

# Important Notices

## About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan descriptions (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. Henrico reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

## Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Henrico Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Henrico Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

Henrico, Human Resources  
4301 E. Parham Road  
Henrico, VA 23273-0775

If you have any questions, please contact the Henrico Human Resources Office at **(804) 501-7371**.

## Women's Health and Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator **(804) 501-7371**.

## Newborns' and Mothers' Health Protection Act Disclosure

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

## USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent. If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact your HR Benefit for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

## Medicare Part D Notice of Creditable Coverage

### Your Options

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Henrico 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. Henrico has determined that the prescription drug coverage offered by the Anthem Medical Plan is, on average, for all plan participants, expected to pay out 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 through 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.

## What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Henrico coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current 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 Henrico 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. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Henrico changes. You also may request a copy of this notice at any time.

## 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](http://www.medicare.gov)
- ▶ Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- ▶ Call **(800) MEDICARE ((800) 633-4227)**  
TTY users should call **(877) 486-2048**

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](http://www.socialsecurity.gov)
- ▶ or call: **(800) 772-1213** (TTY: **(800) 325-0778**)

**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: November 1, 2023  
Name of Entity/Sender: Henrico  
Contact: HR Benefits  
Address: 4301 E. Parham Road  
Henrico, VA 23273-0775  
Phone Number: **(804) 501-7371**

## Medicare Part D Notice of Non-Creditable Coverage Your Options

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Henrico 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 three 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. Henrico has determined that the prescription drug coverage offered by the Medical Plan through Anthem is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Medical Plan through Anthem. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from the Medical Plan through Anthem. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully — it explains your options.

### 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.

### What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Henrico coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current 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?

Since the coverage under the Medical Plan through Anthem, is not creditable, depending on how long you go without creditable prescription

drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

You should also know that if you drop or lose your current coverage with Henrico 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.

## 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. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Henrico changes. You also may request a copy of this notice at any time.

## 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](http://www.medicare.gov)
- ▶ Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- ▶ Call **(800) MEDICARE ((800) 633-4227)**  
TTY users should call **(877) 486-2048**

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](http://www.socialsecurity.gov)
- ▶ or call: **(800) 772-1213** (TTY: **(800) 325-0778**)

Name of Entity/Sender: Henrico  
Contact: HR Benefits  
Address: 4301 E. Parham Road  
Henrico, VA 23273-0775  
Phone Number: **(804) 501-7371**

# Continuation Coverage Rights Under COBRA

## Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage.

It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace ([www.healthcare.gov](http://www.healthcare.gov)). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

## What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- ▶ Your hours of employment are reduced, or
- ▶ Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your

coverage under the Plan because any of the following qualifying events happens:

- ▶ Your spouse dies;
- ▶ Your spouse's hours of employment are reduced;
- ▶ Your spouse's employment ends for any reason other than his or her gross misconduct;
- ▶ Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- ▶ You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- ▶ The parent-employee dies;
- ▶ The parent-employee's hours of employment are reduced;
- ▶ The parent-employee's employment ends for any reason other than his or her gross misconduct;
- ▶ The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- ▶ The parents become divorced or legally separated; or
- ▶ The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Henrico, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

## When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

## You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility or coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Henrico Human Resources or COBRA Administrator.

## How Is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA

continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. Any qualified beneficiary who does not elect COBRA within the 60-day election period specified in the election notice **will lose his or her right to elect COBRA.**

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

# Continuation Coverage Rights Under COBRA

## Disability Extension of 18-Month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of the date of the Social Security Administration's disability determination; the date of the covered employee's termination of employment or reduction in hours; and the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction in hours.

You must also provide this notice within 18 months after the covered employee's termination or reduction in hours in order to be entitled to this extension.

### Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### Other Coverage Options

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- ▶ The month after your employment ends; or
- ▶ The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit

<https://www.medicare.gov/medicare-and-you>.

### If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at

<https://www.dol.gov/agencies/ebsa>. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

### Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### Plan Contact Information

For further information regarding the plan and COBRA continuation, please contact:

Henrico Benefits Supervisor  
4301 E. Parham Road Henrico, VA 23273-0775  
**(804) 501-7371**

## Summaries of Benefits and Coverage (SBCs)

As required by the Affordable Care Act, Summaries of Benefits and Coverage (SBCs) are available on the Henrico website. If you would like a paper copy of the SBCs (free of charge), you may also call Henrico benefits department.

