

# RJM ENGINEERING, INC.

## BENEFITS PLAN OVERVIEW

2017/2018 Plan Year

## WELCOME

**R**JM Engineering, Inc. takes pride in offering a comprehensive and competitive benefits package to its employees. RJM, through all of its benefit partners, offers you a benefit program that allows choice and flexibility. Through this program you can choose the benefits that are best for you and your family.



Please take the time to review all of the plan options available to you prior to making your selections. Consider each benefit and the associated cost carefully and choose the benefits package that will best meet you and your family's needs throughout the year.

Options selected during open enrollment remain in place for the full plan year. Options selected upon hire remain in place through the end of the plan year in which you are hired. Plan Year runs from December 1 through November 30.

Integrated Approach.

Smarter Solutions.

The Internal Revenue Service (IRS) states that eligible employees may only make elections to the plan once a year at open enrollment. Medical, Dental, and Vision benefit choices are binding through November 30th of each year. The following circumstances are the ONLY reasons you may change your benefits during the year:

<i>Marriage</i>	<i>Death of a Spouse</i>
<i>Divorce</i>	<i>Death of a Dependent</i>
<i>Birth &amp; Adoption</i>	<i>Loss of Dependent Status</i>
<i>Loss of Spouse's job where coverage is maintained through a spouse's plan</i>	

These special circumstances, often referred to as life event changes, will allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform the Employee Benefits Center within 30 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.

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## Medical Benefits



RJM has partnered with Carefirst, to provide you and your family with access to high quality healthcare. Healthcare is available through Carefirst. BlueChoice HMO Open Access with a Health Savings Account.

Your medical plan covers a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalizations. Depending upon the type of service,



whether it be a routine office visit, a trip to the emergency room, or any other service under the plan, your medical plan shares the cost with you in different ways. Please see summary on Page 2 for specific details. Go to [www.carefirst.com](http://www.carefirst.com) for a listing of Carefirst network providers or call Customer Service at (866) 520-6099 .

## Medical Benefits Description

Plan Design	Blue Choice HMO Open Access w/ H.S.A.
<b>Deductible:</b>	In-Network
- Single	\$1,500
- Family	\$3,000
<b>Out of Pocket Maximum:</b>	
- Single	\$3,000
- Family	\$6,550
Coinsurance:	100%
<b>Office Visits:</b>	Deductible First
- Primary Care Physician	\$10 Copay
- Specialist	\$20 Copay
- Lab and x-ray (free standing)	No Charge
<b>Preventive Service</b>	Deductible not Apply
- Well Child	No Charge
- Adult	No Charge
<b>Hospitalization:</b>	Deductible First
- Inpatient	\$250 per Admission
- Outpatient	No Charge
- Urgent care	\$20 Copay
- Accident/Medical Emergency (Copay Waived if Admitted)	\$100 Copay
<b>Prescription Drugs:</b>	Medical & Rx Integrated
- Generic	\$0 Copay
- Brand	\$25 Copay
- Non-Formulary	\$45 Copay
- Mail Order (up to 90 days)	2 x copay
Primary Physician	No Referral
Physician Network	Blue Choice
Lifetime Maximum	Unlimited

The information in this document is for illustration purposes only and was obtained from the respective carriers' proposals. This illustration should not be construed as an exact or complete analysis of the policies nor as legal evidence of insurance. The provisions of the actual policies will prevail.

## Video Visits

CareFirst Video Visit allows members to securely connect With a doctor whenever and wherever they want—without An appointment! Video Visit is the perfect complement to Our 24-hour nurse advice line, providing members with medical guidance when their primary care provider (PCP) Isn't available like after hours, on weekends or while Traveling.

For most health plans, the cost for a Video Visit is the same as a PCP copay for a sick office visit.



## Know Before You Go - When You Need Care

Knowing where to go when you need medical care is key to getting the best treatment with the lowest out-of-pocket costs. Except for emergencies, your first call should be to your primary care provider.

