



# 2019 Annual Benefits Election

October 2018

Dear CITGO Plan Participant:

At CITGO, we take great pride in our employees which is why our goal is to provide competitive benefits every year that help meet the healthcare needs of our employees and their families. The Annual Benefits Election period provides an opportunity for eligible employees to review their current benefit elections and make any necessary changes or updates for the upcoming plan year.

**Annual Election will begin Monday, October 29, 2018 and will end Friday, November 09, 2018.**

This letter contains valuable benefits plan information and should be read in its entirety. All changes are effective January 1, 2019, and it is the responsibility of each employee to make changes according to their individual and/or family needs.

## ANNUAL BENEFITS ELECTION ENROLLMENT INFORMATION

Eligible active employees will be able to access the 2019 Annual Election materials, including rates, via the CITGO intranet and [www.hr.citgo.com](http://www.hr.citgo.com). Information will be posted online Monday, October 29, 2018.

**If no changes are made during the Annual Election period, all current elections will rollover to the next plan year with the exception of Flexible Spending Account and Health Savings Account elections.**

### **MAKING YOUR ELECTIONS**

If you wish to make changes to your benefit elections for 2019, eligible active employees should utilize the Employee Self Service portal (ESS) accessible through the CITGO intranet. You may also contact the Benefits Helpline during Annual Election beginning on Monday, October 29, 2018 at 1-888-443-5707 or via e-mail at [benefits@CITGO.com](mailto:benefits@CITGO.com). The voicemail system is available 24 hours / 7 days a week.

Need help using ESS? The ESS Open Enrollment Tutorial is available on the *Benefit Connections* website ([www.hr.citgo.com](http://www.hr.citgo.com)) under the Benefit Resources tab.

### **VERIFICATION OF DEPENDENT ELIGIBILITY**

If you are enrolling a spouse or child for 2019 who is not currently a covered dependent, you must also submit documentation of their eligibility. The Dependent Eligibility Verification Form can be found on the Benefit Connections website at [www.hr.citgo.com](http://www.hr.citgo.com) under the Annual Election Resources tab. The form outlines the types of documentation that are acceptable as proof of your dependent's eligibility.

## 2019 PLAN UPDATES AND HIGHLIGHTS

### **2019 HEALTHY REWARDS PROGRAM**

The Healthy Rewards Program will continue in 2019. All active employees enrolled in one of the CITGO medical plan options are eligible to participate in the program and access Rally. An employee's spouse who is enrolled in one of the medical plan options may also participate and earn incentives. **All Healthy Reward activities must be completed by November 30<sup>th</sup> of each year.**

### ***New Incentive Activity for 2019***

Annual preventive exams and screenings can help you and your physician identify illness or disease early. Take part in maintaining your health by completing one of the following annual exams and earn an incentive as part of the Rally Healthy Rewards Program.



- Annual Physical
- Mammogram
- Cervical Cancer Screening
- Colon Cancer Screening
  - Colonoscopy screening
  - Fecal Occult Screening
  - Flexible Sigmoidoscopy Screening
- Prenatal Exam

<b>Earn 2019 CITGO Healthy Rewards Program Incentives through Rally</b>			
<b>ACTIVITY to be completed by enrolled Employee OR enrolled Spouse by Nov. 30, 2019</b>	<b>SDHP</b>	<b>PPO</b>	<b>EPO</b>
COMPLETE online Rally Healthy Survey between 1/1/2019 and 11/30/2019	\$50 - Employee \$50 - Spouse	\$25 - Employee \$25 - Spouse	\$25 - Employee \$25 - Spouse
COMPLETE three personalized online Rally Missions between 1/1/2019 and 11/30/2019	\$50 - Employee \$50 - Spouse	\$25 - Employee \$25 - Spouse	\$25 - Employee \$25 - Spouse
COMPLETE Biometric Screening and submit to Rally between 1/1/2019 and 11/30/2019	\$225 - Employee \$225 - Spouse	\$50 - Employee \$50 - Spouse	\$50 - Employee \$50 - Spouse
COMPLETE a Preventive Annual Exam between 1/1/2019 and 11/30/2019	\$175 - Employee \$175 - Spouse	\$50 - Employee \$50 - Spouse	\$50 - Employee \$50 - Spouse
<b>Total Incentives Available</b>	<b>\$500 - Employee \$500 - Spouse</b>	<b>\$150 - Employee \$150 - Spouse</b>	<b>\$150 - Employee \$150 - Spouse</b>

