



Virginia Department of  
**HUMAN RESOURCE**  
M A N A G E M E N T

## **Update to Enclosed Annual Open Enrollment Benefit Booklet**

The reconvened General Assembly session on April 21, 2010, approved a budget amendment from Governor McDonnell that has an impact on your health benefits. Your enclosed Open Enrollment benefit booklet, which was printed prior to the budget amendment, indicates on page two that there are no benefit changes for the new plan year for the COVA Care, COVA Connect and COVA HDHP Plans. However, please note the following changes as a result of the budget amendment:

### **Effective July 1, 2010, for the COVA Care, COVA Connect and COVA HDHP Plans:**

- There will be no coverage for prescription non-sedating antihistamines. Many of these medications, including Claritin and Zyrtec, are now available over the counter.
- There will be no coverage for prescription drugs to treat erectile dysfunction (ED). This includes drugs such as Viagra, Cialis and Levitra.



Virginia Department of  
**HUMAN RESOURCE  
MANAGEMENT**

## Commonwealth of Virginia Retiree Health Benefits Program

Annual Open Enrollment through May 17, 2010

### *Information included in this booklet:*

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**IMPORTANT INFORMATION:** Be sure to read these materials carefully to ensure that you understand your coverage options and premium/benefit changes for July 1, 2010.

**Recipients of this Package:** Retiree group participants receiving this package include Retirees, Survivors and Long Term Disability Participants (not dependents\*).

*\*Dependents who have separate coverage (under their own ID numbers) will not receive Open Enrollment materials directly. Medicare-eligible Retirees, Survivors and Long Term Disability participants who cover dependents who are not eligible for Medicare receive this package in order to make a change on behalf of the dependent for whom they provide coverage. Only Retirees, Survivors and Long Term Disability participants can request Open Enrollment changes for covered dependents. (Medicare-eligible Retirees, Survivors and Long Term Disability participants do not have an Open Enrollment period.)*

## ***Benefit Changes Starting July 1, 2010***

### **COVA Care/COVA Connect Benefit Changes Starting July 1, 2010**

There will be no copayment, coinsurance or benefit changes for this new plan year.

Non-Medicare eligible retiree group participants were notified earlier this year of an education program for COVA Care or COVA Connect participants seeking bariatric surgery to treat obesity. The program requires:

- 12 months of participation with a weight management coach to provide support and help you understand the emotional and behavioral issues often linked to weight problems;
- 12 months of participation in a weight loss program (such as Weight Watchers) to help you make the best possible food and nutrition choices;
- Contact with the plan by your bariatric surgeon to arrange for the pre-surgery program, if you qualify;
- Continued coaching after surgery—if you remain in the coaching program for 12 months, the plan will refund half of your inpatient hospital copayment and the remaining half if you participate for a full two years.

This program will continue during the new plan year. Your Member Handbook will be updated to include more information, and a list of frequently-asked questions is available at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

A number of questions have come from COVA Connect participants since the plan's implementation on July 1, 2009. In response, plan information and a list of frequently-asked questions are available at [www.dhrm.virginia.gov/hbenefits/cova/covaconnect.html](http://www.dhrm.virginia.gov/hbenefits/cova/covaconnect.html).

### **COVA High Deductible Health Plan (HDHP) Benefit Changes Starting July 1, 2010**

The plan year deductible will increase from \$1,200 to **\$1,750** for a single membership and from \$2,400 to **\$3,500** for a membership of two or more.

### **Kaiser Permanente HMO Benefit Changes Starting July 1, 2010**

There will be a copayment decrease from \$20 to **\$10** for behavioral health group therapy, non-medical professional visit (licensed professional with a master's or PhD degree). There will be no change to the \$20 individual therapy copayment.