- Primary care provider (PCP)**  
 Establishing a relationship with your PCP is important. Your PCP may be able to provide advice over the phone or fit you in for a visit right away.
- FirstHelp - free 24-hour nurse advice line**  
 Call 800-535-9700 anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.
- CareFirst Video Visit**  
 See a doctor 24/7 without an appointment! You can consult with a board-certified doctor whenever you want on your smartphone, tablet or computer. [Start your video visit now.](#)
- Convenience care centers (retail health clinics)**  
 These are typically located inside a pharmacy or retail store (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic) and offer extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.
- Urgent care centers**  
 Urgent care centers (e.g., Patient First or ExpressCare) have doctors on staff for more severe illnesses or injuries when you need care on weekends or after hours.
- Emergency room (ER)**  
 An ER provides treatment for acute illnesses and trauma. Call 911 or go straight to the ER if you have a life-threatening injury, illness or emergency.

### Provider Directory


→ Search Providers


→ When You Need Care

Importance of a PCP

Options for Care

**Medical Advice Available 24/7**

 Reach a nurse at 800-535-9700

 See a doctor anytime with CareFirst Video Visit

## Health Savings Account



Employees enrolling in the RJM CareFirst health plan are eligible to open a Health Savings Account. This is an interest accruing account that provides financial control over how you spend your health care dollars and can be used to pay for your out-of-pocket medical expenses. You will automatically receive information regarding opening an account once you enroll in our CareFirst health plan. RJM contributes the amount of the Individual or Family Deductible into your Health Savings Account.

## BLUE REWARDS

Employees enrolled in the CareFirst health plan may take advantage of the Healthy Rewards Program. Earn up to \$300 per adult and up to \$750 per family (participation and results based) towards reducing your out of pocket expenses by completing a few simple steps.

- Step 1:** Select a Primary Care Physician ( PCMH PCP)
- Step 2:** Provide e-consent for wellness communications
- Step 3:** Complete your Online Health Assessment
- Step 4:** Complete a Health Evaluation with your PCMH PCP

Visit [www.carefirst.com/bluerewards](http://www.carefirst.com/bluerewards) for more information, or call Customer Service at (866) 520-6099.





## Vision Benefits



All full-time employees and their dependents are eligible for BlueVision Plus vision insurance through CareFirst/Davis Vision. Should you elect medical coverage, you will automatically be enrolled in vision. Your benefit covers a routine eye exam and glasses (frames and lenses) or contact lenses. Exams, lenses and frames are available every 12 months. There is no coinsurance or deductible to satisfy for the vision plan. The plan pays up to the benefit maximums listed in the below table. You and your family can enjoy discounts on vision care and laser vision correction by utilizing the CareFirst network. To locate a CareFirst/Davis Vision provider, visit [www.carefirst.com](http://www.carefirst.com) or call 1-800-783-5602.

Plan Design	Frequency	CareFirst Blue Vision Plus Plan	
		In-Network	Out-of-Network
<b>Examination</b>	12 months	\$10 copay	\$45 Allowance
<b>Materials - lenses and frames</b>	See below	No copay	See below
<b>Frames</b>	12 months	Selected Frames Covered in full; otherwise \$45 Allowance	\$45 Allowance
<b>Lenses</b> Single Vision Bifocal Trifocal	12 months	Covered in full	\$52 Allowance \$82 Allowance \$101 Allowance
<b>Contact Lenses (in lieu of glasses)</b>	12 months	\$97 Plan Allowance	
Lens 1.2.3 Mail Order Contacts		Up to 40% off Retail	Not covered
<b>Laser Vision Correction</b>		Up to 25% off allowed amount or 5% off advertised special	Not covered

## Dental Benefits



Good dental health is important to your overall well being. At the same time, we all need different levels of dental treatment. Guardian's dental plan provides affordable dental plans based on the type of services obtained - Preventive, Basic or Major, whether or not you obtain services from a network or out-of-network provider. RJM shares this cost with their

employees. Employees who use dentists or dental specialists that are a part of Guardian's Provider Network will see reduced or eliminated out-of-pocket expenses. To find a participating provider, login to [www.guardiananytime.com](http://www.guardiananytime.com) or call Customer Services at 1-800-627-4200.

