2023-2024 Benefit Guide

LAUREL PUBLIC SCHOOLS

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Laurel Public Schools strives to provide you and your family with a comprehensive and valuable benefits package.

We want to make sure you're getting the most out of our benefits—that's why we've put together this benefits guide.

Laurel Public Schools invests significant resources into our faculty and staff's health and wellbeing. We hope you will take the opportunity to carefully review these benefits and take advantage of the services offered to you and your family.

Elections you make during open enrollment will become effective on September 1. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

New plan changes effective September 1, 2023.

- Laurel Public Schools will be changing health plan carriers from EBMS to Blue Cross Blue Shield of Montana
- Only two medical plan options will be offered — a traditional PPO $1,500 deductible plan and a $3,000 high deductible health plan (HDHP)
- Pharmacy benefit manager will be Prime Therapeutics mail order will be through Express Scripts Pharmacy; specialty medications will be through Accredo
- MIRX Pharmacy will no longer be available
- MICARE services will no longer be offered

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Open Enrollment

Open enrollment for medical, dental, vision, and life insurance is held annually in May. During this time period, employees will have the option to make changes to their current benefits for the new plan year.

Open Enrollment Process

Open enrollment will be May 15 - 25. This year, all employees will be required to meet one-on-one with an American Fidelity representative to make benefit elections.

During open enrollment, employees can:

- Enroll/drop coverage in the medical, dental, vision, or voluntary life plans
- Add/drop dependents' coverage
- Change your medical plan election
- Complete flex elections for the plan year (September 2023 through August 2024)
- Complete HSA elections for 2023 - 2024

Upon initial hire, employees will work with the Laurel Public Schools benefits personnel to make elections.

Life Insurance

- Changes will be made through the HR department
- Change of beneficiary — life insurance beneficiary form
- Increasing voluntary life insurance — evidence of insurability and Mutual of Omaha enrollment form

WHEN CAN I MAKE CHANGES?

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

Marriage, divorce, or legal separation

Birth or adoption of a child

Change in child's dependent status

Death of a spose, child, or other qualified dependent

Change in residence

Change in employment status or a change in coverage under another employer-sponsored plan

Your Benefits Plan

Laurel Public Schools is pleased to offer a comprehensive benefits program to our valued employees.

In the following pages, you will learn more about the benefits Laurel Public Schools offers. You will also see how choosing the right combination of benefits can help protect you and your family's health and financial future.

CARRIER	PLAN	WEBSITE	PHONE #
Blue Cross Blue Shield of Montana	Medical	www.bcbsmt.com	(800) 447-7828
Delta Dental	Dental	www.deltadentalins.com	(800) 521-2651
VSP	Vision	www.vsp.com	(800) 877-7915
Mutual of Omaha	Life, AD&D, Disability	www.mutualofomaha.com	(877) 999-2330
Mutual of Omaha	EAP	www.mutualofomaha.com/eap	(800) 316-2796
MDLive	Telemedicine	mdlive.com/bcbsmt	(888) 684-4233
American Fidelity Assurance Company	HSA, Flex, Voluntary Benefits	**HSA** www.afhsa.com **Flex, Annuity, & Voluntary Benefits** www.afadvantage.com	**Local Contact: Mike Brame** mike.brame@americanfidelity.com (206) 939-3459 **HSA**: (800) 662-1113 **Flex**: (800) 325-0654 **Annuity**: (800) 662-1106 **Voluntary**: (800) 323-3748
Laurel Public Schools	Human Resources	www.laurel.k12.mt.us	**Peggy Pollock** peggy_pollock@laurel.k12.mt.us **Maggie Lowell** lpspayroll@laurel.k12.mt.us
Leavitt Group	Benefits Contact	www.leavitt.com/greatwest	**Cindy Zipperian** cindy-zipperian@leavitt.com (406) 443-1060 **Erin Weenum** erin-weenum@leavitt.com (406) 281-7970

Medical Insurance

INSURED BY: BLUE CROSS BLUE SHIELD OF MONTANA

Pharmacy Benefit Manager (PBM) - Prime Therapeutics

BENEFIT		TRADITIONAL 1500	HDHP 3000
Pre-Tax Savings		**Flex**	**H.S.A.**
Deductible		$1,500 individual $3,000 family	$3,000 individual $6,000 family
Coinsurance		80/20%	100/0%
***Out-of-Pocket Max** *includes deductible & copays*		$3,500 individual $7,000 family	$3,000 individual $6,000 family
Primary Care Visit		$0 copay	deductible + coinsurance
Specialist Office Visit		$35 copay	
Emergency Room		$100 copay	deductible + coinsurance
Preventative Care		Covered 100% — deductible waived	
PRESCRIPTION BENEFITS			
Deductible		$150; waived for generics	Subject to medical plan deductible
Generic		$0	
Preferred		$40	
Non-Preferred		60% to $200	
Specialty	**Formulary**	$100 $200	
	Non-Formulary		
Mail Order		2 times retail copay for 90-day supply	

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Express Scripts Pharmacy Mail Order

INSURED BY: EXPRESS SCRIPTS PHARMACY

Express Scripts Pharmacy delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in the line for your prescriptions to be filled.

Online and Mobile

You have more than one option to fill or refill a prescription online or from a mobile device:

- Visit **express-scripts.com/rx**. Follow the instructions to register and create a profile. See your active prescriptions and/or send your refill order.
- Log in to **myprime.com** and follow the links to Express Scripts Pharmacy.

Over the Phone

Call 833-715-0942, 24/7, to refill, transfer a current prescription, or get started with mail order. Please have your member ID card, prescription information, and doctor's contact information ready.

Through the Mail

To send a prescription order through the mail, visit bcbsmt.com and log in to Blue Access for Members. Complete the mail order form. Mail your completed prescription order form and payment to Express Scripts Pharmacy.

Talk to Your Doctor

Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines. You can ask your doctor to send your prescription electronically to Express Scripts Pharmacy, call 888-327-9791 for faxing instructions, or call the pharmacy at 833-715-0942. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

Refills Are Easy

Refill dates are shown on each prescription label. You can choose to have Express Scripts Pharmacy remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

Other Option

You also can use Ridgeway Pharmacy. This independent company, located in Victor, Montana, provides mail order services for our members. Visit their website at **ridgewayrx.com** for more info.

QUESTIONS?

Visit **bcbsmt.com**. Or call the phone number listed on your member ID card.

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Specialty Medications

ACCREDO

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to Accredo. To start using Accredo, call 833-721-1619. An Accredo representaticve will work with your doctor on the rest.

Once registered, you can manage your prescriptions on accredo.com or through the mobile app.

RECEIVING SPECIALTY MEDICATIONS

Since many specialty drugs have unique shipping or handling needs, shipments will be arranged with you through Accredo. Medications are shipped in plain, secure, tamper-evident packaging.

Before your scheduled fill date, you will be contacted to:

- Confirm your drugs, dose, and the delivery location
- Check any prescription changes your doctor may have ordered
- Discuss any changes in your condition or answer any questions about your health

ONE-ON-ONE SUPPORT

Accredo has 15 Theraputic Resource Centers (TRCs), each focused on a specific specialty condition. Through your one-on-one counseling sessions, they'll discuss how to reduce your disease progression and achieve your treatment goals, manage any side effects from your drugs, help you stick to your regimen, and monitor your progress. They can also offer support with any financial or insurance concerns you may have.

*Certain coverage exclusions and limits may apply based on your health plan. For some medicines, members must meet certain criteria before prescription drug benefit coverage may be approved. Check your benefit materials for details, or call the customer service number listed on your ID card with questions.

Virtual Medical Visits with MDLive

ROUND-THE-CLOCK CARE FROM ANYWHERE

You want fast help when you and your loved ones need medical or behavioral heath care. As a Blue Cross and Blue Shield of Montana (BCBSMT) member you have access to virtual visits where the doctor is always in. Get 24/7 non-emergency care from board-certified doctors and therapists through the phone, online video, or mobile app.

Use MDLive's virtual visits for non-emergency conditions, pediatric care, and behavioral health issues.