## Monthly Premium Rates Effective July 1, 2010

Listed below are monthly premium costs that will become effective on July 1, 2010, and reflect a continuing increase in the program's claims expense. If your premium is currently deducted from your Virginia Retirement System (VRS) benefit and the premium increase (or a requested plan change) results in your retirement benefit no longer being sufficient to support deduction of the total monthly premium, direct billing will automatically begin in June for your July premium. Otherwise, your new premium will be deducted or billed in the usual manner. Keep in mind that, due to administrative differences, direct billing occurs in advance of the coverage month, while VRS benefit-deducted premiums are collected in arrears. This means that you will generally be billed for a two-month premium should you need to transition from a retirement benefit deduction to direct billing.

### Monthly Premium Cost for July 2010—June 2011\*

| <i>Plan</i>  | <i>Single<br/>Premium</i> | <i>Two-Person<br/>Premium</i> | <i>Family<br/>Premium</i> |
|--|---------------------------|-------------------------------|---------------------------|
| COVA Care/COVA Connect Basic   | <b>\$500</b>              | <b>\$925</b>                  | <b>\$1,352</b>            |
| COVA Care/COVA Connect + Out-of-Network                                      | <b>\$512</b>              | <b>\$941</b>                  | <b>\$1,374</b>            |
| COVA Care/COVA Connect + Expanded Dental                                     | <b>\$515</b>              | <b>\$955</b>                  | <b>\$1,396</b>            |
| COVA Care/COVA Connect + Out-of-Network and Expanded Dental                  | <b>\$527</b>              | <b>\$970</b>                  | <b>\$1,417</b>            |
| COVA Care/COVA Connect + Expanded Dental and Vision/Hearing                  | <b>\$526</b>              | <b>\$974</b>                  | <b>\$1,422</b>            |
| COVA Care/COVA Connect + Out-of-Network, Vision, Hearing and Expanded Dental | <b>\$537</b>              | <b>\$989</b>                  | <b>\$1,442</b>            |
| COVA HDHP (High Deductible Health Plan)                                      | <b>\$401</b>              | <b>\$743</b>                  | <b>\$1,086</b>            |
| Kaiser Permanente HMO**  | <b>\$518</b>              | <b>\$955</b>                  | <b>\$1,393</b>            |

\*Retirees who have qualified as Assistance Eligible Individuals due to involuntary termination of employment under the **American Recovery and Reinvestment Act, as amended, (ARRA)** will have their premium reduced by 65% for the duration of their eligibility period. At the end of their premium reduction period, the full premium indicated in this chart will apply.

\*\*Kaiser Permanente HMO is only available to participants who live in the Kaiser service area. If you are a current Kaiser member and do not live in its service area, you must make another plan selection. You may confirm the Kaiser service area by contacting Kaiser directly—see *Resources* on page eight of this correspondence for contact information.

## Making Changes

**Open Enrollment Changes** - If you wish to make a plan or membership change during Open Enrollment, your completed Enrollment Form must be mailed to your Benefits Administrator and

postmarked no later than May 17, 2010. If you need assistance identifying your Benefits Administrator, refer to *Resources* on page eight.

Enrollment forms are available from your Benefits Administrator or at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov). You may also make allowable changes on line by using *EmployeeDirect*, which is available at the same Web site, no later than May 17, 2010. If you make a plan change, be sure that you understand the provisions of the plan that you choose. Once an election is made, it will not be changed except as allowed by the policies of the Department of Human Resource Management. After the Open Enrollment period ends, you may not revise your Open Enrollment election because you changed your mind or you completed the form incorrectly.

If you are requesting a membership increase, you must include documentation to support the eligibility of the new dependent. For example, to add an existing spouse, you must provide photocopies of the marriage certificate and the top portion of the first page of the retiree group Enrollee's most recent Federal Tax Return that shows the dependent listed as "Spouse" (all financial information and Social Security Numbers should be removed/obscured). To add a natural or adopted child, you must include a photocopy of the birth certificate showing the retiree group Enrollee's name as the parent or a photocopy of a legal pre-adoptive or adoptive agreement. For other eligible membership additions, contact your Benefits Administrator to confirm the necessary documentation. If you are enrolling using *EmployeeDirect*, you will be contacted by your Benefits Administrator if documentation to support your addition is not received. If documentation is not received by the end of the Open Enrollment period, your membership increase will not be processed.

