



## **2015 Open Enrollment Information**

**Q: How much will I pay for my health insurance this year?**

- A: There is no increase to the employee portion of the health insurance. The cost for medical coverage is \$85 per month and dental coverage is \$5 per month. Full-time employees are eligible for the Standard Plan and part-time employees are eligible for the High Deductible Plan, unless they choose to pay the difference for the Standard Plan.

**Q: What benefit changes can I make during Open Enrollment?**

- A: Open Enrollment is the time to add/drop dependents on your health insurance, opt-out of health or dental insurance, enroll/re-enroll in Flexible Spending Accounts, and add/drop pre-tax voluntary benefits through AFLAC. It is also a good time to review your life insurance and deferred compensation elections.

**Q: Where can I find Open Enrollment Materials?**

- A: Enrollment materials and information can be found in this packet, on the Open Enrollment webpage under the Personnel Department webpage, <http://www.deschutes.org/personnel/page/open-enrollment>, or contact the Personnel staff directly for details. Personnel staff is available for questions; just give us a call (541) 317-3117 or (541) 385-3215, or send us an email [benefits@deschutes.org](mailto:benefits@deschutes.org).

**Q: How do I review my current benefit elections?**

- A: For health insurance, call EBMS at 800-268-3625 or log on to MiBenefits at ebms.com to check your current dependents enrolled on your health plan. For Flexible Spending Account questions, log into MyFlex to review your elections.

**Q: Where do I submit Open Enrollment Forms?**

- A: Health and Dental insurance change forms must be received by Personnel by 5:00 PM July 17<sup>th</sup>. Paperwork can also be mailed or faxed to:
- Deschutes County Personnel – Open Enrollment  
PO Box 6005  
Bend, Oregon 97708-6005  
Fax: 541-330-4626

**Flexible Spending Account enrollment** must be completed online by July 17<sup>th</sup>. FSA requires annual re-enrollment.

**AFLAC forms** should be returned directly to the AFLAC representative, Aundy Morton, no later than 5:00 p.m. on July 17<sup>th</sup>.

**Q: When will the elections I make during Open Enrollment be effective?**

- A: All changes will be effective August 1<sup>st</sup>.


**Q: I completed the HRA screening, when will I see the premium savings reflected in my pay check?**


- A: Your premium savings will be processed on your November 30<sup>th</sup> paycheck. There is still time to complete the HRA screening if you haven't already done so. Make your finger stick blood draw appointment by September 4<sup>th</sup> to get your Hydro Flask. All pieces of the HRA (finger stick, questionnaire, and follow-up appointment) must be completed by September 30<sup>th</sup> to receive your premium savings. Contact the DOC for details and to schedule your appointment, 541-317-3189.

## **HEALTH COVERAGE (MEDICAL, DENTAL, PHARMACY, and VISION):**

- **Plan Highlights:** Health plan summaries can be found on the Health Insurance webpage on [www.deschutes.org/personnel](http://www.deschutes.org/personnel).
  - Standard Plan
  - High Deductible Plan
- **Health Plan Open Enrollment Options:**
  - Enrollment Change: Complete the Health Plan Enrollment and Change Form, located on the Open Enrollment webpage on [www.deschutes.org/personnel](http://www.deschutes.org/personnel), and return it to Personnel if you want to:
    - Add or drop eligible dependents to your health plan
    - Add or drop dental coverage
    - Change plans, if eligible
  - Health Plan Opt-Out Option: Employees who elect not to participate in the Deschutes County Employee Health Benefit Plan including medical, pharmacy, dental and vision coverage will be entitled to receive a monthly stipend.
    - Please read the Opt-Out Form for details on eligibility and the stipend. This form must be completed annually if opting out of health coverage and is available on the Open Enrollment webpage on [www.deschutes.org/personnel](http://www.deschutes.org/personnel).

