



Colorado Health Insurance Buy-In Application Form

Have you always wanted commercial health insurance but couldn't afford the premiums?

If you are eligible, the HIBI Program provides payment to you if you are unable to cover the cost of your premium.

Participants benefit from having both Health First Colorado (Colorado's Medicaid Program) and commercial health insurance coverage.

Commercial health insurance may provide access to:

- » Specific services not covered by Health First Colorado;
- » Specialists from a wider network of doctors; and
- » Healthcare for a non-Health First Colorado policyholder

Once enrolled, how does it work?

- » Policyholders will receive monthly payments for the cost of their Health First Colorado dependent's commercial health insurance premium.
- » Health First Colorado members can visit either participating Health First Colorado providers or non-Health First Colorado providers and receive reimbursements for deductibles, coinsurance, and co-pays. To be reimbursed, send in proof of payments and explanations of benefits from the insurance company.
- » Health First Colorado members will continue to receive Health First Colorado benefits for as long as they are found categorically eligible.

1. Do you or someone in your family currently have or have access to a commercial health insurance plan through a job or through COBRA? If yes, select the type of health insurance plan you have coverage under:

- Individual
 Individual + Child(ren)
 Individual + Spouse
 Family

2. Complete the following information regarding the policyholder or the person who has a job.

Policyholder's Name:	Policyholder's Date of Birth:
Policyholder's Social Security Number:	Policyholder's E-mail:
Policyholder's Phone Number:	Other Phone Number:

3. Complete the following information regarding the health insurance plan and your current employer.

Policy Number:	Group Number:	Name of Employer:
Insurance Carrier:	Phone Number:	Employer Telephone:

4. What is the premium for this policy (if known)? \$_____ These premiums are deducted/paid:

- Weekly
 Every other week
 Twice a month
 Monthly
 Every three months
 Other

5. List everyone in your household covered by your policy, including Health First Colorado clients (Use extra paper if necessary).

Name	Medicaid ID Number	Social Security Number	DOB	Medical Condition (diabetes, asthma, etc.)	Is this person pregnant?	Relationship to policyholder

6. Direct Deposit (Check box to sign up for Direct Deposit): If accepted onto the Colorado HIBI program, I would like to participate in the Direct Deposit program. By doing so, Colorado HIBI will deposit my payments into my checking or savings account, and I will not receive a paper check. If I am not accepted into the program, Colorado HIBI will properly discard my banking information. You have the option to sign up for Direct Deposit after it is determined that you are eligible. Please provide a copy of your voided check or bank letter with this application (deposit slips are not acceptable).

Bank Name: _____ Routing #: _____ Checking Account #: _____

7. Employer Contact (Check box if you agree): The Colorado HIBI program has permission to contact my employer to verify employer information that is necessary to process my Colorado HIBI application.

8. Applicant's Agreement: The information you provided will be used to determine whether you are eligible for Colorado HIBI. By signing below, you are agreeing that the information provided on this form is true and complete to the best of your knowledge.

Signature: _____ Date: _____

Send your completed application to Colorado HIBI, 1550 Larimer St. #1000, Denver, CO 80202 or fax it to 855.226.4424. If you have any questions, call us toll-free at 855-MyCOHIBI (855.692.6442).



Applying for Colorado HIBI benefits is easy! Just complete the application inside of this brochure and send by:

Toll-free fax:
855.226.4424

Mail:
Colorado HIBI Program
1550 Larimer St., Box #1000
Denver, CO 80202

OR

Submit an online application at:
www.MyCOHIBI.COM

- Also submit for eligibility determination:**
- » Copy of insurance card - front and back
 - » Benefits Summary
 - » Employer's health insurance rate sheet
 - » Proof of Premium Payment

Do you need help filling out your Colorado HIBI application?

Call us toll-free at 855.MyCOHIBI or 855.692.6442, Monday through Friday between 8:00am-5:00pm.



The Colorado Health Insurance Buy-In Program

A program for Health First Colorado members

Do you need help with health insurance costs? Complete the application inside or apply online at www.MyCOHIBI.com.



To be eligible for Colorado HIBI, your application must show:

- » You and/or one or more of your dependents are on Health First Colorado and
- » A family member is currently enrolled in or has access to commercial health insurance.

