

benefit begin



2023

Diocese of Springfield
Priest Only Plan

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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.

This enrollment announcement includes a summary of the medical, dental and vision plans. Please read the information carefully. All benefit plans are effective July 1, 2023.

Benefits include:

- » Medical Insurance
- » Dental Insurance
- » Vision Insurance
- » Flexible Spending Accounts
- » Life / AD&D Insurance

**Annual Open Enrollment Period:
Thursday, May 4th to Friday, May 19th**

Online Enrollment

You will be required to go online to enroll in insurance coverage. See Page 2 for details.

Enrollment Deadline

All enrollments are due by Thursday, May 19th.

Coverage Details / Plan Offerings

All plan materials you need to make informed benefit enrollment decisions can be found on the Reta Benefits website: www.retatrust.org



Welcome to Open Enrollment!

We are pleased to announce the annual Open Enrollment for the Diocesan Benefits Program. The Benefits Program will be administered through the Reta Trust (a Catholic Healthcare Trust). Annual Open Enrollment is the time for you to review your current elections and to make any adjustments in your coverage. It's a good idea to understand what is changing this year and how these changes bring new opportunities with the decisions you make during open enrollment. If you wish to enroll, dis-enroll or make any changes to your coverage you will need go online to Reta Trust at www.retatrust.org

Open Enrollment and Special Enrollments

You should carefully consider your Open Enrollment decisions because your elections remain in effect until the next open enrollment. After you enroll, the only time you may make changes to your benefits program during the plan year is if you experience a special enrollment situation. Otherwise, no changes can be made.

- » Blue Shield of California (BSC) is the medical vendor.
- » The medical plan option for Priests is the EPO 0-1 Plan.
- » All priests are automatically enrolled in the medical, dental and vision plans.
- » There will be no co-pay for preventive care / screenings / immunizations.
- » Dental will continue to be offered through Delta Dental.
- » Vision Service Plan (VSP) will remain our vision plan.
- » Healthcare FSA: CheckWriters will continue as the administrator of the FSA. You will have the option of enrolling in a healthcare FSA up to the maximum IRS contribution limits. For 2023, the maximum limits is up to \$3,050 for a healthcare FSA. The IRS requires that you make your election annually.
- » You will be required to log in to the Reta Trust portal to confirm/verify your employee information and review your benefit elections.
- » Pharmacy Plan is CVS Caremark.
- » If you are new to the plan you will receive one ID card to use for both medical and prescription coverage.
- » Wellvolution is a no cost wellness program provided to all employees enrolled in the medical plan.



Reta Benefits Center

During Open Enrollment, you will be introduced to the Reta Benefits Center – where information is customized with the specific benefits available to you “ (based on your login ID). Login at www.retatrust.org anytime beginning Thursday, May 4th and select Reta Benefits Center.

A single user ID and Password allows you to access all online platforms/websites related to your Reta healthcare benefits. You may obtain your unique User ID and Password for the first time, or have it resent to you if you are a returning user, by going to the Reta Trust home page (www.retatrust.org) and clicking on the link for assistance with login. Enter your email address; provided your email address has previously been entered in the RetaEnroll system and validated. Otherwise, to view your User ID and Password on-screen, select “Identify Yourself Online

Securely” and you will be prompted to enter:

- » First Name
- » Last 4-digits of your Social Security Number
- » Date of Birth
- » 5-digit Zip Code

To complete the enrollment process, follow these remaining steps:

Step 1: Return to retatrust.org and enter your User ID and Password in the appropriate boxes, which are located in the middle of the page.

Step 2: Click “Login”

Step 3: Start your enrollment process by clicking on Reta Enroll. Step 4: Click “Yes” to be directed to the BAS enrollment portal.

Step 5: The Annual Open Enrollment screen will appear. Click “Go” to begin your enrollment and follow the instructions.

Step 6: Be sure to finalize your enrollment at the end of your session to save your elections. You may log in and make any changes up through the end of open enrollment.

YOUR ENROLLMENT IS COMPLETE.

Reta Trust 24 Hour / 7 Day Customer Support

Personal Assistance call: [877.303.7382](tel:877.303.7382)

(Monday-Friday, 8:30 am to 8 pm EST; Assistance available in English & Spanish) Email: service@retaenroll.org

On-Line Benefits Website: www.retatrust.org

Medical Plan

Plan Design	Blue Shield EPO 0-1
Deductible	\$0 Individual
Annual Out-of-Pocket Maximum* (Individual)	\$800 Individual
Coinsurance	None
Preventive Care Visit	\$0 co-pay
Regular Office Visit	\$15 co-pay
Specialty Office Visit	\$15 co-pay
Emergency Room	\$100 co-pay
Urgent Care	\$50 co-pay
Inpatient Hospital	\$0 co-pay
Outpatient Hospital	\$0 co-pay
X-ray Therapy	No charge
Primary Care Physician (PCP) required	No
Mental Health Benefits	Inpatient: \$0 co-pay Outpatient: \$15 co-pay
Substance Abuse Benefits	Inpatient: \$0 co-pay Outpatient: \$15 co-pay
Prescription Drugs	
Retail**	
Generic	\$10
Preferred	\$20
Non-Preferred	\$40
Mail Order Drugs	
Generic	\$20
Preferred	\$40
Non-Preferred	\$80

The plan design listed illustrates In-network coverage only. For a more detailed summary please visit www.retatrust.org

*EPO 0-1: Includes Medical and Rx Copays; these co-payments are no longer required once the OOP maximum is reached.

**Additional cost may apply if you fill a maintenance medication at a retail pharmacy.

In-Network only coverage listed. This summary of benefits contains the highlights only. The specific benefits and exclusions are contained in your group service agreement.



Frequently Asked Questions

Priest Plan – EPO 0-1

May I go to any doctor I want and receive plan benefits?

No. You only receive plan benefits when you use network providers who participate in the Blue Shield of California EPO network.

Is there a deductible?

No.

Will I need to choose a Primary Care Physician (PCP)? Do I need a referral to see a specialist?

No.

Is preventive care covered?

Yes, when you use network providers.

Is there a limit to how much I may have to pay in one year?

Yes, the out-of-pocket maximum is a cap on the most you would pay out-of-pocket for medical services in a plan year.

May I use mail order for drugs I use regularly?

Yes, please visit www.retatrust.org for information.



Prescription Drugs

CVS Caremark (CVS) is the current pharmacy plan. CVS brings a nationwide network of pharmacies that includes Walgreens, Walmart, local pharmacies and CVS stores. As a result of the partnership between CVS and BSC, you will have the convenience of carrying only one ID card for both BSC medical and CVS prescription benefits.

IMPORTANT: Make sure to present your identification card when picking up your prescription.

Prescription Q&A

If I choose to take a brand name medication and there is a generic equivalent available, is there an additional charge?

Yes. The prescription plan includes features to encourage members to obtain the lowest cost drug alternative. Dispense as written (DAW) penalty is the difference in the price between the brand name medication and its available generic equivalent. The penalty can be applied if a doctor writes a prescription for brand name medication when generic is available or if the member asks for the brand name to be dispensed even if a generic is available.

May I use mail order for drugs I use regularly?

Yes, please visit www.retatrust.org for more information.

Go to this Reta microsite for complete details about CVS

Here you will find all the information you will need about the CVS pharmacy plan.

Could a 90-day maintenance medication be picked up at a retail pharmacy?

Yes, members will be able to obtain a 90-day supply of maintenance medication at retail pharmacies. The member's cost will be equal to the copay for a 30-day supply, times three. Members can obtain a 90-day supply of maintenance medications through the mail order program. The member's cost will be equal to the copay for a 30-day supply, times two.

Will there be coverage for certain Over the Counter (OTC) medications at a \$0 copay?

Yes, there is coverage for those OTC medications that meet the ACA requirements for medication such as aspirin, vitamin D, Folic Acid, Fluoride, Smoking Cessation products, and Iron Supplements (they would still require a prescription).

Where do I go if I have questions about the pharmacy plan?

I have a question about...

- » Is my medication on the CVS Formulary?
- » Did my Mail Order Drug get transferred?
- » Did my specialty Rx get transferred?
- » Did my Rx authorization get transferred?
- » I'm at the pharmacy but don't have my new ID card

Resources to use:

- » Reta Benefits Center
- » Caremark.com
- » Download and use the CVS App
- » Call CVS: [800.844.0719](tel:800.844.0719)

Dental Program

The Diocese offers a comprehensive dental program through Delta Dental and their national network of participating dentists. Our plan allows you to choose any Delta PPO or Delta Premier dentist.

To find a participating dentist go to deltadentalins.com. For more detailed information on your dental benefits, please visit RetaTrust.org.

Get the Most Out of Your Benefits

You can maximize your plan value if you select a dentist who participates in the Delta PPO network. PPO network dentists have agreed to reduced contracted rates for services making your plan dollars go further. The choice, however, is up to you. Just make sure to go to a participating Delta dentist. Non-Delta dentists may balance bill you above the plans reasonable and customary limits.*

Benefits	Delta Dental PPO Dentists In-PPO Network	Out-of-PPO Network Premier and Non-Delta Dentists*
Deductible (per calendar year)	\$50 / person	\$75 / person
Maximum Per Person (per calendar year)	\$1,500	
Preventive & Diagnostic Care	Covered at 100%	Covered at 100%
Basic Coverage	Covered at 90%	Covered at 80%
Major Coverage	Covered at 60%	Covered at 50%
Orthodontic Benefits	Covered at 50%	Covered at 50%
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime



Vision

We will be partnering with VSP to provide members access to one of the nation's largest vision networks. As a member, you will have access to a rich network of providers and national retailers and you will receive exclusive savings on designer frames, premium lenses and coatings, contact lenses, and laser vision services.

To find an eye doctor, visit www.vsp.com.

Benefits	Description	In-Network	Out-of-Network
WellVision Exam	Every 12 months	\$10	Up to \$45
Prescription Glasses		\$25	
Frames	<ul style="list-style-type: none"> » \$150 allowance for a wide selection of frames » \$170 allowance for featured frame brands » 20% savings on the amount over your allowance » \$80 Costco frame allowance » Every 24 months 	Included in Prescription Glasses	Up to \$70
Lenses	<ul style="list-style-type: none"> » Single Vision » Lined Bifocal » Lined Trifocal » Every 12 months 	Included in Prescription Glasses	Up to \$30 Up to \$50 Up to \$65
Lens Enhancements	<ul style="list-style-type: none"> » Standard Progressive lenses » Premium Progressive lenses » Custom Progressive lenses » Anti-reflective coating » Every 12 months 	\$40 \$40 \$40 \$20	Up to \$50 for Progressive lenses
Contacts (instead of glasses)	<ul style="list-style-type: none"> » \$150 allowance for contacts; copay does not apply » Every 12 months 	Up to \$60	Up to \$105

You do not need to present a VSP ID card at the provider's office. However, if you want a tangible card to keep in your wallet you can go to VSP.com, create an account and from there print ID cards.

Flexible Spending Accounts

The Diocese of Springfield will continue to offer a Flexible Spending Account (FSA) benefit to our Priests, which is administered through CheckWriters.

To participate you must enroll each year. Your elections DO NOT carry over from year to year.

Health Care (or Medical) FSA

The Healthcare FSA is an account plan setup by the IRS that allows you to set aside monies on a pre-tax basis for expenses they intend to incur during the year. For monies you are spending everyday on doctor office copays, deductibles, hospital expenses, prescription copays, and many more items, you could pay for these tax-free through the FSA.

How does this work?

Simply estimate the out-of-pocket expenses you KNOW you are going to have for this next year up to the Annual Maximum (7/1/23 - 6/30/24) of \$3,050. Keep in mind, this includes any Medical,

Dental, and Vision expenses for you. The annual amount elected is then divided by your total number of paychecks for the year.

These amounts deducted from your paycheck would be deducted BEFORE taxes (pre-tax) and would lower your taxable income by the amount set aside in the FSA plan.

The benefit?

The amount you set aside in an FSA is taken “pre-tax” meaning it is taken from your paycheck before taxes are applied (much like your Medical Insurance premiums). The benefit is that you are only taxed upon the income remaining, as your paycheck was lowered by the amount set aside in the FSA. You are also saving taxes on the first dollar versus having to itemize and try to write these expenses off on your taxes each year.

What is an FSA?

An FSA Plan provides you a way to pay for qualified expenses with tax-free money. These plans help alleviate healthcare and childcare costs by allowing you to set aside a portion of your income tax-free in order to pay for these expenses, and ultimately lower your taxable income.

	Doesn't Participate in an FSA	Does Participate in an FSA
Annual Income	\$35,000	\$35,000
Pre-Tax FSA Contributions	\$0	\$500
Taxable Salary	\$35,000	\$34,500
Federal Withholding (15%)	\$5,250	\$5,175
State Tax Withholding (5.2%)	\$1,820	\$1,794
FICA Tax (7.65%)	\$2,677	\$2,639
Total Annual Taxes	\$9,747	\$9,608
Annual Tax Savings	\$0	\$139

Frequently Asked Questions

Flexible Spending Accounts

What if I have a lot of expenses at the beginning of the plan year?

Don't worry, you will have the FULL balance of your annual HealthCare FSA amount available to you at the beginning of the year. For example, if you set aside

\$1,000 for the year, you will have \$1,000 available to you on day one of the plan year (7/1/2023).

How do I get the money?

To file a Healthcare FSA claim, complete the claim form with the applicable information. For fastest reimbursement, fax the form to [1.877.268.3107](tel:18772683107) or email to s125benefits@checkwriters.com. Or mail to: CheckWriters Payroll Attention S125 Benefits, 46 Roundhill Road, Northampton, MA 01060.

TIPS: When considering your current out-of-pocket expenses, check out websites like [CVS.com](https://www.cvs.com), [Walgreens.com](https://www.walgreens.com), and [Drugstore.com](https://www.drugstore.com). These sites usually have an "FSA Eligible" indicator for items covered under an FSA plan, which can help you further estimate costs and expenses for the year.

How do I enroll?

You will have the option to enroll in the Healthcare FSA and set your pre-tax FSA contributions while completing the enrollment steps found in RetaEnroll.

This is a "Use-it or Lose-it" Account

Be sure you are being conservative in your estimates. You will have up to 90 days after the end of the plan year (until 9/30/2024) to file for a Healthcare FSA claim incurred during the 7/1/2023– 6/30/2024 plan year.

Keep All Receipts!

Also, always keep your receipts in the event you were to get audited (have an envelope for each year and put all receipts aside in the envelope just in case).



Medicare Assistance Program

SGIA Medicare Consulting's Medical Assistance Program is an employee benefit, offered by the Reta Trust and the Diocese of Springfield. Our focus is the complicated world of Medicare. Our specialty is the personal approach we take to maximize benefits for each individual's specific needs.

If you are turning 65, are 65 or older, you may have questions about Medicare.

- » How does Medicare work with employer plans?
- » How and when do I sign up for Medicare?
- » Which Medicare options are right for me?
- » Where can I find Medicare answers?

Understand Your Medicare Options

Through our partnership with SGIA, personalized assistance is available to explore your Medicare options. SGIA provides information, guidance, and complete enrollment assistance.

The Medicare Assistance Program is available at no-cost before, during, or after enrollment.

Contact SGIA for personal consultations and Medicare information

888.845.0449

reta@sgiamedicare.com

8 a.m. – 6 p.m. (PST)



Contributions

All eligible employees who elect coverage will have deductions withheld from their paycheck. The monthly employer and employee contributions for these plans are reflected below. These contributions are effective July 1, 2023 through June 30, 2024.

	Monthly Plan Cost	Employer Contribution	Employee Contribution
Blue Shield EPO 0-1 Plan	\$1,002.63	\$1,002.63	\$0.00
Delta Dental	\$40.81	\$40.81	\$0.00
VSP	\$4.87	\$4.87	\$0.00

Contact Information

Blue Shield of California

888.772.1076

www.provider.bcbs.com

CVS Caremark

1.800.844.0719

www.caremark.com

VSP (Reta)

1.800.877.7195

5am to 7pm PST M-F 6am to 2:30 PST Sat

www.VSP.com

imember@vsp.com

Claims Address: PO Box 997105,

Sacramento, CA 95899-7105

Delta (Reta)

1.800.765.6003

www.deltadentalins.com

BAS – Cobra Control Services

877.360.7382

CheckWriters FSA Administration

1.877.268.3107

a125benefits@checkwriters.com

Annual Notices

HIPAA Privacy Notice Availability

We take your privacy seriously. We are able to provide a copy of our HIPAA privacy notice and talk to you about our privacy practices. Please contact the Human Resource Department if you have any questions.

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 January 31, 2023. Contact your state for more information on eligibility.

<p>ALABAMA – Medicaid</p> <p>http://myalhipp.com 855.692.5447</p>	<p>FLORIDA – Medicaid</p> <p>www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html 877.357.3268</p>
<p>ALASKA – Medicaid</p> <p>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</p>	<p>GEORGIA – Medicaid</p> <p>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</p>
<p>ARKANSAS – Medicaid</p> <p>http://myarhipp.com 855.MyARHIPP 855.692.7447</p>	<p>INDIANA – Medicaid</p> <p>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</p>
<p>CALIFORNIA – Medicaid</p> <p>Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov</p>	<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>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</p>
<p>COLORADO – Medicaid and CHIP</p> <p>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</p>	<p>KANSAS – Medicaid</p> <p>https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.766.9012</p>

KENTUCKY – Medicaid	NORTH DAKOTA – 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	http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825
LOUISIANA – Medicaid	OKLAHOMA – Medicaid and CHIP
www.medicaid.la.gov or www.ldh.la.gov/la hipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)	http://www.insureoklahoma.org 888.365.3742
MAINE – Medicaid	OREGON – Medicaid
Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 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	http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075
MASSACHUSETTS – Medicaid and CHIP	PENNSYLVANIA – Medicaid and CHIP
https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 617.886.8102	https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)
MINNESOTA – Medicaid	RHODE ISLAND – Medicaid and CHIP
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739	http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
MISSOURI – Medicaid	SOUTH CAROLINA – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005	http://www.scdhhs.gov 888.549.0820
MONTANA – Medicaid	SOUTH DAKOTA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HSHIPPPProgram@mt.gov	http://dss.sd.gov 888.828.0059
NEBRASKA – Medicaid	TEXAS – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178	http://gethipptexas.com 800.440.0493
NEVADA – Medicaid	UTAH – Medicaid and CHIP
http://dhcfp.nv.gov 800.992.0900	Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
NEW HAMPSHIRE – Medicaid	VERMONT – 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	http://www.greenmountaincare.org Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access 800.250.8427
NEW JERSEY – Medicaid and CHIP	VIRGINIA – 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	https://www.coverva.org/en/famis-select https://www.coverva.org/hipp/ Medicaid and Chip: 800.432.5924
NEW YORK – Medicaid	WASHINGTON – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831	https://www.hca.wa.gov/ 800.562.3022
NORTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
https://medicaid.ncdhhs.gov/ 919.855.4100	https://dhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP 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 January 31, 2023, 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 1/31/2026)

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718,

Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

Notes

Notes



This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting