

SACRAMENTO AREA ELECTRICAL WORKERS HEALTH & WELFARE TRUST FUND

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San Jose, CA 95119/

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Sacramento, CA 95827

Telephone: (916) 923-0666 or (877) 827-4239

Email: info340@uastpa.com

DATE: **November 2020**

TO: **Participants and Dependents**

RE: **2020 ANNUAL NOTICES SACRAMENTO AREA ELECTRICAL WORKERS HEALTH AND WELFARE PLAN ("PLAN")**

The Plan is required to provide you with this Annual Notice under the Patient Protection and Affordable Care Act ("ACA") and other Federal Laws. No action is necessary on your part. It also includes other reminders and is for informational purposes only. Please review the information contained below and share it with your covered dependents. **YOU SHOULD RETAIN THIS DOCUMENT WITH YOUR COPY OF THE PLAN'S SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT.** Depending on the medical option you are enrolled in, you should also review the respective Kaiser, WHA, and Aetna evidence of coverage booklets for more benefit information.

PATIENT PROTECTION & AFFORDABLE CARE ACT REMINDERS

- **No Pre-Existing Condition Exclusions.** Under the ACA, individuals of any age cannot be denied coverage, charged higher premiums, subjected to an extended waiting period, or have their benefits modified because of a pre-existing condition (i.e., medical or mental condition that existed prior to enrolling in the health plan). **Your Plan (including Kaiser, WHA, and Aetna) does not impose any pre-existing condition exclusions.**
- **Out-of-Pocket Maximums.** Under the ACA, Non-grandfathered health plans (such as this Plan) cannot impose an out-of-pocket maximum for in-network benefits that exceeds the statutory limit. For 2020, the federal maximum for self-only coverage is \$8,150 and the maximum for family coverage is \$16,300. This amount is subject to change every year. **This Plan's out-of-pocket maximums are in compliance with the federal thresholds.**
- **Availability of Summary of Benefits & Coverage (SBC).** Under the ACA, Group health plans and Insurers are responsible for providing a Summary of Benefits and Coverage, also known as an SBC, to all eligible Participants and their dependents as well as to all new Participants and their dependents upon enrollment. The SBC provides a summary of what the Plan covers and what it costs and allows you to compare the Plan's benefit options (currently the Kaiser HMO option, WHA Active option, WHA Apprentices option, WHCA CECW option, Aetna Actives option, or Aetna Apprentices option) offered to you and your dependents. You also have the right to request and receive within seven (7) business days a SBC for the Plan. If you want a copy of the Plan's SBC for its Aetna PPO medical option, WHA HMO medical options, or Kaiser HMO medical option and/or more details about your coverage and costs, please contact the Plan Office at 408-288-4433 or 1-877-827-4239. You can also contact Kaiser at (800) 278-3296, WHA at (888) 563-2250, or Aetna at (888) 982-3862 for more information.
- **Coverage of Recommended Preventive Care Services.** Under the ACA, Non-Grandfathered health plans (such as this Plan) must provide coverage for recommended preventive services (including, but not limited to routine medical examinations, office visits, immunizations and screenings) in accordance with the recommendations and guidelines set by the federal government, without imposing any cost-sharing requirement (meaning no co-payment, co-insurance, deductible) for in-network services. Please contact Kaiser at (800) 278-3296, WHA at (888) 563-2250, or Aetna at (888) 982-3862 for more information about your preventive care services.
- **Patient Protections Designation of Providers.** This Plan's HMO benefits provided through Kaiser and WHA generally requires or allows the designation of a primary care provider/pediatrician. You have the right to designate any primary care provider/pediatrician who participates in the HMO network and who is available to accept you or your family members. For information on how to select a primary care provider/pediatrician, and for a list of participating providers, please contact Kaiser at 1-800-278-3296 or visit www.kp.org or contact WHA at (888) 563-2250 or [visit mywha.org/directory](http://visitmywha.org/directory). For the Plan's PPO benefits provided through Aetna you generally

can go to any doctor in the Aetna network and no referrals are required. For information on how to access a doctor, please contact Aetna at (888) 872-3862 or visit www.aetna.com.

You do not need prior authorization from this Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the Plan's Aetna PPO, WHA HMO network, or Kaiser HMO network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology in the Plan's Aetna PPO network, contact Aetna at (888) 872-3862 or visit www.aetna.com. For a list of participating health care professionals who specialize in obstetrics or gynecology in the Plan's Kaiser HMO network, contact Kaiser at 1-800-278-3296. For a list of participating health care professionals who specialize in obstetrics or gynecology in the Plan's WHA HMO network, contact WHA at (888) 563-2250.

