

2021

Benefit Summary

Willmar Public Schools





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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Contact Information and Benefit Overview

Contact Information

Benefit	Administrator/Contact	Phone	Website
Medical	Blue Cross Blue Shield MN	(651) 662-8000	https://www.bluecrossmn.com
Dental	Delta Dental	1- 800-448-3815	https://www.deltadentalmn.org/
District Benefits Dept.	Connie Jensen	320-231-8518	jensenc@willmar.k12.mn.us
District Representative	Justin Kroeger	952-918-3944	Justin_kroeger@ajg.com

Benefits Overview

Benefit Plans

- Medical
- Dental

Eligibility

Eligible dependents include your legal spouse and children under age 26.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

Qualifying Event Examples

- Legal marital status change
- Change in number of eligible dependents
- Change in dependent status
- Change in employment status



Medical Plans

Administered by Blue Cross Blue Shield of Minnesota

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Willmar Public Schools. Willmar Public Schools offers you a choice of four (4) medical plans.

Blue Cross Networks

Your medical plan choices with Blue Cross Blue Shield of Minnesota uses the **BCBS AWARE Network**.

Blue Cross Blue Shield of Minnesota—Simply go to your network doctor when you need care. No need to select a primary care clinic, and you don't need referrals to see specialists.

Current provider listings are available at www.bluecrossmn.com/find-a-doctor

Find a Provider/Clinic

To learn more about your provider network, visit www.bluecrossmn.com/find-a-doctor

Enter the group number shown on your member ID card into the group number field before you search

Or Call the customer service number on the back of your member ID card

You can also call Blue Cross Blue Shield of Minnesota Member Services at (651) 662-8000 or 1-800-382-2000.

Definitions

Deductible: The amount you owe for healthcare services your plan covers before it begins to pay. The deductible may not apply to all services, for example preventive care.

Copayment: A fixed amount (for example, \$30) you pay for a covered healthcare service, usually when you receive the service, (for example, office visits, prescriptions, urgent care visits.) The amount can vary by the type of covered healthcare service.

Coinsurance: Your share of the cost for a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. The health insurance or plan pays the rest of the allowed amount.

Out-of-Pocket Maximum: The most you pay during the calendar year before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or healthcare your health insurance or plan doesn't cover.

Medical Plans—Plan 1—\$1,200-100% VEBA

Administered by Blue Cross Blue Shield of Minnesota

Plan 1	\$1,200-100% VEBA	
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Annual Deductible	\$1,200 per individual / \$2,400 per family	\$1,200 per individual / \$2,400 per family
Annual Out-of-Pocket Maximum (Includes deductible)	\$1,200 per individual / \$2,400 per family	\$3,500 per individual / \$6,500 per family
Coinsurance	You pay 0% after deductible	You pay 20% after deductible
Doctors Office		
Preventive Visits	Well-Child Care, Prenatal Care and In Network Preventive services are covered 100%	You pay 20% after deductible
Primary Care Office Visit	You pay 0% after deductible	You pay 20% after deductible
Specialist Office Visit	You pay 0% after deductible	You pay 20% after deductible
Convenience Care	You pay 0% after deductible	You pay 20% after deductible
Diagnostic Test (X-rays/tests, blood work)	You pay 0% after deductible	You pay 20% after deductible
Imaging (CT/PET scans, MRI)	You pay 0% after deductible	You pay 20% after deductible
Hospital Services		
Emergency Room	You pay 0% after deductible	You pay 0% after deductible
Inpatient Services	You pay 0% after deductible	You pay 20% after deductible
Outpatient Surgery	You pay 0% after deductible	You pay 20% after deductible
Mental Health Services / Substance Abuse Services		
Inpatient Services	You pay 0% after deductible	You pay 20% after deductible
Outpatient Services	You pay 0% after deductible	You pay 20% after deductible
Other Services		
Maternity Services (Prenatal and postnatal care)	You pay 0% after deductible No charge for office visits.	You pay 20% after deductible
Prescription Drugs		
Generic Up to a 31-day supply per prescription	You pay 0% after deductible	You pay 20% after deductible
Preferred Brand Up to a 31-day supply per prescription	You pay 0% after deductible	You pay 20% after deductible
Non-Preferred Brand Up to a 31-day supply per prescription	Not covered	Not covered
Specialty Up to a 31-day supply per prescription	You pay 0% after deductible	Not covered

