

**Notice to Terminating Employees  
Health Insurance Premium Payment (HIPP) Program**

The California Department of Health Care Services administers the HIPP program, which is an optional premium reimbursement program under Medi-Cal. If you have recently lost your job and qualify for Medi-Cal benefits, or you are the parent or guardian of someone who qualifies for Medi-Cal benefits, you may be eligible to receive payment for your private insurance premium and cost-sharing. In order to qualify for the HIPP program, you must meet all of the following conditions:

1. You must have full scope Medi-Cal coverage;
2. You must have a private insurance policy (also referred to as “other health coverage”), a Consolidated Omnibus Budget Reconciliation Act (COBRA) or CAL-COBRA continuation policy, or a COBRA Conversion policy at the time of application for Medi-Cal benefits;
3. You must have a medical condition covered under your existing other health coverage, and you must have received treatment for the medical condition within 90 days of application to the HIPP program;
4. Your other health coverage must be cost-effective to Medi-Cal. This means that the sum of your premium and cost-sharing obligations must be less expensive than the cost that Medi-Cal would pay for your care.

In addition, you **do not** qualify to participate in the HIPP program if **any** of the following apply:

1. You are not enrolled in Medi-Cal.
2. You do not have full scope Medi-Cal coverage.
3. You are enrolled in Medicare.
4. You are enrolled in a Medi-Cal managed care plan.
5. A court has ordered a non-custodial parent to provide medical insurance to you or your child (if your child is the HIPP applicant).
6. You, or a policyholder under which you are insured as a dependent, is fully reimbursed for your premiums and/or cost-sharing obligations by a third party.

7. Your other health coverage is not cost-effective to Medi-Cal.
8. You do not meet all of the eligibility requirements of the HIPP program.

If you meet all the conditions listed above, you may apply online at  
<http://dhcs.ca.gov/hipp>.

If you have questions about how to apply for Medi-Cal benefits, you may contact your local Medi-Cal county office directly at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

If you have questions about Medi-Cal managed care plans, you may contact the Medi-Cal Managed Care Ombudsman at (888) 452-8609 or by email at [MMCDOMBUDSMANOFFICE@dhcs.ca.gov](mailto:MMCDOMBUDSMANOFFICE@dhcs.ca.gov).

**For Persons Who Have an Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome (AIDS) Disability**

The Department of Public Health administers the Office of AIDS HIPP (OA-HIPP) Program. The OA-HIPP program pays monthly health insurance premiums for eligible California residents with a HIV/AIDS diagnosis. This program is available to individuals with health insurance who are at risk of losing it, as well as to individuals currently without health insurance who would like to purchase it. For information, please call (844) 421-7050.