



# EMPLOYEE BENEFIT GUIDE



December 1, 2021 -  
November 30, 2022  
Plan Year



Owner



# WHAT'S INSIDE?

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Benefit Overview

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Glossary of Medical Terms

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Important Contact Information

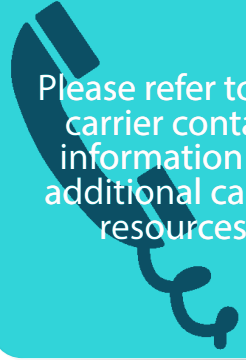
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Annual Required Notices

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Please refer to the carrier contact information for additional carrier resources.

This guide is designed to help you understand your benefits program so that you may make informed decisions about your health care. It provides an overview of the benefits that you are eligible to participate in. Please review this information carefully, and select the most appropriate option for you and your dependents.



## Important Notice

For complete details, including plan terms, exclusions, and limitations, please refer to your carrier booklets. In the event of ambiguity, or inconsistency between this guide and the carrier booklet, the provisions of the insurance documents shall supersede the information listed in this guide.

# ENROLLMENT PROCESS

## What is the Cost?

Listed below is the **monthly** cost to enroll in our benefit plans. These rates are valid from December 1, 2021 through November 30, 2022.

Medical	Base	Buy-up
Employee	\$0.00	\$149.80
Employee + Spouse/DP*	\$0.00	\$332.00
Employee + Spouse/DP**	\$587.60	\$919.60
Employee + Child(ren)	\$0.00	\$289.80
Employee + Family*	\$0.00	\$471.90
Employee + Family**	\$587.70	\$1,059.60

Dental	
Employee	\$42.95
Employee + Spouse/DP*	\$89.50
Employee + Child(ren)	\$93.05
Employee + Family	\$139.60

Vision	
Employee	\$0.00
Employee + Spouse/DP*	\$0.00
Employee + Child(ren)	\$0.00
Employee + Family	\$0.00

DP = Domestic Partner

Premiums are automatically deducted pre-tax unless you instruct HR otherwise. You may not make changes to your elections mid-year when premiums are deducted pre-tax, unless you experience a permitted election change event. In that case, generally you have 30 days from the time of the event to make a change.

### Spouse/Domestic Partner Coverage:

\*If your spouse/DP is not eligible for employer-sponsored or other group coverage, TRICO will pay for 100% of their medical premium. If you want coverage for your spouse/DP under SGWS Top Shelf Benefits, you must complete and submit a Working Spouse Affidavit. This form certifies that he or she is not eligible for medical/Rx benefits through their employer or other group coverage.

\*\*If your spouse/DP is eligible for employer-sponsored or other group coverage and you wish to enroll them in TRICO's medical plan, you will be responsible for the full monthly premium of their coverage.

If you cover a domestic partner (or domestic partner's dependents) deductions will be taken on a post-tax basis unless your domestic partner qualifies as a dependent under Internal Revenue Code Section 152. In addition, unless your domestic partner qualifies under IRC section 152, our contribution to your domestic partner's premium will be included in your taxable income.

# ENROLLMENT PROCESS

Buy-up (Employee-Paid) Life Insurance	
Age Band	Employee/Spouse Monthly Rate Per \$1,000
24 and under	\$0.080
25-29	\$0.076
30-34	\$0.087
35-39	\$0.117
40-44	\$0.172
45-49	\$0.266
50-54	\$0.421
55-59	\$0.661
60-64	\$0.927
65-69	\$1.502
70-74	\$2.979
75 and over	\$6.135
Monthly AD&D Rates per \$1,000	
Dependent Child per \$1,000	\$0.113
Adult AD&D per \$1,000	\$0.046
Child AD&D per \$1,000	\$0.007

Base Life Insurance (\$15,000)	
Monthly Rate	
Employee	\$0.00

Base Long-Term Disability (\$1,000 Max. Monthly)	
Monthly Rate	
Employee	\$0.00

Buy-up Long-Term Disability	
Monthly Rate Per \$100 of Benefit	
Employee	\$0.410

To calculate your monthly premium, and for more information regarding the rules and guidelines for coverage, please refer to the Life and Disability section on pages 11-12 of this booklet.

