

2023 Benefit Summary



What's Inside?

This brochure provides a summary of your options and is designed to help you make your benefit choices and enroll for your coverage. If you have any questions before you enroll, please call the benefit plan providers directly or log on to their web sites for more details. Please see page 7 for contact information.

Who's Eligible?

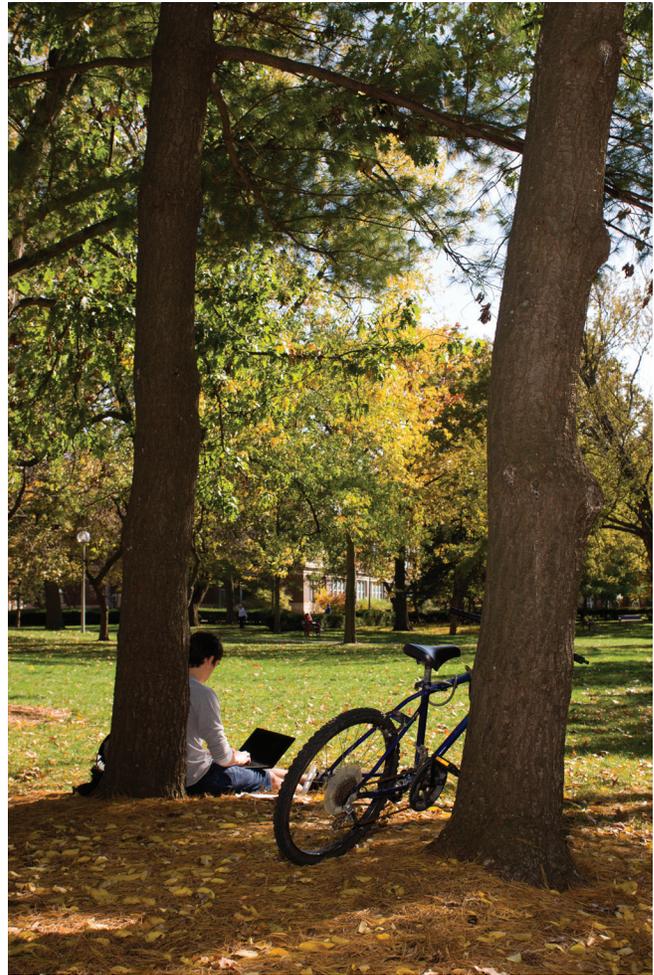
As a full-time active employee, you are eligible for the benefits described in this brochure.

You can also enroll your eligible dependents for coverage. Eligible dependents are your spouse, and children under age 26, and disabled dependents of any age.

Changing Status During the Year

You can change your status during the year when you experience a qualifying event.

Please note: You must notify Human Resources and change your enrollment form within 31 days of a qualified change in status.



Type of Change	Effective Date of Coverage	Documentation Required in Addition to Enrollment Form	Health Insurance, Dental, Vision	Healthcare and Dependent Care Flexible Spending Account
Marriage	1st of month following date of marriage	Marriage certificate Notify HR	Enroll self and/or spouse and stepchild(ren) if applicable	Can change contributions consistent with qualified change in status
Divorce / Legal Separation	End of the month following divorce	Divorce decree Notify HR	Must drop spouse and stepchild(ren) if applicable	
Birth / Adoption	Date of birth / placement	Adoption paperwork is required Notify HR	Can enroll new child	
Dependent Loss of Eligibility (age 26)	End of calendar year following 26th birthday	Notify HR	Must drop dependent	
Death of Dependent	Date of death	Death certificate Notify HR	Must drop dependent	
Termination of Spouse's Employment	1st of month following Date of termination	Notify HR	Can enroll self, spouse and/or child	

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Stay Healthy with Medical Coverage

Administered by Anthem

As a foundation for your good health, Truman provides you with a choice of three medical plan options from Anthem that offer quality, flexibility and value.

Nationwide Medical Benefits

You can receive the in-network level of benefits while traveling. If you obtain services from a non-Anthem provider, benefits will be paid at the out-of-network level. To find an in-network provider from outside the service area and when traveling outside of the United States, call **800.810.2583**. You can also find Anthem providers online at www.anthem.com.

PPO

The Preferred Provider Organization (PPO) options (Plans A and B) from Anthem provide you with a high level of benefits when you use network providers. In general, PPOs offer inexpensive office visits, low to high annual deductibles and a high percentage of coverage when you use in-network providers. The PPO options also provide benefits when you use providers who are not contracted with the network. For such out-of-network expenses, the PPO requires separate, higher annual deductibles and pays a lower percentage of covered expenses.