Medical Plans—Plan 2 - \$2,600-80% VEBA

Administered by Blue Cross Blue Shield of Minnesota

Plan 2	\$2,600-80% VEBA	
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Annual Deductible	\$2,600 per individual / \$5,200 per family	\$2,600 per individual / \$5,200 per family
Annual Out-of-Pocket Maximum (Includes deductible)	\$3,500 per individual / \$6,500 per family	\$3,500 per individual / \$6,500 per family
Coinsurance	You pay 0% after deductible	You pay 40% after deductible
Doctors Office		
Preventive Visits	Well-Child Care, Prenatal Care and In Network Preventive services are covered 100%	You pay 40% after deductible
Primary Care Office Visit	You pay 20% after deductible	You pay 40% after deductible
Specialist Office Visit	You pay 20% after deductible	You pay 40% after deductible
Convenience Care	You pay 20% after deductible	You pay 40% after deductible
Diagnostic Test (X-rays/tests, blood work)	You pay 20% after deductible	You pay 40% after deductible
Imaging (CT/PET scans, MRI)	You pay 20% after deductible	You pay 40% after deductible
Hospital Services		
Emergency Room	You pay 20% after deductible	You pay 20% after deductible
Inpatient Services	You pay 20% after deductible	You pay 40% after deductible
Outpatient Surgery	You pay 20% after deductible	You pay 40% after deductible
Mental Health Services / Substance Abuse Services		
Inpatient Services	You pay 20% after deductible	You pay 40% after deductible
Outpatient Services	You pay 20% after deductible	You pay 40% after deductible
Other Services		
Maternity Services (Prenatal and postnatal care)	You pay 20% after deductible Prenatal - No charge for office visits.	You pay 40% after deductible Prenatal - No charge for office visits.
Prescription Drugs		
Generic Up to a 31-day supply per prescription	You pay 20% after deductible	You pay 20% after deductible
Preferred Brand Up to a 31-day supply per prescription	You pay 20% after deductible	You pay 20% after deductible
Non-Preferred Brand Up to a 31-day supply per prescription	Not covered	Not covered
Specialty Up to a 31-day supply per prescription	You pay 20% after deductible	Not covered

Medical Plans—Plan 3 - \$3,500-100% VEBA/HSA

Administered by Blue Cross Blue Shield of Minnesota

Plan 3	\$3,500-100% VEBA/HSA	
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Annual Deductible	\$3,500 per individual / \$7,000 per family	\$3,500 per individual / \$7,000 per family
Annual Out-of-Pocket Maximum (Includes deductible)	\$3,500 per individual / \$7,000 per family	\$3,625 per individual / \$7,250 per family
Coinsurance	You pay 0% after deductible	You pay 20% after deductible
Doctors Office		
Preventive Visits	Well-Child Care, Prenatal Care and In Network Preventive services are covered 100%	You pay 20% after deductible
Primary Care Office Visit	You pay 0% after deductible	You pay 20% after deductible
Specialist Office Visit	You pay 0% after deductible	You pay 20% after deductible
Convenience Care	You pay 0% after deductible	You pay 20% after deductible
Diagnostic Test (X-rays/tests, blood work)	You pay 0% after deductible	You pay 20% after deductible
Imaging (CT/PET scans, MRI)	You pay 0% after deductible	You pay 20% after deductible
Hospital Services		
Emergency Room	You pay 0% after deductible	You pay 0% after deductible
Inpatient Services	You pay 0% after deductible	You pay 20% after deductible
Outpatient Surgery	You pay 0% after deductible	You pay 20% after deductible
Mental Health Services / Substance Abuse Services		
Inpatient Services	You pay 0% after deductible	You pay 20% after deductible
Outpatient Services	You pay 0% after deductible	You pay 20% after deductible
Other Services		
Maternity Services (Prenatal and postnatal care)	You pay 20% after deductible Prenatal - No charge for office visits.	You pay 20% after deductible Prenatal - No charge for office visits.
Prescription Drugs		
Generic Up to a 31-day supply per prescription	You pay 0% after deductible	You pay 20% after deductible
Preferred Brand Up to a 31-day supply per prescription	You pay 0% after deductible	You pay 20% after deductible
Non-Preferred Brand Up to a 31-day supply per prescription	Not covered	Not covered
Specialty Up to a 31-day supply per prescription	You pay 0% after deductible	Not covered

