



Joliet Public Schools District 86

2018-2019

Open Enrollment and Benefits Information Packet

Open enrollment runs October 1 to November 30, 2018 for HEALTH

Open enrollment runs October 1 to November 16, 2018 for NCPERS

Have questions or need forms?

Log on to

www.joliet86.org/benefits

or call the District Business Office at

(815) 740-3196 ext. 8213

or via email at benefits@joliet86.org

Information included in this Packet:

- Blue Cross and Blue Shield of Illinois (Open Enrollment Applies)*
- Dental Insurance (Open Enrollment Applies)*
- Life Insurance (Open Enrollment Applies)*
- Long Term Disability Insurance (Open Enrollment Applies)*
- IMRF Voluntary Additional Contributions (VAC)**
- NCPERS Voluntary Group Life Plan (Open Enrollment Applies)**
- Employee Assistance Program
- Tax Deferred Retirement Savings – 403(b) and 457(b) Plans
- Notice of Premium Assistance Under Medicaid

**FOR BENEFIT ELIGIBILITY REQUIREMENTS AND DISTRICT CONTRIBUTIONS, PLEASE REFER TO THE WORKING AGREEMENT FOR YOUR POSITION.*

***AVAILABLE FOR IMRF PARTICIPANTS ONLY*

What is Open Enrollment?

- Open enrollment is the **only** opportunity for you to make changes to your health insurance coverage unless there is a relevant qualifying event mid-year and the Business Office is notified and provided with documentation within 30 days of the qualifying event.
- During open enrollment, you may make certain elections and/or changes to your benefits that become effective January 1, 2019.
- Completed forms for health plan enrollment and/or changes must be in the Business Office, located at the District Office, by 4:00 p.m. on Friday, November 30, 2018.

Not making health plan changes?

No forms necessary – your current elections will remain intact.

JOLIET PUBLIC SCHOOLS DISTRICT 86 INSURANCE PLAN

HEALTH INSURANCE

Pre-Tax Premium Deductions

Premium deductions for active employees are made pre-tax. Having your premiums deducted pre-tax generally reduces your state and federal tax liability and maximizes your take-home pay.

FOR BENEFIT ELIGIBILITY REQUIREMENTS AND DISTRICT CONTRIBUTIONS, PLEASE REFER TO THE WORKING AGREEMENT FOR YOUR POSITION. **NEW RATES WILL BE EFFECTIVE 1-1-2019. VISIT www.joliet86.org/benefits/medical FOR RATE INFORMATION AS IT BECOMES AVAILABLE.*

PLAN CHOICES

Joliet Public Schools District 86 offers one District health plan. The plan is a Preferred Provider Network (PPO) and is administered by Blue Cross and Blue Shield of Illinois. A benefits summary of the plan is included in this packet. Information on the plan can be found online at www.joliet86.org/benefits or by contacting the Business Office at (815) 740-3196 ext 8213 or via email at arush@joliet86.org or benefits@joliet86.org.

PLAN CHANGES FOR 2019

There are no anticipated changes to benefits for 2019.

CHANGES ALLOWED DURING OPEN ENROLLMENT

Eligible employees may use this open enrollment opportunity to:

- Enroll in the plan
- Discontinue coverage
- Add or drop dependents

Find the enrollment and changes forms online at www.joliet86.org/benefits or contact the Business Office at (815) 740-3196 ext. 8213. Open enrollment changes will be effective January 1, 2019.

SUMMARY OF BENEFITS COVERAGE (SBC) AVAILABLE

All health plans are required to make a Summary of Benefits Coverage (SBC) available to health plan participants and beneficiaries during open enrollment. Employees, participants and beneficiaries can access the SBC's for the District's Health Insurance Plan by visiting www.joliet86.org/benefits.

NOTICE OF CREDITABLE COVERAGE

You can find the notice of creditable coverage at www.joliet86.org/benefits or by contacting the Business Office at (815) 740-3196 ext. 8213.

BLUE ACCESS FOR MEMBERS

Did you know you can login to Blue Cross Blue Shield and get answers to a number of your questions?



**BlueCross BlueShield
of Illinois**



Blue Access for Members™

Log In

User Name:

[Forgot
user name ?](#)

Password:

[Forgot
password ?](#)

[Login »](#)

New member?

[Register Now »](#)

For questions about the Blue AccessSM for Members Web site:

Internet help desk 888-706-0583, 24 hours a day, 7 days a week.

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[Important Information](#) | [Non-Discrimination Notice](#) | [Contact Us](#)

BAM provides online access to health and wellness information, and as applicable to your plan, the ability to:

- Check the status of a claim and see your claims history
- Sign up to get claim status email alerts
- Confirm who in your family is covered under your plan
- View and print an Explanation of Benefits (EOB) for a claim
- Search for a doctor or hospital in the network
- Select an option to electronically receive information about your plan
- Request a new member ID card or print a temporary ID card
- Make premium payments
- View alerts on ways to manage health costs and get estimates for medical services and prescription drugs
- Get estimates for medical services and prescription drugs

[+]

[Feedback](#)



PrimeMail[®] Delivers

PrimeMail, the mail-service pharmacy trusted by your health plan, delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

Savings

- PrimeMail delivers up to a 90-day supply of long-term medicines. This can reduce what you pay out-of-pocket, and includes free standard shipping.

Convenience

- Prescriptions are delivered to the address of your choice, within the U.S.
- You can order from the comfort of your home – either online, over the phone or through the mail. Or, you can have your doctor fax or e-prescribe your order.
- You can receive up to a 90-day supply of long-term medicine at a time.
- You can ask for refills online or over the phone.
- Plain-labeled packaging protects your privacy.

Service

- You can receive notification by email or phone – your choice – when your prescription is received and when your orders are sent.
- Member service agents are available 24/7.
- Licensed, U.S.-based pharmacists are available seven days a week.
- Choose to receive refill reminder notifications by phone or email.
- Standard delivery is included at no additional cost.
- PrimeMail pharmacies are located in the U.S.

PrimeMail will call or email when your prescription is received, when it ships and when it is due for a refill.



Getting Started with PrimeMail

Existing Prescriptions

You can request that PrimeMail contact your doctor to transition your prescription.

- ▶ Visit bcbsil.com and log into Blue Access for MembersSM (BAM). Click on *My Coverage* tab, *Prescription Drugs* on the left and then *Prime Therapeutics* in the center.
- ▶ Click *Go to MyPrimeMail.com*. Select *Transition Prescriptions from Retail to PrimeMail* and fill out the online form. Or, call PrimeMail at **877-357-7463**.
- ▶ Medicines take about 8 days to deliver after PrimeMail receives approval from your doctor.

New Prescriptions

Mail your prescription or have your doctor fax or e-prescribe.

- ▶ Ask your doctor for a prescription for a 90-day supply of each of your long-term medicines. Or, ask your doctor to fax or e-prescribe your order to PrimeMail. If you need to start your medicine right away, request a prescription for a one-month supply to fill at a local retail pharmacy.
- ▶ To print a PrimeMail New Prescription Order Form, go to bcbsil.com/member/rx_drug_choices.html. From there, select your plan coverage and scroll down to the *Mail Service Program* section. Or, call PrimeMail at **877-357-7463**.
- ▶ Mail your prescription, completed order form and payment to PrimeMail.
- ▶ Medicines take about 8 days to deliver after PrimeMail receives and verifies your order.

Refills Are Easy

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

Online

Visit bcbsil.com to refill a prescription or renew an expired prescription. Log into BAM and click on *My Coverage* tab, *Prescription Drugs* on the left and then *Prime Therapeutics* in the center. Then click *Go to MyPrimeMail.com*. Select *Refill* to choose the medicine you would like to refill.

Over the Phone

Call the PrimeMail automated refill system at **877-357-7463**.

Through the Mail

Complete and mail the Refill Prescription Order Form sent with your order. Remember to allow time for your refill order to be received and processed.

Questions?