HSA

The HSA Plan from Anthem provides benefit coverage after a higher in-network annual deductible is satisfied. Qualified high deductible health plans also give you the opportunity to open a Health Savings Account through which your contributions, earnings, and eligible withdrawals are tax-free. Truman will contribute \$1,000 per individual and \$2,000 per family to each employee's HSA in 2023. If you wish to establish a Health Savings Account (HSA), please contact Human Resources for details. Please review the comparison chart below for a summary of medical plan features.

Did You Know?

If you participate in the HSA Plan, you can set up a Health Savings Account (HSA) with a qualified HSA trustee, such as a bank or an insurance company.

Use the money in your HSA to reimburse yourself for qualified healthcare expenses.

If you're generally healthy, you can build a substantial balance in your HSA.

In addition, some preventive medications may be covered in full, prior to the deductible. Please refer to Anthem's Preventive Rx Drug List for these covered medications.

Plan Feature	Plan A		Plan B		HSA Plan (Plan C)*	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible						
Per Person	\$750	\$1,500	\$1,500	\$3,000	\$3,000	\$3,000
Maximum Per Family	\$1,500	\$3,000	\$3,000	\$6,000	\$6,000	\$6,000
Calendar Year Out-of-Pocket Maximum (Medical)						
Per Person	\$2,500	\$6,000	\$5,000	\$10,000	\$5,000	\$10,000
Maximum Per Family	\$5,000	\$12,000	\$10,000	\$20,000	\$10,000*	\$20,000
Calendar Year Out-of-Pocket Maximum (Prescription)					Included in medical out-of-pocket	
Per Person	\$2,000	N/A	\$1,600	N/A		
Maximum Per Family	\$3,000	N/A	\$3,000	N/A		
Lifetime Maximum Benefit	Unlimited		Unlimited		Unlimited	
Per Person						
OFFICE VISITS						
Primary	\$25	50%	\$25	50%	20%	40%
Specialist	\$35	50%	\$35	50%	20%	40%
Allergy Injections only	\$10	50%	\$10	50%	20%	40%
Telehealth with Live Health Online	\$10	N/A	\$10	N/A	\$59	N/A
PREVENTIVE CARE (In-Network is paid at 100%)						
Exams	100%	50%	100%	50%	100%	40%
Screenings	100%	50%	100%	50%	100%	40%
Immunizations (ages vary)	100%	50%	100%	50%	100%	40%

*Some preventive prescriptions now covered at 100% before deductible.

Plan Feature	Plan A		Plan B		HSA Plan (Plan C)*	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
HOSPITAL SERVICES						
Inpatient	20%	50%	20%	50%	20%	40%
Outpatient	20%	50%	20%	50%	20%	40%
MENTAL HEALTHCARE						
Inpatient	20%	50%	20%	50%	20%	40%
Outpatient	\$25	50%	\$25	50%	20%	40%
SUBSTANCE ABUSE CARE						
Inpatient	20%	50%	20%	50%	20%	40%
Outpatient	\$25	50%	\$25	50%	20%	40%
OTHER SERVICES						
Emergency Room (waived if admitted)	\$200 copay	\$200 copay	\$200 copay	\$200 copay	20%	20%
Urgent Care Center	\$50	50%	\$50	50%	20%	40%
Outpatient Diagnostic X-Ray and Lab	20%	50%	20%	50%	20%	40%

*Some preventive prescriptions now covered at 100% before deductible.

Take Your Medicine with Prescription Drug Coverage

If you enroll in a Truman medical plan, prescription drug benefits are available. If you take certain medications on a regular basis, you can save money by purchasing prescriptions by mail order. With mail order prescriptions, you pay less because of discounts and you get convenient home delivery.

Your prescription drug coverage is in the form of a four-tier benefit structure based on their Essential Formulary.

What Is a Formulary?

A formulary is an approved list of safe and effective brand name and generic drugs. Your copay varies, depending on the type of prescription.

Rx Category	Anthem Plans A and B		HSA Plan*/***	
	Retail 30-Day Supply	Mail Order** 90-Day Supply	Retail 30-Day Supply	Mail Order** 90-Day Supply
Level 1—Generic Drugs	\$15	\$30	20%	20%
Level 2—Brand Name Formulary Drugs	\$30	\$60	20%	20%
Level 3—Brand Name Non-Formulary Drugs	\$60	\$120	20%	20%
Level 4—Self-Injectable	20% (\$200 maximum)	20% (\$200 maximum)	20%	20%

*Prescriptions are purchased at retail, and then applied towards your deductible.

**Coverage is in-network only.

***Some preventive prescriptions now covered at 100% before deductible.

Did You Know?

Generic drugs are an excellent value. To help control the rising cost of prescription drugs, use a generic drug whenever possible. By law, the active ingredient(s) in generic and brand name drugs must meet the same standards for purity, strength and quality. Generic drugs cost less because they are created without the costly development, advertising, and sales expenses required for brand name drugs.

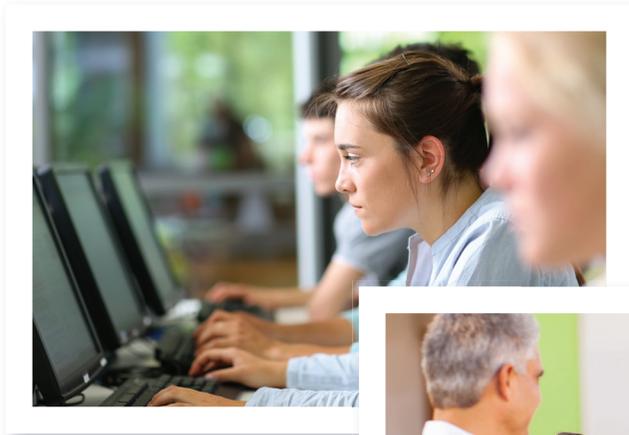


See Clearly with Vision Coverage

Insured by National Vision Administrators

Truman provides you and your covered family members with an opportunity to enroll in vision coverage from National Vision Administrators. The chart below provides plan details.

Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam	\$10 copay	Up to \$40
MATERIALS		
Frames	Covered up to \$150	Up to \$50
Lenses Single Vision Bifocal Trifocal Lenticular	\$25 copay	Up to \$40 Up to \$60 Up to \$80 Up to \$100
Contact Lenses In Addition to Eyeglasses	Covered up to \$150	Up to \$150
LASIK and PRK Vision Correction Procedures	Discounts available	N/A
Frequency Exams Frames Lenses	Once every 12 months Once every 24 months Once every 12 months	Once every 12 months Once every 24 months Once every 12 months



Enhance Your Smile with Dental Coverage

Administered by Delta Dental

Strong teeth and gums are an important part of good health, which is why Truman offers you and your eligible dependents a choice of two dental plans from Delta Dental of Missouri. Review the chart below for a comparison of dental features. Frequency limitations apply to certain services. Please see your Summary Plan Description for more information. As of January 1, 2022, additional discounts are available if a PPO dentist is utilized.

Delta Dental Providers

You may use any licensed dentist; however, you can save more on your out-of-pocket cost when you visit a Delta PPO Dentist. The Delta Dental Premier network also provides cost saving features and is the next best option when you cannot find a Delta Dental PPO dentist. The dentist you choose could affect your cost.

	Plan A (Low Option)	Plan B (High Option)
Calendar Year Deductible Per Person	None	\$50
Calendar Year Maximum Per Person	\$1,000	\$1,000
Class I—Preventive and Diagnostic Care <i>Deductible Waived</i> Exams, prophylaxis, fluoride, bitewing x-rays, sealants	100%	100%
Class II—Basic Restorative Care Fillings, simple extractions, periapical / full mouth x-rays	Not covered	80%
Class III—Major Restorative Care Crowns, dentures, partials, bridges, oral surgery, surgical extractions, periodontics, endodontics	Not covered	50%
Orthodontic Care For child up to age 19 Orthodontia Lifetime Maximum, Per Person	Not covered N/A	1st Benefit Period: N/A 2nd Benefit Period: N/A 3rd Benefit Period: 50%

Flexible Spending Accounts

Administered by ASIFlex

Flexible spending accounts (FSAs) save you money by allowing you to pay for certain out-of-pocket healthcare and dependent care expenses with pretax dollars. Each year you will have the opportunity to participate in the FSAs and elect the amount you want to contribute to one or more of the FSAs. Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account(s). In 2023, you may contribute up to:

Healthcare Expense Account—\$2,850 per year

Dependent Care Account—\$5,000 per year (\$2,500 if you are married and file your taxes separately)

If you enroll in the HSA Plan with a Health Savings Account ... the FSA can be used for unreimbursed dental and vision expenses as well as dependent care.

As you incur eligible expenses throughout the plan year, you submit a claim form along with documentation of the expense and you are reimbursed with funds from your FSA account. For a complete list of eligible expenses, visit www.irs.gov.

Protect Your Loved Ones with Life and AD&D Insurance

Insured by The Standard

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed. Your coverage amount will be paid to the beneficiary of your choice. Coverage amounts begin to reduce at age 65.

