

# 2025 BENEFITS OPEN ENROLLMENT

10/28-11/10

Make changes to  
benefits or enroll in  
2025 FSA!

Special Long-Term  
Care Enrollment!

*Deadline:*  
**NOV. 10**

- 2** Overview
- 3** Rates
- 4** Instructions
- 5** Legal Notices

## ACTIVE EMPLOYEES

*2025 Medical, Dental, Vision & FSA*

# OPEN ENROLLMENT

## 2025 Medical, Dental, Vision & FSA

Deadline:  
NOV. 10

### Welcome to Open Enrollment!

Wayne State University Human Resources is pleased to announce the 2025 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 calendar year 2025. [Learn about all benefits here!](#)

No action is required if you are not making changes to your medical, dental and vision benefits. However, FSAs must be elected annually to participate (FSAs do not renew each year). This is your only opportunity to change your 2025 benefits without a qualifying Life Event (marriage, divorce, birth, etc.).

### Special Long-Term Care Enrollment

Trustmark Universal Life Insurance with a Long-Term Care Benefit is available during Open Enrollment! Employees hired on or after 4/23/2022 can enroll in this benefit for up to \$100,000 guaranteed coverage without a medical questionnaire; employees hired before 4/23/2022 will need to complete a medical questionnaire to be approved for coverage. Call 888-489-9768 or [click here to get started!](#)

### You are in Plan 1

Based on your employee classification you are designated to Plan 1 (All non-academic represented union employees).

### 2025 Rates

Your 2025 payroll deductions will be reflected starting on pay period 1 (January 1, 2025) for the 2025 plan year. Please review the new 2025 Premium Rate Schedule on page 3.

Click to Enroll  
10/28 - 11/10

### Open Enrollment DOES NOT include changes to:

- Increasing or decreasing supplemental life insurance coverage - if you choose to make a change during Open Enrollment (or any time during the year). Evidence of Insurability may be required. [Learn more.](#)
- 403(b) & 457(b) retirement savings programs - changes may be made throughout the year via the [Retirement@Work](#) portal. [Learn more.](#)

### Enrolling Dependents

Supporting documentation (proof of eligibility) is required to add dependents to your benefits. 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>

### Need Help? Businessolver's WSU Benefits Service Center

Web: [mywaynebenefits.com](http://mywaynebenefits.com)  
Email: [clientcare@businessolver.com](mailto:clientcare@businessolver.com)  
Phone: 888-907-1433

Download the  
MyChoice App!