## 2019 PLAN UPDATES AND HIGHLIGHTS

### **FLEXIBLE SPENDING ACCOUNTS**



*A new Flexible Spending Account (FSA) election must be made each year.* The limit for Health Care FSAs is per eligible employee, not household, and does not include employer contributions. FSA annual maximums for 2019 will be as follows:

- \$2,650 - Regular Health Care FSA 
- \$2,650 - Limited Health Care FSA 
- \$5,000 - Dependent Care FSA, per household, subject to certain other limitations related to spousal income and tax filing status

### **HEALTH SAVINGS ACCOUNTS**

*You must elect the amount to be deducted from payroll every year.* Elections can be made at any time through the Employee Self-Service Portal (ESS). For employees without access to ESS, elections can be made by email at [Benefits@CITGO.com](mailto:Benefits@CITGO.com) or by phone 1-888-443-5707.

Health Savings Account (HSA) annual maximums for 2019 will be as follow (includes employee and employer contributions):

- \$3,500 – Single/Employee Only IRS Limit 
- \$7,000 – Family/Employee + One or more IRS limit 

Also, if you are age 55 and older, “catch-up” contributions of \$1,000 per year are available above these annual limits.

### **SDHP MEDICAL PLAN PARTICIPANTS:**

When calculating your contributions to your HSA, it is very important to include the amount of the SDHP annual enrollment incentive plus the amount of Healthy Rewards incentives you plan to earn in your calculations.

For example, if you want to make the maximum contribution to your HSA for Single Coverage in 2019, and you plan to earn Healthy Rewards incentives totaling \$500, your total annual contribution to your HSA will be \$2,500 for the plan year.

\$500 SDHP annual enrollment incentive  
+  
\$500 CITGO Healthy Rewards incentives contribution  
+  
\$2,500 Individual annual payroll contribution  
**\$3,500 HSA annual limit**

## 2019 PLAN UPDATES AND HIGHLIGHTS

### **RETIREE POST-65 COVERAGE**

If you retire from active employment during the 2019 plan year and you (or your spouse) are eligible for Medicare by reason of age, your health care coverage will change. Upon your Medicare eligibility date, your retiree health care coverage is available only through UnitedHealthcare Medicare Supplement and Advantage Plans (AARP). CITGO assists by subsidizing the cost of individual coverage purchased from UnitedHealthcare Medicare Solutions. We are pleased to have UnitedHealthcare Medicare Solutions provide various coverage choices to our post-65 retirees and post-65 spouses of CITGO retirees.

In 2019, the Retiree Reimbursement Account Program (RRA) will continue to offer a subsidy of \$202 per month per eligible post-65 retiree and post-65 spouse enrolled in a qualified UnitedHealthcare Supplemental or Medicare Advantage plan.

### **VOLUNTARY BENEFIT PROGRAMS**

Active employees may enroll for the following voluntary benefits as of January 1, 2019 with premiums to be paid in full by the employee through payroll deductions.

- Critical Illness insurance offered by TransAmerica and managed by Mercer
- Accident insurance offered by TransAmerica and managed by Mercer
- Pre-Paid Legal Services offered by Hyatt/MetLaw and managed by Mercer
  - ❖ Identity Theft Coverage will be included at no additional cost for participants.

Additional information regarding enrollment in these voluntary benefits will be available on the company's intranet. If you are already enrolled in these voluntary benefits, your coverage will continue in 2019 unless you cancel the coverage.

