



Benefit Plan Overview

Plan Year February 1, 2018 through January 31, 2019

Welcome!

Columbia Academy takes pride in offering a comprehensive and competitive benefits package to full-time employees. Columbia Academy, through all of its benefit partners, offers you a benefit program that allows choice and flexibility. Employees are eligible for all health benefits, beginning on the first of the month following 60 days after the date of hire including the date of hire.

It is important that you take the time to review all of the plan options available to you. 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 upon hire remain in place through the end of the plan year (January 31st). New employees have thirty (30) days from their date of hire to select benefits. Employees who do not elect benefits within thirty (30) days may do so during the next available annual open enrollment period. Options selected during annual open enrollment remain in place for the full plan year.

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This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in this brochure and the official plan documents, the language of the official plan document shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information. Any plan benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Columbia Academy.

Eligibility

You are eligible for benefits if you are a regular full-time employee who works at least 30 hours per week. Coverage begins on the first day of the month following 60 days of continuous employment.

ELIGIBLE DEPENDENTS INCLUDE

- Married spouses (unless legally separated)
- Dependent children up to age 26 (medical, dental and vision)

WHEN COVERAGE ENDS

If your employment with Columbia Academy ends, your medical dental and vision coverage will end on the last day of the month following date of termination. Depending upon the circumstances of your termination, you may be able to continue coverage under COBRA. Other circumstances which may result in termination of you or your dependents coverage include:

- Reduction in your regular hours
- Divorce or legal separation
- Dependent children reaching age 26

Life Changing Events

You can make changes to your medical, dental, vision, Flexible Spending Account elections during the year only if you have an IRS approved "qualified status change." You must make a change within 31 days of the event.

You can change your benefits within 31 days if you experience one of the following life changes:

- ⇒ Marriage, divorce, or legal separation
- ⇒ Birth or adoption of child
- ⇒ Death of a covered dependent
- ⇒ Job status change (Full-time to Part-time or vice versa)
- ⇒ Your spouse becomes eligible for medical benefits through new employment
- ⇒ Your spouse becomes unemployed and loses benefit coverage
- ⇒ A significant change in your spouse's health coverage attributable to your spouse's employment
- ⇒ Ineligibility of your covered dependents due to:
 - Marriage
 - Change in dependent status
 - Attainment of non-qualifying age (medical, dental, vision, and life insurance coverage)



How to Enroll

Human Resources Website

New hires have 30 days from date of hire to enroll in benefits. Enrollments must be made during this time and will remain in effect through the end of the plan year January 31. **Employees who do not elect benefits within thirty (30) days of hire, may do so during the next available annual open enrollment period.**

It is important that you review the benefit options carefully to select the programs which best suit your needs. To assist you in making your selections, you are encouraged to visit our employee-only Human Resources website www.hrconnection.com where you can view a pre-recorded educational webinar which explains all your employee benefits in detail. Also available on the website are each of the benefit summary plan descriptions, and links to the various carrier websites where you can access additional information including lists of all the in-network doctors, dentists, hospitals and service providers. The information available on the website can either be viewed online or printed.

www.hrconnection.com

UserName: columbiaacademy

Password: Benefits1 **(the password is case sensitive!)**

Welcome to HRconnection!
What is HRconnection? It's your 24-hour Human Resources center! This portal is devoted to providing you with up-to-date information about our company and your insurance benefits. It's here when you need it, any time of day or night.

Welcome!

Columbia Academy takes pride in offering a comprehensive and competitive benefits package to full-time employees. Columbia Academy, through all of its benefits partners, offers you a benefit program that allows choice and flexibility. Employees are eligible for all health benefits, beginning on the first of the month following 60 days after the date of hire including the date of hire.

Recommended Links

- [Aflac](#)
- [Avesis](#)
Obtain plan information and find a provider.
- [CareFirst - My Account](#)
Access real-time information about your plan and costs.
- [Columbia Academy](#)
Visit our company website
- [Legal Shield and Identity Theft Shield](#)

[More »](#)

Frequently Used Files

Medical Benefits

The Columbia Academy medical option is designed to provide you and your family with access to quality and affordable healthcare, nation-wide. The BlueChoice HMO Open Access plan is available through CareFirst to provide the employees of Columbia Academy more flexibility and savings in their medical coverage.

The plan is open access, so no referral is required for specialty care. The Columbia Academy will provide you with a \$1,000 debit card to cover the first \$1,000 of the \$4,000 deductible.

Please refer to the summary on page 2 for specific details concerning plan design. You may also find more information by visiting www.carefirst.com/myaccount.