- **Patient Protections – Coverage of Emergency Services.** Under the ACA, as a Non-Grandfathered plan, since this Plan provides benefits for emergency services it must cover emergency services without prior authorization and regardless of whether the provider is in-network or out-of-network, and any co-insurance or co-payment imposed on emergency services received out-of-network cannot exceed the amount imposed on emergency services received in-network. Please contact Kaiser at (800) 278-3296 or Aetna at (888) 982-3862 or WHA at (888) 563-2250 for more information or refer to your Kaiser, WHA, or Aetna Evidence of Coverage booklets.
- **Minimum Essential coverage & State Law Requirement (Individual Mandate).** The ACA establishes a minimum value standard of benefits for health plans such as this Plan. The federal individual tax penalty has been reduced to zero under the Tax Cut and Jobs Act of 2017. (This means you will no longer be required to meet the federal individual mandate for 2019 and onward.) Please keep in mind, although the federal individual tax penalty no longer applies, California has its own State Individual Health Insurance mandate that requires California residents to have qualifying health coverage or pay a fee with your state taxes beginning with the 2020 Plan year unless an exception applies. Under the ACA, the minimum value standard is 60% (actuarial value) and multiemployer group health plans (such as this Plan) are considered minimum essential coverage. **As such, the Board of Trustees believes this Plan provides minimum essential coverage and meets the minimum value standard for the benefits it provides. Therefore, no action is necessary for your California mandate purposes as you have adequate coverage through the Plan.**
- **Notice of Nondiscrimination.** The Plan is required by the Affordable Care Act to provide you with this Notice of Nondiscrimination about your rights under the law. The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of their race, color, national origin, age, disability, or sex. If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a written grievance (including an appeal) in person or by mail, fax, or email with the Plan's Civil Rights Coordinator at the contact below. If you have questions on the Plan's grievance procedures or need help filing a grievance, please contact the Plan's Civil Rights Coordinator, Lois H. Chang Esq.

Lois H. Chang (Trust Counsel)
Neyhart, Anderson, Flynn & Grosboll APC
369 Pine Street, Suite 800
San Francisco, CA 94104
T: (415) 677-9440 ext. 196
E-mail: LChang@neyhartlaw.com

COVID-19 Testing Reminders (During Public Health Emergency Period only)

As a reminder, you previously should have received notices regarding temporary coverage of COVID-19 diagnosis and antibody testing subject to federal guidelines during the public health emergency. Please note during the public health emergency period, at this stage, the Plan through its insured carriers (Aetna, WHA, and Kaiser) will cover at no cost-sharing to you only those COVID-19 tests (including antibody tests) that are approved, cleared or authorized by the FDA (or the FDA has authorized the test for emergency use) and a healthcare provider (licensed under applicable law) has determined there is a medical necessity for the test and orders the administration of such test for you and/or your eligible dependent. If the test does not meet federal guidance the Plan/Insurance carrier is allowed to deny reimbursement of the test or charge you the applicable cost-sharing for the non-covered test. Please also further note, the Plan is not required to cover any employer-return to work testing. Any questions about covered COVID-19 testing please contact the Plan Administrator for more information.

HIPAA AVAILABILITY OF THE NOTICE OF PRIVACY PRACTICES

The Plan's Notice of Privacy Practice describes the ways that the Plan uses and discloses your medical information, your rights, the Plan's legal responsibility regarding your medical information, and how you can get access to your health information. **Under federal law, you have the right to request a copy the Plan's Privacy Notice at any time.** The Notice is also automatically provided to you at least once every three years or when there is a material change to the Notice. For a copy, please contact the Plan office at 408-288-4433 or 1-877-827-4239. Please note Kaiser, WHA, and Aetna may have their own versions of their Notice of Privacy Practices too.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Under a federal law known as the Women's Health and Cancer Rights Act of 1998, Group health plans, Insurers (ex. Aetna), and HMOs (ex. Kaiser and WHA) that provide medical and surgical benefits for a mastectomy must provide benefits for reconstructive surgery, in consultation with the attending physician and patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed, including coverage for nipple and areola reconstruction, and repigmentation to restore the physical appearance of the breast;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis, and
- treatment of physical complications at all stages of the mastectomy, including lymphedemas.