# HEALTH AND WELLNESS

## Medical and Prescription Drug Benefits

Plan Features - Base	Regence	
	In-Network Preferred Network	Out-of-Network Non-Contracted*
<b>Calendar Year Deductible</b>	\$3,000 Individual \$9,000 Family	
<b>Calendar Year Out-of-Pocket Maximum</b>	\$7,150 Individual \$14,300 Family	
<b>Coinsurance</b>	30%	50%
<b>Preventive Care</b>	Covered in full deductible waived	50% after deductible
<b>Physician Office Visits</b> (Non-Preventive)	\$30 copay deductible waived	50% after deductible
<b>Specialist Office Visits</b>	\$30 copay deductible waived	50% after deductible
<b>Spinal Manipulations</b> (10 visits per calendar year)	30% after deductible	50% after deductible
<b>Outpatient Lab and Radiology</b>	30% after deductible	50% after deductible
<b>Complex Lab and Radiology</b>	30% after deductible	50% after deductible
<b>Inpatient Hospital Care</b>	30% after deductible	50% after deductible
<b>Emergency Room</b>	\$100 copay, then 30% after deductible	
<b>Retail Prescription Drugs</b> (30 Day Supply)	\$10 / \$35 / \$75 deductible waived	
<b>Mail Order Prescription Drugs</b> (90 Day Supply)	\$30 / \$105 / \$225 deductible waived	

\*Out-of-network providers may balance bill you for charges over their in-network allowed amount. Balance billing amounts do not accrue toward your out-of-pocket maximum.

### Advice 24

Speak to a licensed nurse 24 hours a day, 7 days a week. The nurse line will help you decide: whether and where to seek medical care, what to do when you or a family member is ill or injured, determine if a condition is a medical emergency, how to treat minor medical conditions at home, understand medical tests, results, and medications, prepare for doctor visits, and make healthy lifestyle choices. This service is available at no cost to you.

### Doctor on Demand

Your health plan includes telehealth powered by Doctor on Demand, which offers board-certified physicians any time by video chat using your computer or the app - 24/7. Doctor on Demand is a good resource if you or your family is not feeling well outside of business hours. Doctors may diagnose and provide treatment options for a variety of minor health concerns.

## Medical and Prescription Drug Benefits

Plan Features - Buy-up	Regence	
	In-Network Preferred Network	Out-of-Network Non-Contracted*
<b>Calendar Year Deductible</b>	\$1,000 Individual \$3,000 Family	
<b>Calendar Year Out-of-Pocket Maximum</b>	\$4,500 Individual \$9,000 Family	
<b>Coinsurance</b>	20%	40%
<b>Preventive Care</b>	Covered in full deductible waived	40% after deductible
<b>Physician Office Visits</b> (Non-Preventive)	\$20 copay deductible waived	40% after deductible
<b>Specialist Office Visits</b>	\$20 copay deductible waived	40% after deductible
<b>Spinal Manipulations</b> (10 visits per calendar year)	20% after deductible	40% after deductible
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# HEALTH AND WELLNESS

## Dental Benefits

The dental plan is underwritten by Delta Dental of WA and is 100% paid by the employee. For more information, refer to the Delta Dental booklet.

Plan Features	Delta Dental of WA	
	Delta Dental PPO	Premier and Nonparticipating*
Calendar Year Deductible	\$50 Individual \$150 Family	
Calendar Year Benefit Maximum	\$1,000 per individual	
Class I: Preventive & Diagnostic Services	Covered in full deductible waived	20% after deductible
Class II: Basic & Restorative Services	20% after deductible	30% after deductible
Class III: Major Services	50% after deductible	60% after deductible

\*Nonparticipating dentists may bill you the difference between their billed charges and their contracted amount.

## Vision Benefits

Plan Features	LifeMap
	VSP Choice
Copays	\$10 exam copay \$25 contact lens exam copay \$25 glasses copay
Exam	Once every 12 months
Lenses	Once every 12 months
Frames	\$130 allowance Once every 24 months
Contact Lenses	\$130 allowance in lieu of hardware Once every 12 months

\*Out-of-network benefits are based on an allowance schedule. Please see carrier summary for further details.



## HRA Plan Benefits

In conjunction with the benefit plan options you have a health reimbursement arrangement (HRA) with Accrue CMS. The HRA will reimburse the first \$1,000 of medical, dental and vision expenses for you and your family. You can submit for reimbursement at any time throughout the year and have 90 days to turn in a claim after the plan year ends.

**An HRA is used to pay for out-of-pocket health care expenses such as deductibles, office visit copays, vision expenses, dental services, and prescription drug copays.**

## Reimbursement Process

The process to submit a claim for reimbursement is outlined below:

**Step 1:** When a claim is incurred you will receive the following:

- ✓ Provider Bill
- ✓ An Explanation of Benefits (EOB) from Regence

**Step 2:** Submit the Regence EOB along with the claim form to Accrue CMS for reimbursement.

**Step 3:** Accrue CMS will reimburse you with a check or direct deposit.

**Step 4:** Pay your provider.

A copy of the reimbursement request form can be obtained at [cobramanagement.com](http://cobramanagement.com), or call (866) 517-7580.

