



Online Open Enrollment is Easy and Paperless!

2023 Benefits Open Enrollment: October 31 - November 14, 2022

Wayne State University Human Resources is pleased to announce the 2023 benefits Open Enrollment period. Annually, benefit-eligible employees are given the opportunity to change their medical, dental, vision and flexible spending account (FSA) benefits for the following year.

Open Enrollment Benefit Highlights

- **No Paper Forms!** To get started, log in: <https://academica.aws.wayne.edu/link/6ud> or log in to Academica, click 'Employee Resources, select 'Employee Self-Service' and then select 'Benefit Plans - Open Enrollment' to access the Businessolver site and make your elections for medical, dental, vision and flexible spending accounts. Open Enrollment is an online process through our benefits administrator Businessolver. Further instructions are provided on **pages 4-5**.

No action is required if you are not making changes to your medical, dental and vision benefits, although we encourage you to log in and verify your new bi-weekly payroll deductions for 2023. This is your only opportunity to change your 2023 benefit selections without a qualifying Life Status Change Event (marriage, divorce, birth, etc.). Changes made during Open Enrollment will be effective January 1, 2023.

Flexible Spending Account elections must be updated annually to participate. Flexible Spending Account elections do not automatically renew from year to year.

For more information, visit: hr.wayne.edu/tcw/health-welfare/open-enrollment

Medical Plan 2

Wayne State University administers two medical plan designs: Plan 1 and Plan 2. Based on your employee classification **you are designated to Plan 2**. Plan 2 has new rates for 2023.

Plan designation is based on your employee group as follows:

- Plan 2 - AAUP, GEOC & Non-Represented employees and Stipend recipients.

2023 payroll deductions will be based on the new 2023 rates, the medical plan and the level (single, two person or family) of coverage you elect. Changes made during Open Enrollment will be reflected starting on pay period 1 (January 4, 2023) for the 2023 plan year. Please review the new 2023 Medical Bi-Weekly Premium Rate Schedule on page 3.

Paperless Open Enrollment - All Benefit Changes Online (No Exceptions)

We continue our partnership with our benefits administrator, Businessolver, to bring you a 100% online enrollment! For assistance in enrolling in your 2023 benefits, please contact Businessolver customer service at:

Businessolver Wayne State Benefits Center

Web: mywaynebenefits.com

Email: clientcare@businessolver.com

Fax: 515-273-1545

Phone: 888-907-1433



All changes and enrollments are online! See pages 4 & 5 to get started.

**Open Enrollment ends
November 14, 2022**

Please Remember:

- Review the new 2023 Biweekly Premium Rate Schedule on page 3.
- Medical, dental and vision deduction changes and 2023 Flexible Spending Account deductions will begin on pay period 1, 2023 (January 4, 2023).
- Quick and easy online Open Enrollment! Click the link below to access the Businessolver site to change medical, dental or vision plans, add or remove dependents, or to setup a 2023 Flexible Spending Account.
- All ineligible dependents should be removed from your benefits.

To get started, log in: <https://academica.aws.wayne.edu/link/6ud>

2023 Medical/Dental/Vision Plans Biweekly Premium Rate Schedule - Plan 2 (AAUP, GEOC & Non-Represented Employees and Stipend Recipients)