# 2025 Medical/Dental/Vision Plans Premium Rate Schedule

## Plan 1: All Non-academic Represented Union Employees

	12-Month Employees			9-Month Employees		
	Total Bi-weekly Cost	University Bi-weekly Subsidy	Employee Bi-weekly Cost	Total Bi-weekly Cost	University Bi-weekly Subsidy	Employee Bi-weekly Cost
<b>Blue Cross Blue Shield (Traditional)</b>						
Single	\$737.22	\$346.95	<b>\$390.27</b>	\$982.96	\$462.60	<b>\$520.36</b>
Two Person	\$1,621.88	\$755.89	<b>\$865.99</b>	\$2,162.50	\$1,007.85	<b>\$1,154.65</b>
Family	\$1,990.49	\$884.15	<b>\$1,106.34</b>	\$2,653.98	\$1,178.86	<b>\$1,475.12</b>
<b>BCBSM PPO</b>						
Single	\$698.45	\$468.75	<b>\$229.70</b>	\$931.27	\$625.00	<b>\$306.27</b>
Two Person	\$1,536.60	\$1,045.87	<b>\$490.73</b>	\$2,048.79	\$1,394.49	<b>\$654.30</b>
Family	\$1,885.82	\$1,292.69	<b>\$593.13</b>	\$2,514.43	\$1,723.58	<b>\$790.85</b>
<b>Health Alliance Plan (HMO)</b>						
Single	\$460.77	\$347.61	<b>\$113.16</b>	\$614.35	\$463.47	<b>\$150.88</b>
Two Person	\$1,068.98	\$801.69	<b>\$267.29</b>	\$1,425.31	\$1,068.93	<b>\$356.38</b>
Family	\$1,151.92	\$856.50	<b>\$295.42</b>	\$1,535.89	\$1,142.00	<b>\$393.89</b>
<b>Blue Care Network (HMO)</b>						
Single	\$458.04	\$344.68	<b>\$113.36</b>	\$610.72	\$459.57	<b>\$151.15</b>
Two Person	\$1,053.50	\$788.54	<b>\$264.96</b>	\$1,404.66	\$1,051.38	<b>\$353.28</b>
Family	\$1,145.10	\$849.23	<b>\$295.87</b>	\$1,526.80	\$1,132.31	<b>\$394.49</b>
Sponsored Dependent	\$641.26	\$0.00	<b>\$641.26</b>	\$855.01	\$0.00	<b>\$855.01</b>
<b>Priority Health (HMO)</b>						
Single	\$219.04	\$169.06	<b>\$49.98</b>	\$292.05	\$225.41	<b>\$66.64</b>
Two Person	\$438.07	\$339.23	<b>\$98.84</b>	\$584.09	\$452.31	<b>\$131.78</b>
Family	\$679.01	\$517.79	<b>\$161.22</b>	\$905.35	\$690.39	<b>\$214.96</b>
Sponsored Dependent	\$262.84	\$0.00	<b>\$262.84</b>	\$350.46	\$0.00	<b>\$350.46</b>
<b>Delta Dental - Basic with Medical</b>						
Single	\$16.79	\$13.43	<b>\$3.36</b>	\$22.38	\$17.91	<b>\$4.47</b>
Two Person	\$33.58	\$26.86	<b>\$6.72</b>	\$44.77	\$35.82	<b>\$8.95</b>
Family	\$61.28	\$49.02	<b>\$12.26</b>	\$81.70	\$65.36	<b>\$16.34</b>
<b>Delta Dental - Enhanced with Medical</b>						
Single	\$18.88	\$13.43	<b>\$5.45</b>	\$25.17	\$17.91	<b>\$7.26</b>
Two Person	\$37.75	\$26.86	<b>\$10.89</b>	\$50.34	\$35.82	<b>\$14.52</b>
Family	\$68.90	\$49.02	<b>\$19.88</b>	\$91.86	\$65.36	<b>\$26.50</b>
<b>EyeMed Vision - Basic with Medical</b>						
Single	\$2.32	\$1.16	<b>\$1.16</b>	\$3.09	\$1.55	<b>\$1.54</b>
Two Person	\$4.37	\$2.19	<b>\$2.18</b>	\$5.83	\$2.92	<b>\$2.91</b>
Family	\$6.41	\$3.21	<b>\$3.20</b>	\$8.55	\$4.28	<b>\$4.27</b>
<b>EyeMed Vision - Enhanced with Medical</b>						
Single	\$4.31	\$1.16	<b>\$3.15</b>	\$5.74	\$1.54	<b>\$4.20</b>
Two Person	\$8.13	\$2.19	<b>\$5.94</b>	\$10.84	\$2.91	<b>\$7.93</b>
Family	\$11.93	\$3.21	<b>\$8.72</b>	\$15.91	\$4.28	<b>\$11.63</b>

Note: Some rounding differences reflected. [Click here to view all rates.](#)

# OPEN ENROLLMENT

## 2025 Medical, Dental, Vision & FSA

Deadline:  
NOV. 10

## Enrollment Instructions

Click to Enroll  
10/28 - 11/10



[Log in to the Businessolver portal](#) to explore and 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.

