

# Clean Fuels ASSOCIATES



## BENEFITS PLAN OVERVIEW

2017

### WELCOME

Clean Fuels takes pride in offering a comprehensive and competitive benefits package to its employees. Clean Fuels, 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 choose the benefits package that will best meet your 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.

Clean Fuels reserves the right to modify, amend, suspend or terminate any plan at any time, and for any reason without prior notification. You will be notified of any changes to these plans and how they affect your benefits, if at all. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make explanations of the plans in this brochure as accurate as possible. However, should there be a discrepancy between this brochure and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written description in the insurance contracts will always govern.

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 February 28th 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.

### MEDICAL BENEFITS

Clean Fuels has partnered with CBIZ, our broker, to provide you and your family a broad access to high-quality healthcare providers both regionally and nationwide. Clean Fuels is offering three health plan options. These plans are administered by CareFirst BlueCross BlueShield with a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalization. Depending upon



the type of service, whether it be a routine office visit, a trip to the emergency room, or any other medical service under the plan, your medical plan shares the cost of care with you in different ways.

Please see the summary on Page 2 for specific plan details. Clean Fuels shares the cost with their employees.

INSIDE THIS ISSUE:	
Medical Benefits	1-2
Dental Benefits	3
Vision Benefits	4
Retirement 401(K)	4
Life & AD&D Insurance, STD & LTD,	5
EAP & Travel Assistance	6
Compliance Notices	7-10

## MEDICAL BENEFITS DESCRIPTION

Plan Information	CareFirst Blue Preferred PPO Gold 1000		CareFirst BlueChoice Advantage Gold		CareFirst BlueChoice HMO Silver
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
<b>Deductible (Contract Year):</b>					
Single	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000
Family	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000
<b>Out of Pocket Maximum (Contract Year):</b>					
Single	\$4,000	\$8,000	\$4,000	\$8,000	\$7,150
Family	\$8,000	\$16,000	\$8,000	\$16,000	\$14,300
<b>Office Visits:</b>					
Preventive Care	No Charge	\$0, Deductible may apply	No Charge	Deductible, then \$0	No Charge
Primary Care Physician	\$15	Deductible, then \$50	\$15	Deductible, then \$50	\$40
Specialist	\$30	Deductible, then \$50	\$30	Deductible, then \$50	Deductible, then \$80
Urgent Care	\$50 per visit	\$50 per visit	\$50 per visit	\$50 per visit	\$100 per visit
Lab /X-ray (free standing)	\$15 / \$30 per visit	Deductible, then \$65/ \$80 per visit	\$15 / \$30 per visit	Deductible, then \$65/ \$80 per visit	Deductible, then \$25 / \$50 per visit
<b>Hospitalization:</b>					
Outpatient Facility– Non-hospital	\$200 per visit	Deductible, then \$300	\$200 per visit	Deductible, then \$300	Deductible, then \$300 per visit
Outpatient Facility– Hospital	Deductible, then \$300	Deductible, then \$400	Deductible, then \$300	Deductible, then \$400	Deductible, then \$500
Inpatient– Facility	Deductible, then \$400	Deductible, then 20% of allowed amount	Deductible, then \$400	Deductible, then \$500	Deductible, then \$500
Home Health Care	No Charge	Deductible, then \$50 per visit	No Charge	Deductible, then \$50 per visit	No Charge
Emergency Room (Waived if admitted)	Deductible, then \$250 per visit		Deductible, then \$250 per visit		Deductible, then \$400 per visit
<b>Prescription Drugs:</b>					
Annual Prescription Drug Deductible	\$250 per person		\$250 per person		\$250 per person
Preventive Drugs	No Charge		No Charge		No Charge
Oral Chemo Drugs and Diabetic Supplies	No Charge		No Charge		No Charge
Generic Drugs	\$10 Copay 30-day supply		\$10 Copay 30-day supply		\$10 Copay 30-day supply
Preferred Brand Drugs	Deductible, then \$45 Copay 30-day supply		Deductible, then \$45 Copay 30-day supply		Deductible, then \$45 Copay 30-day supply
Non-preferred Brand Drugs	Deductible, then \$65 Copay 30-day supply		Deductible, then \$65 Copay 30-day supply		Deductible, then \$65 Copay 30-day supply
Specialty Drugs	Deductible, then 50% up to \$150 30-day supply	Not Covered	Deductible, then 50% up to \$150 30-day supply	Not Covered	Deductible, then 50% up to \$150 30-day supply
Mail Order (Maintenance drugs only)	Deductible, then 2 x copay (up to 90 day supply)		Deductible, then 2 x copay (up to 90 day supply)		Deductible, then 2 x copay (up to 90 day supply)
Participating Provider Network	www.carefirst.com (or login to MyAccount) BluePreferred PPO		www.carefirst.com (or login to MyAccount) If you live in MD, DC or Northern VA search the BlueChoice Network. All Others BluePreferred PPO		www.carefirst.com (or login to MyAccount) If you live in MD, DC or Northern VA search the BlueChoice Network

Out of Network is reimbursed at the Allowable Charge.

## DENTAL BENEFITS



Good Dental health is important to your overall well being. At the same time, we all need different levels of dental treatment. The MetLife Dental plan provides affordable coverage 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.

Under this plan, you may obtain covered services from any dentist. However, if an out-of-network provider is used, reimbursement is based on MetLife's usual and customary reasonable charge. Employees who use dentists or dental specialists that are part of MetLife's Provider Network (*participating Dental Provider*) will see reduced or eliminated out-of-pocket expenses.

A complete provider directory can be accessed online at [www.metlifecom](http://www.metlifecom).

	MetLife Dental	
	In-network	Out-of-network
<b>Annual Maximum (Calendar Year)</b> <i>(per covered individual)</i>	\$1,750	
<b>Deductible (Calendar Year)</b>		
- Individual	\$50	
- Family	\$150	
<b>Preventive (Type A)</b> <i>Cleanings, Oral Exam, Fluoride (up to age 14), X-Rays, Sealants</i>	100%	100%
<b>Basic (Type B)</b> <i>Basic Restorative, Simple Extractions, Prosthetic Maintenance, Palliative Emergency Dental Care</i>	80%	80%
<b>Major (Type C)</b> <i>Repairs, General Anesthesia, Implants, Bridges, Dentures, Crowns/Inlays/Onlays</i>	50%	50%



## VISION BENEFITS



All full-time, regular employees are eligible to sign up for vision coverage, which allows participants to get an examination annually and lenses and contact lenses every 12 months; frames every 24 months.

Participants have the option of receiving care from a network or out-of-network provider; however, if you use a non-network provider you will incur higher out-of-pocket expenses. [www.metlife.com](http://www.metlife.com)

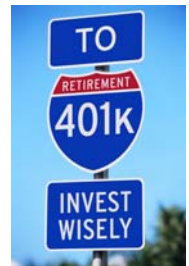
MetLife Vision		
	In-network	Out-of-network
<b>Copayments</b>		
Examination	\$10 Copay	\$45 allowance
Materials	\$25 Copay, Allowances may apply	Allowance may apply
<b>Frequency of Service</b>		
Vision Exam	12 Months	
Lenses, Frames, Contact Lenses*	12 Months (24 for frames)	
<b>Lenses (pair)</b>		
Standard Single Vision	\$25 Copay	Up to \$30 Allowance
Standard Bifocal	\$25 Copay	Up to \$50 Allowance
Standard Trifocal	\$25 Copay	Up to \$65 Allowance
Standard Lenticular	\$25 Copay	Up to \$100 Allowance
Standard Progressive	\$25, Limits apply	Up to \$50 Allowance
<b>Frames</b>	Up to \$130 Allowance after copay	Up to \$70 Allowance
<b>Contact Lenses</b>	Up to \$130 allowance (Covered at 100% after copay if medically necessary)	Up to \$105-\$210 Allowance if medically necessary
<b>Lasik Surgery</b>	Discounts averaging 15% off the regular price or 5% off a promo offer	Not Covered

**Value Added Features: Additional Lens Options, Additional Glasses and Sunglasses—Average 20-25% savings.**

## RETIREMENT: 401(K)

Clean Fuel's 401(k) Plan is available to all employees once they complete the eligibility period. You may contribute up to 100% of your pay to a maximum of \$18,000 for this 2017 plan year. If you are age 50 or older, you are entitled to contribute an additional "catch-up" contribution. The maximum catch-up contribution amount for 2017 is \$6,000.

Taxes are not applied to the amount of income you contribute to your account until you "cash out" your retirement savings. By deferring taxes you are able to lower your taxable income.



# BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Clean Fuels offers its employees Basic life insurance and AD&D coverage through MetLife at **no cost** to you. Eligible employees receive Basic Life Insurance of \$25,000. Accidental Death and Dismemberment Insurance provides a benefit equal to your basic life insurance in the event of death or dismemberment resulting from a covered accident. At age 65, the benefit begins to reduce. Please see plan summary for more details.



## VOLUNTARY LIFE/AD&D, SPOUSE, CHILD

Additional life insurance is available for purchase through Met Life for yourself, spouse and/or children on a voluntary basis.

### Employee Life/AD&D Insurance

- Benefit Amount: Increments of \$10,000, up to the lesser of 5 x annual earnings or \$500,000
- AD&D Benefit (matches Life)

If you purchase coverage for yourself, then you can also purchase coverage for your eligible dependents.

### Spouse Life/AD&D Insurance

- Benefit Amount: Increments of \$5,000 up to \$100,000 maximum

### Child Life/AD&D Insurance

- Benefit Amount: Flat Amount of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
- Age Limit: 19, or age 26 if full-time student (Children under 6 months have a limited benefit)

Coverage in excess of the guarantee issue amount will require medical evidence of insurability; guarantee issue is only available during your initial enrollment period.