Plan Design	Guardian PPO	
	In-Network	Out-of-Network
<b>Deductible (Calendar Year)</b> Individual Family	Deductible Waived for Preventive \$50 \$150	
<b>Annual Benefit Maximum (Calendar Year)</b>	\$1,500 per each Individual	
<b>Coinsurance</b>	Out of Network reimbursed at 80%th percentile of Usual and Customary	
Preventive Services Deductible Waived for Preventive? Basic Services Major Services	100% Yes 90% 60%	100% Yes 80% 50%
<b>Orthodontia</b>	Not Included	
<b>Miscellaneous</b> Locate a Dentist Dental Network Claim Forms	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a> DentalGuard Preferred No	N/A N/A Yes

## Basic Life and Accidental Death & Dismemberment Insurance



Eligible employees receive basic life and accidental death and dismemberment insurance in the amount of one times their annual salary up to a maximum benefit of \$300,000. These benefits are paid for by RJM and provided by Mutual of Omaha. For more information contact your HR Department.

## Supplemental Life



Voluntary Term Life is available in increments of \$10,000 up to the lesser of 5 times your salary or \$250,000. Employee must elect coverage in order for spouse or child to be eligible for coverage. Coverage for your spouse is available in increments of \$5,000 to a maximum benefit of \$50,000 (not to exceed 100% of the

employee coverage amount). Coverage for your child(ren) is available for purchase in \$2,000 increments up to \$10,000 per child. The Accidental Death and Dismemberment amount is equal to the amount of voluntary term life for employees and dependents. The cost is paid by employee.

## Disability



Your disability benefits provide you with a source of income in the event that you are not able to work due to an accident, illness or injury. RJM provides Short-Term and Long-Term Disability Benefits to all eligible employees at no cost to the employee.

**Short-Term Disability (STD):** Your STD benefit, which is fully employer paid, equals 60% of your weekly base earnings to a maximum benefit of \$2,000 per week with a 7-day illness waiting period or the first day after an accident. Vacation days may be used to supplement the waiting period.

**Long-Term Disability (LTD):** Your LTD benefit, which is fully employer paid, equals 60% of your monthly base earnings to a maximum benefit of \$7,000 per month after a 90-day waiting period.

**The benefit duration while disabled is to age 65 or Social Security Normal Retirement Age (SSNRA) whichever is later.** Mutual of Omaha offers three face-to-face emotional or work-life counseling sessions per occurrence per year under the LTD plan.



## Flexible Spending Accounts (FSA)

RJM Engineering allows you to defer a portion of your pay through payroll deduction into Flexible Spending Accounts. The money that goes into an FSA is deducted on a pre-tax basis, which means it is taken from your pay before Federal and Social Security taxes are calculated. Because you do not pay income taxes on money that goes into your FSA, you decrease your taxable income.

**Dependent Care FSA:** You and your employer collectively may deposit up to \$5,000 per plan year into Dependent Care FSA. Eligible expenses include payments to day care centers, preschool costs, before and after school care and day camp. RJM will contribute \$3,000 to eligible participants' accounts per plan year.

## Travel Assist



Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip up to 90 days in length, and more than 100 miles from home. Mutual of Omaha is here to help you with pre-trip assistance, emergency travel support services, medical assistance, assistance with ID theft and how to defend against it, credit card and check fraud recovery, instructions for lost or stolen passports, etc.

Case managers are available 24 hours a day, seven days a week and can be reached by calling (800) 856-9947 toll free.



## Employee Assistance Program



When it's difficult to cope with family, work-related, personal or substance-abuse problems - at work or at home - Mutual of Omaha's Employee Assistance Program can lend the ear of an experienced professional, one who will keep your concerns confidential and help guide you in the right direction.



### Services include:

- 24-hour toll-free phone access to EAP professionals 7 days a week
- Telephone assistance and referral
- Service for immediate and dependent family members
- Three face-to-face sessions with a counselor.

EAP staff members are highly trained, master's-level professionals who will assess your situation, provide support and, if needed, refer you to other helpful resources.

**Mutual of Omaha's EAP can provide assistance for a variety of personal and professional matters, including:**

- Stress
- Resiliency
- Depression
- Gambling and other addictive behavior
- Parenting
- Financial issues
- Life changes
- Relationships
- Drug/alcohol abuse
- Mental health
- Grief
- Balancing work and home

**Don't delay if you need help - call today**

An objective point of view can be a good start to working through your concerns. Call your EAP professional at 1 (800) 316-2796, 24 hours a day, 7 days a week.