To learn more, visit bcbsil.com.

bcbsil.com

PrimeMail is a mail-order pharmacy service operated by Prime Therapeutics LLC, a pharmacy benefit management company. Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with Prime Therapeutics to provide pharmacy benefit management and mail-order pharmacy services. BCBSIL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

PrimeMail is a registered trademark of Prime Therapeutics LLC.

○ **Regular:** No charge ○ **Second business day:** \$15* ○ **Next business day:** \$22* *Additional costs charged to you.

Shipping address must be a physical location.

☐ This is a change of address ☐ This is a one time address ☐ Seasonal address from _____ to _____

☐ Check ☐ Money Order

☐ Use credit card on file, with the last 4 digits of:

Signature _____ Date _____

BCBSIL contracts with Prime to provide pharmacy benefit management and pharmacy services. In addition, contracting pharmacies are contracted through Prime. The relationship between Prime and contracting pharmacies is that of independent contractors. BCBSIL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.

BLUE365 HELPS YOU SAVE \$

Blue365 offers exclusive health and wellness deals to BCBSIL members, including discounts from top national and local retailers on fitness gear, gym memberships, family activities, health eating options and much more. Deals can be found at www.blue365deals.com.

BLUE CROSS AND BLUE SHIELD OF ILLINOIS WELL ONTARGET

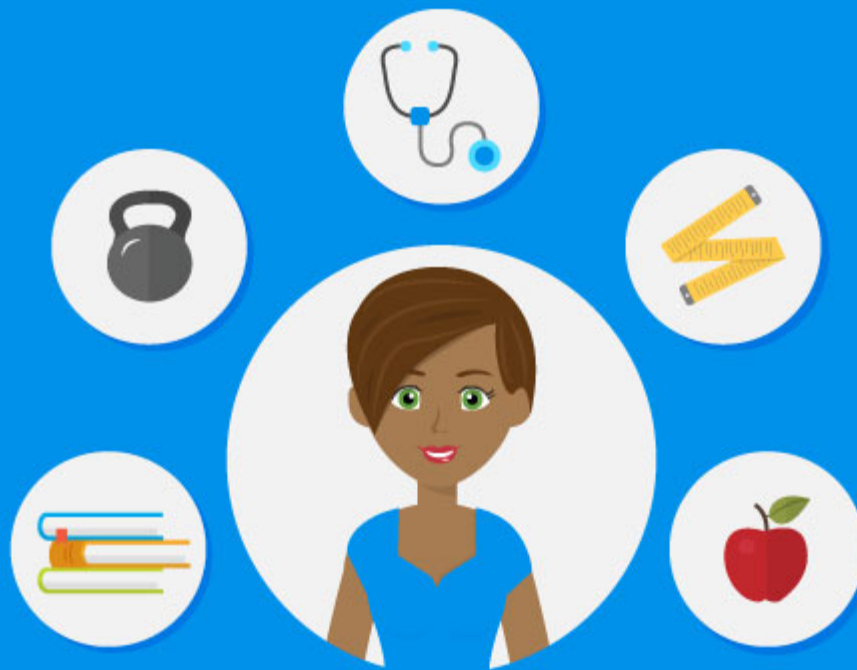
Well onTargetSM — Wellness involves making healthy choices that enrich the mind, body and spirit. Well onTarget is a program designed to give employees the tools and support they need, while rewarding them for making healthy choices. To guide them in making healthy choices, participants will have access to a convenient, secure website which includes a health assessment, interactive tools and information, as well as a point's reward program.

BLUE CROSS AND BLUE SHIELD OF ILLINOIS FITNESS PROGRAM

The Fitness Program is available to plan participants through Well onTarget. When you enroll in the Fitness Program, you get access to an independently contracted network of leading fitness centers, including national and regional chains, participating YMCAs and local exercise facilities for one low price, plus the ability to manage your account and track your fitness center visits online.

The Fitness Program is administered by Healthways, Inc., an independent contractor to Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Oklahoma, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of Texas and Blue Cross and Blue Shield of New Mexico.

Login to your BAM account today and follow the quick links to Fitness Program to get started.



Well onTarget®

Tools and Resources for a Better You

Well onTarget provides Blue Cross and Blue Shield of Illinois members with easy-to-use, personalized tools to get on the path to better health and wellness.

THE MEMBER WELLNESS PORTAL

The heart of Well onTarget is the Member Wellness Portal, which offers a wide array of highly innovative tools and programs:



SELF-DIRECTED COURSES

Offers you easy access to



HEALTH AND WELLNESS CONTENT

Gives you access to a library



TOOLS AND TRACKERS

Provides you with interactive

online courses built to help you learn more about fitness, nutrition, weight management, stress and more

of health information with user-friendly articles

tools like a food and exercise diary and symptom checker

TO ACCESS THE PORTAL, VISIT WELLONTARGET.COM

THE HEALTH ASSESSMENT

As a bonus, you'll have access to the Health Assessment, which takes your answers to personalized questions and provides you with a customized map to your best health.

IT CONSISTS OF **9 MODULES** WITH **QUESTIONS** REGARDING YOUR:



DIET



TOBACCO
USE



PHYSICAL
ACTIVITY

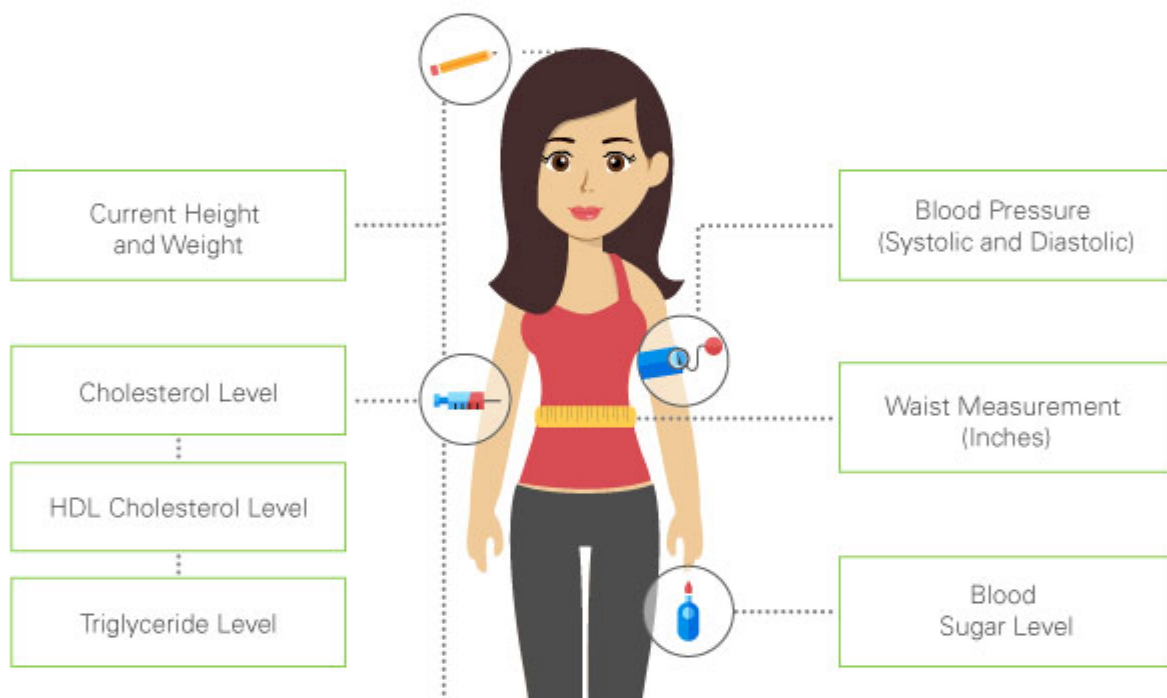


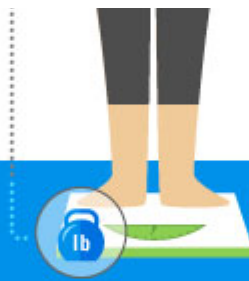
EMOTIONAL
HEALTH



AT WORK AND
ON-THE-GO
HEALTH

BEFORE TAKING THE HEALTH ASSESSMENT, YOU'LL WANT TO HAVE YOUR:





Once the test is complete you'll receive a confidential **Personal Wellness Report**, supplying you with everything you need to know about your health, risks and options.

*You do not need to provide all of the above information in order to complete the Health Assessment. While completing these fields (such as your Cholesterol or Blood Sugar Levels) can help to provide a fuller picture of your health, they are not required.

TO TAKE THE HEALTH ASSESSMENT



Go to
wellontarget.com



Login or register,
if it's your first time



Your **Health Assessment**
is waiting!



Click on
Get Started Now

THE FITNESS PROGRAM

Well onTarget makes fitness fun, easy and affordable. As a Fitness Program member you'll get access to:



A **flexible** membership with
no long-term contract
You pay just \$25/month



Unlimited **access** to a
nationwide network of over
9,000 fitness centers



An online fitness center
locator that makes finding a
location a breeze



Easy online enrollment with
automatic monthly payment
withdrawal



Discounts to a nationwide
network of **40,000** health and
well-being providers

**TO ENROLL, LOG IN TO BLUE ACCESS FOR MEMBERSSM
OR SIGN UP BY PHONE BY CALLING 888-762-BLUE**

Are you ready to enhance your life with **better health and wellness?** Add even more value to your Blue Cross and Blue Shield of Illinois membership today by accessing **Well onTarget** at wellontarget.com.



BlueCross BlueShield of Illinois

bcbsil.com

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Feeling Worried?
Sad? Out of
Control? With
help, you can start
to feel better.



**BlueCross BlueShield
of Illinois**

**Start your path to a healthier
mind and a more balanced life.
Take the first step today.**

To find a behavioral health
provider in your area:

- Go to **bcbsil.com**. Then, click *Find a Doctor or Hospital*.
- Or call the Customer Service number on the back of your member ID card if you need help finding the right provider or have questions about your benefits.

Most people have times when they don't feel their best. But when negative feelings get in the way of normal activities or last a long time, you may need extra support.

The good news is there are many treatments and support systems available. With the right help, you can learn to help control your symptoms and live a full life.

Your health plan includes behavioral health benefits* so you and your covered family members can get the support you may need for issues such as:

- Alcohol and substance abuse
- Anxiety, stress and depression
- Attention deficit disorders
- Bipolar disorder
- Eating disorders
- Panic disorders
- Schizophrenia and other psychotic disorders

Behavioral health professionals from Blue Cross and Blue Shield of Illinois are here to help you learn where and how to get help. Call the Customer Service or behavioral health number on the back of your member ID card to get started.

* The Behavioral Health program is available only to those members whose health plans include behavioral health benefits through Blue Cross and Blue Shield of Illinois. Check your benefit booklet, ask your group administrator or call the Customer Service number on the back of your member ID card to verify that you have these services.

Member communications and information from the program are not meant to replace the advice of health care professionals. Members are encouraged to seek the advice of their doctors or behavioral health specialist to discuss their health care needs. Decisions regarding course and place of treatment remain with the member and his or her health care providers.



**BlueCross BlueShield
of Illinois**



Most people know someone who is dealing with a behavioral health issue. Seeking help is a sign of strength and a first step in getting better.

Need More Help?

The resources on the right may be available to you and your covered family members. Call the Customer Service number on the back of your member ID card or visit **bcbsil.com** to learn more.

Blue Access for MembersSM and Blue Access MobileSM

View coverage details, request ID cards, check claims status or learn about health and wellness from your mobile phone or computer.

24/7 Nurseline

Call a registered nurse toll-free, around the clock. You can also learn about hundreds of health topics through an audio library system.

Well onTarget[®]

This online wellness portal offers a health assessment, online courses (like stress management), tools and trackers, Blue PointsSM rewards and a fitness program. Visit wellontarget.com to learn more.

Lifestyle Management

Get help to lose weight, quit smoking or reduce your risk for developing heart disease, stroke or diabetes.

Care onTarget[®]

Use online tools to learn about health issues like depression and substance abuse. Or, chat with a clinician for extra help managing your condition. To learn more, visit careontarget.com.

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Well onTarget and Care onTarget are registered marks of HCSC.

bcbsil.com

HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

Once the open enrollment period closes, you are generally not able to change your benefit elections mid-year. However, if you declined health and/or dental coverage for yourself or for your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents **lose eligibility** for that other coverage (or if the employer stops contributing toward your coverage or your dependents' coverage). However, you must request enrollment within **30 days** after the date your coverage or your dependents' coverage ends (or after the employer stops contributing toward 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.

To request special enrollment or for more information, contact the Business Office at (815) 740-3196 ext. 8213.

*Documentation is required for each life event within 30 days from the life event.

HIPAA NOTICE OF PRIVACY PRACTICES

A copy of the District's notice of privacy practices is available at any time by visiting www.joliet86.org/benefits calling the Business Office at (815) 740-3196 ext. 8213.

IMRF MEMBERS - NCPERS VOLUNTARY LIFE INSURANCE

SPECIAL OPPORTUNITY TO INCREASE BENEFITS FOR EMPLOYEES OF IMRF

IMRF members who are actively at work are eligible to purchase additional term life insurance through NCPERS. Assuring adequate Life Insurance coverage is an important part of financial planning. A brochure has been posted at www.joliet86.org/benefits to provide you with details of the plan. You are encouraged to review carefully to see if you choose to take advantage of the financial security that this coverage can provide.

You may enroll for this affordable coverage only during the annual open enrollment period beginning October 1 and running through November 30, 2018. Simply fill-in each section of the enrollment form, print, sign and date the printed form and return it to **Angelica Rush at JFK** no later than **November 16, 2018** for payroll deduction beginning December 7, 2018 and coverage effective January 1, 2019. Please keep in mind if you do not enroll now, you will not have another opportunity until the next open enrollment. Enrollment forms can be found at www.joliet86.org/benefits.

While considering enrolling in this valuable coverage, be aware that your insurance is automatically effective, with no medical evidence requirements. Coverage for your eligible dependents is also automatically included in your monthly premium at no additional charge.

IMRF members who already have enrolled for this coverage do not have to do anything to continue their participation in the insurance program.

Additional questions? Please feel free to call HealthSmart Benefit Solutions at (800) 525-8056 or ncpers@healthsmart.com regarding any questions about the coverage or the enrollment process.

AVAILABILITY NOTICE – 403(B) AND 457(B) PLANS

Joliet Public Schools District 86 offers a 403(b) and a 457(b) plan. All employees are eligible to participate in the 403(b) or 457(b) plan. The 403(b) Plan is administered by TSA Consulting Group (TSACG). The 457(b) Plan is administered by The Voyager Group, LTD.

A 403(b) or 457(b) plan is a tax-deferred retirement program that permits an employee to reduce his or her compensation on a pre-tax basis and have the contribution deposited into a 403(b) and/or 457(b) account that the employee sets up with a 403(b)/457(b) vendor. Amounts deposited into a 403(b)/457(b) account and any earnings on those contributions are generally not taxed until the employee makes a withdrawal from his or her account following separation from service with the District.

To enroll in the plan, an employee must establish an account with one of the approved vendors and complete the District's salary reduction agreement form and the vendor's application or enrollment form. Employees may get the necessary forms and/or contact information for the 403(b) plan at <http://www.tsacg.com/individual/plan-sponsor/illinois/joliet-public-school-district-86/> and for the 457(b) plan by contacting The Voyager Group, Ltd <http://www.voyagergrouppltd.com/>. The contribution amount the employee designates in the salary reduction agreement form will continue unless it is modified or revoked in the future.

The District allows employees to start or stop their contribution, increase or decrease their contribution, or change from one authorized 403(b)/457(b) vendor to another upon request at the next available pay date (or as soon as administratively feasible as special rules apply to summer paychecks for 10 month contracted employees).