Virtual visits are a convenient, cost-effective alternative for the treatment of more than 80 health conditions, including:

- Allergies
- Cold and flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual visits with licensed behavioral health therapists can provide services including:

- Diagnostic assessment
- Ongoing counseling
- E-prescribing
- Ongoing medication management
- Care coordination

Activate Your MDLIVE Account Today:

- Call MDLIVE at 888-684-4233
- Go to MDLIVE.com/bcbsmt
- Text BCBSMT to 635-483
- Ongoing medication management
- Download the MDLIVE app to your phone

Dental Insurance

INSURED BY: DELTA DENTAL

We offer a choice between two dental plans. You can choose the Base Dental PPO or upgrade to the Buy-Up Dental PPO.

BENEFIT DESCRIPTION	PREVENTIVE COVERAGE		BUY-UP COVERAGE	
Deductible	$50 individual	$150 family	$50 individual	$150 family
Maximum Annual Benefit	$500		$1,500	
Preventive Services	100%		100%	
Basic	50%		80%	
Major	0%		50% — no waiting period	

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Vision Insurance

INSURED BY: VSP

All employees and dependents enrolled in the medical plan are automatically enrolled in the vision plan.

BENEFIT DESCRIPTION		PREVENTIVE IN-NETWORK COVERAGE	BUY-UP IN-NETWORK COVERAGE	FREQUENCY OF SERVICE
Exam		$10	$10	12 months
Lenses (single, bifocal, trifocal, lenticular)		20% discount on lenses/frames 15% discount lens fitting and evaluation	Covered in full after $25 copay	12 months
Frames			$130 allowance + 20% off balance	12 months
Contacts	**Elective**	Not available	$130 allowance	12 months (in lieu of glasses)

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Employee Rates

All rates are shown as 12-month payroll cycle deductions. Please contact the HR department for alternative payroll cycle calculations.

Laurel Public Schools currently contributes $745 to each employee's benefit package. The contribution is applied in this order: base dental, base vision, with any remaining funds applying to medical premiums.

Basic life, AD&D, and long-term disability is paid for by Laurel Public Schools.

MEDICAL	HDHP 3000	TRADITIONAL 1500
Single	$730.98	$851.34
Two Party	$1,112.59	$1,300.94
Employee + Child(ren)	$1,069.59	$1,249.23
Family	$1,459.57	$1,710.04
Medicare 1-Party	$545.37	$632.53
Medicare 2-Party	$889.91	$1,039.15

DENTAL	PREVENTIVE DENTAL	BUY-UP DENTAL
Employee	$18.30*	$49.37
Employee + Spouse	$35.75	$95.34
Employee + Child(ren)	$61.05	$121.58
Employee + Family	$78.51	$167.55

** All premiums will be reduced by employee preventive dental rate.*

VISION	PREVENTIVE VISION	BUY-UP VISION
Employee	$2.41*	$15.09
Employee + Spouse	$3.85	$24.15
Employee + Child(ren)	$3.93	$24.65
Employee + Family	$6.34	$39.74

** All premiums will be reduced by employee preventive vision rate.*

Life and AD&D Insurance

INSURED BY: MUTUAL OF OMAHA

	COVERAGE
Life Amount	$15,000
AD&D Amount	$15,000
Benefit Reduction	75% at age 65 / 50% at age 70

**Paid for by Laurel Public Schools out of the base benefit.*

Long-Term Disability Insurance

INSURED BY: MUTUAL OF OMAHA

	COVERAGE
Maximum Monthly Benefit	60% of pre-disability earnings, up to $5,000 per month
Elimination Period	90 days
Maximum Benefit Duration	Social Security Normal Retirement Age

**Paid for by Laurel Public Schools out of the base benefit.*

Voluntary Life and AD&D Insurance

INSURED BY: MUTUAL OF OMAHA

BENEFITS	EMPLOYEE	SPOUSE	DEPENDENT
Increments	$10,000	$5,000	$1,000/$5,000/$10,000
Guarantee Issue	$130,000	$50,000	$10,000
Benefit Maximum	$500,000	$250,000 (not to exceed 50% of employee amount)	$10,000 (not to exceed 50% of employee amount)
Age Reduction	33% - 70	33% - 75	19 years/25 if full-time student

**Employee pays premiums.*

Health Savings Account

ADMINISTRATOR: AMERICAN FIDELITY

	2023
Employee Only	$3,850
Employee +1 or more	$7,750
Age 55+ Catch-up Contribution	$1,000

What is an HSA?