If you are submitting an Enrollment Form to make an Open Enrollment change to be effective July 1, 2010, be sure to check the *Open Enrollment* box as the reason for making the change.

If you submit an Enrollment Form, ***it must be signed by the eligible Enrollee***. The eligible Enrollee is the Retiree, Survivor or Long Term Disability participant through whom eligibility for coverage is obtained—***not a covered dependent***. Even those covered dependents who have separate/individual ID numbers must have their Enrollment Forms signed by the Enrollee. Enrollment Forms will not be accepted if not signed by the Enrollee.

To use *EmployeeDirect*, you must have a personal e-mail address listed in the state's eligibility system. (A state e-mail address will not allow *EmployeeDirect* access for retiree group participants.) If you do not already have an e-mail address in your eligibility file, you may contact your Benefits Administrator to update your record.

***Making Changes After Open Enrollment*** - After the Open Enrollment period, membership ***increases*** will only be allowed based on the occurrence of a consistent qualifying mid-year event (such as marriage or birth of a child). Membership increases must be accompanied by appropriate documentation to support the addition—see *Open Enrollment Changes*. Of course, retiree group participants may ***decrease*** membership prospectively (going forward) at any time. Any membership change due to a qualifying mid-year event will also allow for a plan change.

***Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Notice*** – This Notice is being enclosed for all Enrollees, regardless of their state of residence, as notification of rights provided by this legislation. CHIPRA created two new Special Enrollment rights for certain eligible employees and dependents ***who lose coverage or become eligible for premium assistance*** under a Medicaid or state children's health insurance program. The Notice includes additional information about the opportunity to enroll in the premium assistance programs. Coverage changes must be requested within 60 days of the eligibility determination. Please note

that you must be eligible for employer/retiree coverage in order to exercise these special enrollment opportunities.

### ***Reconciliation/Update of COVA Care and COVA Connect Elections by Service Area***

Election of COVA Care or COVA Connect is based on the zip code for your address of record. If you live in the service area for the COVA Connect Plan, you may not select the COVA Care Plan, and if you do not live in the COVA Connect service area, you may not select COVA Connect. If you moved outside of the COVA Connect service area or into the COVA Connect service area since the last open enrollment but did not change your plan to reflect the COVA Care/Connect plan designated by your zip code of record, you will be moved to the correct COVA Care/Connect Plan effective July 1 based on your zip code of record on March 31. For example, if you lived outside of the COVA Connect service area at the last open enrollment period but moved into the COVA Connect service area during the current plan year and did not elect to change your coverage to the COVA Connect Plan, you will be moved to COVA Connect effective July 1, 2010, unless you elect the COVA HDHP or terminate your coverage. If you move on or after April 1, you may make a plan change based on the service area of your new address within 31 days of the move. A list of COVA Connect zip codes is provided on page eight for your reference.

### ***Other Retiree Group News and Information***

**Health Care Reform** – The Department of Human Resource Management’s Office of Health Benefits is following the provisions of Health Care Reform carefully to ensure that the State Retiree Health Benefits Program complies with all provisions. Please note that increase in the limiting age for dependent eligibility to age 26 is not effective until after fall 2010. The Department will notify you if there is any effect on your retiree group benefits.

**ID Cards** – COVA Connect participants will receive new ID cards which will include logos to designate travel and out-of-area access to network benefits (PHCS and Multiplan). No new ID cards will be issued under any other plans unless the information on your current card needs to be updated.

**Member Handbooks** – Enrollees in the COVA Care Plan and COVA HDHP on July 1 will receive a Member Handbook amendment to update their July 2009 or July 2008 (respectively) Member Handbook. COVA Connect Enrollees will receive a new Member Handbook. Kaiser Permanente HMO Enrollees will receive a new Evidence of Coverage.

**IMPORTANT!! When You Become Eligible for Medicare** - When retiree group Enrollees (Retirees, Survivors, Long Term Disability Participants) or their covered dependents become eligible for Medicare, Medicare becomes the primary health plan, and they must make a decision as to whether they wish to maintain secondary coverage under the State Retiree Health Benefits Program or terminate coverage. In most cases, Medicare-eligible participants will be contacted through the Enrollee approximately three months in advance of their Medicare eligibility date and provided with their options. If no positive election is made, they will automatically be moved to the Advantage 65 with Dental/Vision Plan, a Medicare supplemental plan that includes Medicare Part D prescription drug coverage (contingent upon approval by Medicare).

Even though the state program makes every effort to identify participants who become eligible for Medicare, it is ultimately the responsibility of the Enrollee to ensure that participants (Enrollees and their covered dependents) who become eligible for Medicare are moved to Medicare-coordinating coverage immediately upon Medicare eligibility. Failure to move to Medicare-coordinating coverage immediately upon eligibility for Medicare can result in retraction of primary payments made in error and a gap in coverage. The state program will not make primary claim payments when Medicare should be the primary coverage. If you or a covered dependent becomes eligible for Medicare and is not contacted by your Benefits Administrator, it is the responsibility of the Enrollee to notify the appropriate Benefits Administrator of Medicare eligibility.

Some important things to consider when making this coverage decision:

- If you wish to select your Medicare-coordinating plan through the state program, you must enroll in Medicare Parts A and B (the Original Medicare Plan) in order to get the full benefit of the Advantage 65 Plans. Failure to enroll in Medicare Parts A and B can result in a significant deficit in your coverage since Advantage 65 will not pay any benefit for which Medicare would have paid had you been enrolled.
- As a Medicare-eligible participant, you may select from available Advantage 65 Plans.
- If an Enrollee requests termination of coverage in the State Retiree Health Benefits Program, he or she may not re-enroll. Termination of the Enrollee will result in termination of all covered dependents.

For more information about Medicare and the State Retiree Health Benefits Program, go to [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) and look for *Retiree Fact Sheets*.

**Becoming Eligible for Medicare During the Open Enrollment Period**  - If you become eligible for Medicare during the Open Enrollment period, you may receive both an Open Enrollment package and a package notifying you of your Medicare eligibility. If you become eligible for Medicare prior to or on July 1, your Medicare plan election will supersede any Open Enrollment election. If you become eligible for Medicare after July, you may make an Open Enrollment election for July 1, and your Medicare plan election will take place on the first of the appropriate month after July.

**Retiree Medicare Entitlement Advocacy Program**  – As mentioned to Enrollees during last year's Open Enrollment period, the State Retiree Health Benefits Program is considering the introduction of a program to identify service retirees and dependents of other retiree group participants who may be eligible for Social Security Disability benefits, which ultimately results in eligibility for Medicare. This would result in maximizing the efficiency of the program while providing a useful service to its participants since there are advantages to be gained by individuals and the program through identifying eligibility for these benefits. While the program is still in the planning stages, we wanted to let Enrollees know that this program is being investigated so that there will not be concerns created if information is disseminated to them in this regard. At this time, however, there is no firm time frame for implementation.

**Prompt Payment of Premiums**  - Plan participants are responsible for timely payment of their monthly premiums (either through VRS retirement benefit deduction or by direct payment to the billing administrator). Participants who pay directly receive monthly bills or coupons which indicate when premium payments are due. Monthly premiums that remain unpaid for 31 days after the due date will result in termination of coverage. Claims paid during any period for which premium payment is not received will be recovered. Once an Enrollee and/or his/her dependents have been terminated for non-payment of premiums, re-enrollment in the program is not allowed except at the sole discretion of the Department of Human Resource Management.

Participants are responsible for understanding their premium obligation and for notifying their Benefits Administrator within 31 days of any qualifying mid-year event that affects eligibility and/or

membership level. Premium overpayments due to failure of the Enrollee to advise the program of membership reductions may result in loss of the overpaid premium amount.

Contact your billing administrator to discuss automatic draft of your monthly premium from your bank account or electronic payment.

**Address Changes** - Was this package forwarded to you from an old address? If so, be sure to contact your Benefits Administrator immediately to make an address correction, including an updated telephone number. If you have an e-mail address, you may ask to have it included in your eligibility record. Failure to update your address can result in your missing important information about your health benefits program. The Department of Human Resource Management will not be responsible for information that participants miss, including billing statements, because their address of record is incorrect. The Department's only means of communicating important information to retiree group participants is through the mail. Please let your Benefits Administrator know when you move! You may also change your address by using *EmployeeDirect* on the Web at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov)—click on the *EmployeeDirect* link.

**If You Need Help...** - Retiree group participants should contact their Benefits Administrator with questions regarding Open Enrollment or about eligibility and administrative issues. For most retiree group participants, the Virginia Retirement System (VRS) acts as Benefits Administrator. However, local and optional retirement plan retirees continue to use their pre-retirement agency's Benefits Administrator. Benefits Administrators are generally unable to assist with claims concerns, and those questions should be directed to your claims administrator. Please see *Resources* on page eight for contact information.

**Attachments/Enclosures:**

- Notice – Women's Health and Cancer Rights (below)
- Resources (page 8)
- COVA Connect Service Area (page 8)
- CHIPRA Notice (enclosed)

***Notice***  
***Women's Health and Cancer Rights***

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 this plan.

## RESOURCES

***If you have questions regarding claims, benefits or participating providers, contact:***

| <i>Benefit</i>   | <i>Contact This Administrator</i>   |
|--|---|
| <ul style="list-style-type: none"> <li>• COVA Care Medical</li> <li>• COVA Care Optional Vision and Hearing</li> <li>• COVA HDHP (all benefits)</li> </ul>         | Anthem Blue Cross and Blue Shield Member Svcs.<br>1-800-552-2682<br>TDD: 1-804-354-4327 (Richmond) or<br>1-800-554-7752         |
| <ul style="list-style-type: none"> <li>• COVA Connect Medical, Vision, Hearing, Behavioral Health or Employee Assistance Program and Prescription Drugs</li> </ul> | Optima Health<br>866-846-COVA (2682) or 757-687-6350  |
| <ul style="list-style-type: none"> <li>• COVA Care Behavioral Health or Employee Assistance Program</li> </ul>   | Value Options, Inc.<br>1-866-725-0602   |
| <ul style="list-style-type: none"> <li>• COVA Care or COVA Connect Dental</li> </ul>   | Delta Dental<br>888-335-8296  |
| <ul style="list-style-type: none"> <li>• COVA Care Prescription Drugs</li> </ul>   | Medco Health Solutions, Inc.<br>1-800-355-8279  |
| <ul style="list-style-type: none"> <li>• Kaiser Permanente HMO</li> </ul>  | Medical: 800-777-7902 or<br>301-468-6000 (in Washington, DC)<br>Behavioral Health and EAP: 866-517-7042<br>Dental: 800-518-5338 |

***If you have questions about eligibility and enrollment, contact:***

| <i>If You Are A:</i>   | <i>Contact This Benefits Administrator</i>  |
|--|---|
| Virginia Retirement System Retiree/Survivor or a VSDP Long Term Disability Program Participant | The Virginia Retirement System<br>1-888-827-3847<br><a href="http://www.varetire.org">www.varetire.org</a>                    |
| Local or Optional Retirement Plan Retiree  | Your Pre-Retirement Agency Benefits Administrator   |
| Non-Annuitant Survivor (a survivor of an employee or retiree, not receiving a VRS benefit)     | Department of Human Resource Management<br>1-888-642-4414<br><a href="http://www.dhrm.virginia.gov">www.dhrm.virginia.gov</a> |

The Department of Human Resource Management Web site also has information about the State Retiree Health Benefits Program. Go to [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