The contributions limit, set annually by the IRS, is \$18,500 for 2018. Also, if employees are at least 50 years of age by the end of the year, they may qualify for special catch-up provisions.

The District maintains a list of approved 403(b) and 457(b) vendors, at <http://www.tsacg.com/individual/plan-sponsor/illinois/joliet-public-school-district-86/> for the 403(b) plan and <http://www.voyagergrouppltd.com/> for the 457(b) plan. (Employees must establish an account with one of these approved vendors before submitting a salary reduction agreement to start their pre-tax contributions.)

DISCLOSURE TO EMPLOYEES: The District has no liability for any employee's election to participate in the 403(b) or 457(b) plan, employee's choice of vendor(s), or expected tax consequences resulting from participating in the 403(b) and/or 457(b) plan. The District does not provide tax, legal or investment advice and recommends that employees seek advice from professionals who specialize in these areas.

VOLUNTARY ADDITIONAL CONTRIBUTIONS – IMRF PARTICIPANTS ONLY

IMRF's Voluntary Additional Contribution (VAC) program is an easy way to help you save additional retirement income.

Voluntary Additional Contributions:

- Are limited to a maximum of 10% of your IMRF reportable earnings.
- Are after tax, not tax-deferred.
- Are a separate individual account consisting only of your contributions and any interest you earn on them. **Employers do not make any contributions to your VAC account.**
- Accrue interest differently than traditional saving accounts.
- Continue to earn interest for as long as they are left on deposit with IMRF.

To learn more and obtain forms, visit www.joliet86.org/benefits or www.imrf.org.

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-EBSA (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 July 31, 2018. Contact your State for more information on eligibility –

| | |
|--|--|
| ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447 | FLORIDA – Medicaid Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268 |
| ALASKA – 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 | GEORGIA – Medicaid Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507 |
| ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | INDIANA – Medicaid 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: http://www.indianamedicaid.com Phone 1-800-403-0864 |
| COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 | IOWA – Medicaid Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563 |

| | |
|--|--|
| KANSAS – Medicaid | NEW HAMPSHIRE – Medicaid |
| Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512 | Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999 |
| KENTUCKY – Medicaid | NEW JERSEY – Medicaid and CHIP |
| Website: https://chfs.ky.gov Phone: 1-800-635-2570 | 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 |
| LOUISIANA – Medicaid | NEW YORK – Medicaid |
| Website: http://dhhlouisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447 | Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| MAINE – Medicaid | NORTH CAROLINA – Medicaid |
| Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711 | Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100 |
| MASSACHUSETTS – Medicaid and CHIP | NORTH DAKOTA – Medicaid |
| Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825 |
| MINNESOTA – Medicaid | OKLAHOMA – Medicaid and CHIP |
| Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 | Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 |
| MISSOURI – Medicaid | OREGON – Medicaid |
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 | Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 |
| MONTANA – Medicaid | PENNSYLVANIA – Medicaid |
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 | Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462 |
| NEBRASKA – Medicaid | RHODE ISLAND – Medicaid |
| Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178 | Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347 |
| NEVADA – Medicaid | SOUTH CAROLINA – Medicaid |
| Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900 | Website: https://www.scdhhs.gov Phone: 1-888-549-0820 |

Field Code Changed

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| SOUTH DAKOTA - Medicaid | WASHINGTON – Medicaid |
| Website: http://dss.sd.gov Phone: 1-888-828-0059 | Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473 |
| TEXAS – Medicaid | WEST VIRGINIA – Medicaid |
| Website: http://gethipptexas.com/ Phone: 1-800-440-0493 | Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| UTAH – Medicaid and CHIP | WISCONSIN – Medicaid and CHIP |
| Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669 | Website: https://www.dhs.wisconsin.gov/publications/pi/p10095.pdf Phone: 1-800-362-3002 |
| VERMONT– Medicaid | WYOMING – Medicaid |
| Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 | Website: https://wequalitycare.acs-inc.com/ Phone: 307-777-7531 |
| VIRGINIA – Medicaid and CHIP | |
| Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282 | |

To see if any other states have added a premium assistance program since July 31, 2018, 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 12/31/2019)