A Health Savings Account is an individually owned, earnings-bearing account to help pay for future qualified medical expenses with tax-free dollars.

Where do I open my HSA?

It is up to you to determine where you would like to open your Health Savings Account. Most banks have the option and if you choose your employer-sponsored program through American Fidelity, you can contribute to your HSA on a pre-tax basis through payroll deductions.

What expenses are eligible for reimbursement?

HSA dollars may be used for qualified medical expenses incurred by the account holder and his/her spouse and IRS dependents. Qualified medical expenses are outlined within IRS Section 213(d) which states that “the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness.”

WHO QUALIFIES?

An HSA owner must be enrolled in an HSA-elgible High Deductible Health Plan (HDHP). You cannot be enrolled in Medicare or another plan that is not qualified, or a tax dependent on someone else’s taxes.

HOW DO I MANAGE MY HSA?

Your HSA is your account and the dollars are your dollars. Since you are the account holder, you manage your HSA account. You may choose when to use your HSA dollars or when not to use your HSA dollars. HSA dollars pay for any eligible medical expense.

In addition to qualified medical expenses, the following insurance premiums may be reimbursed from an HSA:

- COBRA premiums
- Health insurance premiums while receiving unemployment benefits
- Qualified long-term care premiums
- Any health insurance premiums paid, other than for a Medicare supplemental policy, by individuals ages 65 and over

Are dental and vision care considered qualified medical expenses under an HSA?

Yes, as long as these are deductible under the current rules. For example, cosmetic procedures, like cosmetic dentistry, would not be considered qualified medical expenses.

Can I use my HSA dollars for non-eligible expenses?

Money withdrawn from an HSA account to reimburse non-eligible medical expenses is taxable income to the account holder and is subject to a 20% tax penalty. The exception to this rule is if the account holder is over age 65, disabled, or upon death of the account holder.

When can I start using my HSA dollars?

You can use your HSA dollars immediately following your HSA account activation and once contributions have been made.

When do I contribute to my HSA account, and how often?

You, your employer, or others can contribute to your HSA account through payroll deductions or as a lump-sum deposit. You can contribute as often as you like, provided you and your employer's total annual contributions do not exceed the contribution limits shown above.

What if I have HSA dollars left in my account at the end of the year?

The money is yours to keep. It will continue to earn interest and will be available for you and your healthcare costs next year. Any dollars left in your HSA account at year-end will automatically roll over.

What happens to my HSA dollars if I leave my employer?

The funds are yours to keep! It is your account and you manage it as you see appropriate.

Can I use my money in my account to pay for my dependents' medical expenses?

You can use the money in the account to pay for the medical expenses of yourself, your spouse, and your dependents. You can pay for expenses for your spouse and dependents even if they are not covered by your HDHP.

Who qualifies as a dependent?

A person generally qualifies as your dependent for HSA purposes if you claim them as an exemption on your Federal tax return. Please see IRS publication 502 for exceptions. **www.IRS.gov/Pub/irs-pdf/**.

Can couples establish a "joint" account and both make contributions to the account, including "catch-up" contributions?

"Joint" HSA accounts are not permitted. Each spouse should consider establishing an account in his or her own name. This allows you to both make catch-up contributions when you are 55 or older.

Flexible Spending Account

ADMINISTRATOR: AMERICAN FIDELITY

Medical Flex Spending Accounts offer the opportunity to pay for known healthcare expenses on a pre-tax basis and are available to those that enroll in the Traditional PPO (not HSA-qualified) Plan. The maximum annual contribution you can make to the medical FSA is $3,050. The amount you choose to contribute is an irrevocable annual election without a qualifying event. The annual amount elected is deducted in equal installments via payroll on a pre-tax basis, but the entire amount is available at the beginning of each year. This is a use-it-or-lose-it account, so be sure to estimate your expenses accordingly.