Coverage is **VOLUNTARY and paid 100% by the employee via payroll deduction**. Rates are based upon your age and the amount of coverage approved. Please contact HR for further information and enrollment form.

## DISABILITY INSURANCE

Clean Fuels offers its employees Short Term Disability (**100% Employer Paid**), and the option to purchase Long Term Disability coverage at group rates through payroll deductions. The plans work together to help replace a portion of your income if you are unable to work for an extended period of time due to sickness or accidental injury.

**Short Term Disability (STD):** This benefit covers up to 60% of your pre-disability earnings up to a maximum of your weekly earnings, to \$1,500 per week. Short Term Disability benefits begin on the 7th day of sickness or illness. Benefit continues as long as you are disabled up to a maximum of 12 weeks of disability.

**Long Term Disability (LTD):** This benefit covers up to 60% of your pre-disability earnings up to a maximum of your monthly earnings to \$6,000 per month. Long Term Disability benefits begin after the 90th day of disability. Pre-existing condition limitations apply during the first 12 months of coverage. LTD Coverage is **VOLUNTARY and paid 100% by the employee via payroll deduction**. Rates are based upon your age and the amount of coverage approved. Please contact HR for further information and enrollment form.

## EMPLOYEE ASSISTANCE PROGRAM

MetLife's Employee Assistance Program (EAP) provides access to telephonic or web-video consultations. The program offers coverage to both employees and their families:

- Up to three consultations with a licensed clinician per incident, per individual, per calendar year covering a broad range of issues including Marriage/Relationship, Problems at Work, Changes in Mood, Stress/Anxiety, Health & Wellness
- Telephonic consultations also available for Financial Services, Childcare/Eldercare Assistance, Identity Theft Recovery, Legal Services, Daily Living Services, Online Member Services.

Services are provided by MHN, one of the nation's premier providers of EAP services, with a national network of more than 50,000 practitioners. MHN's staff provides immediate crisis resolution, information and referrals to appropriate counseling and support services. Licensed staff clinicians with crisis intervention expertise, including bilingual Spanish-/English-speaking staff, are available to handle emergency or urgent need cases.

Some restrictions may apply to all of the above-mentioned services.

Call 1-800-511-3920  
TDD callers can call 1-800-327-0801



See HR For more details.

## TRAVEL ASSISTANCE SERVICES

Whether your travel is for business or personal reasons, worldwide emergency travel assistance program goes with you when you travel to a foreign country or just 100 miles or more from home. This program is for yourself, your spouse or your dependent children need immediate assistance anywhere in the world\*

**Services are available for simple to extreme travel emergencies:**

- Hospital admissions validation
- Lost Luggage
- Identity Theft
- Prescription transfer
- Transportation for a friend or family member to join the hospitalized patient.



\*Employees are covered for business or personal travel, spouses and dependent children are covered for personal travel only.



# COMPLIANCE NOTICES:

## 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.

## 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.

## 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 at 1.800.433.5768.



## IMPORTANT NOTICE 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 Clean Fuels 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. Clean Fuels has determined that the prescription drug coverage offered by CareFirst 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 CareFirst 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 CareFirst 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 Clean Fuels 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 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 Clean Fuels 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).**



## 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 July 31, 2016. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b> Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	<b>KENTUCKY – Medicaid</b> 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> The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	<b>LOUISIANA – Medicaid</b> Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447
<b>ARKANSAS – Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>MAINE – Medicaid</b> 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: 1-800-442-6003 TTY: Maine relay 711
<b>COLORADO – 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	<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120
<b>FLORIDA – Medicaid</b> Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268	<b>MINNESOTA – Medicaid</b> Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a> Phone: 1-800-657-3739
<b>GEORGIA – Medicaid</b> Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	<b>MISSOURI – Medicaid</b> 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>INDIANA – Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864	<b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>IOWA – Medicaid</b> Website: <a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	<b>NEBRASKA – Medicaid</b> Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633
<b>KANSAS – Medicaid</b> Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	<b>NEVADA – Medicaid</b> Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900

<b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218	<b>SOUTH DAKOTA - Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>NEW JERSEY – Medicaid and CHIP</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: 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	<b>TEXAS – Medicaid</b> Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>NEW YORK – Medicaid</b> Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	<b>UTAH – Medicaid and CHIP</b> Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>NORTH CAROLINA – Medicaid</b> Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100	<b>VERMONT– Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>NORTH DAKOTA – Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	<b>VIRGINIA – Medicaid and CHIP</b> 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> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>WASHINGTON – Medicaid</b> Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>OREGON – Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	<b>WEST VIRGINIA – Medicaid</b> Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>PENNSYLVANIA – Medicaid</b> Website: <a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a> Phone: 1-800-692-7462	<b>WISCONSIN – Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>RHODE ISLAND – Medicaid</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300	<b>WYOMING – Medicaid</b> Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	

To see if any other states have added a premium assistance program since July 31, 2016, 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

### 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](mailto:ebsa opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)



