



MISSISSIPPI COMPREHENSIVE
HEALTH INSURANCE
RISK POOL ASSOCIATION
P. O. Box 13748, Jackson, Mississippi 39236

Have you or someone you know been turned down for health insurance?

The Mississippi Comprehensive Health Insurance Risk Pool Association may be able to help.

“We’re here for you.”



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■ *What Is The Mississippi Comprehensive Health Insurance Risk Pool Association?*

The Mississippi Comprehensive Health Insurance Risk Pool Association (the “Association”) is not an insurance company. The Association is a nonprofit legal entity created pursuant to the Mississippi Comprehensive Health Insurance Risk Pool Association Act (the “Act”) for the purpose of allowing the availability of a health insurance program and allowing the availability of health and accident insurance coverage to those citizens of the State of Mississippi who, because of health conditions, cannot secure such coverage. The Association also serves Mississippi residents who are eligible individuals under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

■ *Who Is Eligible for Coverage?*

In order to be eligible to obtain coverage from the Association, a person must (a) have an automatically rejectable health condition, or during the 12 months prior to applying for coverage from the Association have been rejected by a licensed insurance company, nonprofit health care services plan or HMO for coverage substantially similar to the Association coverage without material underwriting restriction at a rate equal to or less than the Association plan rate; (b) have been a legal resident of Mississippi for 6 consecutive months prior to application for coverage by the Association; (c) not be eligible for Medicare or Medicaid benefits; (d) not be receiving health care benefits under any federal or state program; (e) not have received \$500,000 in benefits from the Association or any organization similar to the Association; and (f) not have substantially similar coverage under another contract or policy. The residency requirement may be waived with respect to any person who changes his or her domicile to Mississippi and who at the time domicile is established in Mississippi is covered by an organization similar to the Association. Eligibility requirements outlined in (a) and (b) above are not applicable to eligible individuals under HIPAA. (See Limitations and Exclusions.)

Any person whose health insurance coverage is involuntarily terminated for any reason other than nonpayment of premium or fraud and who is otherwise eligible for coverage may apply for coverage with the Association, and if such coverage is applied for within 63 days after the involuntary

termination and if premiums are paid for the entire period of coverage, the effective date of the coverage may be the date of termination of the previous coverage.

The coverage of any person who ceases to meet the eligibility requirements of the Association may be terminated immediately. Any person who terminates coverage with the Association shall not be eligible for coverage unless 12 months have elapsed since the person’s latest termination.

■ *How To Obtain Coverage*

An application for coverage may be obtained through any insurance agent licensed by the State of Mississippi to write health insurance or by contacting the Association. Generally, policies become effective on the first of the month following approval of the application.

A person’s premiums cannot be paid, paid for or reimbursed directly or indirectly under any government sponsored or funded program or by any government agency or health care provider, except as an otherwise qualifying full-time employee, or dependent thereof, of a government agency or health care provider.

■ *Limitations And Exclusions*

The health insurance plan of the Association does not cover everything. For example, it does not cover routine physical examinations or checkups; eyeglasses or the examination for them; hearing aids or the examination for them; routine foot care; cosmetic surgery; dental care, except in cases of accidental injury; routine immunization; or treatment that is experimental or investigative in nature.

Benefits are not provided for any illness or injury where medical advice, care, treatment, consultation or prescribed drugs were recommended during the 6 month period prior to the effective date of the policy until 12 consecutive months have elapsed under the policy. For pregnancy-related benefits, the benefit waiting period is 9 months. No pharmacy benefits are provided for 180 days regardless of whether a condition is preexisting or not preexisting. Eligible individuals under HIPAA and certain other individuals, who lose individual medical policies, will be covered immediately for preexisting conditions, pregnancy related benefits and drugs. Contact the Association directly to determine qualification for waiver of the preexisting condition exclusionary or waiting periods.

The Association shall be payer of last resort of benefits whenever any other benefit or source of third party payment is available. The coverage provided by the Association shall be considered excess coverage, and benefits otherwise payable under the Association coverage shall be reduced by all amounts paid or payable through any other source.

No amounts paid or payable by Medicare, Medicaid or any other governmental program or any other insurance, or self-insurance maintained in lieu of otherwise statutorily required insurance, may be made or recognized as claims under the Association policy or be recognized as or towards satisfaction of applicable deductibles or out-of-pocket maximums or to reduce the limits of benefits available. The Association shall have a cause of action against a policyholder for any benefits paid to the policyholder which should not have been claimed or recognized as claims.

The coverage offered by the Association may be terminated in accordance with the provisions in the policy and the Act. The coverage provided by the Association is directly insured through the Association, and the policy is issued through the Administering Insurer on behalf of the Association.

The information contained in this brochure is general in nature. For complete details of the benefits, limitations, exclusions, definitions and provisions of the health insurance plan, please consult the policy issued by the Association. Any conflicts will be governed by the policy.

Pre-Certification / Certification

All hospital admissions, including psychiatric and emergency admissions, must be pre-certified or certified by the Administering Insurer. The physician and the Administering Insurer will agree to the most appropriate length of stay when inpatient hospitalization is necessary.

Pre-certification is required for all non-emergency hospital admissions.

For emergency admissions, the policyholder must notify the Administering Insurer within 24 hours after hospitalization to certify the emergency admission.

Summary of Benefits

Lifetime Maximum Benefit: \$500,000

Deductible Amount per Benefit Period:
 \$1,000 Medical / \$250 Pharmacy or
 \$2,000 Medical / \$500 Pharmacy or
 \$3,000 Medical / \$500 Pharmacy

Out-of-Pocket Amount per Benefit Period: There is no limit on Out-Of-Pocket Amount under the policy.

Subject to the Deductible Amount, the Association will pay the percentage shown below toward Allowable Charges incurred by the policyholder.

Doctor Visits: 80%

Prescription Drugs: 100%
 (Calendar year maximum is \$100,000)

Generic: 100%

Preferred Brand Name: 80%
 (Less when Generic is available)

Non-Preferred Brand Name: 50%
 (Less when Generic is available)

Hospital Services: 80%

Ambulatory Surgical Facility: 80%
 (Physician Services - M.D. and D.O. only)

Ambulance Services: 80%
 (limited to \$5,000 per calendar year and an aggregate of \$20,000 in Benefits for all Benefit Periods combined)

Durable Medical Equipment: 80%
 (limited to \$5,000 per calendar year and an aggregate of \$20,000 in Benefits for all Benefit Periods combined)

Therapy Services: 80%
 (limited to \$5,000 per calendar year and an aggregate of \$20,000 in Benefits for all Benefit Periods combined)

Benefits for Nervous and Mental Conditions, Alcohol and Drug services and certain other treatment and services are provided with substantial limitations.

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Monthly Premium Rates For Policies With Twelve Month Pre-existing Condition Exclusionary Period

Attained Age	Male Premium Rates			Female Premium Rates		
	\$1,000 Ded. \$250 Pharmacy	\$2,000 Ded. \$500 Pharmacy	\$3,000 Ded. \$500 Pharmacy	\$1,000 Ded. \$250 Pharmacy	\$2,000 Ded. \$500 Pharmacy	\$3,000 Ded. \$500 Pharmacy
under 30	\$232.00	\$203.00	\$174.00	\$262.00	\$234.00	\$201.00
30	\$244.00	\$213.00	183.00	\$272.00	\$243.00	209.00
31	\$255.00	\$223.00	191.00	\$283.00	\$254.00	218.00
32	\$269.00	\$234.00	201.00	\$294.00	\$263.00	226.00
33	\$279.00	\$243.00	209.00	\$303.00	\$272.00	234.00
34	\$290.00	\$254.00	218.00	\$313.00	\$278.00	240.00
35	\$304.00	\$265.00	228.00	\$321.00	\$287.00	246.00
36	\$314.00	\$275.00	236.00	\$330.00	\$295.00	254.00
37	\$327.00	\$284.00	244.00	\$339.00	\$303.00	261.00
38	\$334.00	\$290.00	250.00	\$347.00	\$309.00	266.00
39	\$341.00	\$299.00	257.00	\$354.00	\$317.00	272.00
40	\$351.00	\$305.00	262.00	\$362.00	\$322.00	277.00
41	\$358.00	\$312.00	269.00	\$370.00	\$331.00	285.00
42	\$366.00	\$318.00	273.00	\$377.00	\$337.00	290.00
43	\$374.00	\$326.00	281.00	\$386.00	\$342.00	295.00
44	\$381.00	\$333.00	286.00	\$393.00	\$350.00	302.00
45	\$388.00	\$338.00	291.00	\$399.00	\$357.00	307.00
46	\$399.00	\$346.00	297.00	\$406.00	\$364.00	313.00
47	\$406.00	\$352.00	303.00	\$416.00	\$371.00	320.00
48	\$416.00	\$364.00	313.00	\$423.00	\$378.00	325.00
49	\$428.00	\$372.00	321.00	\$434.00	\$388.00	334.00
50	\$439.00	\$383.00	330.00	\$443.00	\$396.00	341.00
51	\$453.00	\$395.00	340.00	\$452.00	\$404.00	348.00
52	\$467.00	\$407.00	350.00	\$463.00	\$412.00	354.00
53	\$482.00	\$421.00	362.00	\$474.00	\$424.00	365.00
54	\$497.00	\$434.00	374.00	\$488.00	\$434.00	374.00
55	\$514.00	\$446.00	384.00	\$501.00	\$448.00	386.00
56	\$529.00	\$460.00	396.00	\$518.00	\$462.00	397.00
57	\$544.00	\$474.00	407.00	\$532.00	\$474.00	407.00
58	\$559.00	\$489.00	421.00	\$546.00	\$487.00	419.00
59	\$577.00	\$502.00	432.00	\$560.00	\$499.00	429.00
60	\$591.00	\$517.00	444.00	\$574.00	\$514.00	442.00
61	\$607.00	\$529.00	455.00	\$588.00	\$524.00	451.00
62	\$623.00	\$542.00	467.00	\$601.00	\$536.00	461.00
63	\$639.00	\$556.00	478.00	\$617.00	\$550.00	474.00
64	\$656.00	\$569.00	489.00	\$631.00	\$564.00	485.00

