider the cost of MRMIP coverage. MRMIP subscribers are responsible for paying their monthly premiums, annual deductible, cost sharing and copayments for covered services.

What if I do not qualify for MRMIP right now, but will be eligible for MRMIP coverage soon? Can I apply for deferred enrollment?

Yes. If you currently do not qualify for MRMIP, but will be eligible in the near future, you may apply for "deferred enrollment." Deferred enrollment is appropriate when you currently have health coverage (i.e. COBRA, Cal-COBRA, or employer coverage), but your health coverage will be ending sometime in the future. If you want to apply for deferred enrollment, complete the information on the Application (page A2, section 4). You must provide a copy of a letter, showing that your current health coverage will terminate. The letter must be issued from a health insurance carrier, health plan, health maintenance organization, or an employer plan. The letter **must** specify the **exact date** when your current coverage will end. ***Deferred enrollment is not allowed for temporary health insurance policies.***

If the MRMIP places you on deferred enrollment status, you will be enrolled in the MRMIP once you become eligible for the program.

Make sure you still send in your initial premium payment with your application. Your payment will be refunded to you, if your MRMIP eligibility for deferred enrollment is more than 60 days from the date your complete application was received.

Which providers are available in PCIP?

The **PCIP** PPO Provider Network has contracted with a wide variety of health providers throughout the state. Go to **www.pcip.ca.gov** to find out what providers are available through the PCIP PPO Network. Then, click on the "Providers" tab.

Which plans are available in MRMIP?

MRMIP benefits and services are delivered through licensed health plans (Anthem Blue Cross, Contra Costa Health Plan and Kaiser). *(See MRMIP Benefits Chart on pages 14 – 19.)* Each plan has its own in-network providers. To find a provider for a specific MRMIP health plan, call the plans directly.

Once I am enrolled, when can I access my health care coverage?

When you are enrolled in **PCIP**, we will send you a letter informing you when your start date of coverage begins. You can access your health care benefits once your start date of coverage begins.

When you are enrolled in **MRMIP**, we will send you a letter informing you when your start date of coverage begins. You may be subjected to either the pre-existing condition exclusion or the post enrollment waiting period. (See page 22 for more information about the exclusion/waiting period.)

Is dental and vision care included?

No. There is no dental or vision coverage in **PCIP** or **MRMIP**. If you need this coverage, you will need to obtain it separately.

I am currently enrolled in MRMIP and also have other health care coverage. How does MRMIP coordinate benefits with my other insurance?

Your **MRMIP** health plan will coordinate coverage of benefits with any other health coverage you have. The MRMIP is secondary to other insurance coverage. By State law, MRMIP will only pay after your other insurance has paid (not including Medi-Cal or other types of State programs). MRMIP will not duplicate other coverage you have (whether you use it or not).

What is a MRMIP pre-existing condition exclusion?

MRMIP subscribers enrolled in a Preferred Provider Organization (PPO) have to **wait 3 months after** their start date of coverage to begin receiving health care benefits related to their "pre-existing condition." The MRMIP PPO plan is Anthem Blue Cross.

During the first 3 months, **no benefits or services related to a pre-existing condition are covered**. However, other types of benefits and services may be covered during this period. Subscribers are required to pay monthly premiums during the pre-existing condition exclusion.

What is a MRMIP post-enrollment waiting period?

MRMIP subscribers enrolled in a Health Maintenance Organization (HMO) have to **wait 3 months before** they begin receiving any health care benefits (including any pre-existing condition treatment). **No benefits or services are provided to subscribers during the post-enrollment period and no premiums are paid for this period.** MRMIP will inform subscribers when the post-enrollment period begins and ends. The premium payment included with the application will be applied towards your first month of MRMIP coverage, after the post-enrollment waiting period ends.

MRMIP HMO plans are Kaiser Permanente (Northern & Southern California) and Contra Costa Health Plan.

I previously had other health coverage or was on the MRMIP waiting list. Can I waive all (or part) of the MRMIP pre-existing condition exclusion or post enrollment waiting period?

Yes, you can waive all (or part) of the MRMIP exclusion/waiting period if **one** of the following occurs:

- You are on the MRMIP waiting list for 180 days or longer. The exclusion/waiting period will be completely waived.
- You previously had health coverage (including Medicare and Medi-Cal) and you apply for the MRMIP **within 63 days** from the date your insurance ended.
- You previously had health coverage and it ended because of **one** of the following:
  - Loss of employment,
  - Employer stopped offering health coverage, or
  - Employer stopped making contributions towards the health coverage.

    You must apply for MRMIP **within 180 days** from the date your health coverage ended.
- You received health coverage from a similar high-risk program in another state within the last 12 months. The MRMIP exclusion/waiting period will be completely waived.

On page A2 of the Application, make sure you tell us that you would like to waive all (or part) of the exclusion/waiting period. Send us a letter issued from your previous health insurance carrier, health plan, health maintenance organization, or an employer health plan. The letter **must** identify the name of the previous insurance company or plan and the start and end dates of coverage.

Please note: Dependents age 18 years or younger qualify for a full MRMIP pre-existing condition exclusion or post enrollment waiting period waiver.

How do I get a copy of a MRMIP Evidence of Coverage and Disclosure Form booklet?

Each health plan has an Evidence of Coverage and Disclosure Form booklet. Contact the plans directly to obtain a copy. The plans' contact information is shown on page 14.