## 2019 MEDICAL, DENTAL, AND VISION MONTHLY CONTRIBUTIONS

<b>MEDICAL, DENTAL AND VISION MONTHLY CONTRIBUTIONS JANUARY 2019 - DECEMBER 2019</b>								
<b>LEVEL OF COVERAGE</b>	<b>MEDICAL</b>				<b>DENTAL</b>		<b>VISION</b>	
	<b>SDHP</b>	<b>PPO</b>	<b>EPO</b>	<b>NON- NETWORK</b>	<b>BASIC</b>	<b>PLUS</b>	<b>BASIC</b>	<b>PLUS</b>
<b>EMPLOYEE</b>								
Employee Only	\$8.00	\$97.00	\$123.00	\$97.00	\$8.00	\$14.00	\$6.38	\$11.66
Employee and Spouse	\$22.00	\$248.00	\$314.00	\$248.00	\$15.00	\$24.00	\$12.24	\$22.34
Employee and Child(ren)	\$20.00	\$231.00	\$294.00	\$231.00	\$15.00	\$28.00	\$12.78	\$23.34
Employee and Family	\$34.00	\$382.00	\$485.00	\$382.00	\$24.00	\$31.00	\$19.72	\$36.00
<b>RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE</b>								
Retiree Only or Surviving Spouse Only or Surviving Child Only	\$29.00	\$194.00	\$284.00	\$194.00	\$41.00	\$45.00	\$6.38	\$11.66
Retiree and Spouse	\$58.00	\$387.00	\$570.00	\$387.00	\$71.00	\$83.00	\$12.24	\$22.34
Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only	\$49.00	\$330.00	\$486.00	\$330.00	\$72.00	\$84.00	\$12.78	\$23.34
Retiree and Family	\$68.00	\$464.00	\$683.00	\$464.00	\$105.00	\$117.00	\$19.72	\$36.00
<b>DISABILITY RETIREE ELIGIBLE FOR MEDICARE</b>								
Retiree on Medicare Only or Surviving Spouse on Medicare Only	N/A	N/A	N/A	\$141.00	\$41.00	\$45.00	\$6.38	\$11.66
Retiree on Medicare and Spouse	N/A	N/A	N/A	\$229.00	\$71.00	\$83.00	\$12.24	\$22.34
Retiree on Medicare and Child(ren) or Surviving Spouse on Medicare and Child(ren)	N/A	N/A	N/A	\$218.00	\$72.00	\$84.00	\$12.78	\$23.34
Retiree on Medicare and Family	N/A	N/A	N/A	\$306.00	\$105.00	\$117.00	\$19.72	\$36.00
<b>CONNECTOR MODEL RETIREE/DEPENDENTS NOT ELIGIBLE FOR MEDICARE</b>								
Retiree Only or Spouse Only	\$24.00	\$206.00	\$246.00	\$206.00	\$41.00	\$45.00	\$6.38	\$11.66
Child(ren) Only	\$16.00	\$105.00	\$119.00	\$105.00	\$31.00	\$39.00	\$6.38	\$11.66
Retiree and Child(ren) or Spouse and Child(ren)	\$39.00	\$314.00	\$364.00	\$314.00	\$72.00	\$84.00	\$12.78	\$23.34

## ADDITIONAL INFORMATION

### UHC PLAN COST COMPARISON TOOL

CITGO is making available a plan cost comparison tool from UnitedHealthcare to assist you in your decision making this year. To connect to the UHC Plan Cost Estimator:

Go to [www.pcestimator.com](http://www.pcestim.com) OR

Go to [www.hr.CITGO.com](http://www.hr.CITGO.com)

Select 2019 Plan Comparison Tool under Annual Election Resources

User: Citgo2019

Password: Benefits2019

All users will use the same log-in. The information you input is not saved in the system.

### VERIFYING YOUR ZIP CODE AND YOUR UHC NETWORK ACCESS

You can verify if your ZIP code is in the network by:

- Website – <https://www.myuhc.com/groups/citgo>
- Contact UnitedHealthcare Customer Service at 1-866-317-6359
- Contact CITGO Benefits Helpline at 1-888-443-5707

### YOUR 2019 FINAL CONFIRMATION STATEMENT

Any changes made during Annual Election will be reflected on your Confirmation Statement. Active eligible employees will be able to access their Confirmation Statement via the Employee Self Service portal (ESS), and a copy will also be mailed. **It is important to review your final Confirmation Statement for any administrative errors. CITGO administrative errors must be reported to the Benefits Helpline at 1-888-443-5707 within 31 days of the first payroll deduction or invoice issued.** It is highly recommended that all employees retain a copy of the final Confirmation Statement for their records and review their first 2019 payroll benefit deductions for accuracy.