# Disclosure Guide

## HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself and/or your eligible dependent(s) because of other health/dental/vision insurance coverage and if you lose that coverage, you may in the future be able to enroll yourself and/or your eligible dependent(s) in this plan, provided that you request enrollment with 30 days after your other coverage ends. If you are declining coverage for yourself and/or your eligible dependent(s) for any other reason, you cannot join the plan later unless you have a new dependent as a result of marriage, birth, adoption, placement for adoption, loss of Medicaid or SCHIP coverage, eligibility for Medicaid or SCHIP coverage, or during an open enrollment period, if applicable. You may then be able to enroll yourself and your eligible dependent(s), provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption, or within 60 days of Medicaid and SCHIP.

If you decline coverage for yourself and/or your eligible dependent(s) because of other health/dental/vision coverage or if you fail to request plan enrollment within 30 days after your (and/or your eligible dependent's) other coverage ends, you will not be eligible to enroll yourself, or your eligible dependent (s) during the special enrollment period discussed above and you will need to wait until the next open enrollment period to enroll in the plan's health/dental/vision coverage.

## NON-MEDICAL

If you are voluntarily declining non-medical coverage provided by your employer, you may choose to enroll at a later date depending upon the coverage now being waived. With the late enrollment your cost may be higher, a health questionnaire may be required and the effective date of your coverage may be delayed or denied. If coverage is non-contributory (employer pays entire cost) waivers are not permitted.

**Note:** Under Section 125, you may make changes to your pre-tax benefit plans only if you experience a qualified event. The change you request must be consistent with the event. The following are the IRS minimum Qualified Events:

1. Marriage, divorce, or legal separation;
2. Birth or adoption of a child;
3. Death of a spouse or child;
4. Change in residence or work location that affects benefits eligibility for you or your covered dependent(s);
5. Your child(ren) meets (or fails to meet) the plan's eligibility rules (for example, student status changes);
6. You or one of your covered dependents gain or lose other benefits coverage due to a change in employment status (for example, beginning or ending a job);
7. Loss or eligibility for Medicaid or CHIP.

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Group health plans and health insurance issuers 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 vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or the 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 insurers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours/96 hours.

# Disclosure Guide (continued)

## IMPORTANT NOTICE FROM RJM ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with RJM 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. RJM has determined that the prescription drug coverage offered by Carefirst BlueCross BlueShield 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 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.

### **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 RJM coverage may be affected. You may keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>) which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current RJM coverage, be aware that you and your dependents may 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 RJM 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 November to join.

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

Contact your plan administrator.

**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 Cavalier 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 (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 them at 1-800-772-1213 (TTY 1-800-325-0778).

**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).**

## WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

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.



## 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 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](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 **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 January 31, 2015. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>KENTUCKY – Medicaid</b>
Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> Phone: 1-855-692-5447	Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570
<b>ALASKA – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447
<b>COLORADO – Medicaid</b>	<b>MAINE – Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/hcpf/">http://www.colorado.gov/hcpf/</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY: 1-800-977-6741
<b>FLORIDA – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>
Website: <a href="https://www.flmedicaidplrecovery.com/">https://www.flmedicaidplrecovery.com/</a> Phone: 1-877-357-3268	Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120
<b>GEORGIA – Medicaid</b>	<b>MINNESOTA – Medicaid</b>
Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150	Website: <a href="http://www.dhs.state.mn.us/id">http://www.dhs.state.mn.us/id</a> Click on Health Care, then Medical Assistance Phone: 800-657-3629
<b>INDIANA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>IOWA – Medicaid</b>	<b>MONTANA – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Website: <a href="http://medicaid.mt.gov/member">http://medicaid.mt.gov/member</a> Phone: 1-800-694-3084
<b>KANSAS – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884	Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633

<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>NEW HAMPSHIRE – Medicaid</b>	<b>SOUTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>TEXAS – Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1-609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493
<b>NEW YORK – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	Medicaid Website: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-866-435-7414
<b>NORTH CAROLINA – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>NORTH DAKOTA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473
<b>OREGON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijosaludablesoregon.gov">http://www.hijosaludablesoregon.gov</a> Phone: 1-800-699-9075	Website: <a href="http://www.dhr.wv.gov/bms/">www.dhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>PENNSYLVANIA – Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>RHODE ISLAND – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300	Website: <a href="http://www.health.wyo.gov/healthcarefin/equalitycare">http://www.health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531

To see if any more states have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

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