### COVA Connect Service Area Defined by Zip Code

| City       | Zip Codes  |
|------------|--|
| Chesapeake | 23320—23328  |
| Hampton    | 23630, 23651, 23661, 23663—23670, 23681              |
| Norfolk    | 23501—23515, 23517—23521, 23523, 23529, 23541, 23551 |
| Poquoson   | 23662  |
| Portsmouth | 23701—23705, 23707-23709                             |

|                |                           |
|----------------|---------------------------|
| Suffolk        | 23432—23439               |
| Virginia Beach | 23450—23467, 23471, 23479 |

## **Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

**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 March 3, 2010. You should contact your State for further information on eligibility –**

|   |   |
|---|---|
| <b>ALABAMA – Medicaid</b>   | <b>CALIFORNIA – Medicaid</b>  |
| Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a><br>Phone: 1-800-362-1504   | Website: <a href="http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a><br>Phone: 1-866-298-8443   |
| <b>ALASKA – Medicaid</b>  | <b>COLORADO – Medicaid and CHIP</b>   |
| Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a><br>Phone (Outside of Anchorage): 1-888-318-8890<br>Phone (Anchorage): 907-269-6529 | Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a><br>Medicaid Phone: 1-800-866-3513<br>CHIP Website: <a href="http://www.CHPplus.org">http:// www.CHPplus.org</a><br>CHIP Phone: 303-866-3243 |
| <b>ARIZONA – CHIP</b>   |   |
| Website: <a href="http://www.azahcccs.gov/applicants/default.aspx">http://www.azahcccs.gov/applicants/default.aspx</a><br>Phone: 602-417-5422   |   |
| <b>ARKANSAS – CHIP</b>  | <b>FLORIDA – Medicaid</b>   |
| Website: <a href="http://www.arkidsfirst.com/">http://www.arkidsfirst.com/</a><br>Phone: 1-888-474-8275   | Website: <a href="http://www.fdhc.state.fl.us/Medicaid/index.shtml">http://www.fdhc.state.fl.us/Medicaid/index.shtml</a><br>Phone: 1-866-762-2237   |

|  |   |
|--|---|
| <b>GEORGIA – Medicaid</b>  | <b>MONTANA – Medicaid</b>   |
| Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a><br>Click on Programs, then Medicaid<br>Phone: 1-800-869-1150  | Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a><br>Telephone: 1-800-694-3084       |
| <b>IDAHO – Medicaid and CHIP</b>   | <b>NEBRASKA – Medicaid</b>  |
| Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a><br>Medicaid Phone: 208-334-5747<br>CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a><br>CHIP Phone: 1-800-926-2588 | Website: <a href="http://www.dhhs.ne.gov/med/medindex.htm">http://www.dhhs.ne.gov/med/medindex.htm</a><br>Phone: 1-877-255-3092   |
| <b>INDIANA – Medicaid</b>  | <b>NEVADA – Medicaid and CHIP</b>   |
| Website: <a href="http://www.in.gov/fssa/2408.htm">http://www.in.gov/fssa/2408.htm</a><br>Phone: 1-877-438-4479  | Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a><br>Medicaid Phone: 1-800-992-0900   |
| <b>IOWA – Medicaid</b>   | CHIP Website: <a href="http://www.nevadacheckup.nv.org/">http://www.nevadacheckup.nv.org/</a>   |
| Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a><br>Phone: 1-888-346-9562   | CHIP Phone: 1-877-543-7669  |
| <b>KANSAS – Medicaid</b>   | <b>NEW HAMPSHIRE – Medicaid</b>   |
| Website: <a href="https://www.khpa.ks.gov">https://www.khpa.ks.gov</a><br>Phone: 800-766-9012  | Website: <a href="http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm">http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm</a><br>Phone: 1-800-852-3345 x 5254            |
| <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><br>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><br>Medicaid Phone: 1-800-356-1561 |
| <b>LOUISIANA – Medicaid</b>  | CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>   |
| Website: <a href="http://www.dhh.louisiana.gov/offices/?ID=92">www.dhh.louisiana.gov/offices/?ID=92</a><br>Phone: 1-888-342-6207   | CHIP Phone: 1-800-701-0710  |
| <b>MAINE – Medicaid</b>  | <b>NEW MEXICO – Medicaid and CHIP</b>   |
| Website: <a href="http://www.maine.gov/dhhs/oms/">http://www.maine.gov/dhhs/oms/</a><br>Phone: 1-800-321-5557  | Medicaid Website:<br><a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a><br>Medicaid Phone: 1-888-997-2583                                    |
| <b>MASSACHUSETTS – Medicaid and CHIP</b>   | CHIP Website:   |
| Medicaid & CHIP Website:<br><a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a><br>Medicaid & CHIP Phone: 1-800-462-1120   | <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a><br>Click on Insure New Mexico<br>CHIP Phone: 1-888-997-2583                               |
| <b>MINNESOTA – Medicaid</b>  | <b>NEW YORK – Medicaid</b>  |
| Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a><br>Click on Health Care, then Medical Assistance<br>Phone: 800-657-3739   | Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831   |
| <b>MISSOURI – Medicaid</b>   | <b>NORTH CAROLINA – Medicaid</b>  |
| Website: <a href="http://www.dss.mo.gov/mhd/index.htm">http://www.dss.mo.gov/mhd/index.htm</a><br>Phone: 573-751-6944  | Website: <a href="http://www.nc.gov">http://www.nc.gov</a><br>Phone: 919-855-4100   |