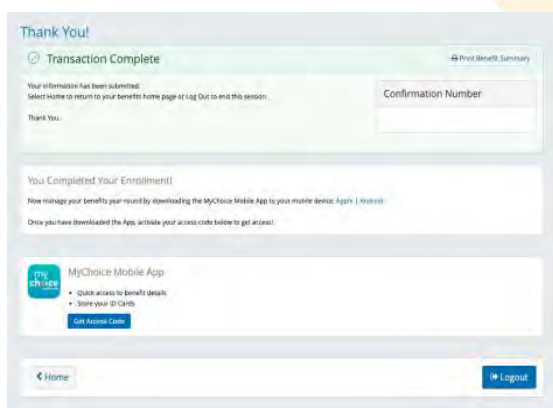


### Start Your Enrollment

Click the blue 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. You will be required to provide documentation to prove your relationship to each dependent. Sofia, your personal benefits assistant, can answer questions and guide you as you enroll.

### Enroll in Coverage

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 & Finalize

Make sure your personal information, elections and dependents are accurate. 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. Log in anytime you want to learn more about your benefits!

Download the  
MyChoice App!



To enroll by phone:

888-907-1433

8 a.m. - 8 p.m. (Mon - Fri)

# 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 WSU retiree 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 elect WSU retiree 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 prescription drug plans.

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 Total Rewards department.

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 HR Service Center.

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 Priority Health HMOs, elective abortions will be included as a rider. This rider applies to all plan participants enrolled in the Blue Care Network and Priority Health 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 8-9, 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](https://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 [askebsa.dol.gov](https://www.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, 2024. Contact your State for more information on eligibility.

ALABAMA – Medicaid  
Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

ALASKA – Medicaid  
The AK Health Insurance Premium Payment Program Website:  
<http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid  
Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid  
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](mailto:hipp@dhcs.ca.gov)

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)  
Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711  
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus> CHP+  
Customer Service: 1-800-359-1991/ State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>  
HIBI Customer Service: 1-855-692-6442

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

GEORGIA – Medicaid  
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 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  
Health Insurance Premium Payment Program  
All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
<http://www.in.gov/fssa/hip/>  
Family and Social Services Administration  
Phone: 1-800-403-0864  
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)  
Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki> Hawki Phone: 1-800-257-8563  
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>  
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid  
Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660

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: [KIHIP.PPROGRAM@ky.com](mailto:KIHIP.PPROGRAM@ky.com)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid  
Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid  
Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
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: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

MINNESOTA – Medicaid  
Website: <https://mn.gov/dhs/health-care-coverage/>  
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](mailto: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: 1-800-852-3345, ext 15218

Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

**NEW JERSEY – Medicaid and CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Phone: 1-800-356-1561

CHIP Premium Assistance Phone: 1-609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 800-701-0710 (TTY: 711)

**NEW YORK – Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)

Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**

Website: <https://medicaid.ncdhhs.gov/>

Phone: 1-919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

**OREGON – Medicaid and CHIP**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid**

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicoid-health-insurance-premium-payment-program-hipp.html>

Phone: 1-800-692-7462

CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP Phone: 1-800-986-KIDS (5437)

**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: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP Medicaid**

Utah's Premium Partnership for Health Insurance (UPP)

Website: <https://medicaid.utah.gov/upp/> Email: [upp@utah.gov](mailto:upp@utah.gov)

Phone: 1-888-222-2542

Adult Expansion Website: <https://medicaid.utah.gov/expansion/>

Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>

CHIP Website: <https://chip.utah.gov/>

**VERMONT– Medicaid**

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select> <https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs> Medicaid/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/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

**WYOMING – Medicaid**

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either: U.S. Dept. of Labor, Employee Benefits Security Administration: [dol.gov/agencies/ebsa](https://dol.gov/agencies/ebsa) Phone: 866-444-EBSA (3272) or U.S. Dept. of Health and Human Services, Centers for Medicare & Medicaid Services: [cms.hhs.gov](https://cms.hhs.gov) Phone: 877-267-2323, Menu Option 4, Extension 61565