

KAIROS
HEALTH ARIZONA, INC.

2020-2021 BENEFITS

BEAVER CREEK ELEMENTARY SCHOOL DISTRICT NO. 26



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How to use this guide

This guide provides a summary of benefit options to help you make the right decisions for you and your family.

Enrollment Checklist

- CHOOSE YOUR PLAN**
Select a medical program option and decide who you're going to cover.
- MAKE A CONTRIBUTION TO YOURSELF**
If you have the option to enroll in a high deductible health plan (HDHP), don't miss out on making health savings account (HSA) contributions.
- TAKE CARE OF YOUR LOVED ONES**
Review and update beneficiary designations for life insurance benefits as needed.
- ARE YOUR DEPENDENTS STILL ELIGIBLE?**
Confirm that any dependents up to age 26 are still eligible to be enrolled.
- CHOOSE YOUR VOLUNTARY PRODUCTS**
If applicable, review and decide whether or not to elect any voluntary products.

WHAT'S NEW?

1. BCBSAZ has facilities listed as Blue Distinction® facilities in their network. You are required to use a Blue Distinction facility for certain procedures. This now includes gene therapy and transplants.
2. Diabetics can get up to six nutritional counseling sessions per year at no cost!
3. When you use a manufacturer assistance program—like a coupon—for a specialty prescription, that assistance will be applied toward your deductible.
4. Child life insurance is guaranteed at \$10K, with no employee election required.
5. Got vision coverage? Your frame allowance just increased to \$180 every 12 months.
6. HSA allowable contributions are going up, so you can save more money this year. See the HSA section for more info.
7. Don't throw away the medical/prescription ID card you used last year; it will still work this year! If you're new to Kairos, you'll receive a new ID card.
8. EAP now offers video counseling, online support groups, and artificial intelligence chatbots.

Contact Info

Kairos Member Services

for general plan questions

888-331-0222

svc.kairoshealthaz.org

EAP

*for questions about the
Employee Assistance Program*

800-327-3517

eappreferred.com

Blue Cross Blue Shield of Arizona

*for questions about eligibility;
benefits information; medical plan
claims and appeals; precertification*

844-817-4116

azblue.com

MaxorPlus

*for questions about prescription drugs
(retail and mail)*

800-687-0707

maxorplus.com

WHO'S ELIGIBLE FOR BENEFITS?

- ✓ Full-time employees working at least 30 hours per week
- ✓ Part-time employees if your employer allows part-time coverage
- ✓ Active board members or council members, as permitted by their organizations
- ✓ Dependents of enrolled employees, including:
 - lawfully married spouses
 - domestic partners (if allowed by your employer; domestic partner's children are not eligible)
 - dependent children up to age 26
 - unmarried children who are mentally or physically handicapped and fully dependent on the enrolled employee for support and maintenance

THE ELECTIONS MADE DURING THIS ENROLLMENT PERIOD ARE EFFECTIVE FROM

July 1, 2020 to June 30, 2021

WHEN CAN I MAKE A CHANGE?

Employees can make changes or elect benefits once a year during open enrollment. Outside of open enrollment, the IRS says a "qualified life event" must occur.

↶ what's that, you ask?

Below are examples of qualified life events that may make a mid-year change possible:

- ✓ Marriage, divorce, legal separation, or annulment
- ✓ Birth, adoption, placement for adoption, or legal guardianship of a child
- ✓ Death of a dependent
- ✓ Change in your spouse's employment, or involuntary loss of health coverage under another employer's plan
- ✓ Change in your dependent's eligibility status

Losing medical coverage through the marketplace is not considered a qualifying event.

You have 31 days from the time of the qualifying event to make changes to your coverage.



If you have questions about your eligibility or mid-year changes, contact your employer's benefits department or contact Kairos Member Services.

WHAT DOES IT ALL MEAN?!?

Let's break down some health insurance terms and make this easy.

