



WAYNE STATE UNIVERSITY

IMPORTANT CHANGES

- **NEW ONLINE ENROLLMENT INCLUDING FLEXIBLE SPENDING**
- **NEW RATES**
- **TOTAL HEALTH CARE IS NOW PRIORITY HEALTH**



Open Enrollment is Easy and Paperless!

2022 Benefits Open Enrollment: November 8 - November 19, 2021

Wayne State University Human Resources is pleased to announce the 2022 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!** Open Enrollment will be an online process through our new benefits administrator Businessolver! To begin open enrollment, starting November 8th, log in to Academica, click 'Employee Resources', click 'Employee Self-Service' and select 'Benefit Plans - Open Enrollment' to access the Businessolver site and make your elections for medical, dental, vision and flexible spending accounts. Directions are provided on **pages 4-5**.
- **Total Healthcare is now Priority Health!** Employees currently enrolled in Total Health Care, you will be automatically enrolled in Priority Health effective January 1st, 2022. Learn more about Priority Health at: <https://www.priorityhealth.com/member>. Please note: you can change medical plans during Open Enrollment.

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 2022. This is your only opportunity to change your 2022 benefit selections without a qualifying Life Status Change Event (marriage, divorce, birth, etc.). Changes made during Open Enrollment will be effective January 1, 2022.

Flexible Spending elections must be updated annually to participate. This election does not automatically renew from year to year.

For more information, visit hr.wayne.edu/tcw/health-welfare/open-enrollment
To get started, log in to Academica: <https://a.wayne.edu/>

No Change to Plan Design - Plan 1

Effective January 1, 2022 Wayne State University will administer two medical plan designs: Plan 1 and Plan 2. Based on your employee classification **you are designated to Plan 1**, which is the current plan design. Plan 1 has new rates for 2022.

Plan designation is based on your employee group as follows:

- Plan 1 - All employee groups, excluding AAUP, GEOC and Non-Represented employees.
- Plan 2 - AAUP, GEOC, Stipends and Non-Represented employees.

Your payroll deduction is based upon the new 2022 rates, the medical plan and the level (single, two person or family) of coverage you elect. Changes will be reflected starting on pay period 26 (December 22, 2021) for the 2022 plan year. Please review the new 2022 Medical Bi-Weekly Premium Rate Schedule on page 3.

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

This year, we have partnered with our new benefits administrator, Businessolver to bring you a 100% online enrollment! There will be no need to fill out paper documents, as you will now be able to enroll in your benefits through their online benefits enrollment system. You can find step-by-step instructions on how to enroll on pages 4-5. For assistance in enrolling in your 2022 benefits, please contact Businessolver customer service at: (888)-907-1433

Priority Health

We are very excited about the Total Health Care acquisition by Priority Health. As a Priority Health subscriber, you will have access to more providers here in Southeast Michigan. The transition to Priority Health will result in an increase of over 450 additional primary care physicians and over 660 additional specialists in network, with a modest increase in premium cost.



All changes and enrollments are online!

**Do NOT Miss the Deadline!
Open Enrollment Ends November 19**

Please Remember:

- Review the new 2022 Biweekly Premium Rate Schedule on page 3.
- Medical, dental and vision deduction changes will be charged on pay period 26 (December 22, 2021). 2022 Flexible Spending Account deductions will begin on pay period 1, 2022 (January 5, 2022).
- Quick and easy online Open Enrollment! Log on to Academica to access the Businessolver site to change medical plans, add or remove dependents, or to setup a 2022 Flexible Spending Account.
- All ineligible dependents should be removed from your benefits.

