2023-2024 Enrollment Guide

Introduction

Open enrollment is your opportunity to revisit your current benefits elections and make changes should the needs of you and your family members have changed.

Outside of our annual open enrollment period, there are limited opportunities to make changes to your benefits so please take this time to read through the information in this guide thoroughly.

We want to make sure you're getting the most out of our benefits—that's why we've put together this enhanced benefits guide for you. It will act as a resource for you to access our carrier portals using the clickable links that are embedded throughout our guide.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to contact the human resources team.

Table of Contents

Eligibility And Enrollment

Who is Eligible

If you're a full-time employee, you're eligible to enroll in the benefits outlined in this guide. You may also enroll your spouse, and legal dependents.

Dependents are eligible to participate until they attain the age of 26.

How to Enroll

Employees that are not currently enrolled in our group health and dental plans, but would like to be, must complete an enrollment form. If you are waiving either of these options, you must complete an annual waiver form. Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you have a Qualified Life Event

How to Make Changes

Unless you experience a **Qualifying Life Event** (that permits a Special Enrollment window for our benefits), you cannot make changes to your benefits until our next annual open enrollment period in 2024.

Examples of qualifying life events include:

- ✓ Marriage, divorce or legal separation
- ✓ Birth or adoption of a child
- ✓ Change in child's dependent status
- ✓ Death of a spouse, child or other qualified dependent
- ✓ Change in residence
- ✓ Change in employment status or a change in coverage under another employer-sponsored plan

Medical

We are happy to announce, effective July 1, 2023, the REACH medical plan will be moving to Harvard Pilgrim. Our new plan will have a lower overall deductible, and no reimbursement program will be required.

The new plan is an HMO, which requires that you list a Primary Care Physician (PCP) for all covered members, as well as receive referrals to see a specialist.

The chart below provides an overview of the plan benefits, and the following page includes HPHC Specific information.

Medical Glossary and Terms: [Click Here]

	Advantage PPO $1,000	
Deductible	**$1,500 Individual / $3,000 Family**	
Out of Pocket Maximum	**$5,000 Individual / $10,000 Family**	
Office Visit Preventive	**$0**	
Office Visit General	**$40**	
Office Visit Specialist	**$70**	
Emergency Room	**Deductible Then $750**	
Inpatient Admission	**Deductible Then $1,000**	
Outpatient Surgery	**Deductible Then $1,000**	
Lab Test & X-Rays	**Deductible Then $25**	
High Tech Imaging	**Deductible Then $1,000**	
Durable Medical Equipment	**Deductible Applies**	
Prescriptions	**Retail (30)**	**Mail (90)**
Generic	**$15**	**$30**
Preferred Brand Name	**$45**	**$90**
Non-Preferred Brand Name	**$90**	**$180**
Specialty	**20% / 40%**	**Not Covered**

Contributions

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Employee Cost	$87.00	$222.00	$205.00	$294.00

Medical Resources and Tools

The right set of tools helps you get the most out of your health care. HPHC online portal (click here) offers a number of online tools and resources to help you save money, stay healthy, and seek guidance for health concerns and conditions.

HPHC members can save on a wide range of products and services to help you live a healthy life.

Doctor On Demand:

Using the Doctor On Demand app or website, members can receive treatment for common medical conditions such as cold & flu, asthma & allergies, bronchitis & sinus issues, upset stomach, rashes & skin issues, UTIs and eye issues.

Physicians can send prescriptions directly for pick-up at your local pharmacy. After each video visit, you can rate your experience and write a do

Download the Doctor On Demand app or create an account at doctorondemand.com

Harvard Pilgrim Wellness

Log in HERE to start earning up to $120 in gift cards!

If you don't participate in our medical coverage or if you're a covered dependents, you can participate in a separate program, where you have the ability to earn points towards monthly gift card drawings.

Visit harvardpilgrim.org/livingwellcommunity to get started.

Click on the following links:

Create a HPHC Account

Find a Provider

2023 Prescriptions information (RX)

Discounts and Savings

Mobile App - Apple 

Mobile App – Google Play

Fitness Reimbursement (must be logged in)

Flex Provider Information

Alternative medicine support

Most Harvard Pilgrim plans include coverage for acupuncture. In addition, your membership provides discounts on alternative medicine services including yoga practitioners, tai chi, and our Mind the Moment program.

Click Here to learn about our Mind the Moment program

Strong provider network choice

You can choose from the doctors and hospitals you know and trust—more than 80,000 doctors and other clinicians in the region and 183 hospitals participate in the Harvard Pilgrim network.

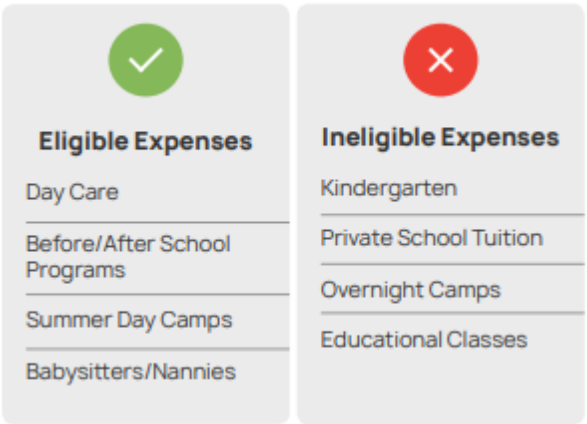
Doctors in Harvard Pilgrim's network also practice in all kinds of settings—small offices, group and hospital-based practices.

