

Bulletin Number: MSA 07-08

Distribution: MIChild Manual Holders
Local Health Departments
MIChild Administrative Contractor (MAXIMUS)
MIChild Health and Dental Plans
DHS Central Office

Issued: February 1, 2007

Subject: Increase in Cost of Premium for MIChild Enrollment

Effective: April 1, 2007

Programs Affected: MIChild

Section 1673 of Public Act 330 of 2006 requires an increase in the MIChild premium from the current monthly premium of \$5.00 per family per month to \$10.00 per family per month. This change will be effective April 1, 2007.

Section 3.9 and Section 7.1 of the MIChild manual will be updated to reflect the premium change effective April 1, 2007.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the MIChild Manual and website located at, www.michigan.gov/mdch >> Health Care Coverage >> Children & Teens >> MIChild.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Paul Reinhart, Director
Medical Services Administration