In order to make changes to your benefits outside of the Annual Election period, you must experience an IRS Qualified Status Change including, but not limited to, the birth or adoption of a child, marriage, divorce or death. **Please contact the Benefits Helpline 1-888-443-5707 or [benefits@citgo.com](mailto:benefits@citgo.com) within 31 DAYS of the qualifying event date.**

Upon receipt of your timely request, the Benefits Helpline will advise what type of supporting documentation is required in order to process a change to your health benefits. Requests received after the applicable deadline are not accepted and you will have to wait until the next Annual Benefits Election period to make a change to be effective as of January 1 of the following year.

### QUESTIONS

Answers to frequently asked questions (FAQS) will be available via the Internet at [www.hr.CITGO.com](http://www.hr.CITGO.com).

## **REQUIRED NOTICES**

Each year, CITGO is required to provide certain annual notices to all eligible participants of the Plan to ensure you are aware of the availability of the benefits that are provided under certain legislative acts. The following notices relate to the group health plan provisions of the CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Hourly Employees (Plan number 518) and for Salaried Employees (Plan number 515):

- HIPAA Privacy Notice
- Women's Health and Cancer Rights Act
- Newborns' and Mothers' Health Protection Act
- Summary of Benefits and Coverage
- Important Notice About Your Prescription Drug Coverage and Medicare
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

### **HIPAA PRIVACY NOTICE**

On April 14, 2003, privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) went into effect. The privacy notice, including information about your privacy rights, is available via the CITGO intranet. You can also find the notice at [www.hr.CITGO.com](http://www.hr.CITGO.com). You may request a copy of the notice by sending your request to [HIPAARquest@CITGO.com](mailto:HIPAARquest@CITGO.com) or by regular mail addressed to:

HIPAA Services Contact  
CITGO Petroleum Corporation  
P.O. Box 4689  
MS N5063  
Houston, Texas 77210-4689  
1-888-443-5707

### **WOMEN'S HEALTH AND CANCER RIGHTS ACT**

As required by the Women's Health and Cancer Rights Act of 1998, medically necessary mastectomy-related benefits received under our health 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 all stages of the mastectomy, including lymph-edema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

## REQUIRED NOTICES

### **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT**

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 a 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.)

### **SUMMARY OF BENEFITS AND COVERAGE**

A 2019 Summary of Benefits and Coverage for each medical plan which describes the benefits and coverage under the applicable plan will be available at [www.hr.CITGO.com](http://www.hr.CITGO.com) under Benefit Resources or at [www.myuhc.com](http://www.myuhc.com). You may also request a printed copy by contacting the CITGO Benefits Helpline at 1-888-443-5707 or by email at [benefits@CITGO.com](mailto:benefits@CITGO.com). The Glossary of defined terms will also be available at [www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf](http://www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf) or [www.hr.CITGO.com](http://www.hr.CITGO.com).

### **IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CITGO Petroleum Corporation and prescription drug coverage under Medicare Part D for people eligible for Medicare. This information can help you decide whether or not you want to enroll in a Medicare prescription drug plan.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare under Medicare Part D. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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. CITGO Petroleum Corporation has determined that the prescription drug coverage offered under the two plans listed below ("CITGO coverage") is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered creditable coverage.
  - CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Hourly Employees
  - CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Salaried Employees



## **REQUIRED NOTICES**

### **IF YOU DROP CURRENT COVERAGE WITH THE CITGO PROGRAM**

If you decide to enroll in a Medicare prescription drug plan and drop your CITGO coverage, be aware that you may not be able to get this coverage back. If you drop your CITGO coverage and enroll in Medicare prescription drug coverage, you and your covered eligible dependents may not be able to get the CITGO coverage back until the next CITGO Annual Election period, or, in the case of non-payment of your contributions, you can never re-enroll.

### **WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?**

Because your existing CITGO coverage is, on average, at least as good as standard Medicare prescription drug coverage and is considered to be creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in Medicare prescription drug coverage.

If you lose coverage, through no fault of your own, or decide to leave CITGO coverage, you will be eligible to enroll in Medicare Part D coverage at that time using a two (2) month Employer Group Special Enrollment Period. You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

### **IF YOU DELAY ENROLLING IN MEDICARE PART D AFTER YOUR CITGO COVERAGE ENDS**

You can enroll in a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. It is important for you to know that if you drop or lose coverage with CITGO and do not enroll in a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to enroll in Medicare prescription drug coverage at a later time.