PLAN YEAR DEDUCTIBLE

This is the amount of money you have to pay each year for covered services before your health insurance benefits kick in.

EMBEDDED DEDUCTIBLE

This is a deductible arrangement under which individual family members have their own deductibles—plus there's a deductible for the family as a whole. After an individual meets his or her deductible, the plan begins to pay benefits for that person. Once the family deductible is met, the plan pays benefits for all.

NON-EMBEDDED DEDUCTIBLE

Under this deductible arrangement, the entire family shares a single deductible. This family deductible must be met before the plan begins to pay benefits.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

This is a plan that has a lower monthly premium but a higher annual deductible. It's usually paired with a health savings account (HSA) to help offset costs.

IN-NETWORK VS. OUT-OF-NETWORK

In-network providers are contracted to provide services at a pre-negotiated rate. Out-of-network providers are not. Because of this, staying in-network is usually the best way to save money on your health care.



Watch our Medical Benefits 101 Video:

svc.kairoshealthaz.org/home/Medical_Benefits_101

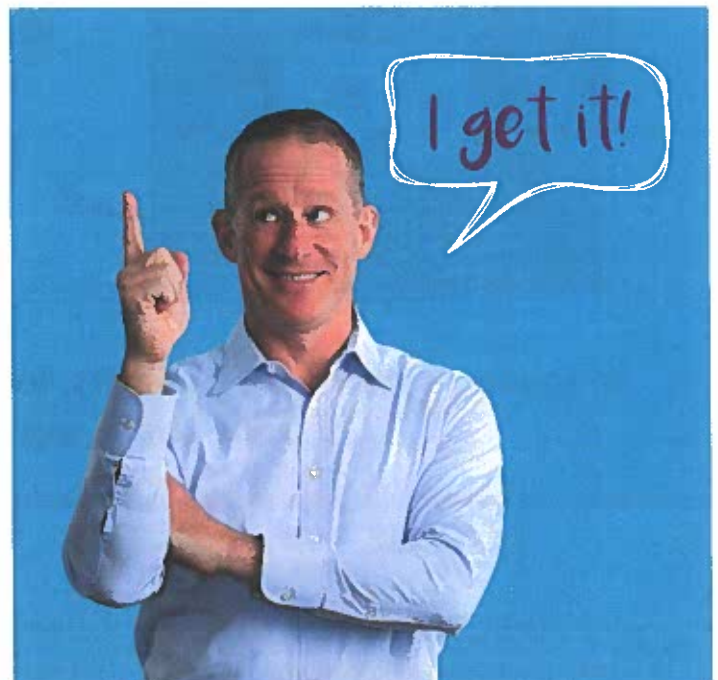
COINSURANCE

This is a percentage of covered medical costs you pay once you meet your deductible. The plan pays the rest.

EXAMPLE: Let's say you've met your deductible. Your recent doctor's visit was \$100, and your coinsurance is 20%. This means your insurance will pay \$80, and you owe the other \$20.

OUT-OF-POCKET MAXIMUM

This is the most you'll pay for care during the plan year. The out-of-pocket maximum puts a cap on healthcare costs if you ever have a major illness or injury.



BENEFITS TO KEEP YOU HEALTHY

PRESCRIPTION DRUGS

When you enroll for medical coverage, you automatically receive prescription drug coverage through MaxorPlus. This benefit allows you to obtain prescriptions from any participating pharmacy listed on the MaxorPlus pharmacy network.

If you choose an HDHP, you'll need to meet the annual deductible before your benefit plan starts paying its share, except for certain preventive medications and medical services not subject to the deductible.

↪ Important Tip!

Get the most from your pharmacy benefits and register now for myMaxorLink. Once you enroll in myMaxorLink, you'll automatically receive information on lower-cost prescriptions, reminders specific to your own coverage, and other important health updates.

Sign up today at mymaxorlink.com/maxorplus or call 800-687-0707. You'll be glad you did!