Medical Plans—Plan 4 - \$6350-100%VEBA/HSA

Administered by Blue Cross Blue Shield of Minnesota

Plan 4	\$6350-100%VEBA/HSA	
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Annual Deductible	\$6,350 per individual / \$12,700 per family	\$8,250 per individual / \$16,500 per family
Annual Out-of-Pocket Maximum (Includes deductible)	\$6,350 per individual / \$12,700 per family	\$10,000 per individual / \$20,000 per family
Coinsurance	You pay 0% after deductible	You pay 40% after deductible
Doctors Office		
Preventive Visits	Well-Child Care, Prenatal Care and In Network Preventive services are covered 100%	You pay 20% after deductible
Primary Care Office Visit	You pay 0% after deductible	You pay 20% after deductible
Specialist Office Visit	You pay 0% after deductible	You pay 20% after deductible
Convenience Care	You pay 0% after deductible	You pay 20% after deductible
Diagnostic Test (X-rays/tests, blood work)	You pay 0% after deductible	You pay 20% after deductible
Imaging (CT/PET scans, MRI)	You pay 0% after deductible	You pay 20% after deductible
Hospital Services		
Emergency Room	You pay 0% after deductible	You pay 0% after deductible
Inpatient Services	You pay 0% after deductible	You pay 20% after deductible
Outpatient Surgery	You pay 0% after deductible	You pay 20% after deductible
Mental Health Services / Substance Abuse Services		
Inpatient Services	You pay 0% after deductible	You pay 20% after deductible
Outpatient Services	You pay 0% after deductible	You pay 20% after deductible
Other Services		
Maternity Services (Prenatal and postnatal care)	You pay 20% after deductible Prenatal - No charge for office visits.	You pay 20% after deductible Prenatal - No charge for office visits.
Prescription Drugs		
Generic Up to a 31-day supply per prescription	You pay 0% after deductible	You pay 20% after deductible
Preferred Brand Up to a 31-day supply per prescription	You pay 0% after deductible	You pay 20% after deductible
Non-Preferred Brand Up to a 31-day supply per prescription	Not covered	Not covered
Specialty Up to a 31-day supply per prescription	You pay 0% after deductible	Not covered

Service Coop Wellness Programs



BCBSMN.smartshopper.com

Health Care Cost Incentive Program

Personal Assistant Team at 1-866-285-7452



go.omadahealth.com/mhc

Digital Lifestyle Change Program focusing on Pre-Diabetes & Pre-Heart Disease Prevention



bluecrossmn.sharecare.com

New Member wellbeing solution. Offering a Fitness Incentive Program for BCBS Members



Learntolive.com/partners

Online Mental Health Program available 24/ for ages 13 and over.

Access Code : MHC



doctorondemand.com/bluecrossmn

Online Board-certified doctors are available 24/7, 365 days a year to treat many common medical conditions. You also can schedule next-day appointments to see licensed psychologists



blue365deals.com/bcbsmn

Discounts on fitness gear, gym memberships, healthy eating options and more.

Blue Cross Blue Shield of Minnesota /SWWC

Value Added Services

The following programs are offered at no additional cost by Blue Cross Blue Shield of Minnesota.

bluecrossmn.com/mnservcoop

Access helpful and personalized information on your health plan, review your benefits and manage plan payments, like your deductible usage. You can also order ID cards and access additional information on the resources below.

[Doctor on Demand - doctorondemand.com/bluecrossmn](http://doctorondemand.com/bluecrossmn)

With Doctor On Demand, video visits can be done in just minutes — with no travel time — which means it's quick, it's convenient and it saves money. Board-certified doctors are available 24/7, 365 days a year to treat many common medical conditions. You also can schedule next-day appointments to see licensed psychologists and psychiatrists between the hours of 7am to 10am local time.

Doctor On Demand treats most of the top 20 conditions treated in urgent care centers, including: • Upper respiratory infections • Allergies • Yeast infections • Sports injuries • Travel medicine • Sinus infections • Urinary tract infections • Nausea • Diarrhea • Heartburn • Back pain • Rashes • Strep throat

How Much Does it Cost? • Medical: starting at \$52.80 • Psychology: \$66 (25-minute visit); \$126.50 (50-minute visit) • Psychiatry: \$266.20 (45-minute initial visit); \$114.40 (15-minute follow-up visit)

[Quitting Tobacco and Vaping Program](#)

Get started today at 1-888-662-BLUE (2583)

[Maternity Management Program](#)

If you are expecting, call now to get started at 1-866-489-6948.

Having a baby can be an exciting time - it can also be overwhelming. That's why there's the maternity management program. This program provides one-on-one support from a maternity health coach during and after pregnancy. You'll get personalized advice from a knowledgeable expert to answer all the questions that come with being pregnant.