Premium rates increase each year as a policyholder gets older. Premium rates also may increase from time to time for all policyholders based upon the experience of the plan.

Monthly Premium Rates For Policies Issued With Immediate Coverage For Pre-existing Conditions

THIS OPTION IS ONLY AVAILABLE IF YOU QUALIFY. SEE PAGE 5 OF APPLICATION.

Attained Age	Male Premium Rates			Female Premium Rates		
	\$1,000 Ded. \$250 Pharmacy	\$2,000 Ded. \$500 Pharmacy	\$3,000 Ded. \$500 Pharmacy	\$1,000 Ded. \$250 Pharmacy	\$2,000 Ded. \$500 Pharmacy	\$3,000 Ded. \$500 Pharmacy
under 30	\$309.00	\$264.00	\$227.00	\$347.00	\$304.00	\$260.00
30	\$324.00	\$278.00	\$238.00	\$362.00	\$316.00	\$270.00
31	\$339.00	\$289.00	\$247.00	\$377.00	\$330.00	\$283.00
32	\$356.00	\$304.00	\$260.00	\$390.00	\$343.00	\$293.00
33	\$372.00	\$316.00	\$270.00	\$404.00	\$354.00	\$302.00
34	\$386.00	\$330.00	\$283.00	\$415.00	\$363.00	\$311.00
35	\$403.00	\$344.00	\$294.00	\$426.00	\$374.00	\$320.00
36	\$418.00	\$359.00	\$307.00	\$440.00	\$385.00	\$330.00
37	\$433.00	\$371.00	\$317.00	\$449.00	\$395.00	\$338.00
38	\$444.00	\$380.00	\$324.00	\$461.00	\$403.00	\$345.00
39	\$454.00	\$388.00	\$332.00	\$471.00	\$414.00	\$354.00
40	\$465.00	\$396.00	\$339.00	\$481.00	\$421.00	\$361.00
41	\$476.00	\$407.00	\$348.00	\$490.00	\$431.00	\$369.00
42	\$487.00	\$416.00	\$355.00	\$501.00	\$439.00	\$375.00
43	\$496.00	\$425.00	\$363.00	\$512.00	\$447.00	\$382.00
44	\$506.00	\$432.00	\$370.00	\$522.00	\$458.00	\$391.00
45	\$517.00	\$442.00	\$378.00	\$530.00	\$465.00	\$398.00
46	\$529.00	\$451.00	\$386.00	\$541.00	\$473.00	\$405.00
47	\$539.00	\$460.00	\$393.00	\$552.00	\$483.00	\$413.00
48	\$554.00	\$473.00	\$405.00	\$562.00	\$494.00	\$422.00
49	\$569.00	\$486.00	\$416.00	\$577.00	\$506.00	\$434.00
50	\$583.00	\$501.00	\$428.00	\$588.00	\$516.00	\$442.00
51	\$602.00	\$515.00	\$440.00	\$601.00	\$528.00	\$452.00
52	\$620.00	\$530.00	\$453.00	\$615.00	\$538.00	\$460.00
53	\$640.00	\$548.00	\$468.00	\$630.00	\$552.00	\$473.00
54	\$661.00	\$567.00	\$484.00	\$648.00	\$567.00	\$484.00
55	\$683.00	\$582.00	\$498.00	\$666.00	\$584.00	\$499.00
56	\$703.00	\$601.00	\$514.00	\$688.00	\$603.00	\$515.00
57	\$723.00	\$618.00	\$529.00	\$707.00	\$618.00	\$529.00
58	\$743.00	\$637.00	\$545.00	\$725.00	\$636.00	\$544.00
59	\$765.00	\$655.00	\$560.00	\$743.00	\$651.00	\$557.00
60	\$786.00	\$673.00	\$576.00	\$764.00	\$669.00	\$572.00
61	\$806.00	\$689.00	\$589.00	\$780.00	\$683.00	\$584.00
62	\$828.00	\$708.00	\$606.00	\$799.00	\$700.00	\$599.00
63	\$849.00	\$725.00	\$620.00	\$819.00	\$717.00	\$614.00
64	\$870.00	\$744.00	\$636.00	\$840.00	\$736.00	\$630.00

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