



Part-Time  
Employees

# BENEFITS GUIDE

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Dear NOVA Parks Colleague:

NOVA Parks cares about the health and well-being of you and your family, and we are dedicated to providing you with a comprehensive benefits package. We encourage you and your dependents to become familiar with the resources and providers listed in this benefits guide.

As an active, part-time employee of NOVA Parks, you are eligible for health insurance as well as dental and vision benefits. Premiums for all health, dental, and vision benefits are deducted on a bi-weekly, pre-tax basis over 26 pay periods.

Consider your benefit options carefully before you make your benefit elections. The benefits you choose will be in place from your eligibility date through the end of the calendar year, unless you have an IRS qualifying event during the year such as marriage, birth, death, etc. It is the employee's responsibility to notify Human Resources of any mid-year qualifying events that affect their coverage within 30 days of the event.

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# MEDICAL



## KAISER PERMANENTE INSURANCE PLANS

NOVA Parks offers two Kaiser Permanente insurance plans; the HMO Signature and HMO Select. These plans only provide in-network coverage — **no out-of-network benefits are available.**

The HMO Select plan has the same benefits as the HMO Signature plan, but offers a larger network of doctors to choose from. In other words, the HMO Select plan does not require you or your dependents to visit a Kaiser Permanente medical facility for care, while the HMO Signature plan is a local HMO medical center based design.

Visit [www.kp.org](http://www.kp.org) or call 1.855.249.5018 for a list of network providers.

### HMO SIGNATURE

### HMO SELECT

BENEFIT	HMO SIGNATURE		HMO SELECT	
	IN-NETWORK ONLY		IN-NETWORK ONLY	
Primary Care Physician (PCP)	\$10 copay <sup>1</sup>		\$10 copay <sup>1</sup>	
Specialty Care	\$20 copay		\$20 copay	
Annual Deductible	None		None	
Out-of-Pocket Maximum	\$3,500 Individual \$9,400 Family		\$3,500 Individual \$9,400 Family	
Preventive Care—All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	No charge		No charge	
Inpatient Hospital Facility	\$100 per admission		\$100 per admission	
Outpatient Hospital Facility	\$50 per visit		\$50 per visit	
Outpatient Professional Service	\$50 copay		\$50 copay	
Chiropractic Care	Not covered		Not covered	
Hearing Aids	Not covered		Not covered	
Emergency Room	\$50 copay <sup>2</sup>		\$50 copay <sup>2</sup>	
Urgent Care Facility	\$20 copay		\$20 copay	
TMJ, Surgical and Non-Surgical Physician's Office	Copay costs vary based on location of service		Copay costs vary based on location of service	
In-Patient Mental Health & Substance Abuse Treatment	\$100 per admission <sup>3</sup>		\$100 per admission <sup>3</sup>	
Annual Prescription Drug Deductible	None		None	
Annual Prescription Drug Out-of-Pocket Maximum	Combined with medical		Combined with medical	
Prescription Drug Kaiser Pharmacy 30 day supply	Generic: \$10 copay Preferred Brand: \$20 copay Non-Preferred: \$35 copay Mail Order <sup>4</sup> : \$20/\$40/\$70		Generic: \$10 copay Preferred Brand: \$20 copay Non-Preferred: \$35 copay Mail Order <sup>4</sup> : \$20/\$40/\$70	
Prescription Drug Community Pharmacy 30 day supply	Generic: \$20 copay Preferred Brand: \$40 copay Non-Preferred: \$55 copay		Generic: \$20 copay Preferred Brand: \$40 copay Non-Preferred: \$55 copay	
BI-WEEKLY CONTRIBUTIONS	EMPLOYEE	NOVA PARKS	EMPLOYEE	NOVA PARKS
Individual	\$46.28	\$262.25	\$48.32	\$273.86
Two-Party	\$154.26	\$462.80	\$161.09	\$483.28
Family	\$223.68	\$671.06	\$233.58	\$700.76

<sup>1</sup> No charge for children under 5 years old

<sup>2</sup> Copay waived if admitted

<sup>3</sup> Outpatient: \$10 per individual visit / \$5 per group visit

<sup>4</sup> 90 day supply

# DENTAL



## METLIFE DENTAL

NOVA Parks offers two MetLife dental plans; the low plan and high plan. To locate a dentist, visit [www.metlife.com/dental](http://www.metlife.com/dental) or call 1.800.275.4638.

You may choose either an in or out-of-network dentist. However, if you choose an out-of-network dentist, your out-of-pocket costs may be higher. Before receiving service, MetLife recommends that you request a pre-treatment estimate for services in excess of \$300. Your dentist can submit a request online at [www.metdental.com](http://www.metdental.com) or can call 1.877.MET.DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office!