How can I appeal a PCIP eligibility decision?

If you think PCIP made a mistake, you can send a **first level appeal**. The first level appeal must be filed in writing within thirty (30) days from the date of the PCIP decision. Send PCIP a letter, telling us the factual or legal reasons why you think the decision is wrong, for example that PCIP made a factual error or violated a law or program policy. Or, you can complete an Appeals Form which you can download from the PCIP website at **www.pcip.ca.gov**. Then, click on the "Downloads" tab. Include any other information you think will be helpful in the review. Write your Member Number on every document you send us. PCIP cannot review a decision over the telephone. Once PCIP receives your written appeal or Appeal Form, PCIP will send you a letter telling you the results of the review and any right to additional appeals.

Please note: PCIP eligibility appeals are available only to dispute PCIP's:
1) enrollment decisions (decisions about whether a person is eligible)
2) decisions about a person's effective date of enrollment; **or**
3) disenrollment decisions.

You can send your first level appeal to:

Pre-Existing Condition Insurance Plan
P.O. Box 537032
Sacramento, CA 95853-7032
Or fax to: 1-877-430-0843. (The fax number is free.)

If the first level appeal is denied, you will be notified of your right to request **a second level appeal** to the Executive Director of the Managed Risk Medical Insurance Board (MRMIB). The MRMIB is the state agency that administers and oversees the PCIP. The second level appeal must be filed in writing within thirty (30) days

of the first level appeal decision. Send a letter, telling us the factual reason why you think the decision is wrong. Include any other information you think will be helpful in the review. Write your Member Number on every document you send us.

You can send your second level appeal to:

Managed Risk Medical Insurance Board
P.O. Box 2769
Sacramento, CA 95812-2769
Or fax to: 916-327-6560

If the second level appeal is denied, you have the right to submit a written request for an **Administrative Hearing**. At the administrative hearing, the prior decisions and appeal will be reviewed by an Administrative Law Judge from the Office of Administrative Hearings. This is the final PCIP level of administrative appeal. The administrative hearing must be filed in writing within thirty (30) days from the date of the second level decision. You will need to send a letter, stating the factual or legal reasons for the appeal. You will be notified, in writing, of the date, time, and place of the administrative hearing, at least ten (10) days prior to the date of the hearing. Please include any other information you think will be helpful in the final level of appeal. Write your Member Number on every document you send us.

You can send your request for an Administrative Hearing to:

Managed Risk Medical Insurance Board
P.O. Box 2769
Sacramento, CA 95812-2769
Or fax to: 916-327-6560

How can I appeal a MRMIP decision?

The MRMIP is a State program and the subscriber's rights and obligations will be determined under Part 6.5, Division 2, of the California Insurance Code and the Title 10, California Code of Regulations, Chapter 5.5, MRMIP Regulations.

Applicants or subscribers may file an appeal with the Managed Risk Medical Insurance Board (MRMIB) on the following issues:

- Any action or failure to act which has occurred in connection with a participating health plan's coverage,
- Determination of an applicant's or dependent's eligibility for the MRMIP,
- Determination to disenroll a subscriber or dependent, and
- Determination to deny a subscriber's request or to grant a participating health plan's request to transfer the subscriber to a different health plan.

An appeal must be filed in writing within 60 calendar days of the action, failure to act, or receipt of notice of the decision being appealed to:

Managed Risk Medical Insurance Board
Benefits Division
P.O. Box 2769
Sacramento, CA 95812-2769

Or fax to: 916-327-6560

Include any other information you think will be helpful in MRMIB's review. Write your Health Care Identification Number (HCID) or Subscriber Number on every document you send us.

MRMIB cannot review a decision over the telephone. Once MRMIB receives your written appeal, MRMIB will send you a letter telling you the results of the review and any right to additional appeals.

Can I appeal health benefit decisions in the PCIP program?

Yes. Subscribers have the right to appeal if a health care service is delayed, denied, reduced, modified, or terminated in full or in part by the plan. The first level of appeal is an internal appeal with PCIP. If you are unhappy with the results of your appeal, you can request additional levels of appeal. For exact terms and conditions, refer to the Summary Plan Description booklet.

How do I resolve a dispute with my MRMIP health plan?

If a subscriber is dissatisfied with any action (or inaction) of the health plan, the subscriber should first attempt to resolve the dispute with the participating plan. The subscriber must follow the plan's established policies and procedures in resolving dispute.

Who can I call if I have more questions?

For questions on the **PCIP**, you can give us a call at **1-877-428-5060**, Monday through Friday 8:00AM – 8:00PM or, on Saturday from 8:00AM – 5:00PM. The call is toll free! Or, you can go to our website at **www.pcip.ca.gov**. Additional program information and Frequently Asked Questions are available on our website.

For **MRMIP**, please call **1-800-289-6574**, Monday through Friday 8:30AM – 7:00PM. The call is toll free! Or, you can go to our website at **www.mrmib.ca.gov**. Additional program information and Frequently Asked Questions are available on our website.

P.O. Box 2769
Sacramento, CA 95812-2769
1-916-324-4695

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or visit **www.pcip.ca.gov**.

For MRMIP questions, call **1-800-289-6574**
Monday through Friday 8:30 AM – 7:00 PM
or visit **www.mrmib.ca.gov**.