**Please note:** You must file claims by February 28, 2023 in order to receive reimbursement.

Mailing Address	Claim Phone Number
PO Box 53525 Bellevue, WA 98015	(888) 882-1498 Option 2

# HEALTH AND WELLNESS

## Employee Assistance Program (EAP)

Your LifeMap plans offer you and your eligible family members an Employee Assistance Program (EAP) through LifeMap. The EAP provides confidential, immediate, professional assistance with any issues that create stress or anxiety in your life. Counselors are available by phone 24 hours a day, 7 days a week. In addition, LifeMap provides up to 3 face-to-face counseling sessions per concern. There is no cost to you for this benefit.

Contact LifeMap: 1 (800) 794-5390 or visit [www.lifemapco.com](http://www.lifemapco.com)

## Worldwide Travel Assistance

We offer a travel assistance program through LifeMap. Whenever you travel 100 miles or more from home --- to another country or just another city --- be sure to pack your worldwide emergency travel assistance phone number! Travel assistance speaks your language, helps you locate hospitals, embassies and other "unexpected" travel destinations. Just one phone call connects you and your family to medical and other important services 24 hours a day.

Contact LifeMap: 1 (800) 794-5390 or visit [www.lifemapco.com](http://www.lifemapco.com)



# LIFE AND DISABILITY PLANS

## Base Life and AD&D Insurance

We provide Life and AD&D Insurance through LifeMap for anyone enrolled in the Regence medical plan in the amount of \$15,000 for life insurance and \$15,000 for AD&D.

LifeMap	
Benefit Amount	\$15,000
Benefit Reductions due to age	Begin at age 65

## Buy-up Life/AD&D Insurance

You have the option to purchase buy-up life/AD&D insurance for yourself and your eligible dependents at competitive group rates through convenient payroll deductions. You must enroll in buy-up life/AD&D insurance in order for your dependents to elect coverage.

Buy-up Life/AD&D Insurance Options	Employee	Spouse	Child(ren)
<b>Increments</b>	\$10,000	\$10,000	\$2,000
<b>Maximum</b>	5x Earnings or \$300,000	100% of your election or \$300,000	\$10,000
<b>Guarantee Issue*</b>	\$40,000	\$20,000	\$10,000

\*The amount of life insurance available to an eligible applicant without having to provide proof of good health upon initial (Evidence of Insurability).

### Important Notes:

If electing coverage after your initial eligibility period or electing coverage over the guarantee issue amount, you must provide evidence of insurability.

If you purchase life insurance when first eligible, you may purchase a \$10,000 increment up to the guarantee issue amount at each open enrollment without having to provide evidence of insurability.

Certain restrictions may apply if you are not actively at work, or if your dependents are disabled, on the date supplemental life/AD&D insurance would otherwise take effect.

### Life/AD&D Monthly Premium Calculation

To calculate your monthly deduction, use the formula below:

$$\frac{\text{Desired Benefit}}{1,000} \times \text{Rate (from pg. 5 table)} = \text{Estimated Monthly Deduction}$$

# LIFE AND DISABILITY PLANS

## Base Long-Term Disability

We provide long-term disability insurance which pays you a portion of your earnings if you cannot work due to a disabling illness or injury.

Base Long-Term Disability (LTD) Benefit	
Benefit Percentage	60% of monthly earnings
Maximum Monthly Benefit	\$1,000
Maximum Covered Salary	\$20,000
Elimination Period	90 days
Maximum Benefit Duration (Own Occupation)	24 months
Maximum Benefit Duration (Any Occupation)	Up to Social Security Normal Retirement Age
Taxable Benefit	Yes

## Buy-up Long-Term Disability

You may choose to purchase buy-up long-term disability insurance. Buy-up rate applies to the total benefit, which includes the buy-up benefit amount, for the employees who elect this option. The monthly rate is \$0.41. Please refer to the LifeMap summary for detailed information.

Supplemental Long-Term Disability (LTD) Benefit	
Benefit Percentage	60% of monthly earnings
Maximum Monthly Benefit	\$10,000
Maximum Covered Salary	\$200,000
Elimination Period	90 days
Maximum Benefit Duration (Own Occupation)	24 months
Maximum Benefit Duration (Any Occupation)	Up to Social Security Normal Retirement Age
Taxable Benefit	Yes

### Long-Term Disability Monthly Premium Calculation

To calculate your monthly deduction, use the formula below:

$$\frac{\text{Monthly Earnings}}{100} \times 0.41 = \text{Estimated Monthly Premium}$$

Please note, benefit payments do not begin until the end of the elimination period. Your maximum benefit duration is determined by the carrier based on documentation from your provider. If you become disabled due to a condition that existed prior to your effective date of coverage, there may be a waiting period before you receive disability payments. For more information please refer to your benefit booklet.

# GLOSSARY OF MEDICAL TERMS

## Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your out-of-network provider charges more than the allowed amount, you may have to pay the difference.

## In-Network

The facilities, providers, and suppliers that your health insurer or plan has contracted with to provide health care services.

## Balance Billing

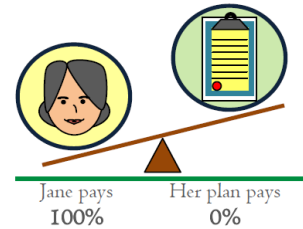
When an out-of-network provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. An in-network provider may not balance bill you for covered services.

## Copayment

A fixed amount (for example, \$20) you pay for the covered health care service, usually when you receive the service. The copayment amount does not apply to the deductible, but applies to the out-of-pocket maximum.

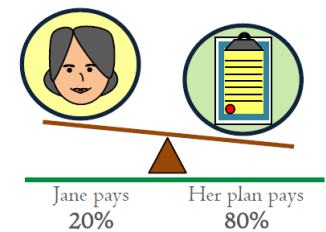
## Deductible

The amount you owe for health care services, your health insurance covers, before your health insurance begins to pay. For example, if your deductible is \$500, your plan won’t pay anything until you’ve met your \$500 deductible for covered services subject to the deductible. The deductible does not apply to all services.



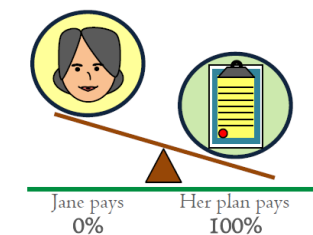
## Coinsurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe.



## Out-of-Pocket Maximum

The most you pay during a calendar year before your health insurance or plan begins to pay 100% of allowed amount for in-network covered services. The limit includes office visit copays, prescription drug copays, deductibles and coinsurance.





# Insurance Assistance

## AP's Employee Service Center

A FREE & CONFIDENTIAL SERVICE

Benefit advocates are specially trained individuals who can assist with benefit questions and claim issues for you and your covered family members.

### EXAMPLES OF BENEFIT QUESTIONS

- What are my benefits?
- How much of my deductible have I met?
- Does this service require prior authorization?
- How do I find an in-network provider?

### EXAMPLES OF CLAIM QUESTIONS

- Why was my claim denied?
- Why did my insurance only pay part of the bill?
- How do I submit a claim?
- How do I file an appeal for a denied service?

### OTHER SERVICES

- Ordering ID Cards
- COBRA Questions
- Medicare Referrals
- Individual Coverage Referrals
- Eligibility/Enrollment Questions

(206) 343-4175 OR (888) 343-3330  
 TTY/TDD: (206) 748-9578 OR (855) 877-4726  
 Email: [mcm.trico@assuredpartners.com](mailto:mcm.trico@assuredpartners.com)

Monday-Friday  
 7:30 AM to 5:00 PM PST  
 Language Interpretation Services Available

## Carrier Contacts

Carrier	Coverage	Customer Service Contact	Website
Regence	Medical/Rx Group #: 10030826	Member Services: 877.508.7358 Advice24: 800.267.6729	Network: Preferred <a href="http://www.regence.com">www.regence.com</a>
Delta Dental of WA	Dental Group #: 13646	Member Services: 800.554.1907	Network: Delta Dental PPO <a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a>
LifeMap (partnered with VSP)	Vision Group #: WA301049	Member Services: 800.877.7195	Network: VSP Choice <a href="http://www.vsp.com">www.vsp.com</a>
LifeMap	Life & Disability Group #: WA301049	Member Services: 800.794.5390	<a href="http://www.lifemapco.com">www.lifemapco.com</a>
LifeMap	EAP/Travel Assistance	Member Services: 800.794.5390	<a href="http://www.lifemapco.com">www.lifemapco.com</a>
Accrue CMS	Health Reimbursement Arrangement (HRA)	Member Services: 866.517.7580	<a href="http://cobramanagement.com">cobramanagement.com</a>

Visit the websites above for more information about carrier resources. Most carriers have mobile apps, provider network search capabilities, cost provider estimator tools, and much more.

# IMPORTANT INFORMATION

## Conversion and Portability Rights

You may have the option to keep your life/AD&D, supplemental life/AD&D and/or long-term disability coverage through either the conversion or portability provisions of the contract. You must apply within 31 days from the date of termination. For information about these options please contact Human Resources.