To manage your plan benefits, log into the MaxorPlus Member Portal. Once there, you can do things like:



View the plan formulary
(a list of prescription medications that may be covered under the plan)



Locate the closest network pharmacy



Order replacement medical/Rx ID cards

BENEFITS TO KEEP YOU HEALTHY



An Independent Licensee of the Blue Cross Blue Shield Association

PREVENTIVE BENEFITS

We want to keep you healthy. So, your plan covers preventive care services for free when you visit an in-network provider. (Out-of-network benefits are covered at 50%.)

Examples of preventive benefits include:

- ✓ Annual wellness visits
- ✓ Blood pressure tests
- ✓ Cancer screenings
- ✓ Cholesterol screenings
- ✓ Hearing exams
- ✓ Contraceptives (generic) for women
- ✓ Well child visits
- ✓ Mammogram screenings
- ✓ Prostate screenings
- ✓ Annual flu shot
- ✓ Colonoscopy screenings (once every 10 years starting at age 50)



BLUECARE ANYWHERE™ TELEHEALTH

With BlueCare Anywhere, you can use your computer or mobile device to conduct a live virtual visit with a board-certified medical professional—any day, anytime, anywhere.

You'll get fast help for non-emergency matters like:

- ✓ Cold and flu symptoms
- ✓ Skin irritations
- ✓ Sprains and strains
- ✓ Stomach bugs
- ✓ Headache
- ✓ Pink eye
- ✓ Sinus infection
- ✓ Sore throat



Log in to your BCBSAZ member portal or download BlueCare Anywhere at the Apple App Store® or on Google Play.™



You can see a full list of preventive and telehealth services on the AZBlue website: bit.ly/azblue-healthresources

TOTAL WELLBEING

Staying healthy is about more than just your annual checkups. That's why your plan offers programs that focus on your total wellbeing.

Healthy Blue

Healthy Blue® is a set of wellness tools, resources, and services to help you and your family live a healthier, more productive lifestyle. With Healthy Blue, you can measure your progress and get the support you need to stay focused on reaching your health goals. Healthy Blue programs include:

- ✓ ShareCare wellness platform with RealAge (live 7/1)
- ✓ 24/7 Nurse On Call
- ✓ One-on-one health and lifestyle coaching by phone or email
- ✓ Blue365®, a discount program for savings on products and services that keep you healthy
- ✓ Condition and care management for complex and unexpected events

Blue 365 and Healthy Blue are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Questions? ↘

**Call 1-877-MY-HBLUE
(1-877-694-2583)
or visit
bit.ly/live-healthy-Kairos**



The Kairos Employee Assistance Program (EAP) offers 24-hour access to confidential counseling services that can help with a variety of everyday issues and challenges. Professional advisors are available to help you and your family with:

- ✓ Stress, anxiety, and minor depression management
- ✓ Family and relationship matters
- ✓ Substance abuse
- ✓ Childcare and elder care resources
- ✓ Legal and financial information and resources
- ✓ Will preparation services

Coverage includes up to six one-on-one counseling sessions per family member, per issue, per year at no cost to you. First responders get up to 12 one-on-one counseling sessions for a traumatic on-the-job event.

↙ *Questions?*

**Call 1-800-327-3517
or visit
eappreferred.com
Username kairos
Password eappreferred**



Questions? 

Call 877-638-7868
or visit
[metlife.com](https://www.metlife.com)

BASIC LIFE INSURANCE

Your employer provides eligible employees with life insurance coverage in the amount of \$50,000 in the event of death or dismemberment. The plan also provides for an accelerated death benefit in the event of a terminal illness.

After you reach age 65, the policy amount is reduced by 35%, to \$32,500, and then reduced again at age 70 by 50%, to \$25,000.

You must designate a beneficiary for the basic life insurance benefit. To update your beneficiary information, please contact your benefits department.