Medical Benefits Description

		BlueChoice HMO Open Access HRA/HSA in network only
Annual Deductible		
- Individual		\$4,000
- Family		\$8,000
Annual Out of Pocket Limit		
- Individual		\$6,550
- Family		\$13,100
Office Visits		
Preventive Services		No charge
Primary Care Physician		No charge after deductible
Specialists		No charge after deductible
Urgent Care Center		No charge after deductible
Lab/X-ray		No charge after deductible
Advanced Imaging (MRI, CT, etc)		No charge after deductible
Hospitalization & Emergency		
Hospital Emergency Room		Deductible, then \$100 per visit (waived if admitted)
Inpatient Hospital		Deductible, then \$250 per admission
Outpatient Hospital		No charge after deductible
Miscellaneous		
Lifetime Maximum		Unlimited
PCP Referral		Required
Prescription Drugs		
Generic (Tier 1)		\$15 copay
Preferred Brand (Tier 2)		\$35 copay
Non-Preferred Brand (Tier 3)		\$60 copay

	Employee _____ Rate
Employee	
Employee & Spouse	
Employee & Child(ren)	
Family	

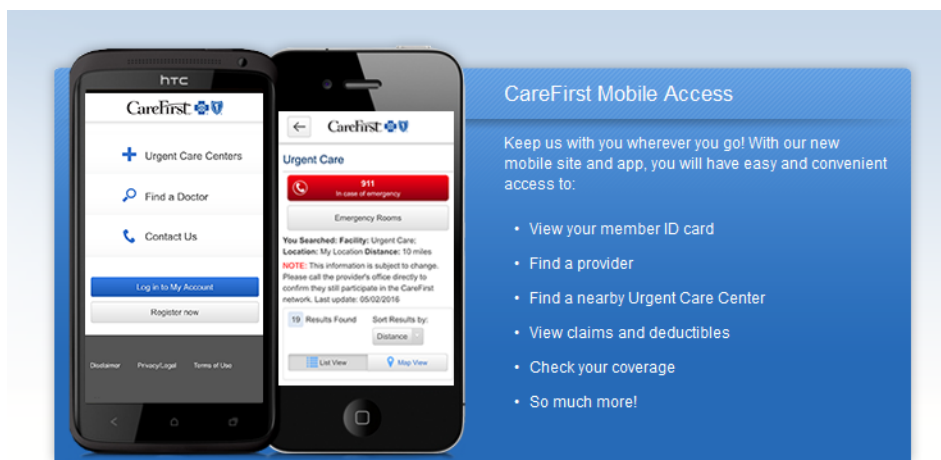
CareFirst Tools and Resources

View personalized information on your claims and out-of-pocket costs online with **My Account**. Simply log on to www.carefirst.com/myaccount for real-time information about your plan.

Features include:

- View your deductible status and out-of-pocket costs for your current and previous plan year.
- Review up to one year of medical claims—total charges, benefits paid and costs for a specific date range
- Request an ID card
- Sign up for electronic communications and get your information faster and more securely

CareFirst’s mobile site is available from any browser-equipped mobile device. Use it to find a provider, search for nearby urgent care and ER facilities, search claims information, and a lot more! For more information on the mobile site and app, visit www.carefirst.com/mobileaccess.



FirstHelp 24 Hour Health Care Advice Line

Anytime, day or night, you can speak with a FirstHelp nurse. Registered nurses are available to answer your health care questions and help guide you to the most appropriate care.

If you can't reach your doctor and have questions about your health, an illness or an urgent medical condition, a registered FirstHelp nurse is available to answer your questions and assist you in determining your options.

Simply call 1-800-535-9700 and a registered nurse will ask about your symptoms and help you decide on the best source of care.



Away From Home Care Your HMO Coverage Goes With You

We've got you covered when you're away from home for 90 consecutive days or more. Whether you're out-of-town on extended business, traveling, or going to school out-of-state, you have access to routine and urgent care with our Away From Home Care program.

You're covered when you see a provider of an affiliated Blue Cross Blue Shield HMO (Host HMO) outside of the CareFirst BlueChoice, Inc. service area (Maryland, Washington, D.C. and Northern Virginia). If you receive care, then you're considered a member of that Host HMO receiving the benefits under that plan. So your copays may be different than when you're in the CareFirst BlueChoice service area. You'll be responsible for any copays under that plan.

To enroll call the member service phone number on your ID card and ask for the Away From Home Care Coordinator.

Once you are enrolled in the program and receive care, you don't have to complete claim forms, so there is no paperwork. And you're only responsible for out-of-pocket expenses such as copays, deductibles, coinsurance and the cost of noncovered services.



Dental Benefits



Good Dental health is important to your overall well-being. At the same time, we all need different levels of dental treatment.

Columbia Academy has partnered with CareFirst to offer a choice of two Dental Plans to employees. Both Dental Plans provide affordable coverage based on the

type of services obtained – **Preventive, Basic or Major** – and your savings are greater when you utilize a network provider.

The **CareFirst DHMO Plan** utilizes set copays with no deductible to meet. You are required to select a network dentist.

The **CareFirst Preferred PPO Plan** offers more flexibility by including a nation-wide network as well as coverage for out-of-network providers. At the time of service you will share in a set percentage of the cost after your deductible. If you utilize an in-network dentist on the PPO plan you will see greater cost-savings than if you were to go out-of-network.

To locate a provider visit www.carefirst.com.