Basic Employee Life and AD&D

Truman pays for coverage in the amount of one times your annual salary up to a maximum of \$200,000.

Accidental Death

If your death is due to an accident, your beneficiary will receive an additional amount equal to your life insurance coverage.

Beneficiaries

Please remember to update your beneficiary designation!

Dismemberment

In the event of an accidental dismemberment, you will receive a scheduled benefit amount corresponding to the loss. Please see your Summary Plan Description for details.

Additional Life and AD&D

You may purchase additional voluntary life and AD&D insurance in the amount of 1, 2, or 3 times your annual earnings up to a maximum of \$500,000.

Dependent Life Insurance

You may purchase life insurance in the amount of \$5,000, \$10,000, or \$15,000 for your spouse and/or eligible child(ren).

Short-Term Disability

Short-term disability (STD) insurance provides income if you become disabled due to an injury or illness. The short-term disability (STD) plan pays you a weekly benefit after the start of your disability, subject to a 14-day or 29-day waiting period, depending on your plan selection. The plan pays 60 percent of your weekly salary with a maximum weekly benefit of \$2,000/week.

Long-Term Disability

If you become totally and permanently disabled, the long-term disability (LTD) plan begins to pay you a monthly benefit 180 days after the start of your disability. LTD works with Social Security—and any other group disability coverage—to provide you with a combined monthly benefit equal to 60% of the monthly salary you were earning as an active employee, up to a maximum benefit of \$10,000 per month.

Proof of Good Health

You are required to submit proof of good health for all late applications and requests for coverage increases and wait for approval before coverage becomes effective.

Accident

Accident Insurance helps pay for unexpected healthcare expenses due to non-occupational accidents and follow-up care. Coverage is available to all full-time employees, spouses, and children.

Get Help from the Employee Assistance Program (EAP)

Offered by The Standard

Employee Assistance Program (EAP) services are automatically provided to you and your family members at no cost to you. Sessions can be done on the phone, by video or text a trained counselor anytime (24/7) for confidential assistance with a variety of work/life issues. You may also meet with a counselor face-to-face, if you choose—up to three times per year per incident. Call The Standard at **888.293.6948**.



Ask the Experts

Benefit	Administrator	Phone	Website/Email
Medical/Pharmacy	Anthem	833.924.0255	www.anthem.com
Vision	National Vision Administrators	800.672.7723	www.e-nva.com
Dental	Delta Dental of Missouri	314.656.3001 800.335.8266	www.deltadentalmo.com
Flexible Spending Accounts	ASIFlex	800.659.3035	www.mocafe.com claims@asiflex.com
Life and AD&D	The Standard	800.628.8600	www.standard.com
Long-Term Disability and Short-Term Disability	The Standard	833.240.6609 LTD 800.368.2859 STD	www.standard.com
Accident	The Standard	866.851.5505	www.standard.com
Employee Assistance Program (EAP)	The Standard	888.293.6948	www.healthadvocate.com/standard3
Travel Assistance	The Standard	N/A	https://members.medexassist.com
General Information	Truman Human Resources	Extension 4031	hrstaff@truman.edu http://hr.truman.edu/benefits

WHCRA Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: plan deductible may apply as shown on page 3. If you would like more information on WHCRA benefits, call your plan administrator Anthem at **833.924.0255**.

Newborns' Act Disclosure

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 mother's or 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 issuers 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 (or 96 hours).

Important Notice from Truman State University 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 Truman State University 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. Truman State University has determined that the prescription drug coverage offered by the Anthem Medical 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 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 Truman State University coverage will be affected. 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 Truman State University 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 Truman State University 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 October to join.

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

Contact Anthem for further information at **833.924.0255**. **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 Truman State University 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).

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, 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 dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources, **660.785.4031**, hrstaff@truman.edu

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 **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 **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, 2022. Contact your state for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com 855.692.5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov
COLORADO – Medicaid and CHIP
Health First Colorado (Colorado’s Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 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: 855.692.6442
FLORIDA – Medicaid
www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html 877.357.3268
GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562
KANSAS – Medicaid
https://www.kancare.ks.gov/ 800.792.4884
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov
LOUISIANA – Medicaid
www.medicaid.la.gov or www.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
MAINE – Medicaid
Enrollment: https://www.maine.gov/dhhs/ofi/applications-forms 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 617.886.8102
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739

MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HHSHIPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcnp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/ 919.855.4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075
PENNSYLVANIA – Medicaid
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462

RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
http://www.greenmountaincare.org 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/en/famis-select https://www.coverva.org/hipp/ Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

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



This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting