



# H A M P S H I R E C O L L E G E

TO: All Benefits-Eligible Employees  
FROM: Amy Hunter, Interim Director of Human Resources  
DATE: October 23, 2017

SUBJECT: **2018 Annual Open Enrollment Period**  
**Monday October 30, 2017 - Friday, December 1, 2017**

Welcome to Open Enrollment 2018! This is your annual opportunity to review your current benefit elections and make changes based on your needs for the upcoming year.

This year we once again faced a difficult medical plan renewal with a proposed initial increase of over 20% from Tufts. Through negotiations and plan design changes we were able to reduce the total premium increase to 15%. The College recognizes that this is following a 2017 renewal that included significant plan design changes and increases to employee contributions. As a result, the College will be absorbing the majority of the premium increase. We do have to pass along a small increase to employees (+2.4%) but this is far below medical trend.

Please take time to review these changes to determine what plan best meets your needs. As always, we and our vendors can assist you with your questions.

- **Medical/RX Plan** – All 3 plans will see an increase to the Emergency Room copay, Prescription Drug deductibles and Tier 2 and Tier 3 prescriptions copays. Employee contributions will be increasing between \$2 and \$26 (monthly, pre-tax) depending on the plan and tier.
  - We understand everyone's situation is unique. Please take advantage of our **plan comparison tool** which you can use to estimate your total cost (out-of-pocket + payroll contributions) based on your expected utilization. This can be found on the HR web page <http://openenrollment.hampshire.edu>
- **Vision premiums** – **no increase** to current Davis Vision rates.
- **Dental premiums** – **no increase** to current Delta Dental rates.
  - **NEW FOR 2018!** Coverage for white fillings on all surfaces has been added!
- **Life, AD&D and Disability** – The life and disability plans were marketed this year and, as a result, we will be moving to Prudential. There are **no changes to plan design or to the employee paid, supplemental life/AD&D rates.**
  - **ONE TIME OPEN ENROLLMENT!** In conjunction with the change, Prudential will be offering a one-time open enrollment this fall. Usually, if you do not enroll in the plan when initially eligible, you are considered a late entrant and have to submit medical information for underwriting approval. Prudential is giving all employees the **opportunity to enroll, up to the guaranteed issue limit of \$150,000, with no medical underwriting.** Additional details are included later in this memo.

**Deadline for making changes:** All enrollment forms must be received in Human Resources by **4:30 p.m. on Friday, December 1, 2017.** Any changes you make will be effective January 1, 2018, as will any applicable changes to your 2018 payroll deductions. Enrollment forms can be found on the Human Resources web page <https://www.hampshire.edu/hr/open-enrollment> under "Open Enrollment."

This letter is a high-level summary of the benefits offered to you and the actions you need to take at open enrollment. More detailed information on all benefits is available on the Human Resources website dedicated to Open Enrollment information: <http://openenrollment.hampshire.edu>

We hope you can join us for the Annual Benefits Fair on **Thursday, November 2, 2017, 10:00 a.m. – 2:00 p.m. in the Red Barn.**

We will also be holding **Benefits Info Drop-In Sessions** again with our benefits consultant on the following dates. We encourage you to come to ask any questions you may have about this year's renewals.

- **Wednesday, October 25, 11:30 a.m. – 1:00 p.m.** Franklin Patterson Hall, East Lecture Hall
- **Tuesday, November 14, 11:30 a.m. -1:00 p.m.** Adele Simmons Halls Room 111

More information will be shared via email and Daily Announcements, as well as the Human Resources web page, under Open Enrollment, <https://www.hampshire.edu/hr/open-enrollment>

If you have questions, please contact Lea Bollenbach at (413) 559-5495 or [lbollenbach@hampshire.edu](mailto:lbollenbach@hampshire.edu) or Amy Hunter at (413) 559-5605 or [ahunter@hampshire.edu](mailto:ahunter@hampshire.edu). As always, please feel free to stop by the Human Resources office where you can obtain all enrollment forms.