Medicare rules state that if you go 63 continuous days or longer without creditable prescription drug coverage that is at least as good as Medicare's prescription drug coverage; your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may pay more than what most other people pay. You will have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

### **FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CITGO PRESCRIPTION DRUG PROGRAM**

Contact the CITGO Benefits HelpLine at 1-888-443-5707 or email [benefits@CITGO.com](mailto:benefits@CITGO.com). You may also contact UnitedHealthcare directly at 1-866-317-6359, option 4 or visit <http://www.myuhc.com> and access the prescription drug link. Note: You may receive this notice at other times in the future through CITGO Petroleum Corporation such as before the next period in which you can enroll in Medicare prescription drug coverage or if this coverage changes. You also may request another copy of this notice from us.

## REQUIRED NOTICES

### **FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE**

More detailed information about Medicare plans that offer prescription drug coverage is available in the “Medicare & You 2019” handbook. You will receive a copy of the handbook in the mail from Medicare every year. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these sources:

- Visit Medicare online at [www.medicare.gov](http://www.medicare.gov) or the Centers for Medicare and Medicaid Services (CMS) at [www.cms.hhs.gov](http://www.cms.hhs.gov).
- Call your State Health Insurance Assistance Program for personalized help, (see the inside back cover of your copy of the “Medicare & You 2019” handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage 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 [www.socialsecurity.gov](http://www.socialsecurity.gov), or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you enroll in one of the plans approved by Medicare that offer Medicare Part D Prescription Drug coverage after you initially become eligible for Medicare you may need to provide a copy of this notice with your Medicare enrollment to confirm you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date	January 1, 2019
Employees and Plan Name	CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Salaried Employees (Plan number 515) and Hourly Employees (Plan number 518)
Name of Entity	CITGO Petroleum Corporation
Contact	Benefit Plans Committee
Address	1293 Eldridge Parkway Houston, Texas 77077
Phone Number	1-888-443-5707
Email	<a href="mailto:benefits@CITGO.com">benefits@CITGO.com</a>

## REQUIRED NOTICES

### 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 July 31, 2018. 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://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.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.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</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

<p align="center"><b>ARKANSAS – Medicaid</b></p> <p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>  Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p align="center"><b>INDIANA – Medicaid</b></p> <p>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</p>
<p align="center"><b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p>	<p align="center"><b>IOWA – Medicaid</b></p>
<p>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</p>	<p>Website:  <a href="http://dhs.iowa.gov/hawk-i">http://dhs.iowa.gov/hawk-i</a>  Phone: 1-800-257-8563</p>
<p align="center"><b>KANSAS – Medicaid</b></p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p>
<p>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>  Phone: 1-785-296-3512</p>	<p>Website: <a href="https://www.dhhs.nh.gov/ombp/nhhpp/">https://www.dhhs.nh.gov/ombp/nhhpp/</a>  Phone: 603-271-5218  Hotline: NH Medicaid Service Center at 1-888-901-4999</p>
<p align="center"><b>KENTUCKY – Medicaid</b></p>	<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p>
<p>Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>  Phone: 1-800-635-2570</p>	<p>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</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p>	<p align="center"><b>NEW YORK – Medicaid</b></p>
<p>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</p>	<p>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</p>
<p align="center"><b>MAINE – Medicaid</b></p>	<p align="center"><b>NORTH CAROLINA – Medicaid</b></p>
<p>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</p>	<p>Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a>  Phone: 919-855-4100</p>
<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p>
<p>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</p>	<p>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</p>

<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a>  Phone: 1-800-657-3739</p>	<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>
<p align="center"><b>MISSOURI – Medicaid</b></p> <p>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</p>	<p align="center"><b>OREGON – Medicaid</b></p> <p>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</p>
<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>	<p align="center"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancpremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancpremiumpaymenthippprogram/index.htm</a>  Phone: 1-800-692-7462</p>
<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>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</p>	<p align="center"><b>RHODE ISLAND – Medicaid</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 855-697-4347</p>
<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a>  Medicaid Phone: 1-800-992-0900</p>	<p align="center"><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>
<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>

<b>VIRGINIA – Medicaid and CHIP</b>	
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	

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor U.S. Department of Health and Human Services  
 Employee Benefits Security Administration Centers for Medicare & Medicaid Services  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) [www.cms.hhs.gov](http://www.cms.hhs.gov)  
 1-866-444-EBSA (3272) 1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 12/31/2019)