	CareFirst DHMO	CareFirst Preferred PPO	
		In-Network Only	Out-of-Network
Annual Deductible			
Per Individual	\$0	\$25	\$50
Per Family	\$0	\$75	\$150
Preventative & Diagnostic Care			
<i>Oral exams, Prophylaxis, X-rays (bitewing and full mouth), Fluoride Treatments, Sealants, Space Maintainers, Palliative Emergency Treatment</i>	\$10 copay	No charge	20%, no deductible
Basic Services & Major Services - Surgical			
<i>Direct placement fillings, Periodontal scaling, Simple Extractions, Surgical Periodontic Services, Endodontics, Oral Surgery, General Anesthesia</i>	\$10 - \$400 copay	20% after deductible	40% after deductible
Major Services - Restorative			
<i>Full or Partial Dentures, Fixed Bridges, Crowns, Inlays and Onlays, Denture Adjustments, Recementation of Crowns, Inlays and/or Bridges, Dental Implants</i>	\$65 - \$435 copay	50% after deductible	65% after deductible
Orthodontia			
<i>Coverage for members under age 19</i>	N/A	50%	50%
Lifetime Maximum	N/A	\$1,200	
Plan Year Maximum			
	N/A	\$1,500	

DHMO	Employee Rate	Preferred PPO	Employee Rate
Employee Only		Employee Only	
Employee Plus One Child		Employee Plus Children	
Employee Plus Spouse		Employee Plus Spouse	
Family		Family	

Vision Benefits

Eligible employees may sign up for vision coverage. Benefits include an examination, frames, spectacle lenses and/or contact lenses. Participants have the option of receiving care from an in-network or out-of-network provider; however, the best way to save money through your vision plan is by seeing an in-network Provider. To locate a provider visit www.avesis.com.

	Avesis Vision Plan		
	Frequency	In-Network	Out-Of-Network
Examination	12 months	\$10 Copay	up to \$35
Materials - Lenses and frames			
Frames	12 months	\$10 copay (\$50 wholesale allowance)	Up to \$45
Lenses	12 months		
- Single vision	-	100% after \$10 copay	Up to \$25
- Bifocal	-	100% after \$10 copay	Up to \$40
- Trifocal	-	100% after \$10 copay	Up to \$50
- Lenticular	-	100% after \$10 copay	Up to \$80
Contact Lenses (in lieu of glasses)	12 months	\$110 allowance; Medically necessary covered in full	\$110 allowance; Medically necessary up to \$250

DHMO	Employee Rate
Employee Only	
Employee & Child	
Employee & Spouse	
Family	

Life and Accidental Death & Dismemberment

Columbia Academy provides a company paid Life and Accidental Death & Dismemberment insurance through MetLife for all full time employees. The insurance policy amount that Columbia Academy purchases increases based on the employees years of service with the company:

- 0-5 years of service = \$10,000 Life/AD&D insurance
- 5-10 years of service = \$15,000 Life/AD&D insurance
- 10 or more years of service = \$20 Life/AD&D insurance



Employees may also purchase additional insurance for themselves, their spouse and/or child(ren) with no medical review at the time of initial enrollment. A medical review is required during an open enrollment period. Employees may purchase an additional \$100,000 of coverage for themselves, up to \$50,000 on their spouse and up to \$10,000 on their child(ren). Employees may also purchase up to 5 times their salary (or \$500,000) with a medical review.

REMEMBER: It is important to keep your Beneficiary Designation information up to date. See Human Resources at any time to make a change or update information.



Aflac

Aflac offers several supplemental products to Columbia Academy employees, which include:

- Short term disability
- Comprehensive supplement (Accident and Sickness)
- Catastrophic Supplement (Cancer and Specified Health Event)
- Maternity Package
- And more!

Aflac representatives will visit your school to discuss the options available. Or if you prefer, set up an individual meeting by contacting Matt DiPasquale at 443-695-5969 or matthew_dipasquale@us.aflac.com.

Legal Shield and Identity Theft Shield

You have the option to purchase LegalShield and Identity Theft Shield. These benefits are fully paid by you.

LegalShield provides you and your family with affordable legal services in most legal situations. These include preventative legal services, motor vehicle services, trial defense and IRS audit services to name a few.

Identity Theft Shield provides you with monitoring of your name, DOB, credit card accounts, passport numbers, SSN, medical IDs, phone numbers, emails, driver license number, bank accounts, address change, etc. 24 hours a day, 7 days a week. They will also work with you to restore your identity completely.

For more information visit www.charmcity.org or www.greatlegalbenefit.com.



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 within 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. 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 these benefits, call your health plan administrator.



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 Columbia Academy 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. Columbia Academy 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 Aetna 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 Columbia Academy 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 Columbia Academy 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
- 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, 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.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	KANSAS – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
ALASKA – Medicaid	KENTUCKY – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
ARKANSAS – Medicaid	LOUISIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	MAINE – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
FLORIDA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
GEORGIA – Medicaid	MINNESOTA – Medicaid
Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739
INDIANA – Medicaid	MISSOURI – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
IOWA – Medicaid	MONTANA – Medicaid
Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084

NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEVADA – Medicaid Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493
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	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	WEST VIRGINIA – Medicaid Website: http://mywhipp.com/ Phone: 1-855-MyWVHIPP (1-855-699-8447)
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462	WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa opr@dol.gov and reference the OMB Control Number 1210-0137.

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