This coverage is subject to the Plan's deductibles, coinsurance, and co-payment provisions (consistent with those established for other benefits under the Plan). If you have any questions about whether your Plan covers mastectomies or reconstructive surgery, you may contact the Plan at 408-288-4433 or 1-877-827-4239, or if you are a Kaiser participant, you can contact Kaiser directly at (800) 464-4000 or 1-800-788-0616 (Spanish), or if you are an Aetna participant you can contact Aetna directly at (888) 982-3862. If you are a WHA participant, you can contact WHA at (888) 563-2250.

NEWBORNS AND MOTHERS HEALTH PROTECTION ACT

Group health plans, Insurers (ex. Aetna), and HMOs (ex. Kaiser and WHA) 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 natural birth delivery (vaginal delivery) or less than 96 hours following a cesarean section. However, federal law generally does 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, health care plans may not, under federal law, require that a provider obtain authorization from the Plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours as set forth above).

MEDICARE COORDINATION--YOU ARE REQUIRED TO ENROLL

Medicare is our country's federal health insurance program for people who worked at least ten years in Medicare-covered employment who are age 65 or older, for people under age 65 with certain disabilities, and for people of any age who have End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant). If you are receiving Social Security Disability Income (SSDI) benefits, you generally become eligible for Medicare coverage 24 months after your SSDI benefits begin.

Under the Medicare program, the hospital insurance portion is called Medicare Part A, and the medical insurance portion, such as for the cost of physicians, is called Medicare Part B. Medicare Part A is financed by payroll taxes, and, if you are eligible to receive it based on your own or your spouse's employment, you do not pay a premium. Medicare Part B is partly financed by monthly premiums paid by individuals enrolled for Part B coverage. Most working people are entitled to Medicare Part A when they reach age 65 because either they or a spouse paid Medicare taxes while working.

The Plan coordinates benefits with Medicare as if you are covered under both Medicare Part A (hospital benefits) and Part B (medical benefits). This means you must enroll in **both Medicare Part A and Part B**, as soon as you are eligible for Medicare. If you do not enroll in Medicare (Part A and Part B), the Plan will not make up for the portion of expenses that Medicare would have paid.

Medicare's prescription drug Plan (**Medicare Part D**) is available to Medicare beneficiaries and is part of your coverage if you are enrolled in the Retiree Health and Welfare Plan. If you earn a higher income (above \$87,000 annually for individuals or above \$174,000 annually for married couples), Federal Law requires that you pay an additional premium for your Medicare Part D coverage to the Social Security Administration. **Note: If your income isn't greater than the limits described above, this law does not apply to you.**

This additional premium is called the Income-Related Monthly Adjustment Amount (also known as "IRMAA"). The premium is based on your modified adjusted gross income as reported on your IRS tax return from two years prior (thus, the fee in 2020 will be based on your adjusted gross income on your 2018 tax return). If you must pay a higher premium, Medicare will send you a letter with your premium amounts and the reason for their determination.

For more information on Medicare Part D or IRMAA, please call Medicare at 800/MEDICARE (800/633-4227) or visit www.medicare.gov. TTY users should call 877/486-2048. If you have any questions, please contact the Trust Fund Office at 925/356-8921 ext. 246.

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

If you or any of your eligible family members are now eligible for Medicare Part A and/or enrolled in Medicare Part B (which would make you eligible to enroll in a Medicare prescription drug plan) or will become eligible for Medicare in the next 12 months, please read this Notice carefully and keep it where you can find it. This Notice has information about your current prescription drug coverage with the Sacramento Area Electrical Workers Health and Welfare Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this Notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. The Board of Trustees of the Sacramento Area Electrical Workers Health & Welfare Plan has determined that the prescription drug coverage offered by the Plan is, on average for all Plan participants, expected to payout as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

Medicare prescription drug plans work much like other insurance. You pay a monthly premium as well as a share of the cost of prescriptions. However, the premiums may vary based on the coverage you choose and your geographic location and some Medicare prescription drug plans have "coverage gaps". This means that plans will pay benefits up to a certain amount, and then it will be up to you to pay the full cost for prescription drugs. Then, after you have paid a certain amount of-of-pocket, the plan will start to pay benefits again. Medicare has estimated that the national average premium for 2018 will be approximately \$33.50 per month for the standard plan. This premium is in addition to any premiums and/or deductibles you pay for your Medicare Part A (hospital insurance) and/or Part B (medical insurance) coverage. You can visit the Medicare website to find a Medicare drug plan near you <https://www.medicare.gov/find-a-plan/questions/home.aspx> or call 1-800 MEDICARE (1-800-633-4227).

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you are eligible for Medicare Part D and decide to join a Medicare drug plan during the Medicare open enrollment period, your current coverage under the Sacramento Area Electrical Workers Health and Welfare Plan will be affected. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will not be eligible to receive all of your current health and prescription drug benefits. Unlike a Medicare prescription drug plan, your current coverage covers other health expenses in addition to prescription drugs. As a result, the Board of Trustees, and the advisors to the Plan have concluded that this Plan's prescription drug benefits you currently receive under this Plan provide equal or better coverage, at less cost to you, than the Medicare part D Drug Program benefits. As long as you are eligible for a prescription drug plan that has coverage that is equal to or better than what is offered under Medicare Part D, you are considered to have "Creditable Coverage". Therefore, if at some later date you choose to enroll in Medicare Part D, you will not be charged a late penalty for delayed enrollment.

If you do decide to join a Medicare drug plan and drop your current Sacramento Area Electrical Workers Health and Welfare Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Sacramento Area Electrical Workers Health and Welfare Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage.

Contact the person listed below for further information.

NOTE: You'll get this notice each year as required by law. You will also get it before the next enrollment period you can join a Medicare drug plan, and if this coverage through the Sacramento Area Electrical Workers Health & Welfare Plan changes or terminates. You also may request a copy of this notice at any time by contacting the Plan Office.

For More Information About Your Options Under Medicare Prescription Drug Coverage.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help or visit: <https://www.medicare.gov/contacts/#resources/ships>.
- Call 1-800-MEDICARE (1-800-633-4227) Participants who are deaf, hard of hearing, or speech-impaired should call 1-877-486-2048.

Those with Limited Income and Assets. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (Participants who are deaf, hard of hearing, or speech-impaired should call 1-800-325-0778). While most participants and retirees may find that prescription drug benefits under the Plan are greater than the benefits Medicare Part D provides, those with limited income and assets may find they have better benefits through a Medicare Part D plan.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 2020
Date of Entity/Sender: Sacramento Area Electrical Workers Health & Welfare Plan
Contact: Sandy Stephenson
Address: 6800 Santa Teresa Blvd, Suite 100
 San Jose, CA 95119
Phone Number (408)288-4440

As in all cases and situations, Sacramento Area Electrical Workers Health and Welfare Plan reserves the right to modify benefits at any time, in accordance with applicable law. As required by law, this document is intended to serve as your Medicare Notice of Creditable Coverage.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or the Children’s Health Insurance Program (“CHIP”) and you are eligible for health coverage from your employer, the State you reside in may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs. **If you live in California, California is no longer a state that provides premium assistance to help pay for Medicaid or CHIP coverage. However, the Medi-Cal Program will continue to provide health, dental, and vision benefits to California’s low-income uninsured children. Information is available at www.coveredca.com/medi-cal/.**

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State that provides premium assistance, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you MAY contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in a different state, to find out if the State you reside in provides assistance in paying your health plan premiums, please contact the Plan Office (at the number indicated below) for a list of participating States. To see if any more States have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, you can also contact either:

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

<p>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</p>	<p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
ARKANSAS - Medicaid	GEORGIA - Medicaid
<p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>
CALIFORNIA - Medicaid	INDIANA - Medicaid
<p>Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 916-440-5676</p>	<p>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</p>
IOWA - Medicaid and CHIP (Hawki)	MONTANA - Medicaid
<p>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</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
KANSAS - Medicaid	NEBRASKA - Medicaid
<p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
KENTUCKY - Medicaid	NEVADA - Medicaid
<p>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: KIHIP.PPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900</p>
LOUISIANA - Medicaid	NEW HAMPSHIRE - Medicaid
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>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</p>
MAINE - Medicaid	NEW JERSEY - Medicaid and CHIP
<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:</p>	<p>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</p>

MASSACHUSETTS - Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	NEW YORK - Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA - 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	NORTH CAROLINA - Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI - Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	NORTH DAKOTA - Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	
OKLAHOMA - Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	UTAH - Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON - Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	VERMONT- Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA - Medicaid Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	VIRGINIA - Medicaid and CHIP Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND - Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	WASHINGTON - Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA - Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	WEST VIRGINIA - Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	WISCONSIN - Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS - Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493	WYOMING - Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

Contact your State for more information on eligibility –To see if any other states have added a premium assistance program since JULY 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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