January 1 – December 31, 2023

	12-Month Employees			9-Month Employees		
	Total Biweekly Cost	University Biweekly Subsidy	Employee Biweekly Cost	Total Biweekly Cost	University Biweekly Subsidy	Employee Biweekly Cost
Blue Cross and Blue Shield (Traditional)						
Single	\$718.59	\$301.96	\$416.63	\$958.12	\$402.61	\$555.51
Two Person	\$1,580.90	\$654.96	\$925.94	\$2,107.86	\$873.28	\$1,234.58
Family	\$1,940.19	\$754.48	\$1,185.71	\$2,586.92	\$1,005.97	\$1,580.95
Community Blue (PPO)						
Single	\$670.33	\$449.06	\$221.27	\$893.77	\$598.75	\$295.02
Two Person	\$1,474.72	\$1,002.55	\$472.17	\$1,966.29	\$1,336.74	\$629.56
Family	\$1,809.88	\$1,239.53	\$570.35	\$2,413.17	\$1,652.70	\$760.47
Health Alliance Plan (HMO)						
Single	\$380.10	\$291.14	\$88.96	\$506.79	\$388.18	\$118.61
Two Person	\$881.82	\$670.68	\$211.14	\$1,175.76	\$894.24	\$281.52
Family	\$919.83	\$694.04	\$225.79	\$1,226.44	\$925.38	\$301.06
Blue Care Network (HMO)						
Single	\$354.38	\$272.11	\$82.26	\$472.50	\$362.82	\$109.68
Two Person	\$815.06	\$621.63	\$193.43	\$1,086.75	\$828.84	\$257.90
Family	\$850.50	\$643.01	\$207.49	\$1,133.99	\$857.34	\$276.65
Sponsored Dependent	\$496.13	\$0.00	\$496.13	\$661.50	\$0.00	\$661.50
Priority Health (HMO)						
Single	\$174.42	\$137.82	\$36.59	\$232.55	\$183.76	\$48.79
Two Person	\$348.83	\$276.76	\$72.07	\$465.11	\$369.02	\$96.09
Family	\$540.69	\$420.96	\$119.72	\$720.91	\$561.28	\$159.63
Sponsored Dependent	\$209.30	\$0.00	\$209.30	\$279.06	\$0.00	\$279.06
Delta Dental						
Single	\$15.26	\$11.44	\$3.81	\$20.34	\$15.26	\$5.09
Two Person	\$30.51	\$22.88	\$7.63	\$40.68	\$30.51	\$10.17
Family	\$55.68	\$41.76	\$13.92	\$74.25	\$55.68	\$18.56
EyeMed Vision - Basic with Medical						
Single	\$2.32	\$1.16	\$1.16	\$3.09	\$1.54	\$1.54
Two Person	\$4.37	\$2.19	\$2.19	\$5.82	\$2.91	\$2.91
Family	\$6.41	\$3.21	\$3.21	\$8.55	\$4.27	\$4.27
EyeMed Vision - Enhanced with Medical						
Single	\$4.31	\$1.16	\$3.15	\$5.74	\$1.54	\$4.20
Two Person	\$8.13	\$2.18	\$5.95	\$10.84	\$2.91	\$7.93
Family	\$11.93	\$3.21	\$8.73	\$15.91	\$4.27	\$11.63

Note: Some rounding differences reflected.

Online Enrollment & Changes Instructions

All changes and enrollments are online!

For more information, visit hr.wayne.edu/tcw/health-welfare/open-enrollment



CLICK HERE TO GET STARTED or LOG IN

Log in to Academica
Click Employee Resources
Click Employee Self-Service
Click Benefit Plan Enrollment & Changes

EXPLORE YOUR OPTIONS

Explore the Businessolver site to learn about your benefits. You'll find lots of helpful information in the Reference Center. The calendar at the top of the Home page lets you know how many days you have to enroll.

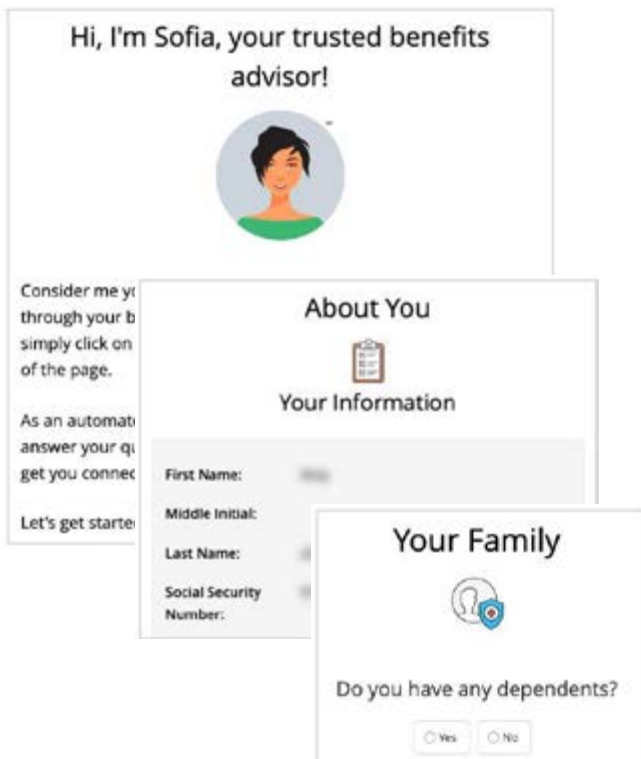
START YOUR ENROLLMENT

Click the Start Here button to review your personal information and add or edit any dependents you wish to cover.

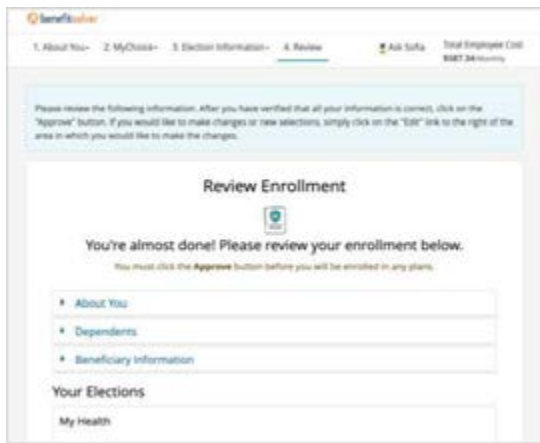
You will need to provide each dependent's legal name, Social Security Number, and birth date to add them to your coverage.*

Sofia, your personal benefits assistant, can answer questions and guide you as you enroll.