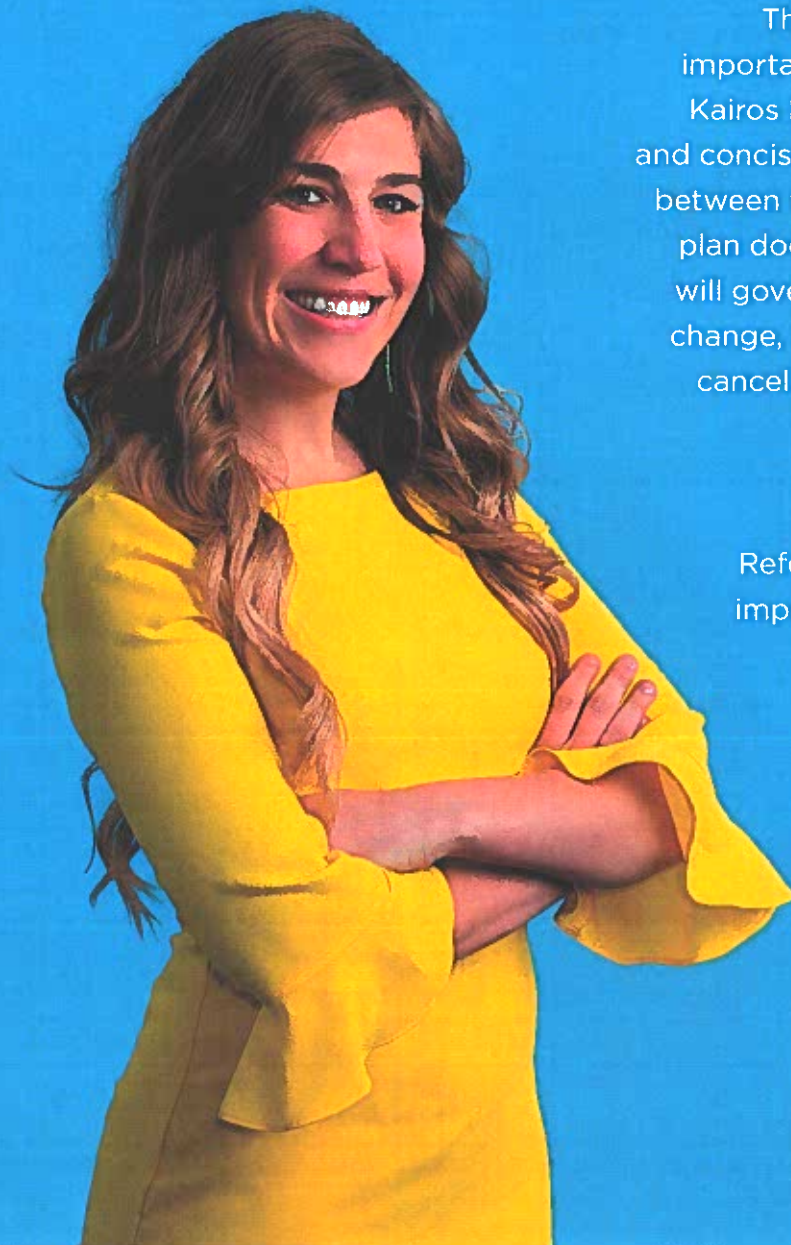
MetLife provides extended support services such as travel assistance, estate resolution, and grief counseling. Please contact MetLife for more information.



THIS GUIDE IS INTENDED ONLY AS A BRIEF DESCRIPTION OF YOUR PLAN BENEFITS

The guide attempts to describe important details and changes to the Kairos health plans in a clear, simple, and concise manner. If there is a conflict between this guide and the wording of plan documents, the plan documents will govern. Kairos retains the right to change, modify, suspend, interpret, or cancel some or all of the benefits or services at any time.

Refer to the following section for important notices and reminders.