2022 Medical/Dental/Vision Plans Biweekly Premium Rate Schedule - Plan1 (All Employees Excluding AAUP, GEOC, Non-Represented Employees and Stipends)

January 1 – December 31, 2022

	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	\$711.51	\$302.01	\$409.50	\$948.68	\$402.68	\$546.00
Two Person	\$1,565.32	\$654.86	\$910.46	\$2,087.10	\$873.15	\$1,213.95
Family	\$1,921.08	\$748.27	\$1,172.81	\$2,561.44	\$997.69	\$1,563.74
Community Blue (PPO)						
Single	\$674.10	\$451.70	\$222.40	\$898.80	\$602.27	\$296.53
Two Person	\$1,483.02	\$1,008.36	\$474.66	\$1,977.36	\$1,344.48	\$632.87
Family	\$1,820.07	\$1,246.66	\$573.41	\$2,426.75	\$1,662.21	\$764.54
Health Alliance Plan (HMO)						
Single	\$375.39	\$287.84	\$87.55	\$500.51	\$383.79	\$116.73
Two Person	\$870.14	\$662.51	\$207.64	\$1,160.19	\$883.34	\$276.85
Family	\$889.02	\$672.47	\$216.55	\$1,185.36	\$896.63	\$288.73
Blue Care Network (HMO)						
Single	\$355.61	\$272.98	\$82.63	\$474.15	\$363.97	\$110.18
Two Person	\$817.90	\$623.62	\$194.28	\$1,090.53	\$831.49	\$259.04
Family	\$835.69	\$632.64	\$203.05	\$1,114.25	\$843.52	\$270.73
Sponsored Dependent	\$497.86	\$0.00	\$497.86	\$663.81	\$0.00	\$663.81
Priority Health (HMO)						
Single	\$174.41	\$137.81	\$36.59	\$232.54	\$183.75	\$48.79
Two Person	\$348.81	\$276.75	\$72.06	\$465.08	\$369.00	\$96.08
Family	\$540.66	\$420.94	\$119.71	\$720.87	\$561.26	\$159.62
Sponsored Dependent	\$209.29	\$0.00	\$209.29	\$279.05	\$0.00	\$279.05
Delta Dental						
Single	\$15.26	\$12.20	\$3.05	\$20.34	\$16.27	\$4.07
Two Person	\$30.51	\$24.41	\$6.10	\$40.68	\$32.55	\$8.14
Family	\$55.68	\$44.55	\$11.14	\$74.25	\$59.40	\$14.85
EyeMed Vision - Basic with Medical						
Single	\$2.32	\$1.16	\$1.16	\$3.09	\$1.54	\$1.54
Two Person	\$4.37	\$2.18	\$2.18	\$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.

All Other Employees, Excluding AAUP, GEOC, Non-Represented Employees and Stipends - Plan 1

Online Enrollment Instructions

LOG IN

- Log in to Academica
- Click Employee Resources
- Click Employee Self-Service
- Click Benefit Plans - Open Enrollment

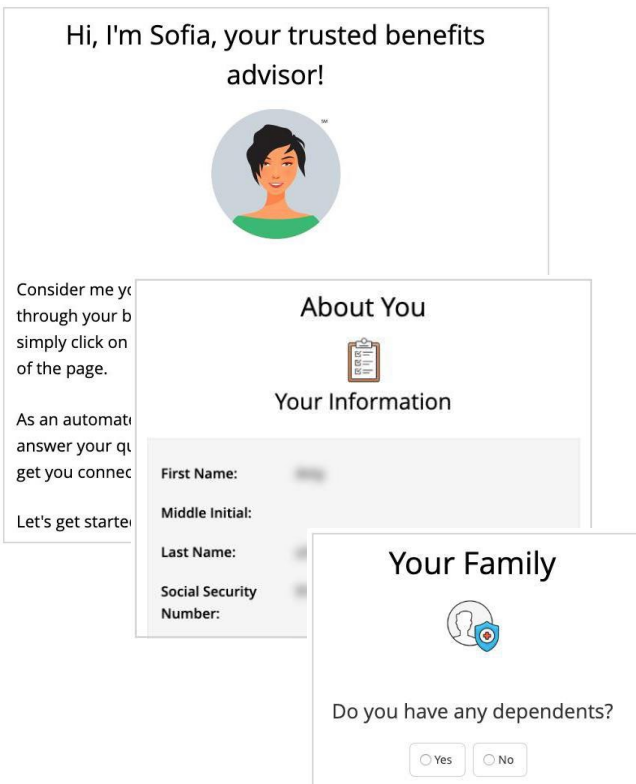
EXPLORE YOUR OPTIONS

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.

