

2025 BENEFITS OPEN ENROLLMENT

10/28-11/10



Important: new
in-network deductibles
effective Jan.1

Make changes to
benefits or enroll in
2025 FSA!

Special Long-Term Care
enrollment!

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

Deadline: Nov. 10

ACTIVE EMPLOYEES

2025 Medical, Dental, Vision & FSA

OPEN ENROLLMENT

2025 Medical, Dental, Vision & FSA

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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 the new calendar year. [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 2

Based on your employee classification you are designated to Plan 2 (AAUP, GEOC & Non-Represented Employees and Stipend Recipients).

Important! Deductible Change

Effective January 1, 2025: the in-network deductibles for Plan 2 will increase from:

	2024	2025
Per individual:	\$100	\$200
Per family:	\$200	\$400

New 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
Email: clientcare@businessolver.com
Phone: 888-907-1433

Download the
MyChoice App!



2025 Medical/Dental/Vision Plans Premium Rate Schedule

Plan 2: AAUP, GEOC & Non-Represented Employees and Stipend Recipients

	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
Blue Cross Blue Shield (Traditional)						
Single	\$703.96	\$327.26	\$376.70	\$938.61	\$436.34	\$502.27
Two Person	\$1,548.71	\$711.97	\$836.74	\$2,064.95	\$949.30	\$1,115.65
Family	\$1,900.69	\$831.92	\$1,068.77	\$2,534.25	\$1,109.22	\$1,425.03
BCBSM PPO						
Single	\$656.68	\$439.50	\$217.18	\$875.57	\$586.01	\$289.56
Two Person	\$1,444.69	\$981.53	\$463.16	\$1,926.25	\$1,308.71	\$617.54
Family	\$1,773.03	\$1,213.73	\$559.30	\$2,364.04	\$1,618.31	\$745.73
Health Alliance Plan (HMO)						
Single	\$435.74	\$330.09	\$105.65	\$580.99	\$440.12	\$140.87
Two Person	\$1,010.92	\$761.05	\$249.87	\$1,347.89	\$1,014.73	\$333.16
Family	\$1,089.35	\$812.70	\$276.65	\$1,452.46	\$1,083.60	\$368.86
Blue Care Network (HMO)						
Single	\$426.73	\$322.76	\$103.97	\$568.97	\$430.35	\$138.62
Two Person	\$981.48	\$738.13	\$243.35	\$1,308.63	\$984.16	\$324.47
Family	\$1,066.82	\$794.43	\$272.39	\$1,422.42	\$1,059.24	\$363.18
Sponsored Dependent	\$597.42	\$0.00	\$597.42	\$796.56	\$0.00	\$796.56
Priority Health (HMO)						
Single	\$204.59	\$158.94	\$45.65	\$272.78	\$211.92	\$60.86
Two Person	\$409.17	\$319.00	\$90.17	\$545.56	\$425.33	\$120.23
Family	\$634.22	\$486.44	\$147.78	\$845.62	\$648.58	\$197.04
Sponsored Dependent	\$245.50	\$0.00	\$245.50	\$327.34	\$0.00	\$327.34
Delta Dental - Basic with Medical						
Single	\$16.79	\$12.59	\$4.20	\$22.38	\$16.79	\$5.59
Two Person	\$33.58	\$25.19	\$8.39	\$44.77	\$33.58	\$11.19
Family	\$61.28	\$45.96	\$15.32	\$81.70	\$61.28	\$20.42
Delta Dental - Enhanced with Medical						
Single	\$18.88	\$12.59	\$6.29	\$25.17	\$16.79	\$8.38
Two Person	\$37.75	\$25.18	\$12.57	\$50.34	\$33.58	\$16.76
Family	\$68.90	\$45.96	\$22.94	\$91.86	\$61.28	\$30.58
EyeMed Vision - Basic with Medical						
Single	\$2.32	\$1.16	\$1.16	\$3.09	\$1.55	\$1.54
Two Person	\$4.38	\$2.19	\$2.19	\$5.83	\$2.92	\$2.91
Family	\$6.42	\$3.21	\$3.21	\$8.55	\$4.28	\$4.27
EyeMed Vision - Enhanced with Medical						
Single	\$4.31	\$1.16	\$3.15	\$5.74	\$1.54	\$4.20
Two Person	\$8.13	\$2.19	\$5.94	\$10.84	\$2.91	\$7.93
Family	\$11.93	\$3.21	\$8.72	\$15.91	\$4.28	\$11.63

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

OPEN ENROLLMENT

2025 Medical, Dental, Vision & FSA

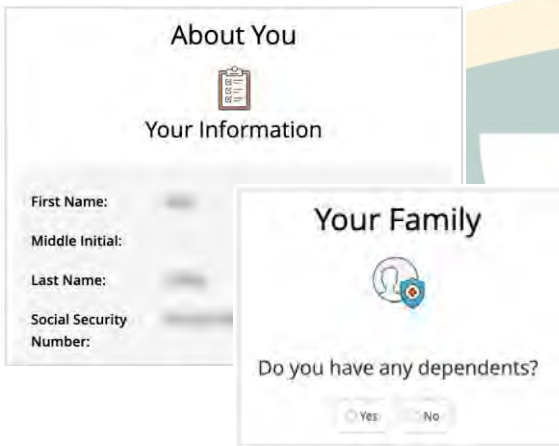
Deadline:
NOV. 10

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.

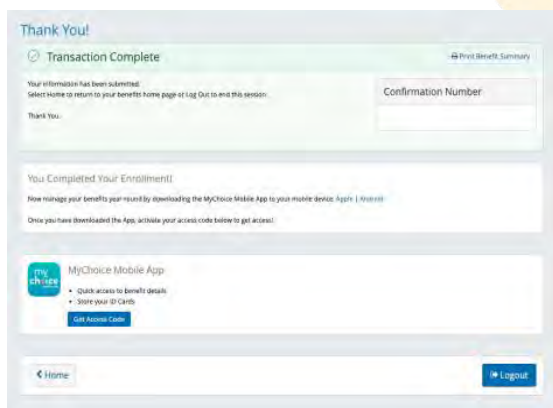


Start Your Enrollment

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; Prosthesis; 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 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
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://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
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 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.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: masspreassistance@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

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

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/

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

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 Phone: 866-444-EBSA (3272) or 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