## 2018 Renewal Highlights

**Medical Plan Design Changes** - As noted above, the College is making several plan design changes for 2018. These changes, outlined below, are consistent across all three plans. The SBCs will include additional plan provisions as well as the PPO out-of-network benefits (no changes for 2018).

Benefit	HMO Choice Copay 20	Advantage HMO 1000	Advantage PPO 500 In-Network
Annual Deductible	None	\$1,000 Ind / \$2,000 Family	\$500 Individual \$1,000 Family
Out-of-Pocket Maximum	\$2,000 Ind / \$4,000 Family	\$2,000 Ind / \$4,000 Family	\$2,000 Ind / \$4,000 Family
Hospital Inpatient Admission	\$500 copay	Covered in full after deductible	Covered in full after deductible
Hospital Outpatient Surgical	\$250 copay	Covered in full after deductible	Covered in full after deductible
High Tech Imaging	\$75 copay per test	Covered in full after deductible	Covered in full after deductible
Emergency Room	<b>\$200</b> copay	<b>\$200</b> copay	100% after <b>\$200</b> copay
PCP Office Visits	\$20 copay	\$25 copay	\$30 copay
Specialist Office Visits	\$30 copay	\$35 copay (deductible & co-ins chiro, PT & OT)	\$30 copay (deductible & co-ins chiro, PT & OT)
Retail Prescription Drugs	<b>\$250/\$500</b> deductible then, \$10/ <b>\$35/\$60</b>	<b>\$250/\$500</b> deductible then, \$10/ <b>\$35/\$60</b>	<b>\$250/\$500</b> deductible then, \$10/ <b>\$35/\$60</b>
Mail Order Prescription Drugs	\$20/ <b>\$70/\$120</b>	\$20/ <b>\$70/\$120</b>	\$20/ <b>\$70/\$120</b>

**IMPORTANT NOTE:** Tufts will be issuing **new ID cards to all members** as a result of the changes.

### Health and Dependent Care Flexible Spending Accounts (FSA)

- We are continuing to partner with Benefit Strategies.
- You **must re-enroll annually** to participate in the FSA.
- The new 2018 annual maximum for the health care FSA is now \$2,650. The maximum for the dependent care FSA remains at \$5,000.
- The plan's rollover feature of \$500 will continue. This means employees are allowed to carry over unused amounts up to \$500 to use to reimburse qualified medical expenses in the next plan year. This rollover feature is only for the previous year. Any amounts from 2016 that were rolled over into 2017 and not used by December 31, 2017 cannot be rolled over to 2018.

## Life and AD&D Insurance

Hampshire College provides employees with a generous **basic life and accidental death and dismemberment (AD&D) benefit of 2x earnings to a maximum of \$150,000**. This is paid for by the College. Additionally, you have the option of purchasing **supplemental life and AD&D insurance directly from Prudential for yourself, your spouse and your children** (life only). The options are as follows:

Supplemental Life/AD&D Insurance	Benefit	Maximum	Guaranteed Issue Amount (no medical information required) – applies to life insurance only
Employee	1-5x earnings	\$500,000 (Increased from \$300,000)	\$150,000
Spouse	\$10,000, \$30,000 or \$50,000	\$50,000, not to exceed 50% of employee's supplemental amount	\$30,000
Child to age 26 (life insurance only – no AD&D)	\$10,000	\$10,000	\$10,000

## OPEN ENROLLMENT

As part of the transition to Prudential, all employees will be able to enroll in the supplemental life and AD&D program for the first time, or increase your election, up to the guaranteed issue amounts above with no medical information required. This applies to spouse and child coverage as well. This is regardless of whether you declined to enroll when initially eligible.

In future years, employees already enrolled in the plan will be able to increase their election by one salary increment at annual enrollment up to the guarantee issue maximum of \$150,000.

- For example, if you elect 1x earnings at this year's open enrollment, you will be able to increase to 2x earnings at next year's annual enrollment with no medical information (assuming 2x earnings is less than \$150,000). [note: the annual enrollment does not apply to spousal coverage and all future enrollments and increases would be subject to medical underwriting.]
- Please note that the supplemental life plan is part of the group life plan insured by Prudential. Prudential makes all claims determinations based on the terms of the plan.

## REMINDERS

- Make sure to **update your beneficiary form**. In the event of a life claim, the benefit will be paid out to the beneficiary on file regardless of other life events that may have occurred (e.g. divorce, marriage, birth, adoption or death).
- Children to age 26 are eligible for medical and dental insurance regardless of tax dependent status, residency, etc. Coverage ends the last day of the month in which your adult child turns 26 at which time they will be offered COBRA.

We will be removing the full-time student requirement from the child life insurance effective 1/1/2018. This means children will be eligible to be covered under the life insurance plan to age 26 regardless of full-time student status. However, it is your responsibility to notify HR when your covered child turns 26. Neither Hampshire nor Prudential have the ability to track this on a monthly basis.

## 2018 Employee Payroll Contributions

### Medical Plans

The College continues to contribute the majority of the cost for all plans and tiers. The rate chart below reflects the premiums for employees who work 75 percent time (.75 FTE) or more:

Plan	Coverage	Employee Bi-Weekly* Contribution	Employee Monthly Contribution	Hampshire College Monthly Contribution
<b>ADVANTAGE HMO 1000</b>	Individual	\$34.42	\$68.83	\$575.70
	Employee + One	\$180.68	\$361.37	\$927.66
	Family	\$271.01	\$542.02	\$1,391.39
<b>HMO CHOICE</b>	Individual	\$67.39	\$134.78	\$583.85
	Employee + One	\$246.60	\$493.21	\$943.96
	Family	\$369.89	\$739.78	\$1,415.83
<b>ADVANTAGE PPO 500</b>	Individual	\$126.65	\$253.31	\$598.51
	Employee + One	\$365.14	\$730.28	\$973.27
	Family	\$547.75	\$1,095.51	\$1,459.81

\*Taken over 24 pay periods.

We will continue the \$250 fitness reimbursement benefit for membership in a health/fitness club through your Tufts Health Plan membership. The Yoga or Pilates reimbursement rate will also continue at \$150.

### Dental Plan

Coverage	Employee Bi-Weekly Contribution	Employee Monthly Contribution
Individual	\$24.40	\$48.79
Employee + One	\$52.86	\$105.72
Family	\$89.45	\$178.90

**Note:** The dental plan is 100% employee paid.

### Vision Plan

Coverage	Employee Bi-Weekly Contribution	Employee Monthly Contribution
Individual	\$2.80	\$5.59
Employee + One	\$5.04	\$10.07
Family	\$7.83	\$15.66

**Note:** The vision plan is 100% employee paid.

## Supplemental Life and AD&D



<i>Employee Age Band</i>	<i>Rate/\$1,000</i>
0 - 24	\$0.040
25 - 29	\$0.040
30 - 34	\$0.050
35 - 39	\$0.060
40 - 44	\$0.110
45 - 49	\$0.170
50 - 54	\$0.330
55 - 59	\$0.500
60 - 64	\$0.520
65 - 69	\$0.940
70 - 74	\$2.480
75 - 79	\$2.480
80 - 99	\$2.480
<b>Child life rate</b>	<b>\$2.00 per child unit</b>

<i>Supplemental AD&amp;D</i>	<i>Rate/\$1,000</i>
Employee	\$0.018
Spouse	\$0.018

## Open Enrollment Checklist

- Review your current coverage and covered dependents.
  - If you do not want to make any changes to your current medical, dental and/or vision plans, you do not need to do anything. Your current coverage will automatically continue at 2018 rates.
  - If you want to change your election or add/drop a dependent, please complete the appropriate enrollment/change form.
  
- Make a Health Care or Dependent Care FSA election.
  - Remember, your 2017 elections will not continue without a new election form.
  
- Determine if you would like to make a supplemental life insurance election as part of this year's one-time open enrollment.
  
- Please complete a Prudential Life Insurance Beneficiary form for 2018 to ensure your beneficiary records are current.
  