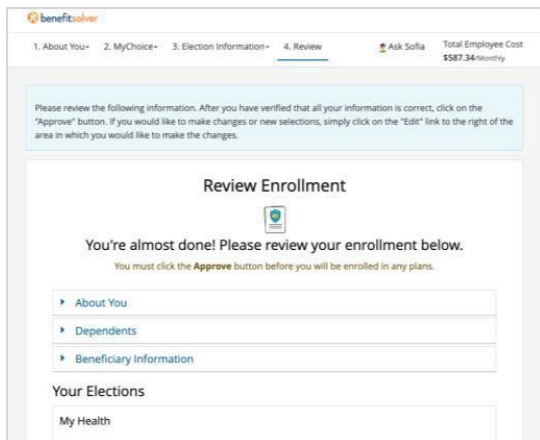


You will need to provide each dependent's legal name, Social Security Number, and birth date to add them to your coverage.*

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

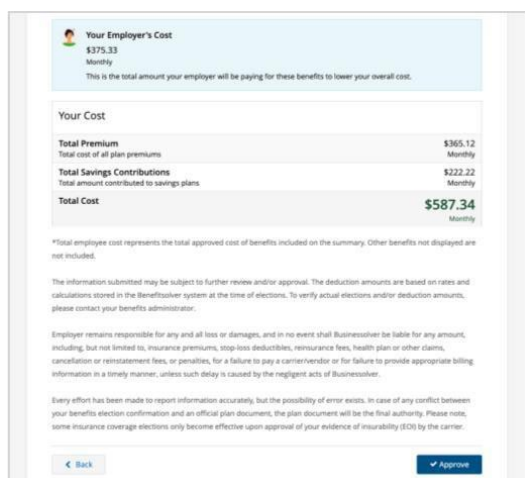
*You will be required to provide documentation to prove your relationship to each dependent.

**No computer? Make changes by phone:
Call 888-907-1433
Monday-Friday 8 a.m. – 8 p.m.**



ENROLL IN COVERAGE

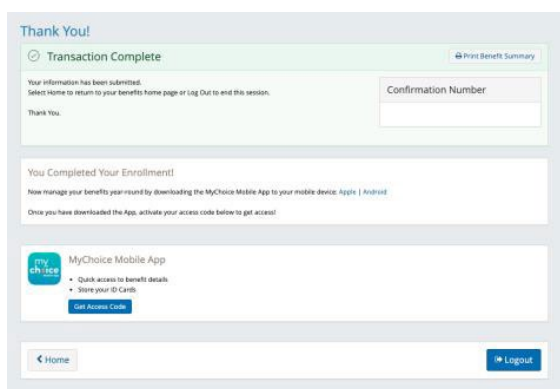
Explore on your own: Use the Next and Back buttons to review and elect options available to you. Choose or decline coverage for each option, and select which family members you want to cover.



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).



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/health-welfare/dependent-supporting-documentation.pdf>

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** disenroll 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](https://www.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](https://www.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, 2021. 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
 Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/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

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

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
 Phone: 1-678-564-1162 ext 2131

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>
 Medicaid Phone: 1-800-338-8366
 Hawki Website: <http://dhs.iowa.gov/Hawki>
 Hawki Phone: 1-800-257-8563
<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.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 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/info-details/mass-health-premium-assistance-pa>
 Phone: 1-800-862-4840

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

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/oii/hipp.htm>

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/providers/Providers/Pages/Medical/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

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/hipp/>

Medicaid Phone: 1-800-432-5924

CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>

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, 2021, 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