Henrico is required to make SBCs available that summarize important information about health benefit plan options in a standard format, to help you compare across plans and make an informed choice. The health benefits available to you provide important protection for you and your family and choosing a health benefit option is an important decision.

# Glossary

## Affordable Care Act and Patient Protection (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime limits on medical benefits, reduced FSA contributions, covering preventive care without cost-sharing, etc., among other requirements.

## Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

## Coinsurance

A percentage of costs you pay "out-of-pocket" for covered expenses after you meet the deductible.

## Copayment (Copay)

A fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

## Deductible

The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

## Employer Contribution

Each year, the company provides you with an amount of money that you can apply toward the cost of your health care premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll. If you're enrolling as a new hire, the employer contribution amount will be prorated based on your date of hire.

## Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

## High-Deductible Health Plan (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

## Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

## Out-of-Pocket Maximum

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

## Plan Year

The year for which the benefits you choose during enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next enrollment period.

## Preventive Care

Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the American Medical Association.

# 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](http://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 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, 2023. Contact your State for more information on eligibility -

1. ALABAMA – Medicaid  
Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447
2. ALASKA – Medicaid  
The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>
3. ARKANSAS – Medicaid  
Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)
4. CALIFORNIA – Medicaid  
Health Insurance Premium Payment (HIPP) Program  
Website: <http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)
5. 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+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>  
HIBI Customer Service: 1-855-692-6442
6. FLORIDA – Medicaid  
Website: <https://www.flmedicaidprecovery.com/>  
[flmedicaidprecovery.com/hipp/index.html](https://www.flmedicaidprecovery.com/hipp/index.html)  
Phone: 1-877-357-3268
7. GEORGIA – Medicaid  
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 678-564-1162, Press 2
8. INDIANA – Medicaid  
Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/issa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
Phone: 1-800-457-4584
9. IOWA – Medicaid and CHIP (Hawki)  
Medicaid Website: <https://dhs.iowa.gov/ime/members>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <http://dhs.iowa.gov/Hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP Phone: 1-888-346-9562
10. KANSAS – Medicaid  
Website: <https://www.kancare.kansas.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660
11. KENTUCKY – Medicaid  
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>
12. LOUISIANA – Medicaid  
Website: [www.medicad.la.gov](http://www.medicad.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
13. MAINE – Medicaid  
Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740  
TTY: Maine relay 711
14. MASSACHUSETTS – Medicaid and CHIP  
Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspreassistance@accenture.com](mailto:masspreassistance@accenture.com)
15. 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
16. MISSOURI – Medicaid  
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005
17. MONTANA – Medicaid  
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)
18. NEBRASKA – Medicaid  
Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178
19. NEVADA – Medicaid  
Medicaid Website: <http://dhcfnv.gov>  
Medicaid Phone: 1-800-992-0900
20. NEW HAMPSHIRE – Medicaid  
Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
21. NEW JERSEY – Medicaid and 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
22. NEW YORK – Medicaid  
Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831
23. NORTH CAROLINA – Medicaid  
Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100
24. NORTH DAKOTA – Medicaid  
Website: <https://www.hhs.nd.gov/healthcare>  
Phone: 1-844-854-4825
25. OKLAHOMA – Medicaid and CHIP  
Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742
26. OREGON – Medicaid  
Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075
27. PENNSYLVANIA – Medicaid and CHIP  
Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
Phone: 1-800-692-7462  
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>  
CHIP Phone: 1-800-986-KIDS (5437)
28. RHODE ISLAND – Medicaid and CHIP  
Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)
29. SOUTH CAROLINA – Medicaid  
Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820
30. SOUTH DAKOTA – Medicaid  
Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059
31. TEXAS – Medicaid  
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services  
Phone: 1-800-440-0493
32. UTAH – Medicaid and CHIP  
Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669
33. VERMONT – Medicaid  
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access  
Phone: 1-800-250-8427
34. VIRGINIA – Medicaid and CHIP  
Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Medicaid/CHIP Phone: 1-800-432-5924
35. WASHINGTON – Medicaid  
Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022
36. WEST VIRGINIA – Medicaid and CHIP  
Website: <https://dhr.wv.gov/bms/>  
<http://mywvhipp.com/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
37. WISCONSIN – Medicaid and CHIP  
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002
38. WYOMING – Medicaid  
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

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 (877) KIDS NOW or [www.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call (866) 444-EBSA (3272).

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

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

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