- Attend the annual **Benefit Fair Thursday, November 2, 10:00 a.m. – 2:00 p.m. in the Red Barn** to ask vendors questions about benefits you have or would like to have, and to enter to win a host of raffle prizes!
  
- Feel free to visit the Human Resources office and our benefits consultant at the **Benefit Drop-In Sessions**, on **Wednesday, October 25, 11:30 a.m.-1:00 p.m.** Franklin Patterson Hall, East Lecture Hall, and **Tuesday, November 14, 11:30 a.m. – 1:00 p.m.** in the Adele Simmons Hall room 111. We are happy to answer your benefits questions, assist with form completion and collect your completed forms.
  
- Contact **Lea Bollenbach** at (413) 559-5495 or [lbollenbach@hampshire.edu](mailto:lbollenbach@hampshire.edu) or **Amy Hunter** at (413) 559-5605 or [ahunter@hampshire.edu](mailto:ahunter@hampshire.edu) or stop by the Human Resources office with any questions.

## **IMPORTANT NOTICES**

*Plan sponsors are required to provide plan participants the following notices each year. Most employer groups provide these notices as part of their annual enrollment communications.*

### **The Women's Health and Cancer Rights Act of 1998**

The Women's Health and Cancer Rights Act of 1998 requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits 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
- Treatment of physical complications of the mastectomy, including lymphedema

Our plan complies with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by the patient and her physician.

If you would like more information about WHCRA required coverage, you can contact Lea Bollenbach at (413) 559-5495 or [lbollenbach@hampshire.edu](mailto:lbollenbach@hampshire.edu).

### **Patient Protection Disclosure**

Hampshire College's HMO plans require the designation of a primary care provider. You have the right to designate any primary care provider who participates in the Tufts Health Plan network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Tufts Health Plan at (800) 462-0224. For children, you may designate a pediatrician as the primary care provider.

### **Eligibility for Continued Coverage for Dependent Students on Medically Necessary Leave of Absence**

Michelle's Law, which applies to group health plans for plan years beginning on or after October 9, 2009 (for calendar year plans, the law is effective beginning January 1, 2010), provides continued coverage under group health plans for dependent children who are covered under such plans as students but lose their student status because they take a medically necessary leave of absence from school.

As a result, if your child is no longer a student, as defined under one of Hampshire College's medical plans, because he/she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if, immediately before the first day of the leave of absence, your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (which includes colleges and universities).

For purposes of this continued coverage, a "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution, or any change in enrollment of the child at the institution, that:

1. begins while the child is suffering from a serious illness or injury,
2. is medically necessary, and
3. causes the child to lose student status for purposes of coverage under the plan.



The coverage provided to dependent children during any period of continued coverage:

1. Is available for up to one year after the first day of the medically necessary leave of absence, but ends earlier if coverage under the plan would otherwise terminate, and
2. stays the same as if your child had continued to be a covered student and had not taken a medically necessary leave of absence.

If the coverage provided by the plan is changed during this one-year period, the plan must provide the changed coverage for the dependent child for the remainder of the medically necessary leave of absence unless, as a result of the change, the plan no longer provides coverage for dependent children.

If you believe your child is eligible for this continued coverage, the child's treating physician must provide a written certification to the plan stating that your child is suffering from a serious illness or injury and that the leave of absence (or other change in enrollment) is medically necessary.

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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp">http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp</a> <a href="#">x</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/people-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820

<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>	<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a>  Phone: 1-800-562-3022 ext. 15473</p>
<p align="center"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>  Phone: 1-800-440-0493</p>	<p align="center"><b>WEST VIRGINIA – Medicaid</b></p> <p>Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>  Phone: 1-877-543-7669</p>	<p align="center"><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website:  <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>  Phone: 1-800-362-3002</p>
<p align="center"><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427</p>	<p align="center"><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a>  Phone: 307-777-7531</p>
<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>  Medicaid Phone: 1-800-432-5924  CHIP Website:  <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>  CHIP Phone: 1-855-242-8282</p>	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565