[Further - Health Care Spending & Saving - hellofurther.com](#)

Further Member Customer Service: 800-859-2144

[Blue 365 - blue365deals.com/bcbsmn](http://blue365deals.com/bcbsmn)

With Blue365, great deals are yours for every aspect of your life, like 20% off at Reebok.com, discounted products through Jenny Craig, or a gym membership for only \$29 a month.

Register now at blue365deals.com/bcbsmn to take advantage of Blue365. It's an online destination featuring healthy deals and discounts exclusively for our members.

Just have your Blue Cross and Blue Shield of Minnesota member ID card handy. In a couple of minutes, you'll be registered and ready to shop. Every week, we will send a special deal straight to your email inbox!



CareLine Service

CareLine services are available 24/7, 365 days a year. You will reach skilled nurses who are specially trained to assess medical conditions and answer questions of all kinds.

Call 612-339-3663 or 1-800-551-0859. TTY: 952-883-5474

BabyLine Phone Service

BabyLine helps expectant and new parents up to six weeks after the baby is born. Nurses help answer questions about mood swings, morning sickness, healthy eating, safe medications and more. Available 24/7, 365 days a year.

Call 612-333-2229 or 1-800-845-9297.

Blue Cross Blue Shield of Minnesota Nurse Navigator Program

When you need help sorting out health and insurance issues, call our Nurse Navigators. They can help guide you through difficult decisions like choosing treatment options. Nurse Navigators will also research and coordinate healthcare based on your benefits and coverage. Available Monday through Friday, 7 a.m. to 7 p.m., CST.

Call 952-967-7985 or 888-324-9722. TTY: 952-883-5127

Behavioral Health Personalized Assistance Line

Talk to professionals who can help when you have questions about mental and chemical health network, benefits and services. Available Monday through Friday, 7:30 a.m. to 5 p.m., CST.

Call (952) 883-5811 or 1-888-638-8787.

Partners in Quitting

Thinking about quitting smoking or smokeless tobacco? Today is the day to turn those thoughts into action! Access a confidential smoking cessation program that is free to Blue Cross Blue Shield of Minnesota members. For more information or to begin registration, call 952-883-7800 or 1-800-311-1052. TTY: 952-883-7498.

Dental Benefits – Delta Dental

Administered by Delta Dental of Minnesota

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Willmar Public Schools dental benefit plan.

	In-Network (Premier or PPO)	Out-of-Network
Calendar Year Deductible Individual/Family	\$25 / \$75 (Waived for diagnostic & preventive services)	\$25 / \$75 (Waived for diagnostic & preventive services)
Annual Plan Maximum	\$1,200 In and Out of Network Combined	\$1,200 In and Out of Network Combined
Preventive and Diagnostic Care	100%	100%
Oral Exam	100%	100%
Dental or Periodontal Cleaning	100%	100%
X-Rays	100%	100%
Fluoride Treatment (Age 18 Max.)	100%	100%
Space Maintainers	100%	100%
Basic Care	70%	70%
Emergency treatment for pain relief	70%	70%
Amalgam (silver) Filings (back teeth)	70%	70%
Prefabricated or stainless steel crown	70%	70%
Composite (white) Filings (front teeth)	70%	70%
Non-surgical periodontics	70%	70%
Endodontics (root canal therapy)	70%	70%
Surgical periodontics	70%	70%
Complex oral surgery	70%	70%
Major Services	50%	50%
Composite (white) Filings (back teeth)	50%	50%
Restorative crowns & onlays	50%	50%
Bridges, dentures & partial dentures	50%	50%
Repair/Re-cementing of crowns & onlays	50%	50%
Orthodontic Services	Not Covered	

Find a Delta Dental Dentist

Want a simple way to keep more cash in your pocket? The next time you visit a dentist, go to one who participates in your plan's network!

To learn more about your provider network, visit <https://www.deltadentalmn.org/find-a-dentist/#/start>

Or, you can call Delta Dental of Minnesota Member Services at **1-800-448-3815**.