Dependent Care Flex offers the opportunity to pay for qualified daycare on a pre-tax basis in the same fashion as the medical FSA. The maximum annual contribution to this account is $5,000. The purpose is to allow you to pay for qualified child care, elder care, or handicapped dependent care required while you or your spouse are employed. This is also a use-it-or-lose-it plan.

REMINDER: Debit card users are still required by the IRS to submit proof of flex claims.

Visit **www.AmericanFidelity.com/MyMoneyFaster** to learn more about:

- Submitting flex claims online
- Submitting receipts for debit card swipes (IRS requirements)
- Getting your flex reimbursements faster
- All your flex plan options

Voluntary Benefits

ADMINISTRATOR: AMERICAN FIDELITY

American Fidelity offers the following voluntary benefits:

- Short-Term Disability
- Long-Term Disability
  - Only for benefit-eligible employees not covered by the Mutual of Omaha group long-term disability policy
- Long-Term Care
- 403B Annuities
- Cancer
- Accident

Employee Assistance Program (EAP)

ADMINISTRATOR: MUTUAL OF OMAHA

You and your household dependents have access to confidential counseling at no cost to you through the Mutual of Omaha Employee Assistance Program. The program is there to assist you with personal concerns such as stress, anxiety, grief, and relationship and family counseling.

Mutual of Omaha

(800) 316-2796
www.mutualofomaha.com/eap

- 24/7 hotlines
- 3 in-person counseling visits per household per year

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Contact Information

Questions regarding any of this information can be directed to:

LAUREL PUBLIC SCHOOLS
BENEFIT ADMINISTRATION

Maggie Lowell
lpspayroll@laurel.k12.mt.us

Peggy Pollock
peggy_pollock@laurel.k12.mt.us

LEAVITT GREAT WEST

Cindy Zipperian
cindy-zipperian@leavitt.com

Erin Weenum
erin-weenum@leavitt.com

Confidentiality Disclosure

Important Legal Notices Affecting Your Health Plan Coverage

The Womens Health Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: $4000/$8000 deductible, 100%/0% coinsurance.

Newborns Act Disclosure–Federal

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, HIPAA Special Enrollment Rights require your plan to allow you and/or your dependents to enroll in your employer's plans (except dental and vision plans elected separately from your medical plans) if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days (60 days if the lost coverage was Medicaid or Healthy Families) after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. Other mid-year election changes may be permitted under your plan (refer to "Change in Status" section). To request special enrollment or obtain more information, contact your Human Resources representative.

"HIPAA Special Enrollment Opportunities" include:

- COBRA (or state continuation coverage) exhaustion
- Loss of other coverage (1)
- Acquisition of a new spouse or dependent through marriage (1), adoption (1), placement for adoption, (1) or birth (1)
- Loss of state Children's Health Insurance Program coverage (e.g., Healthy Families) (60-day notice) (1)
- Employee or dependents become eligible for state Premium Assistance Subsidy Program (60-day notice)

Premium Assistance Under Medicaid and The Childrens Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office, dial 1-877-KIDS NOW, or visit www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Wellness Program Disclosure

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call us at the telephone number listed at the end of this document and we will work with you to develop another way to qualify for the reward.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your state for more information on eligibility.