Flexible Spending Account

Health FSA

Our Health Care FSA benefit through **London Health** allows you to contribute pre-tax dollars to pay for qualified medical, dental and vision expenses. Dollars invested in a Health Care FSA are tax-free, and the entire election amount is available on the first day of the plan year. That makes an FSA a great tool for saving money, especially when big expenses are anticipated.

- You may **elect up to $3,050.**
- In 2023, you will be allowed to rollover $570 of unspent funds into the new 2023-2024 plan year. The rollover feature requires a $25 minimum for funds to rollover.
- In 2023, you will be allowed to rollover $610 of unspent funds into the new 2024-2025 plan year. The rollover feature requires a $25 minimum for funds to rollover.
- Remember, it's recommended that you contribute the amount of money you expect to pay out-of-pocket this plan year.
- At the end of the plan year unspent funds, over the rollover amount, will be forfeited.



What are the benefits of FSAs?

- FSAs can save you money. Contributions are pre-tax, your taxable income can be decreased by your contributions, and you pay for eligible expenses with pre-tax dollars.

It can be a triple tax savings.

Health FSA funds are subject to a **use-it-or-lose-it rule**, which means that any funds that are unspent by the end of each plan year are forfeited to the account holder's employer.

Any employee participating in the Health FSA or DCA will need to complete a new enrollment each new plan year – your elections for FSA and DCA do *not* rollover.

Remember to keep track of your contributions and remaining funds through the year.

Click on the following links:

London Health Portal

Learn More about FSAs

Mobile App

FSA Store

502 (FSA)Eligible Expenses (begins on page 5)

Dental

Our dental plan is with Guardian for the 2023 plan year. In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and x-rays.. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. The below chart provides an overview of the dental option available to you and your family.

In Network providers are contracted to provide their services at discounted rates and Out of Network providers are not. The carrier will pay 90th UCR (what 9 out of 10 area doctors charge) for Out of Network providers' services.

	Guardian	
	PPO Dentist	All Other Dentist
Calendar Year Maximum (Per Member)	$1,500	
Calendar Year Deductible	$0 Ind / $0 Family	$50 Ind/ $150 Family
Type I Services (Diagnostic & Preventive)	100%	
Type II Services (Basic Restorative)	20%	Ded. Applies then 20%
Type III Services (Major Restorative)	50%	Ded. Applies then 50%
Orthodontia	Covered 50% up to $1,000 lifetime maximum Dependents covered up to age 19	

Dental Resources and Tools:

Guardian Member Portal: Click Here

Find a provider (PPO): Click Here

Don't forget to download the **mobile app.**

Contributions

	Employee Only	Family
Employee Cost	$9.00	$28.00

Calendar Year Maximum Roll Over Benefit

- ✓ During the calendar year, if your total claims don't exceed: $700
- ✓ To use in the next year and beyond, Guardian will **rollover**: $350*
- ✓ Rollover totals are capped at $1,250

Minimize your out-of-pocket expense for dental care by asking your dentist for **a pre-treatment estimate** from Guardian before major treatment.

This lets you know in advance what the plan will pay, and the difference you will be responsible for.

Life And Disability

Group Life & AD&D

We provide company paid Life & Accidental Death & Dismemberment benefits for our full time employees. Your amount of accidental death and dismemberment (ad&d) benefit is equal to the life benefit.

Management - $35,000
All Other Full Time Employees - $25,000

Long Term Disability (LTD)

Monthly benefit percentage: 60% of salary
Maximum Benefit: $4,000 per month
Maximum duration: SSNRA

Benefits begin after 180 days to align with MA PFML benefits.

Your LTD payments may be offset by MA PFML benefits if applicable

Accident & Critical Illness

We will continue to offer Accident and Critical Illness plans now administered by Guardian. These plans are voluntary, and paid by you as the employee. You are eligible to enroll your spouse and dependents in these plans as well.

Critical Illness benefits will pay you, as the member, a flat benefit amount if you are diagnosed with a covered critical illness (Cancer, Heart Attack, Stroke, and many more). Rates are based on your age, and coverage election amount.

Accident benefits will pay you a benefit amount based on your type of accident or follow up treatment (ER visit pays $150, Hospital Admission pays $1,000, X-Rays pay $50, plus many more). Rates are based on if you enroll as a single individual, or if you enroll with a spouse and/or dependents.