## Permitted Mid-Year Election Change Events

In most cases, once you have made your benefit elections for the plan year, you cannot change them until the next annual open enrollment period, unless you experience a permitted election change event. These include:

- Change in legal marital status (marriage, divorce, legal separation)
- Gain or loss of eligibility by one of your dependents
- Birth, adoption, or placement for adoption
- Loss of other health coverage by employee, spouse, or dependent(s)
- Gain or loss of eligibility for Medicare or Children's Health Insurance Program (CHIP)
- Change in coverage under another employer health plan

If you experience an event that allows you to make changes to your benefit elections, notify Human Resources within 30 days of the event (60 days in the case of birth or adoption). You may need to provide proof of the change, such as a marriage or birth certificate. For more information regarding permitted mid-year election changes, please contact Human Resources.

## Notice of Special Enrollment Rights

You may be eligible to participate in TRICO Companies's Group Health Plan. A federal law called HIPAA requires that we notify eligible participants about the right to enroll in the plan under its "special enrollment provision."

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your

dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage or within 60 days after birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

All questions about the plan's special enrollment provision should be directed to Human Resources.

## Notice of the Women's Health and Cancer Rights Act

This notice is being sent to you as required by the Women's Health and Cancer Rights Act of 1998, which states you must be advised annually of the presence of benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry of the breasts, prostheses and complications resulting from a mastectomy. Please refer to your



# IMPORTANT INFORMATION

medical benefit booklet for additional information. Benefits for these services may be subject to annual deductibles and coinsurance consistent with those established for other benefits.

## **Notice of Creditable Prescription Drug Coverage Medicare Part D – Prescription 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 TRICO Companies 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. TRICO Companies has determined that the prescription drug coverage offered by TRICO Companies health and welfare plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7.

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 TRICO Companies coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current TRICO Companies coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the Human Resources Department or your Benefit Advocate for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

### 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 TRICO Companies 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 TRICO Companies 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.

# IMPORTANT INFORMATION

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).

**Date:** December 1, 2021

**Name of Entity/Sender:** TRICO Companies

**Contact--Position/Office:** Olivia Schatz

**Address:** 15066 Josh Wilson Road, Burlington, WA 98233

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

To see if any other states have added a premium assistance program since July 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](http://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](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

# IMPORTANT INFORMATION

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

OMB Control Number 1210-0137 (expires 1/31/2023)

# IMPORTANT INFORMATION

## ALABAMA – Medicaid

Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

## ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com) Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

## ARKANSAS – Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

## CALIFORNIA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

## COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado: <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

## FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

## GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162 ext 2131

## INDIANA – 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

## IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members> Medicaid Phone: 1-800-338-8366  
Hawki Website: <http://dhs.iowa.gov/Hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP Phone: 1-888-346-9562

## KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/default.htm>  
Phone: 1-800-792-4884

## KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPP.PROGRAM@ky.gov](mailto: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>

## LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

## MAINE – Medicaid

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

## MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>  
Phone: 1-800-862-4840

## MINNESOTA – Medicaid

Website:  
<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
Phone: 1-800-657-3739

## MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

## MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084

## NEBRASKA – Medicaid

Medicaid Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

## NEVADA – Medicaid

Medicaid Website: <https://dhcfp.nv.gov>  
Medicaid Phone: 1-800-992-0900

## NEW HAMPSHIRE – Medicaid and CHIP

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

# IMPORTANT INFORMATION

## NEW JERSEY – Medicaid and CHIP

Medicaid Website:  
<https://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

## NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
 Phone: 1-800-541-2831

## NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>  
 Phone: 919-855-4100

## NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
 Phone: 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
 Phone: 1-888-365-3742

## OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
 Phone: 1-800-699-9075

## PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>  
 Phone: 1-800-692-7462

## RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
 Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)

## SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>  
 Phone: 1-888-549-0820

## SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>  
 Phone: 1-888-828-0059

## TEXAS – Medicaid

Website: <http://gethiptexas.com/>  
 Phone: 1-800-440-0493

## UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>  
 CHIP Website: <http://health.utah.gov/chip>  
 Phone: 1-877-543-7669

## VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>  
 Phone: 1-800-250-8427

## VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select> <https://www.coverva.org/en/hipp>  
 Medicaid Phone: 1-800-432-5924  
 CHIP Phone: 1-855-242-8282

## WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>  
 Phone: 1-800-562-3022

## WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>  
 Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

## WISCONSIN – Medicaid and CHIP

Website:  
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
 Phone: 1-800-362-3002

## WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
 Phone: 1-800-251-1269



# NOTES







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