### LOW PLAN

### HIGH PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b>	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
<b>Annual Maximum</b>	\$1,000		\$1,750	
<b>Diagnostic &amp; Preventive Services</b> Prophylaxis (Cleanings, up to 4 per plan year); Oral Examinations; Topical Fluoride (up to age 14); Bitewing; X-rays	100%	60%	100%	80%
<b>Basic Services</b> Problem Focused Examinations; Fillings; Extractions; Oral Surgery; Endodontics; Scaling, Root Planning, and Periodontal Surgery; Anesthesia; Repairs; Sealants and Space Maintainers (up to age 14)	80%*	40%*	80%*	80%*
<b>Major Services</b> Bridge and Dentures; Crowns, Inlays, Onlays, Implants; Consultations	50%*	10%*	50%*	50%*
<b>Orthodontia Services</b>	Not Covered		Not Covered	
<b>BI-WEEKLY CONTRIBUTIONS</b>	<b>EMPLOYEE</b>		<b>EMPLOYEE</b>	
Employee Only	\$15.01		\$20.70	
Employee + 1 Dependent	\$30.72		\$42.15	
Employee + Family	\$53.11		\$71.29	

\* After deductible





# VISION

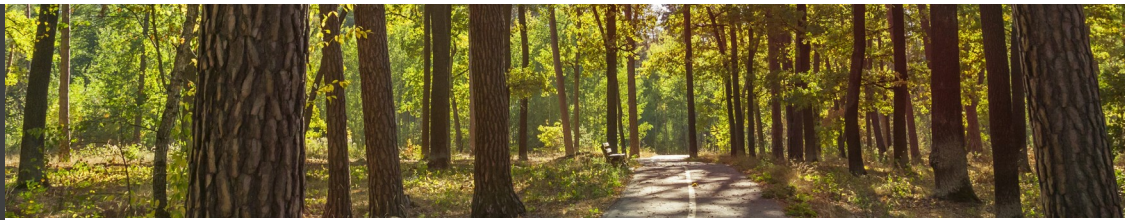
## AVESIS VISION

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Eye Exam</b>	\$10 copay	Up to \$35 reimbursement
<b>Frequency</b> Exam/Lenses or Contacts/Frames	12 /12 /24 months	
<b>Frames</b>	\$120 allowance <sup>1</sup>	Up to \$45 reimbursement
<b>Lenses</b>		
Single Vision Lenses	Covered in full after \$15 copay	Up to \$25 reimbursement
Bifocal Vision Lenses	Covered in full after \$15 copay	Up to \$40 reimbursement
Trifocal Vision Lenses	Covered in full after \$15 copay	Up to \$50 reimbursement
Polycarbonate Lenses (Single/Multi-Focal)	Covered in Full	Up to \$10
Standard Scratch-Resistant Coating	Covered in Full	Up to \$5
Ultra-Violet Screening	Covered in Full	Up to \$6
Solid or Gradient Tint	Covered in Full	Up to \$4
Standard Anti-Reflective Coating	Covered in Full	Up to \$24
Level 1 Progressive	\$75 copay	Up to \$40
Level 2 Progressive	\$110 copay	Up to \$40
All Other Progressive	\$50 allowance + up to 20%	Up to \$40
Transitions (Single/Multi-Focal)	\$70/\$80 copay	N/A
Polarized	\$75 copay	N/A
PGX/PBX	\$40 copay	N/A
Other Lens Options	Up to 20% discount	N/A
<b>Contact Lenses<sup>2</sup></b>		
Standard Contact Lens Fitting & Follow-up	\$50 maximum copay	n/a
Elective Contact Lenses	\$110 allowance	Up to \$85 reimbursement
Medically Necessary Contact Lenses <sup>3</sup>	Covered in full	Up to \$250 reimbursement
BI-WEEKLY CONTRIBUTIONS		EMPLOYEE
Employee Only		\$3.65
Employee + Spouse		\$7.01
Employee + Child(ren)		\$7.65
Employee + Family		\$9.88



To locate in-network providers in your area, call 1.800.828.9341 or visit [www.avesis.com](http://www.avesis.com). Members who use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement

# VISION & TUITION ASSISTANCE



## KAISER PERMANENTE (KP) VISION

If your dependents under age 19 are enrolled in the Kaiser Permanente insurance plan offered by NOVA Parks, they have vision benefits included. You and your dependents over the age of 19 do not have vision benefits included in the plan, but may be eligible to receive a discount on your eyeglass lenses and frames. Visit [www.kp.org](http://www.kp.org) for more information.