### ➤ **Health Plan Changes:**

 **New this year:** The Pharmacy Benefit will now have an out-of-pocket maximum of \$1200 (individual)/ \$3600 (family). All copayments and coinsurance for prescription drugs will accrue towards the out-of-pocket maximum.

 **New this year:** Change to our Participating Provider Organization (PPO) network, from First Choice to Aetna. This change is only for accessing the PPO network of Aetna. EBMS' role will remain the same. They will still be our claims administrator and process all claims and confirm coverage for your providers. Aetna will simply make available the network of providers for members to choose their doctor.

Aetna's network of providers offers improved access for all employees, dependents and retirees. EBMS will be sending details on the change as well as new ID cards to all members on the plan. *Watch your mail in mid to late July for new ID cards!*

The following changes will be made to the Deschutes County Employee Benefit Plan effective 8/1/2015 to ensure compliance with State and Federal requirements and to improve the quality and cost of care for members.

Plan Section	Current	New as of 8/1/2015	Reason for Change
Plan Exclusions	Court Ordered treatment expenses excluded.	Remove exclusion #6 Court Ordered treatment expenses.	Mental Health Parity and Addiction Act
Alternative Care Exclusions	Residential treatment facility excluded under Alternative Care.	Remove the Residential Treatment facility exclusion.	Mental Health Parity and Addiction Act
Plan Exclusions	Speech Therapy must follow a sickness other than a learning or mental disorder.	Remove the exclusion "other than a learning or mental disorder."	Mental Health Parity and Addiction Act

Plan Section	Current	New as of 8/1/2015	Reason for Change
Schedule of Benefits	Naturopath only covered under Alternative Care Benefit.	Medical Provider definition will include Naturopaths. Naturopath coverage will fall under the same criteria for payment as a physician.	Oregon State Benchmark Plan for 2015
Schedule of Benefits	Transplant donor maximum is \$30,000 donor maximum per transplant procedure.	Remove the transplant donor maximum.	Oregon State Benchmark Plan for 2015
Covered Charges (Amendment #14)	Breast pumps purchased at a retail store is covered as an out of network provider.	Breast pumps purchased at a retail store will be payable at the in-network/participating provider level.	Oregon State Benchmark Plan for 2015
Routine Well Baby Care	Circumcision is covered when performed at a hospital.	Circumcision is covered when performed within 2 weeks of birth or if medically necessary.	Procedure is now provided through the pediatrician's office.
Eligibility (Amendment #14)	No language for on-call or variable hour employees.	On-call and variable hour positions will be eligible for coverage if they work an average of 30 hours per week over a 12 month period.	Affordable Care Act
Schedule of Benefits	Pharmacy co-payments and coinsurance does not have an out-of-pocket maximum.	Pharmacy co-payments and coinsurance will accumulate towards an out-of-pocket maximum of \$1200 (individual)/ \$3600 (family).	Affordable Care Act
Schedule of Benefits – Participating Providers	The Plan Utilizes First Choice Health as the Participating Provider Organization (PPO)	The Plan will Utilize Aetna as the Participating Provider Organization (PPO)	Improved PPO access for plan members and cost reduction for plan.

### **Important Notices Required by Health Care Reform Regulations**

The following important notices required by health care reform regulations are enclosed at the end of this packet:

- Prescription Drug Coverage and Medicare Part D – Creditable Coverage
- Children's Health Insurance Program (CHIP)
- Women's Health and Cancer Rights Act of 1998

These documents are for your records.

### **FLEXIBLE SPENDING ACCOUNTS (FSA): Employee Paid Pre-tax Contributions**

- **Plan Highlights:** As part of your benefit package, you have an option to enroll in an FSA, which can help you offset the costs of health and/or dependent care. An FSA allows you to pay for certain health-related and dependent care expenses with pretax dollars.
- **FSA Open Enrollment Options:** Complete if you wish to enroll in FSA for the 2015/2016 plan year. **You must re-enroll annually.** The Open Enrollment period for FSA is July 1st – July 17th. All enrollments need to be completed online by 9:00 pm on July 17<sup>th</sup> using your work computer or your home computer; **no forms will be accepted.**

To begin your enrollment, you will need to navigate to the PacificSource Administrators secure web portal: <https://hrbenefitsdirect.com/PSA/signIn.aspx>. Detailed instructions can be found on the Open Enrollment webpage on [www.deschutes.org/personnel](http://www.deschutes.org/personnel).

- **Prior Participants: If you have previously participated in the FSA account**, your PacificSource Administrators Member ID and date of birth are set as your default username and password (unless you have changed them). Please refer to the Member guide for instructions on enrolling in the FSA, which can be found on the Open Enrollment webpage on [www.deschutes.org/personnel](http://www.deschutes.org/personnel). If PacificSource has an email on file you should have received an email on 07/01/2015 from them with login information. If you did not receive an email or you don't remember your member ID or password, please call the PacificSource Administrators Customer Service Team at: (800) 422-7038 and they will assist you with this information. ***Personnel does not know what your username or passwords are if you have changed them.***
- **New Participants: If you have never participated in the FSA account**, after navigating to the PacificSource Administrators secure web portal, select the link that is directly under "Never Been Enrolled" which is named "Click Here to Create a New Member." Use **DC2015** as the Group Pass Code and click "Add New Member" to set up your profile. Please refer to the Member guide for step by step instructions for creating your profile and enrolling in the FSA. The Member guide can be found on the Open Enrollment webpage on [www.deschutes.org/personnel](http://www.deschutes.org/personnel).

**Retain the username and password** that you create during this process as this will continue to be your MyFlex login.

The following FSA plans are available.

- **Unreimbursed Health Expenses (HRE):**  
Healthcare expenses that are either not covered or only partially covered by your insurance plan can now be paid pretax. Examples include deductibles, copays, dental expenses (even orthodontia), prescriptions and vision care. If you leave Deschutes County prior to the end of the Plan Year, the remaining monthly premiums will be taken from your final paycheck or subject to reimbursement after-tax. The maximum deduction is \$2,550 per year.

The Benny Prepaid Benefits Card: Benny™ is a special-purpose MasterCard® that draws on the value of your annual HRE election amount. *Contact PacificSource Administrators directly to request a debit card, (800)422-7038.*

- **Dependent Care Expenses (DCE):**  
Child care and elder care expenses you incur while at work or school may be deducted from your paycheck before tax. This includes daycare expenses for a child up to age 13 or a disabled tax dependent unable to care for themselves. The maximum deduction is \$5,000 per year.

**If you have questions regarding the online enrollment process, please contact** PacificSource Administrators Customer Service Team at: (800) 422-7038.

## **AFLAC Voluntary Benefits:**

### ➤ **Voluntary Supplemental Insurance through AFLAC:**

- AFLAC provides many different policies; Short-term Disability, Accident, Cancer, etc. Some policies are allowed to be taken pre-tax. You can enroll and cancel coverage at any time during the year as a post-tax policy; however, you can only add/drop pre-tax policies during Open Enrollment. More information is available on the Open Enrollment webpage on [www.deschutes.org/personnel](http://www.deschutes.org/personnel).

Contact the AFLAC representative, Aundy Morton, directly to arrange a personal meeting time to discuss options available through AFLAC. All AFLAC enrollment and change forms must be received by Aundy by July 17, 2015. Contact Aundy early to ensure availability.

*Aundy Morton*

Office: (541) 312-8914

[aundermorton@us.aflac.com](mailto:aundermorton@us.aflac.com)

Fax: (541) 388-3234

[www.aflac.com/aundermorton](http://www.aflac.com/aundermorton)

## **DEFERRED COMPENSATION (457 Plan) Benefits:**

### ➤ **Plan Highlights:**

- Set aside pre-tax or post-tax dollars for retirement. To change your deferred compensation election, complete the change form located on the Open Enrollment webpage on [www.deschutes.org/personnel](http://www.deschutes.org/personnel). Changes can be made during any time of year. All changes are effective the month following receipt of the form.

Contact the account representative anytime during the year to establish a deferred compensation account or for questions regarding your existing account.

- ICMA – DeLana Hansen, (866) 803-2726, [d.hansen@icmarc.org](mailto:d.hansen@icmarc.org)
- Nationwide Retirement Solutions – Dan Hadden (Interim), (614) 435-8358
- Mass Mutual Financial Group – Jeanie Eberle, (541) 923-5135, [Jeanie.eberle@edwardjones.com](mailto:Jeanie.eberle@edwardjones.com)

## **LIFE INSURANCE: Life, AD&D, LTD Insurance**

### ➤ **Plan Highlights:**

- The descriptions of the Life, Accidental Death and Dismemberment, and Long Term Disability Insurances paid for by Deschutes County can be found on the Employee Benefits webpage on [www.deschutes.org/personnel](http://www.deschutes.org/personnel). If you purchase additional voluntary life insurance through Deschutes County, please note the premiums are age-banded and will increase on January 1<sup>st</sup> following a milestone birthday (35, 40, 45, 50, 55, etc.)

### ➤ **Insurance Options:**

- If you want additional coverage, you can apply for voluntary supplemental Life Insurance for you or your dependents at any time of the year. Contact Personnel for the application to apply for voluntary supplemental (employee paid) Life, or AD&D insurance.

## **STATE OF OREGON PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS)**

- Go to PERS online members services page to view more information about your PERS retirement benefit. - <https://orion.pers.state.or.us/SelfService>

## **Important Notice from Deschutes County Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Deschutes County 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. Deschutes County has determined that the prescription drug coverage offered by the Deschutes County Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

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 Deschutes County coverage will not be affected. You can keep your coverage if you elect Part D and this plan will coordinate with Part D.

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

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Deschutes County 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 the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Deschutes County 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).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have**



**maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: July 1, 2015  
Name of Entity: Deschutes County  
Contact: Kathleen Hinman  
Address: PO Box 6005, Bend, OR 97708-6005  
Phone Number: 541-385-3215

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

### **IMPORTANT NOTICE ABOUT YOUR RIGHTS UNDER YOUR GROUP HEALTH PLAN:**

Under the Women's Health and Cancer Rights Act of 1998, the Plan is required to notify you, as a Plan participant or beneficiary, of your rights related to benefits provided through the Plan in connection with a mastectomy. As a Plan participant or beneficiary, you are entitled to have coverage provided in a manner determined in consultation with your attending physician for:

- All stages of reconstruction of a breast on which a mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and treatment of physical complications of a mastectomy, including lymphedema

Keep this notice for your records and call the Claims Administrator (1-800-777-3575) if you would like more information about these benefits.

## **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2015. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> Phone: 1-855-692-5447	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
<b>ALASKA – Medicaid</b>	<b>INDIANA – 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	Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949
<b>COLORADO – Medicaid</b>	<b>IOWA – Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
<b>FLORIDA – Medicaid</b>	<b>KANSAS – Medicaid</b>

Website: <a href="https://www.flmedicaidtprecovery.com/">https://www.flmedicaidtprecovery.com/</a> Phone: 1-877-357-3268	Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – 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	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	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: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MAINE – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MINNESOTA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/id_006254">http://www.dhs.state.mn.us/id_006254</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3739	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>MISSOURI – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MONTANA – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://medicaid.mt.gov/member">http://medicaid.mt.gov/member</a> Phone: 1-800-694-3084	Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075
<b>NEBRASKA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633	Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462
<b>NEVADA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300
<b>SOUTH CAROLINA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-866-435-7414	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, 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, Menu Option 4, Ext. 61565