MID-YEAR CHANGES TO YOUR HEALTH CARE BENEFIT ELECTIONS

IMPORTANT: After this open enrollment period is completed, generally you will not be permitted to change your benefit elections or add/delete dependents until next year's open enrollment, unless you have a special enrollment event or a mid-year change in status event as outlined below:

Special enrollment event: If you are declining enrollment for yourself or 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 your employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

You and your dependents may also enroll in this plan if you (or your dependents):

- change in number or status of dependents (e.g., birth, adoption, death);
- change in employee's/spouse's/dependent's employment status, work schedule, or residence that affects eligibility for benefits;
- have a Qualified Medical Child Support Order (QMCSO);
- have a change in entitlement to or loss of eligibility for Medicare or Medicaid;
- experience certain changes in the cost of coverage, composition of coverage, or curtailment of coverage of the employee's or spouse's plan; and
- have coverage through Medicaid or a State Children's Health Insurance Program (S-CHIP) and you (or your

dependents) lose eligibility for that coverage. However, you must request enrollment within 60 days after the Medicaid or S-CHIP coverage ends.

- become eligible for a premium assistance program through Medicaid or S-CHIP. However, you must request enrollment within 60 days after you (or your dependents) are determined to be eligible for such assistance.

To request special enrollment or obtain more information, contact Kairos at 888-331-0222.

Mid-year change in status event: Because Kairos pre-taxes benefits, we are required to follow Internal Revenue Service (IRS) regulations regarding whether and when benefits can be changed in the middle of a plan year. The following events may allow certain changes in benefits mid-year, if permitted by the IRS and your employer's respective Section 125 plan, which provides final authority:

- change in legal marital status (e.g., marriage, divorce/legal separation, death);
- change in coverage of the employee's or spouse's plan; and
- changes consistent with special enrollment rights and FMLA leaves.

You must notify the plan in writing within 31 days of the mid-year change in status event by contacting Kairos at 888-331-0222. The plan will determine if your change request is permitted, and if so, changes will become effective prospectively on the first day of the month following the approved change-in-status event (except for the case of newborn and adopted children, who are covered retroactively to the date of birth, adoption, or placement for adoption).

Losing medical coverage through the Marketplace is not considered a qualified life event with Kairos, and you will not be allowed to join the plan mid-year. However, you can drop your Kairos medical coverage to join the Marketplace plan mid-year. You will be required to provide proof of coverage within 31 days of your enrollment.

MEDICARE NOTICE OF CREDITABLE COVERAGE REMINDER

If you or your eligible dependents are currently Medicare-eligible, or will become Medicare-eligible during the next 12 months, be sure you understand whether the prescription drug coverage that you elect through the pool is or is not creditable with (as valuable as) Medicare's prescription drug coverage.

Kairos has determined that the prescription drug coverage under the following prescription drug plan options is "creditable": Core Plan; Copay Plan; \$1,500 HDHP; \$2,500 HDHP; and \$5,000 HDHP.

If you have questions about what this means for you, review the plan's Medicare Part D Notice of Creditable Coverage, which is available from Kairos at 888-331-0222.

PRIVACY NOTICE REMINDER

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires health plans to comply with privacy rules. These rules are intended to protect your personal health information from being inappropriately used and disclosed. The rules also give you additional rights concerning control of your own healthcare information.

This plan's HIPAA privacy notice explains how the group health plan uses and discloses your personal health information. You are provided a copy of this notice when you enroll in the plan. You can get another copy of this notice from Kairos.

DIRECT ACCESS TO PRIMARY CARE PROVIDER (PCP) AND OB/GYN PROVIDER

The medical plans offered by Kairos do not require the selection or designation of a primary care provider (PCP). You have the ability to visit any network or non-network health care provider; however, payment by the plan may be less for the use of a non-network provider.

You also do not need prior authorization from the 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 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, contact Kairos at 888-331-0222.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

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

- all stages of reconstruction of the breast on which the mastectomy was performed;

- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

Plan limits, deductibles, copayments, and coinsurance apply to these benefits. For more information on WHCRA benefits, contact Kairos at 888-331-0222.

COBRA COVERAGE REMINDER

In compliance with a provision of federal law referred to as COBRA continuation coverage, this plan offers its eligible employees and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events).

A COBRA general notice will be mailed to all eligible employees within 90-days of their effective date. Qualified beneficiaries are entitled to elect COBRA coverage when qualifying events occur, and, as a result of the qualifying event, coverage for that qualified beneficiary ends. Qualified beneficiaries who elect COBRA continuation coverage must pay for it at their own expense.

Qualifying event examples include termination of employment for any reasons other than gross misconduct, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce/legal separation, or a child ceasing to be an eligible dependent child.

In addition to considering COBRA as a way to continue coverage, there may be other coverage options for you and your family. You may wish to seek coverage through the Health Insurance Marketplace. (See <https://www.healthcare.gov/>.) In the Marketplace, you could be eligible

for a tax credit that lowers your monthly premiums for Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage or a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible—such as a spouse's plan—if you request enrollment within 30 days, even if the plan generally does not accept late enrollees.

The maximum period of COBRA coverage is generally either 18 months or 36 months, depending on which qualifying event occurred.

In order to have the opportunity to elect COBRA coverage following a divorce/legal separation or a child ceasing to be a dependent child under the plan, you and/or a family member must inform the plan in writing of that event no later than 60 days after the event occurs. The notice should be sent to Kairos via first class mail, and should include the employee's name, the qualifying event, the date of the event, and the appropriate documentation in support of the qualifying event (such as divorce documents).

If you have questions about COBRA, contact BASIC at 877-262-7202.

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.

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 the 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, 2019.
Contact your state for more information on eligibility.

Alabama-Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

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>

Arkansas-Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

Colorado-Medicaid & (CHP+)

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

Florida-Medicaid

Website: <http://flmedicaidprecovery.com/hipp/>
Phone: 1-877-357-3268

Georgia-Medicaid

Website: Medicaid
<https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Click on Health Insurance Premium Payment (HIPP)
Phone: 678-564-1162 ext 2131

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

Iowa-Medicaid

Website: <http://dhs.iowa.gov/hawk-i>
Phone: 1-800-257-8563

Kansas-Medicaid

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-785-296-3512

Kentucky-Medicaid

Website: <https://chfs.ky.gov>
Phone: 1-800-635-2570

Louisiana-Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

Maine-Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-442-6003
TTY: Maine relay 711

Massachusetts-Medicaid & CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: 1-800-862-4840

Minnesota-Medicaid

Website: <https://mn.gov/dhs/people-we-serve/seniors/healthcare/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739 or 651-431-2670

Missouri-Medicaid

Website: <https://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

Montana-Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HI_PP
Phone: 1-800-694-3084

Nebraska-Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

Nevada-Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

New Hampshire-Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
Phone: 603-271-5218
Toll-Free: 1-800-852-3345, ext 5218

New Jersey-Medicaid & CHIP

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

New York-Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

North Carolina-Medicaid

Website: <https://dma.ncdhhs.gov/>
Phone: 919-855-4100

North Dakota-Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

Oklahoma-Medicaid & CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

Oregon-Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

Pennsylvania-Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipprogram/index.htm>
Phone: 1-800-692-7462

Rhode Island-Medicaid

Website: <http://www.eohhs.ri.gov/>
Phone: 855-697-4347

South Carolina-Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

South Dakota-Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

Utah-Medicaid & CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

Virginia-Medicaid & 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
CHIP Phone: 1-855-242-8282

West Virginia-Medicaid

Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

Wyoming-Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/>
Phone: 307-777-7531

Texas-Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

Vermont-Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

Washington-Medicaid

Website: <http://www.hca.wa.gov/>
Phone: 1-800-562-3022 ext. 15473

Wisconsin-Medicaid & CHIP

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
Phone: 1-800-362-3002

Questions? 

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

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

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