Benefit Cost Overview

Medical Insurance: Blue Cross Blue Shield of Minnesota Open Access

Medical: Blue Cross Blue Shield of Minnesota Open Access 2021-2022				
	\$1200-100% V EBA	\$2600-80% V EBA	\$3500-100% HSA/V EBA	\$6350-100% HSA/V EBA
Single	\$799.50	\$600.00	\$617.50	\$492.50
EE + Spouse	\$1,686.00	\$1,269.50	\$1,303.00	\$1,057.00
EE + Child(ren)	\$1,373.00	\$976.00	\$1,005.50	\$772.50
Family	\$2,537.50	\$1,903.00	\$1,953.00	\$1,583.50

Employee contributions are paid via payroll deduction on a pre-tax basis. District contributions and employee cost information is available on the plan contribution matrix at willmarschools.benefithub.com

Dental Insurance: Delta Dental of MN

Dental: Delta Dental of MN 2021-2022			
	Total Monthly Premium	District Contribution	Employee Monthly Cost
Single	\$35.00	Varies by bargaining unit	Varies by bargaining unit
EE + Spouse	\$70.00	Varies by bargaining unit	Varies by bargaining unit
EE + Child(ren)	\$90.00	Varies by bargaining unit	Varies by bargaining unit
Family	\$110.00	Varies by bargaining unit	Varies by bargaining unit

HSA/VEBA: Further

HSA's & VEBA's are funding vehicles which provide a way for employees to pay for healthcare, dental and vision expenses on a tax-free basis. VEBA is an available option with all four of the District's health plan offerings. HSA is only available with Plan #3 (\$3500-100%) and Plan #4 (\$6350-100%). While VEBA's and HSA's are similar in function, there are unique differences and features between them. Please review the information on the next page when considering which fund is right for you.

HSA/VEBA: Further	
District Contribution to HSA/V EBA	Varies: See plan contribution matrix at willmarschools.benefithub.com

Flexible Spending Accounts: Further

Flexible spending accounts allow employees to use pre-tax dollars to pay for dependent day care and/or unreimbursed health care expenses. Eligible expenses must be incurred during the plan year, and unused funds do not carry over from year to year. More information on flexible spending can be found at www.hellofurther.com.

Differences in HSA and VEBA

HSA	VEBA
Allows Employee Contributions	Employer Contributions Only
Tax-Dependents Only	Kids up to age 26
Dependents do NOT need to be Covered on the Plan	Dependents Must be Covered by Group Health Plan
No MnSure Plan Premiums	Allows Individual Plan Premiums
No Medigap Plans	Allows Medigap Plans
Must have "Qualified" Plan	No Plan Requirement
No Medicare/TriCare	Secondary Coverage Okay
Can be Liquidated	Requires Medical Spend-Down
Makes FSA Limited	Allows Full FSA
Both Funds Allow Transition to Beneficiary Upon Death	



Legal Notices

We are required to provide the following notices to all employees upon hire and annually thereafter. In the interest of being environmentally conscious, the District has posted these notices to our District website or they are available by contacting the District's Human Resources Office at 763-600-5013.

Medicare Creditable Coverage Notice

The Medicare Creditable Coverage Notice applies to any Medicare-eligible members enrolled or seeking enrollment on our medical plans. The notice provides documentation that the District health plans provide prescription drug coverage that is expected to pay, on average, as much as the standard Medicare Part D prescription drug coverage. If you are covered on one of the District health plans and later on enroll in Medicare Part D coverage, you will not pay a penalty for the Part D coverage, as long as you do not have a break in your coverage of more than 63 days.

Medicaid and the Children's Health Insurance Program (CHIP) Notice

This notice offers information to help employees and their children who are eligible for our district-sponsored health coverage, but need assistance in paying their health premiums, as well as Special Enrollment periods. The notice gives state contact information for both MN and WI.

Women's Health and Cancer Rights Act Notice

The Women's Health and Cancer Rights Act Notice outlines your coverage required by federal law in the event of a mastectomy.

HIPAA Special Enrollment Rights

If you are waiving coverage under our medical plans, you may have special enrollment rights if you have a qualified status change.

In addition to the above-mentioned annual notices, upon enrollment in our medical, dental and/or life coverage, we are required to send you (and your family) the General Notice of COBRA Continuation Coverage Rights. This notice explains continuation of your coverage and when it may become available to you and/or your family members under the federal COBRA law. It also provides you important information regarding your responsibilities if you were to experience a "qualifying event". For instance, if your dependent child loses eligibility on the District's plan, you must notify Human Resources in writing within 60 days. If you fail to notify the District, your dependent would lose their right to COBRA continuation. This document is important to read so you are aware of the District's and your rights and responsibilities.

Legal Notices

Premium Assistance Under Medicaid and the Children's 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 or dial **1-877-KIDS NOW** or 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-EB SA (3272)**.

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, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: http://dhcs.ca.gov/hipp Health Insurance Premium Payment (HIPP) Program Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584

Legal Notices

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website: https://www.maine.gov/dhhs/ofj/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofj/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

Legal Notices

MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.hcawa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

Legal Notices

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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 a 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 OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a 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 this 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-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



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