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| <b>NORTH DAKOTA – Medicaid</b>   | <b>UTAH – Medicaid</b>   |
| Website:<br><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a><br>Phone: 1-800-755-2604   | Website: <a href="http://health.utah.gov/medicaid/">http://health.utah.gov/medicaid/</a><br>Phone: 1-866-435-7414  |
| <b>OKLAHOMA – Medicaid</b>   | <b>VERMONT – Medicaid</b>  |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742  | Website: <a href="http://ovha.vermont.gov/">http://ovha.vermont.gov/</a><br>Telephone: 1-800-250-8427  |
| <b>OREGON – Medicaid and CHIP</b>  | <b>VIRGINIA – Medicaid and CHIP</b>  |
| Medicaid Website:<br><a href="http://www.oregon.gov/DHS/healthplan/index.shtml">http://www.oregon.gov/DHS/healthplan/index.shtml</a><br>Medicaid Phone: 1-800-359-9517<br>CHIP Website:<br><a href="http://www.oregon.gov/DHS/healthplan/app_benefits/ohp4u.shtml">http://www.oregon.gov/DHS/healthplan/app_benefits/ohp4u.shtml</a><br>CHIP Phone: 1-800-359-9517 | Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a><br>Medicaid Phone: 1-800-432-5924<br>CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a><br>CHIP Phone: 1-866-873-2647 |
| <b>PENNSYLVANIA – Medicaid</b>   | <b>WASHINGTON – Medicaid</b>   |
| Website:<br><a href="http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm">http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm</a><br>Phone: 1-800-644-7730   | Website:<br><a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a><br>Phone: 1-877-543-7669   |
| <b>RHODE ISLAND – Medicaid</b>   | <b>WEST VIRGINIA – Medicaid</b>  |
| Website: <a href="http://www.dhs.ri.gov">www.dhs.ri.gov</a><br>Phone: 401-462-5300   | Website: <a href="http://www.wvrecovery.com/hipp.htm">http://www.wvrecovery.com/hipp.htm</a><br>Phone: 304-342-1604  |
| <b>SOUTH CAROLINA – Medicaid</b>   | <b>WISCONSIN – Medicaid</b>  |
| Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a><br>Phone: 1-888-549-0820  | Website: <a href="http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm">http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm</a><br>Phone: 1-800-362-3002  |
| <b>TEXAS – Medicaid</b>  | <b>WYOMING – Medicaid</b>  |
| Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a><br>Phone: 1-800-440-0493  | Website:<br><a href="http://www.health.wyo.gov/healthcarefin/index.html">http://www.health.wyo.gov/healthcarefin/index.html</a><br>Telephone: 307-777-7531   |

To see if any more States have added a premium assistance program since March 3, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/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, Ext. 61565



Virginia Department of  
**HUMAN RESOURCE  
MANAGEMENT**

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