

# Folsom Cordova Unified School District

## Open Enrollment Booklet

### Retirees

### 2011-2012

#### Open Enrollment Fairs Dates and Times

Date	Location	Time
Thursday, April 28th	Mills Middle School	3:00pm—5:30 pm
Monday, May 2nd	Granite Center	3:00pm—5:30 pm
Monday, May 9th	Mills Middle School	3:00pm—5:30pm
Tuesday, May 10th	Granite Center	10:00am—1:00pm
Tuesday, May 10th	Mills Middle School	3:00pm—6:00pm
Thursday, May 12th	Granite Center	3:00pm—5:30pm

#### HDHP/HSA Educational Meeting Dates and Times

If you are interested in learning more about high deductible health plans or are considering enrolling in one of the high deductible health plans, it is highly recommended that you attend at least one of the below mentioned educational meetings.

Date	Location	Time
HDHP/HSA Overview Thursday, April 28th	Cordova High School, Library	5:30pm—7:00pm
HDHP/HSA Overview Monday, May 2nd	Folsom High School, Library	5:30pm—7:00pm
HDHP/HSA's In Depth Monday, May 9th	Cordova High School, Library	5:30pm—7:00pm
HDHP/HSA's In Depth Monday, May 16th	Folsom High School, Library	5:30pm—7:00pm

#### Online Benefit Information

**This booklet is available online through the internet for login details).** You can access enrollment/change forms as well as the full carrier benefit summaries. This allows you to review the information at home with your family. Hard copies will be made available at the District Office and at the Open Enrollment Fairs.

**Website:** <https://pcms.plansource.com/login>    **User ID:** FCUSDRetiree    **Password:** benefits

If you have any questions about your benefits that are not covered in the materials, or if you have other enrollment questions, please contact the District's Benefit Office at (916) 355-1111 x 105 or Pat Jackson at (916) 355-1111 x 132. You may also contact our broker, EPIC, at 916-984-7800 and ask for Lindsey or Chiara.

# IMPORTANT CHANGES IN THE 2011-12 BENEFIT OFFERINGS

## IMPORTANT PLAN CHANGES—HEALTH NET & WHA

- **Health Net**—The current HMO \$10 copay plan will no longer be offered as of July 1, 2011. However, the District will continue offering the current \$20 copay plan and will be adding a new \$30 copay plan. **PLEASE NOTE:** If you or your spouse are under 65 and you are currently enrolled in the Health Net HMO \$10 copay plan, you will automatically be enrolled into the \$20 copay plan unless you complete an enrollment form selecting the new \$30 copay plan. There is no change to the PPO plan.
- **Health Net Seniority Plus**—There is a mandatory prescription copay change effective July 1, 2011. The prescription will be modified to a 3-tier plan versus the current 2-tier offering. The copays are changing from a \$10 copay for Tier 1 and Tier 2 prescriptions for a 30 day supply to a \$10 Generic / \$15 Brand / \$35 Non-Formulary for up to a 30 day supply for most drugs. Previously, injectable and specialty drugs were covered under the medical benefit. Effective July 1, 2011, the prescription tiers will be expanded to include a 4th tier for injectables and a 5th tier for specialty drugs. These drugs will have a 25% coinsurance. For additional information, please plan on attending one of the Open Enrollment Fairs or you can request a packet from Ana in Employee Benefits.
- **WHA**—The current HMO \$10 copay plan will no longer be offered as of July 1, 2011. However, the District will continue to offer the current \$20 copay plan and will be adding a new Hospital copay plan. **PLEASE NOTE:** If you or your spouse is under 65 and you are currently enrolled in the WHA HMO \$10 copay plan, you will automatically be enrolled into the \$20 copay plan unless you complete an enrollment form selecting the new Hospital copay plan. There is no change to the HDHP/HSA plan.