Guardian Value-Added Benefits

Employee Assistance Plan (EAP)

WorkLife Matters/ Integrated Behavioral Health is Guardian's comprehensive Employee Assistance Program (EAP) that we provide to you at no cost. With WorkLife Matters, employees can receive support services to assist you and your families with a variety of issues such as:

Health	Family	Financial
• Stress management	• Parenting support	• Legal issues
• Mental wellness	• Child and elder care	• Will preparation
• Physical wellness	• Grief and loss	• Taxes and debt
• Healthy living	• College planning	• Financial planning
• Overall wellbeing	• Special needs help	• ID theft services

Travel Planning

- Travel intelligence, alerts and destination information
- Pre-travel immunization information, health planning, and travel medical kits
- International medical insurance and claims administration
- Preventive security training, assessments, and contingency planning
- Executive protection services

Specialized Security Resources

- Available for sensitive and complex emergency security situations
- Available at all times for a safe and speedy response
- Embassy and consular assistance

Worldwide Physician and Hospital Referrals

- Qualified hospitals and facilities
- Multi-lingual services at medical facilities
- Patient accommodations and accessibility

Medical Transportation Services

- Qualified and responsive personnel worldwide
- Up-to-date equipment and technology
- International and regional providers

Emergency Response

- 24/7 multi-lingual assistance operations
- Emergency travel arrangements
- Emergency prescription replacement
- Lost document assistance

Worldwide Physician and Hospital Referrals

- Qualified hospitals and facilities
- Multi-lingual services at medical facilities
- Patient accommodations and accessibility

Please see benefit plan documents for full details.

Annual Notifications

Special Benefit for Maternity and Infant Coverage

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

Special Benefit for Women's Health Coverage

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") requires group health plans, insurance issuers and HMOs who already provide medical and surgical benefits for mastectomy procedures to provide insurance coverage for reconstructive surgery following mastectomies. This expanded coverage includes (i) reconstruction of the breast on which the mastectomy has been performed, (ii) surgery and reconstruction of the other breast to produce a symmetrical appearance, and (iii) prostheses and physical complications at all stages of mastectomy, including lymphedemas. These procedures may be subject to annual deductibles and coinsurance provisions that are similar to those applying to other medical or surgical benefits provided under the Group Medical Coverage Feature. For answers to specific questions regarding WHCRA benefits, contact the Plan Administrator. Additional state laws may be applicable as more fully described in other materials detailing your medical benefits.

CMS Letter

We have attached the annual CMS notification letter to this open enrollment letter for your convenience. This letter is to certify that our prescription drug program is as good as or better than that offered by Medicare.

CHIPRA

We will also provide you with a copy of the new annual CHIPRA notification and contact information. If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums

Continue Group Health Plan Coverage

COBRA continuation coverage is the temporary extension of group health plan coverage that must be offered to certain participants and their eligible family members and their eligible dependents at group rates. The right to COBRA continuation coverage is triggered by the occurrence of a life event that results in the loss of coverage. The coverage must be identical to the coverage that the member had immediately before the Qualifying Event occurred. See Human Resources for information on COBRA continuation coverage.

This important notice only applies to "REACH, Inc." employees or their dependents who currently participate in our group health & prescription drug coverage who are also eligible (or will soon be eligible) for Medicare.

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 REACH, Inc. 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. REACH, Inc. has determined that the prescription drug coverage offered by Harvard Pilgrim Health Care 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 and maintain your current REACH, Inc. coverage, your current REACH, Inc. coverage will not be affected. However, you should inform REACH, Inc. that you also have a Medicare drug plan so that your prescription drug coverage will be coordinated. Please note that your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits as long as you remain an eligible employee. You should carefully research the cost and benefits of maintaining two prescription drug plans before making this decision.

If you do decide to join a Medicare drug plan and drop your current REACH, Inc. coverage, be aware that you and your dependents will only be able to get this coverage back under limited circumstances. In order to get this coverage back for you and your dependents, you must be eligible for health plan benefits and you will only be able to enroll yourself and your dependents upon open enrollment of if you have a loss of coverage that qualifies under special enrollment rights.

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 REACH, Inc. 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 a new copy of this notice if this coverage through your employer 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).

Date:	May 2023
Name of Entity/Sender:	REACH, Inc.
Contact--Position/Office:	Laureen Guilderson
Address:	20 Middle St., Plymouth, MA 02360
Phone Number:	(508)747-4115

***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 January 31, 2021. Contact your State for more information on eligibility –

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	**COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
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	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	**FLORIDA-Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840
INDIANA-Medicaid	**MINNESOTA-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: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA-Medicaid and CHIP (Hawki)	**MISSOURI-Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS-Medicaid	**MONTANA-Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KENTUCKY-Medicaid	**NEBRASKA-Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA-Medicaid	**NEVADA-Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE-Medicaid	**NEW HAMPSHIRE-Medicaid**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY-Medicaid and CHIP	SOUTH DAKOTA-Medicaid
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	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK-Medicaid	**TEXAS-Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA-Medicaid	**UTAH-Medicaid and CHIP**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA-Medicaid	**VERMONT-Medicaid**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA-Medicaid and CHIP	**VIRGINIA-Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
OREGON-Medicaid	**WASHINGTON-Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA-Medicaid	**WEST VIRGINIA-Medicaid**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND-Medicaid and CHIP	**WISCONSIN-Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA-Medicaid	**WYOMING-Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2021, 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 1/31/2023)