ALABAMA – MEDICAID	MINNESOTA – MEDICAID	SOUTH CAROLINA – MEDICAID
Website: www.myalhipp.com Phone: (855) 692-5447	Website: www.dhs.state.mn.us/ Phone: (800) 657-3739	Website: www.scdhhs.gov Phone: (888) 549-0820
ALASKA – MEDICAID	**MISSOURI – MEDICAID**	**SOUTH DAKOTA – MEDICAID**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: (866) 251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: (573) 751-2005	Website: dss.sd.gov Phone: (888) 828-0059
ARKANSAS – MEDICAID	**MONTANA– MEDICAID**	**TEXAS – MEDICAID**
Website: http://myarhipp.com/ Phone: (855) 692-7447	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: (800) 694-3084 Email: HHSHIPPProgram@mt.gov	Website: https://www.gethipptexas.com/ Phone: (800) 440-0493
CALIFORNIA – MEDICAID	**NEBRASKA – MEDICAID**	**UTAH – MEDICAID AND CHIP**
Website: http://dhcs.ca.gov/hipp Phone: (916) 445-8322 Email: hipp@dhcs.ca.gov	Website: www.accessnebraska.ne.gov Phone: (855) 632-7633	Medicaid Website: medicaid.utah.gov CHIP Website: health.utah.gov/chip Phone: (877) 543-7669
COLORADO – HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) & CHILD HEALTH PLAN PLUS (CHP+)	**NEVADA – MEDICAID**	**VERMONT– MEDICAID**
Website: www.healthfirstcolorado.com Health First Colorado Member Contact Center: (800) 221-3943	Medicaid Website: dhcfp.nv.gov Medicaid Phone: (800) 992-0900	Website: www.greenmountaincare.org/ Phone: (800) 250-8427
FLORIDA – MEDICAID	**NEW HAMPSHIRE – MEDICAID**	**VIRGINIA – MEDICAID AND CHIP**
Website: https://www.flmedicaidtplrecovery.com/ Phone: (877) 357-3268	Website: www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: (603) 271-5218	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: (800) 432-5924
GEORGIA – MEDICAID	**NEW JERSEY – MEDICAID AND CHIP**	**WASHINGTON – MEDICAID**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: (800) 869-1150, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: (609) 631-2392 CHIP Website: www.njfamilycare.org/index.html CHIP Phone: (800) 701-0710	Website: www.hca.wa.gov/ Phone: (800) 562-3022

INDIANA – MEDICAID	NEW YORK – MEDICAID	WEST VIRGINIA – MEDICAID
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: (877) 438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: (800) 457-4584	Website: www.nyhealth.gov/health_care/medicaid/ Phone: (800) 541-2831	Website: www.dhhr.wv.gov/bms/ http://mywvhipp.com/ Phone: (304) 558-1700 CHIP Phone: (855) 699 8447
IOWA – MEDICAID AND CHIP (HAWKI)	**NORTH CAROLINA – MEDICAID**	**WISCONSIN – MEDICAID**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: (800) 257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: (888) 346-9562	Website: www.medicaid.ncdhhs.gov/ Phone: (919) 855-4100	Website: www.badgercareplus.org/pubs/p-10095.htm Phone: (800) 362-3002
KANSAS – MEDICAID	**NORTH DAKOTA – MEDICAID**	**WYOMING – MEDICAID**
Website: www.kdheks.gov/hcf/ Phone: (800) 792-4884 HIPP Phone (800) 766-9012	Website: www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: (844) 854-4825	Website: health.wyo.gov Phone: (800) 251-1269
KENTUCKY – MEDICAID	**OKLAHOMA – MEDICAID AND CHIP**	
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: (855) 459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: (877) 524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.insureoklahoma.org Phone: (888) 365-3742	
LOUISIANA – MEDICAID	**OREGON – MEDICAID**	
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: (888) 342-6207 (Medicaid hotline) or (855) 618-5488 (LaHIPP)	Website: www.healthcare.oregon.gov www.oregonhealthcare.gov Phone: (800) 699-9075	
MAINE – MEDICAID	**PENNSYLVANIA – MEDICAID AND CHIP**	
Enrollment Website: https://www.mymaineconnection.gov Phone: (800) 442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: (800) 977-6740 TTY: Maine relay 711	Website: www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: (800) 692-7462 Chip Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx Chip Phone: (800) 986-5437	

MASSACHUSETTS – MEDICAID AND CHIP	RHODE ISLAND – MEDICAID	
Website: https://www.mass.gov/masshealth/pa Phone: (800) 862-4840 TTY: (617) 886-8102	Website: www.ohhs.ri.gov Phone: (855) 697-4347	

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
(866) 444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
(877) 267-2323, Menu Option 4, ext. 61565

Paperwork Reduction Act Statement

If According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays the valid Office of Management and Budget (OMB) Control Number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by the OMB under the PRA and displays the currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of the collection of information , including suggestions for reducing this burden to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5719, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB control number 1210-0137.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A
GENERAL INFORMATION

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.