## HEALTH CARE REFORM CHANGES

- Health Net, Kaiser and WHA—Due to Health Care Reform, there are changes to the copays for preventive care on all of the medical plans and the lifetime maximum has been removed from the Health Net PPO plan. Please see page 5 for details.
- Overage Dependent Change—Medical, Dental and Vision Plans
  - Effective July 1, 2011, the rules and definition regarding dependent children who are over the age of 19 will change. An overage dependent child will be defined as:
  - You or your registered domestic partner's natural or adopted children either married or unmarried to age 26.
  - Other changes include that the child does not have to be a full-time student and/or an IRS dependent to either stay on your health benefits or to enroll in your health benefits. If you have an overage dependent without coverage who meets the above criteria, you may add them to your coverage during this Open Enrollment period.
  - Please note that children who are age 19 or older with a physical or mental disability as defined by the Social Security Administration and whose disability is certified by a doctor may stay on your health benefits without regard to age.

## Restricted Rights

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This document is subject to change without notice. The District does not warrant that the material contained in this document is error-free. If you find any issues with this document, please report them to Ana Simental in Employee Benefits in writing. The District reserves the right to terminate, suspend, withdraw, or modify the benefits described in this document, in whole or in part, at any time. No statement in this or any other document and/or oral representation should be construed as a waiver of this right.

This is not a legal document. Please refer to each insurance carrier's Summary Plan Descriptions, Evidence of Coverage, Policy, or other document(s) for additional information about your benefits, plan limitations and exclusions. Should a discrepancy exist between the plan information provided in this booklet and the carriers' document(s), the insurance carriers' policies will always prevail.

## Open Enrollment

This is the period of time each year when you have the opportunity to make changes to your benefit elections. These changes include: adding or dropping coverage for yourself or your eligible dependents, and/or changing health plans.

**This year's Open Enrollment period is from April 18, 2011—May 20, 2011.** All changes made during this year's Open Enrollment will become effective on July 1, 2011.

- If you wish to make health insurance enrollment changes, please submit your enrollment/change form to Ana Simental at the District Office **no later than Friday, May 20, 2011.**
- If you are not making any changes and wish to continue with your current enrollment elections, no action is required (your current elections will carry forward to the new Plan Year.)

## 2011-2012 Retiree Contributions

The rates shown are the total monthly premiums only. Please refer to your individual letter regarding your actual required contribution.

Retirees Under 65	Tier	New Rate
Health Net \$20 Copay Plan	Single	\$738.85
	Two-Party	\$1,477.70
	Family	\$1,921.05
Health Net \$30 Copay Plan	Single	\$654.78
	Two-Party	\$1,309.58
	Family	\$1,702.44
Health Net PPO Plan	Single	\$863.88
	Two-Party	\$1,727.75
	Family	\$2,246.10
Health Net PPO Out-of-State Plan	Single	\$869.77
	Two-Party	\$1,739.53
	Family	\$2,261.41
Kaiser \$10 Copay Plan	Single	\$628.38
	Two-Party	\$1,256.76
	Family	\$1,778.31
Kaiser \$20 Copay Plan	Single	\$590.64
	Two-Party	\$1,181.27
	Family	\$1,671.50
Kaiser HDHP Plan	Single	\$440.03
	Two-Party	\$880.07
	Family	\$1,245.30
WHA \$20 Copay Plan	Single	\$455.21
	Two-Party	\$907.43
	Family	\$1,359.64
WHA Hospital Copay Plan	Single	\$412.75
	Two-Party	\$822.50
	Family	\$1,232.26
WHA HDHP Plan	Single	\$311.61
	Two-Party	\$620.23
	Family	\$928.84
DeltaCare DHMO	Single	\$18.95
	Two-Party	\$34.80
	Family	\$51.48
Delta Dental PPO	Single	Rates will not be available until May
	Two-Party	
	Family	

Retirees Over 65	Tier	New Rate
Health Net \$20 Copay COB Plan	Single	\$407.08
	Family	\$814.16
Health Net \$30 Copay COB Plan	Single	\$371.82
	Family	\$743.64
Health Net PPO Option COB	Single	\$604.20
	Family	\$1,208.40
Health Net Flex Net Option	Single	\$535.46
	Family	\$1,070.92
Health Net HMO Seniority Plus	Single	\$418.36
	Family	\$836.72
Kaiser Senior Advantage High Option	Single	\$343.05
	Family	\$686.10
Kaiser Senior Advantage Low Option	Single	\$298.36
	Family	\$596.72
WHA HMO Medicare Supplement	Single	\$503.00
	Family	\$1,003.00
DeltaCare DHMO	Single	\$18.95
	Two-Party	\$34.80
	Family	\$51.48
Delta Dental PPO	Single	Rates will not be available until May
	Two-Party	
	Family	