## KP VISION

BENEFIT	IN-NETWORK ONLY
<b>Eye Exam</b>	\$10-20 copay <sup>1</sup>
<b>Frames</b> Frames from KP	No charge <sup>2</sup>
<b>Lenses</b> Single Vision Lenses Bifocal Vision Lenses	No charge <sup>2</sup> No charge <sup>2</sup>
<b>Contact Lenses</b> Lenses from KP Medically Necessary Lenses	1 pair covered in full 2 pair covered in full
<b>Frequency</b> Exam Frames/Lenses or Contact Lenses	12 months 12 months

<sup>1</sup> Optometrist \$10 copay / Ophthalmologist \$20 copay

<sup>2</sup> Some limitations apply

## TUITION ASSISTANCE PROGRAM

NOVA Parks offers eligible full-time employees benefits under a Tuition Assistance Program. This program provides you tuition assistance to pursue undergraduate or graduate courses from accredited educational institutions so long as the course is related to your current job duties, advancement/promotional opportunities with NOVA Parks, or is required as a core course to complete a job-related degree.

Eligible full-time employees are regularly scheduled to work 40 hours per week and have worked 12 consecutive months. If you are eligible, you can apply to receive reimbursement for up to 9 credit hours per fiscal year. This reimbursement is a tax-free benefit.

For questions or to apply for Tuition Assistance, please reach out to Human Resources



# MEDICARE PART D

## IMPORTANT NOTICE FROM NOVA PARKS ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

If you and/or your covered dependents are not Medicare eligible, this document is for information purposes only.

However, if any of your covered benefit eligible dependents are Medicare eligible, please read this information carefully so that you and your dependents can make an informed decision regarding their prescription drugs.

**Please read this notice carefully and keep it where you can find it.**

This notice has information about your current prescription drug coverage with NOVA Parks 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. NOVA Parks has determined that the prescription drug coverage offered by Cigna and Kaiser Permanente 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 NOVA Parks group health plan coverage may be affected.

You have the following options regarding your health and prescription drug coverage:

- Keep your current NOVA Parks health plan coverage (which includes prescription drug coverage) and don't enroll in a different Medicare Part D plan; or
- Opt out of your current NOVA Parks health plan coverage (which includes prescription drug coverage) and enroll in a different Medicare Part D plan. You will not be able to get your NOVA Parks health plan coverage back if you opt out of it, unless (as a dependent) you become eligible to re-enroll due to a Qualifying Change in Status Event.

**Remember:** Your current NOVA Parks health coverage pays for other health expenses, in addition to prescription drugs, and you will not be eligible to receive all your current health and prescription drug benefits if you choose to enroll in a different Medicare prescription drug plan and drop your health coverage with NOVA Parks.

### 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 NOVA Parks 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 NOVA Parks Human Resources at (703) 352-5900 for further information or call CIGNA at (800) 244-6224 or Kaiser Permanente at (800) 777-7902.

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 NOVA Parks 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](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).



# DISCLOSURES

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORN'S 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA, ALSO KNOWN AS JANET'S LAW)

Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

Call your Plan Administrator for more information.

## QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a

child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

## SPECIAL ENROLLMENT RIGHTS (HIPAA)

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. 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, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

## COVERAGE EXTENSION RIGHTS UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to

be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

## MICHELLE'S LAW

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:

1. One year from the start of the medically necessary leave of absence, or
2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

## MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: The financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental





## DISCLOSURES

### health or substance abuse disorder benefits.

#### GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual.

GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited situations.

#### CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B ] This benefit, known as "continuation coverage," applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

#### CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)□

Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- The employee's or dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminates because the individual cease to be eligible.
- The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).

Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

#### PREMIUM ASSISTANCE UNDER MEDICAID AND 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).

# DISCLOSURES

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**  
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: <https://health.alaska.gov/dpa/Pages/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  
Fax: 916-440-5676  
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 Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center:  
1-800-221-3943/ State Relay 711  
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/ State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>  
HIBI Customer Service: 1-855-692-6442

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

**GEORGIA – Medicaid**  
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: (678) 564-1162, Press 2

**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: <https://www.kancare.ks.gov/>  
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**  
Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: -800-977-6740.  
TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**  
Website: <https://www.mass.gov/mashealth/pa>  
Phone: 1-800-862-4840  
TTY: (617) 886-8102

**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  
Email: [HSSHIPPProgram@mt.gov](mailto:HSSHIPPProgram@mt.gov)

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

**NEVADA – Medicaid**  
Medicaid Website: <http://dhcfp.nv.gov>  
Medicaid Phone: 1-800-992-0900



## DISCLOSURES

**NEW HAMPSHIRE – Medicaid**  
Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

**NEW JERSEY – Medicaid and CHIP**  
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

**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/Services/Assistance/Pages/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 RlTe 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://gethipptexas.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: 1-800-432-5924

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

**WEST VIRGINIA – Medicaid and CHIP**  
Website: <https://dhhr.wv.gov/bms/>  
<http://mywvhipp.com/>  
Medicaid Phone: 304-558-1700  
CHIP 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

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](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

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OMB Control Number 1210-0137  
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**866.293.9736**

Monday—Friday

8:30am—8:00pm (ET)

Fax: 856.996.2755

**solutions@benefitsvip.com**

### **QUESTIONS ANSWERED HERE**

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**BenefitsVIP.com**

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