*You will be required to provide documentation to prove your relationship to each dependent.

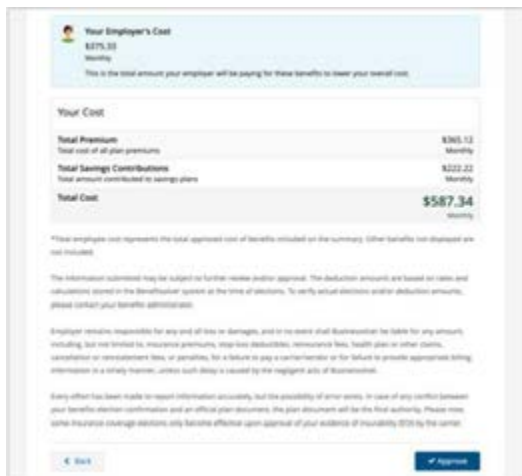


No computer? Visit our kiosk in the HR Service Center 8:30 a.m. - 5 p.m. (Mon-Fri) or make changes by phone: Call 888-907-1433 8 a.m. – 8 p.m. (Mon-Fri)



ENROLL IN COVERAGE

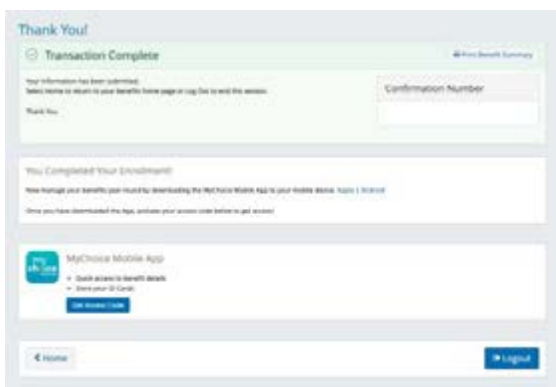
Explore on your own: Use the Next and Back buttons to review and elect options available to you. Choose or decline coverage for each option, and select which family members you want to cover.



REVIEW AND FINALIZE YOUR ELECTIONS

Make sure your personal information, elections, dependents, and beneficiaries are accurate, then approve your elections.

To finish, click I Agree. When your enrollment is complete, you will receive a confirmation number and can print your Benefit Summary for your records.



AFTER YOU ENROLL

Return to the Home page to check for any additional tasks needed to complete your enrollment, view or download your Benefit Summary, and download the MyChoice Mobile App.

Visit this site anytime you want to learn more about your benefits or make a change to your coverage (if you experience a qualifying life event).

To get started, log in: <https://academica.aws.wayne.edu/link/6ud>



Open Enrollment DOES NOT Include Changes to:

- Life insurance
- Retirement savings programs - 403(b) & 457(b)

Life insurance (Evidence of insurability is required) and retirement savings plan changes may be made throughout the year.

Enrolling Dependents

Supporting documentation (proof of eligibility) is required to add a dependent. Documentation would include (but is not limited to) Federal Income Tax Form 1040, Birth Certificates, Proof of joint obligation, etc. For a detailed list of required supporting documentation: <https://hr.wayne.edu/tcw/benefits/dependents>

Use Your Phone

Help is in your hand! You can use your phone to make changes during Open Enrollment. Log in to Academica to get started!

Also, you may download your benefit carriers' apps onto your smart phone to stay more connected on-the-go. Apps provide instant connection and updates to your accounts.

Legal Notices

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for: All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under each of the university-sponsored medical plans.

Creditable Coverage Notice (Medicare Part D)

If you are age 65 or older or Medicare eligible due to end-stage renal disease or due to other disability, please read this notice carefully. This notice has important information about your current prescription drug coverage with Wayne State University and prescription drug coverage available for people with Medicare.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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. Wayne State University has determined that the prescription drug coverage included in the WSU medical insurance plans is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and, therefore, is considered creditable coverage.

Because you currently have creditable prescription drug coverage through a WSU medical insurance plan as a covered employee or spouse, you do not need to enroll in Medicare prescription drug coverage at this time.

Please be aware if you drop or lose your WSU medical insurance coverage and don't enroll in Medicare prescription drug coverage after your WSU coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage (e.g. considered creditable coverage), your monthly premium for a Medicare prescription drug plan will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19 percent higher than what most other people pay.

You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the following October to enroll.

If you become a WSU retiree, what are your options under the WSU medical insurance plan?

1. You can elect to continue your WSU medical insurance coverage and NOT enroll in Medicare Part D.

Since WSU medical insurance coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can elect to keep your WSU coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage. Each year from October 15 through December 7, you will have the opportunity to enroll in a Medicare prescription drug plan. However, if you lose your current creditable prescription drug coverage, you will also be eligible for a two-month Special Enrollment Period to join a Medicare prescription drug plan. Please note you cannot have both WSU medical insurance and a Medicare prescription drug plan. The WSU medical insurance plans do not coordinate with the Medicare prescription drug plans.

2. You can choose not to continue your WSU coverage AND enroll in alternative medical and prescription coverage (e.g., a Medigap plan and a Medicare prescription drug plan, or a Medicare Advantage plan).

If you decide to enroll in a Medicare prescription drug plan, you and your eligible dependents will not be eligible for WSU medical insurance coverage. You will want to consider a Medigap or Medicare Advantage plan to replace your WSU coverage. If your spouse is not enrolled in Medicare, you will need to purchase alternative coverage (e.g., individual coverage) for your spouse.

If you choose **not** to continue WSU retiree coverage and change your mind at any time in the future, you may re-enroll in WSU coverage during our annual retiree Open Enrollment in November/December with coverage effective the following January 1. However, you **MUST** dis-enroll from any Medicare prescription drug plan. WSU medical insurance plans do not coordinate with Medicare.

For more information about this notice or your current coverage: If you would like more information about this notice or your current coverage, contact the HR Service Center at 313-577-3000.

You may receive a creditable coverage notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You may also request a copy from the department of Total Rewards.

For more information about your options under Medicare prescription drug coverage: More detailed information about Medicare plans that offer prescription drug coverage will be available in the “Medicare & You” handbook. You may receive a copy of the handbook in the mail from Medicare. If not, you can request a copy by calling Medicare at 800-633-4227. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from the following sources:

- Visit medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number).
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at socialsecurity.gov or call them at 800-772-1213 (TTY 800-325-0778). Remember: Keep this notice. If you enroll in one of the plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Notice of Availability of Notice of Privacy Practices

The Wayne State University group health plan (the “Plan”) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan’s Notice of Privacy Practices, contact the HR Service Center at 313-577-3000.

Newborns’ And Mothers’ Health Protection Act (NMHPA) Notice

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 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).

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the department of Total Rewards.

The Children's Health Insurance Program Reauthorization Act of 2009 added the following two special enrollment opportunities:

- The employee's or dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage is terminated as a result of loss of eligibility.
- The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

It is your responsibility to notify the department of Total Rewards within 60 days of the loss of Medicaid or CHIP coverage, or within 60 days of when eligibility for premium assistance under Medicaid or CHIP is determined. More information on CHIP is provided below.

Coverage Under Michigan's Abortion Insurance Opt-Out Act

Fully insured plans in Michigan can no longer cover elective abortion unless a group rider is purchased. In order to maintain our current coverage under the Blue Care Network and Total Health Care HMOs, elective abortions will be included as a rider. This rider applies to all plan participants enrolled in the Blue Care Network and Total Health Care HMOs and cannot be declined on an individual basis. Your covered dependents may use this coverage without notice to you.

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 [healthcare.gov](https://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on pages 10-11, 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 visit 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 askebsa.dol.gov or call 866-444-EBSA (3272).

If you live in one of the states listed on the following pages, 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://myalh Hipp.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
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

Health Insurance Premium Payment (HIPP) Program
Website: <https://www.dhcs.ca.gov/hipp>
Phone: 1-916-445-8322
Fax: 1-916-440-5676
Email: 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.flmedicaidprecovery.com/flmedicaidprecovery.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: 1-678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 1-678-564-1162, 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

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: KIHIPPPROGRAM@ky.com
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 or 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: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 TTY: 1-617-886-8102

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: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

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

NEVADA – Medicaid

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

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
 Phone: 1-603-271-5218
 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: 1-609-631-2392
 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/
 Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
 Phone: 1-919-855-4100

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 1-401-462-0311 (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

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

Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
 Medicaid Phone: 1-304-558-1700
 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badger-careplus/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. Dept. of Labor, Employee Benefits Security Administration: dol.gov/agencies/ebsa
 Phone: 866-444-EBSA (3272)
- U.S. Dept. of Health and Human Services, Centers for Medicare & Medicaid Services: cms.hhs.gov
 Phone: 877-267-2323, Menu Option 4, Extension 61565