*Rates will be different if you are over 65 and your spouse is under 65 and vice versa. Please refer to your individual letter or contact the District's Benefit office if this is the case.*

**ALL ENROLLMENT/CHANGE FORMS ARE DUE FRIDAY, MAY 20TH!**

## Who Is Eligible

As a retiree, you may enroll your eligible dependents in the medical and dental programs provided you are already enrolled. Your legal dependents include your legal spouse, state-registered domestic partner, natural and adopted children, stepchildren, and any other children you support for whom you are the legal guardian or for whom you are required to provide coverage as the result of a qualified medical child support order. Your children that meet the listed criteria will be covered under District benefits until age 26.

## Medical Insurance – Health Net, Kaiser Permanente, Western Health Advantage (WHA)

Folsom Cordova Unified School District offers its employees and retirees a variety of medical options through Health Net, Kaiser and Western Health Advantage (WHA). When choosing a medical plan, consider your estimated monthly expenses (office visit co-payments, prescription drug co-payments, planned inpatient hospital stays and outpatient surgery services, etc.), as well as access to network providers in your residential area.

**HMO (Health Maintenance Organization):** An organization that provides a wide range of comprehensive health care services through a designated group, or network of doctors, hospitals, labs and other providers. To receive benefits, you must see the doctor you select as your primary care physician first for care or a referral, except in the case of an emergency. Your choice of doctors is restricted to those in the network.

**Kaiser Permanente HMO (Health Maintenance Organization):** Kaiser Permanente owns its health care facilities and employs health care providers on a salaried basis. Patient choice is limited: Typically enrollees are restricted to Kaiser providers and facilities and are required first to see a primary care physician who then refers them to specialists within Kaiser when it is considered medically necessary and appropriate.

**PPO (Preferred Provider Organization):** Health care providers who are under contract to provide care at discounted or fixed fees. Unlike HMOs, PPO plans allow you to choose any doctor at any time. However, if you select a non-PPO provider, you will pay more out of pocket for services than you would if you select a PPO “network” provider.

**A High Deductible Health Plan (HDHP)** combines a medical plan (with a higher annual deductible) and a funding instrument, Health Savings Account (HSA). These plans are designed to change consumers’ behavior by giving them opportunities to control their health care costs. A HSA is a special account owned by an individual that allows dollars to be set aside in an interest bearing account for current and future medical expenses. There are regulations and limitations regarding these plans. If you are interested in enrolling in one of the below plans, we highly recommend you attend at least one of the HDHP/HSA meetings listed on the cover.

**A benefit comparison is on the following page for RETIREES UNDER 65 ONLY.**

## **BENEFIT SUMMARIES FOR THESE PLANS INCLUDING THOSE FOR RETIREES OVER 65 ARE AVAILABLE AT THE HEALTH FAIRS AND THE DISTRICT’S MYBENEFITS SITE.**

### Dental Insurance – Delta Dental (2 Plans)

**The Delta Preferred Option (PPO)** plan allows you to visit any licensed dentist; however, you receive advantages (such as claims submission by the dentist and lower out-of-pocket expenses) when choosing a network dentist.

**DeltaCare (DHMO)** is similar to a medical HMO in that you must select a contracting dentist or contracting dental group who will provide all your dental care. This plan has a very limited network of providers to choose from. It is highly recommended that you contact a DeltaCare provider prior to electing this plan. There are no benefits payable on DeltaCare if you do not use the dentist or dental group you selected. To find a provider, visit [www.wekeepyou smiling.com](http://www.wekeepyou smiling.com).

	NEW!				NEW!					
	Health Net \$20 Copay Plan	Health Net \$30 Copay Plan	Health Net PPO Plan In Network      Out of Network		Kaiser \$10 Copay Plan	Kaiser \$20 Copay Plan	Kaiser HDHP Plan <sup>1</sup>	WHA \$20 Copay Plan	WHA Hospital Copay Plan	WHA HDHP Plan <sup>1</sup>
Annual Deductible (individual/ family)	None	None	\$500 / \$1,500		None	None	\$1,250 / \$2,500	None	None	\$1,800 / \$3,600
Annual Maximum Copayments (individual/two- party/family)	\$1,500 / \$3,000 / \$4,500	\$1,500 / \$3,000 / \$4,500	\$3,000 / \$9,000	\$6,000 / \$18,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000 *Deductible Included*	\$1,500 / \$2,500	\$2,500 / \$4,500	\$1,800 / \$3,600 *Deductible Included*
Physician/Specialist Office Visits	\$20 copay	\$30 copay	\$20 copay	40%	\$10 copay	\$20 copay	\$20 copay after deductible	\$20 copay	\$20 copay	No charge after deductible
Adult Preventive Care	No charge	No charge	No charge (deductible waived)	Not covered	No charge	No charge	No charge (deductible waived)	No charge	No charge	No charge (deductible waived)
Room & Board Hospital Inpatient (semi-private)	No charge	\$200 copay per day up to 4 days	20%	\$500 + 40% up to \$600 per day	No charge	No charge	\$250 copay after deductible	No charge	\$500 copay per day up to 5 days	No charge after deductible
Outpatient Services	No charge	Hospital or ASC: \$200 copay; Other services other than surgery: No charge	20%	\$500 + 40% up to \$350 per day	\$10 copay per procedure	\$20 copay per procedure	\$150 copay after deductible	Office: \$20 copay; Facility: \$100 copay	Office: \$20 copay; Facility: \$100 copay	No charge after deductible
Emergency Room Services (waived if admitted)	\$50 copay	\$100 copay	20% + \$100 copay if not admitted		\$35 copay	\$50 copay	\$100 copay after deductible	\$100 copay	\$100 copay	No charge after deductible
Urgent Care Services	\$50 copay	\$30 copay	\$20 copay	40%	\$10 copay	\$20 copay	\$20 copay after deductible	\$35 copay	\$35 copay	No charge after deductible
Ambulance Services	No charge	\$100 copay	\$50 deductible + 20%	\$50 deductible + 40%	No charge	No charge	\$100 copay after deductible	No charge	No charge	No charge after deductible
Prescription Drug Copay (Retail)	\$10 G / \$25 B / \$35 NF up to a 30 day supply	\$15 G / \$30 B / \$50 NF up to a 30 day supply	\$10 G / \$15 B / \$35 NF up to a 30 day supply	\$10 G / \$15 B / \$35 NF + 50% of fee schedule up to a 30 day supply	\$10 G / \$10 B up to a 100 day supply	\$15 G / \$15 B up to a 100 day supply	\$10 G / \$30 B - Up to a 30 day supply; \$20 G / \$60 B - 31-60 day supply; \$30 G / \$90 B - 61-100 day supply; after deductible	\$10 G / \$30 B / \$50 NF up to a 30 day supply	\$10 G / \$30 B / \$50 NF up to a 30 day supply	No charge after deductible up to a 30 day supply
Prescription Drug Copay (Mail Order)	\$20 G / \$50 B / \$70 NF up to a 90 day supply	\$30 G / \$60 B / \$100 NF up to a 90 day supply	\$20 G / \$30 B / \$70 NF up to a 90 day supply	Not Covered	\$10 G / \$10 B up to a 100 day supply	\$15 G / \$15 B up to a 100 day supply	\$10 G / \$30 B - Up to a 30 day supply; \$20 G / \$60 B - 31-100 day supply; after deductible	\$25 G / \$75 B / \$125 NF up to a 90 day supply	\$25 G / \$75 B / \$125 NF up to a 90 day supply	No charge after deductible up to a 90 day supply
Chiropractic Care	\$15 copay up to 20 visits per calendar year	Not covered	\$20 copay  up to 12 visits per calendar year	40% up to \$25 per visit	Not Covered	Not Covered	Not Covered	\$15 copay up to 20 visits per calendar year	\$15 copay up to 20 visits per calendar year	Not covered

The information presented in the chart is a summary only. The information does not include all of the detailed explanation of benefits, exclusions and limitations. Plan participants should refer to the Evidence of Coverage (EOC) document for coverage details. In the event information in this summary differs from the EOC, the EOC will prevail.

<sup>1</sup> If you have family coverage, there is no single deductible or out-of-pocket maximum for each family member; rather, the entire Family deductible must be met before Kaiser or WHA becomes responsible for providing covered services for any individual member in the family.

**ALL ENROLLMENT/CHANGE FORMS ARE DUE FRIDAY, MAY 20TH!**

## **Lifetime Limits No Longer Apply: Date of Notice: April 18, 2011 – Enrollment Opportunity**

The lifetime limit on the dollar value of benefits under Folsom Cordova Unified School District no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have the current open enrollment period to request enrollment. For more information contact Ana Simental at (916) 355-1111 x105.

## **Adult Children/Dependent Coverage: Date of Notice: April 18, 2011 – Enrollment Opportunity**

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in medical, dental and vision coverages. Individuals may request enrollment for such children during this open enrollment period. Enrollment will be effective July 1, 2011. For more information contact Ana Simental at (916) 355-1111 x105.

## **Special Enrollment Notice**

If an eligible employee declines enrollment in this group health plan for the employee or the employee's spouse or dependents because of other health insurance or group health plan coverage, the eligible employee may be able to enroll him/herself and eligible dependents in this plan if eligibility is lost from the other coverage (or because the employer stops contributing toward this other coverage). However, the eligible employee must request enrollment within 30 days after the other coverage ends (or after the employer ceases contributions for the coverage).

In addition, if an eligible employee acquires a new dependent as a result of marriage, birth, adoption or placement for adoption, the eligible employee may be able to enroll him/herself and any eligible dependents, provided that the eligible employee requests enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If the eligible employee otherwise declines to enroll, he/she may be required to wait until the group's next open enrollment to do so. The eligible employee also may be subject to additional limitations on the coverage available at that time.

Furthermore, eligible employees and their eligible dependents who are eligible for coverage but not enrolled, shall be eligible to enroll for coverage within 60 days after (a) becoming ineligible for coverage under a Medicaid or Children's Health Insurance Plan (CHIP) plan or (b) being determined to be eligible for financial assistance under a Medicaid, CHIP, or state plan with respect to coverage under the plan.

## **General Notice of Preexisting Condition Exclusion (Health Net PPO Plan Only)**

The District's Health Net PPO plan imposes a preexisting condition exclusion if you enroll after you are initially eligible. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a 6-month period. Generally, this 6-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6-month period ends on the day before the waiting period begins. The preexisting condition exclusion does not apply to pregnancy nor to a child under the age of 19 who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should provide a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

All questions about the preexisting condition exclusion and creditable coverage should be directed to Ana Simental, Employee Benefits at (916) 355-1111 x105.

## **Mothers' and Newborns' Health Protection Act**

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).

## **Patient Protection Notice**

Folsom Cordova Unified School District's Health Net HMO and WHA HMO plans generally require the designation of a primary

care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. Until you make this designation, the plan designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Health Net or WHA by calling the customer service number on the back of your ID card or contacting either carrier.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Health Net, Kaiser or WHA, or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Health Net, Kaiser or WHA by calling the customer service number on the back of your ID card.

## Women’s Health and Cancer Rights Act Annual Notice

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas. Contact Health Net, Kaiser or WHA by calling the number on the back of your ID card for more information.

## Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

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.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

**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 February 16, 2010. You should contact your State for further information on eligibility –**

<b>ALABAMA – Medicaid</b> Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-800-362-1504	<b>CALIFORNIA – Medicaid</b> Website: <a href="http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 1-866-298-8443
<b>ALASKA – Medicaid</b> Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	<b>COLORADO – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943 CHIP Website: <a href="http://www.CHPplus.org">http:// www.CHPplus.org</a> CHIP Phone: 303-866-3243
<b>ARIZONA – CHIP</b> Website: <a href="http://www.azahcccs.gov/applicants/default.aspx">http://www.azahcccs.gov/applicants/default.aspx</a> Phone (In state): 1-877-764-5437	
<b>ARKANSAS – CHIP</b> Website: <a href="http://www.arkidsfirst.com/">http://www.arkidsfirst.com/</a> Phone: 1-888-474-8275	<b>FLORIDA – Medicaid</b> Website: <a href="http://www.fdhc.state.fl.us/Medicaid/index.shtml">http://www.fdhc.state.fl.us/Medicaid/index.shtml</a> Phone: 1-866-762-2237
<b>GEORGIA – Medicaid</b> Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid Phone: 1-800-869-1150	<b>MONTANA – Medicaid</b> Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Phone: 1-800-694-3084
<b>IDAHO – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.accessstohealthinsurance.idaho.gov">www.accessstohealthinsurance.idaho.gov</a> Medicaid Phone: 1-800-926-2588 CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> CHIP Phone: 1-800-926-2588	<b>NEBRASKA – Medicaid</b> Website: <a href="http://www.dhhs.ne.gov/med/medindex.htm">http://www.dhhs.ne.gov/med/medindex.htm</a> Phone: 1-877-255-3092

<b>INDIANA – Medicaid</b> Website: <a href="http://www.in.gov/fssa/2408.htm">http://www.in.gov/fssa/2408.htm</a> Phone: 1-877-438-4479	<b>NEVADA – Medicaid and CHIP</b> Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900 CHIP Website: <a href="http://www.nevadacheckup.nv.org/">http://www.nevadacheckup.nv.org/</a> CHIP Phone: 1-877-543-7669
<b>IOWA – Medicaid</b> Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	
<b>KANSAS – Medicaid</b> Website: <a href="https://www.khpa.ks.gov">https://www.khpa.ks.gov</a> Phone: 800-766-9012	<b>NEW JERSEY – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1-800-356-1561 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>KENTUCKY – Medicaid</b> Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	
<b>LOUISIANA – Medicaid</b> Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-342-6207	
<b>MAINE – Medicaid</b> Website: <a href="http://www.maine.gov/dhhs/oms/">http://www.maine.gov/dhhs/oms/</a> Phone: 1-800-321-5557	<b>NEW MEXICO – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Medicaid Phone: 1-888-997-2583 CHIP Website: Click on Insure New Mexico <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> CHIP Phone: 1-888-997-2583
<b>MASSACHUSETTS – Medicaid and CHIP</b> Medicaid & CHIP Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Medicaid & CHIP Phone: 1-800-462-1120	
<b>MINNESOTA – Medicaid</b> Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	<b>NEW YORK – Medicaid</b> Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MISSOURI – Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/index.htm">http://www.dss.mo.gov/mhd/index.htm</a> Phone: 573-751-6944	<b>NORTH CAROLINA – Medicaid</b> Website: <a href="http://www.nc.gov">http://www.nc.gov</a> Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604	<b>UTAH – Medicaid</b> Website: <a href="http://health.utah.gov/medicaid/">http://health.utah.gov/medicaid/</a> Phone: 1-866-435-7414
<b>OKLAHOMA – Medicaid</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>VERMONT – Medicaid</b> Website: <a href="http://ovha.vermont.gov/">http://ovha.vermont.gov/</a> Telephone: 1-800-250-8427
<b>OREGON – Medicaid and CHIP</b> Medicaid & CHIP Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> Medicaid & CHIP Phone: 1-877-314-5678	<b>VIRGINIA – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
<b>PENNSYLVANIA – Medicaid</b> Website: <a href="http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm">http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm</a> Phone: 1-800-644-7730	<b>WASHINGTON – Medicaid</b> Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> Phone: 1-800-562-3022 ext. 15473
<b>RHODE ISLAND – Medicaid</b> Website: <a href="http://www.dhs.ri.gov">www.dhs.ri.gov</a> Phone: 401-462-5300	<b>WEST VIRGINIA – Medicaid</b> Website: <a href="http://www.wvrecovery.com/hipp.htm">http://www.wvrecovery.com/hipp.htm</a> Phone: 304-342-1604
<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	<b>WISCONSIN – Medicaid</b> Website: <a href="http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm">http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b> Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493	<b>WYOMING – Medicaid</b> Website: <a href="http://www.health.wyo.gov/healthcarefin/index.html">http://www.health.wyo.gov/healthcarefin/index.html</a> Telephone: 307-777-7531

To see if any more States have added a premium assistance program since February 16, 2010, or for more information on special enrollment rights, you can contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565