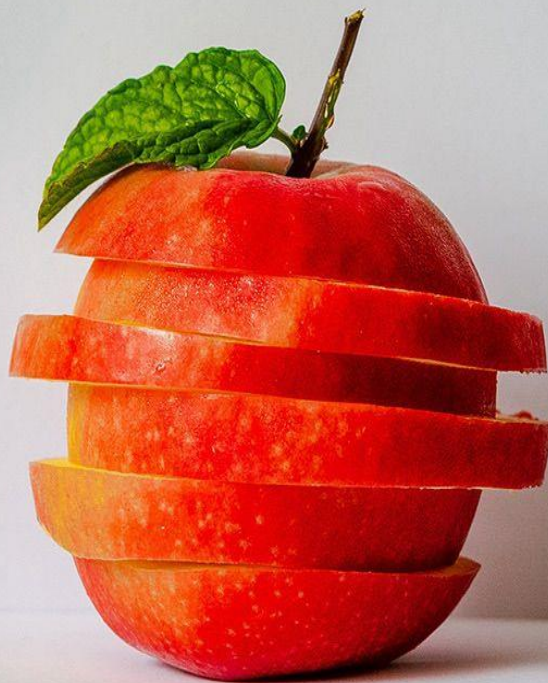


Evergreen School District Benefit Guide 2023-2024



Evergreen
School District

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This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.



GETTING STARTED

The benefits in this summary are effective:

October 1, 2023 - September 30, 2024

MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the *Important Notices* section for more details.

At Evergreen School District, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health is the reason Evergreen School District offers you this benefits program. We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this summary.

While we've made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid. They are located on the EESD website under the "Human Resources" tab.

American Fidelity – AFenroll



Evergreen School District is continuing their partnership with American Fidelity to offer an online benefits enrollment system, AFenroll®. You can enroll in major medical, dental, vision, Flexible Spending Accounts, and Voluntary Benefits – all in one place!

Evergreen is requesting that all employees log in to review your benefits, even if you are not planning to make changes for Open Enrollment.

To view a step-by-step video on how to enroll using AFenroll®, please visit americanfidelity.com/howtoenroll.



If you are a new employee or a current employee who needs assistance with completing your online enrollment, consider scheduling an appointment with an American Fidelity representative to ensure the accuracy of your information for the 2023–2024 plan year.

For more information about the American Fidelity AFenroll® system or to schedule an appointment, visit the Evergreen School District’s dedicated AFenroll® website at americanfidelity.com/eesd or call (866) 504-0010 ext 0.

Point your smart phone camera at the QR code to schedule your appointment:



Who Can You Cover?



ENROLLMENT PERIODS

Coverage for new employees begins on the first (1st) of the next month after hire date. New employees can opt out of our insurance if they have coverage elsewhere. Open enrollment for current employees is generally held in late spring. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event. Make sure to notify Benefits right away if you do have a qualifying life event and need to make a change (add or drop) to your coverage election.

Life events include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage or divorce

You have 30 days from the qualifying event to make your change.

WHO IS ELIGIBLE?

In order to comply with the Affordable Care Act (ACA), Evergreen School District determines your eligibility for medical coverage based on the number of hours you work each month. Please refer to your collective bargaining agreement for eligibility criteria.

You can enroll the following family members in our medical, dental and vision plans:

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- State registered domestic partnerships including opposite-sex domestic partners under age 62. All domestic partnerships (same- or opposite-sex) must be registered with the state in order to be eligible for the SISC plans.
- Your children (including your domestic partner's children):
 - Under age 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
 - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.
 - A child(ren) to which you have legal guardianship of through the court under the age of 18

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Employees who work fewer than 20 hours per week, temporary employees, contract employees, or employees residing outside the United States.
- Foster Children (foster children are not eligible under SISC medical plans).

KNOW WHERE TO GO

Type	Examples
Nurse line (24/7—\$0) Call Kaiser's 24/7 NurseLine at 800-464-4000	Identifying if immediate care is needed Home treatment options and advice
Online visit (24/7—\$) Many nonemergency health issues	Cold, flu, allergies, headache, migraine Skin conditions, rashes Minor injuries Mental health concerns
Office visit (\$\$) Routine medical care and management	Preventive care Illnesses, injuries Managing existing conditions
Urgent care (\$\$\$) Non-life-threatening conditions requiring prompt attention	Stitches, sprains Animal bites High fever, respiratory infections
Kaiser: Find an urgent care center by visiting kp.org/SISC	
Blue Shield: Find an urgent care center by visiting blueshieldca.com/SISC or call 800-657-6169	
Emergency room (24/7—\$\$\$\$) Life-threatening conditions needing immediate care	Suspected heart attack or stroke Major bone breaks Excessive bleeding Severe pain Difficulty breathing

PREVENTIVE OR DIAGNOSTIC?

Preventive care is intended to prevent or detect illness before you notice any symptoms. Diagnostic care treats or diagnoses a problem after you have had symptoms.

Be sure to ask your doctor why a test or service is ordered. Many preventive services are covered at no out-of-pocket cost to you. The same test or service can be preventive, diagnostic, or routine care for a chronic health condition. Depending on why it's done, your share of the cost may change. Whatever the reason, it's important to keep up with recommended health screenings to avoid more serious and costly health problems down the road.

SISC EXPERT MEDICAL OPINION PROGRAM

Our Expert Medical Opinion program provides medical second opinions from nationally recognized experts specializing in your area of need, with no required travel. This program is fully sponsored by SISC and available at no cost to eligible employees and covered dependents.

Use this program when you or a loved one:

- Have been recommended for surgery or another form of medical treatment.
- Have received a new diagnosis or experienced a change in condition.
- Have an existing condition and are not getting better. Getting started is completely confidential and only takes a few minutes. Call 1-855-201-9925 or visit advance-medical.net/sisc to learn more.



MEDICAL

OUR PLANS

Kaiser HMO

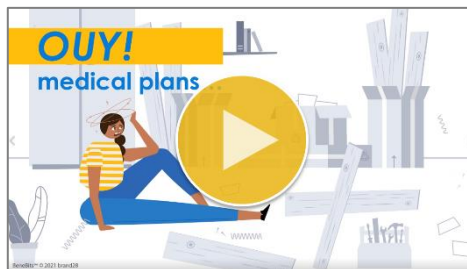
Blue Shield PPO

Blue Shield Anchor Bronze

HMO, PPO, HDHP... WHAT?

Not all medical plans work the same way. Watch these videos to understand how each type of plan works.

Click to play video



All About Medical Plans



Play the Health Lingo Game!

Kaiser HMO Medical Plan

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. Kaiser HMO is available to all Certificated, Management and Classified Employees.

Kaiser HMO \$10 (SISC) Active and Early Retirees	
	In-Network
Annual Deductible	\$0 per individual \$0 family limit
Annual Out-of-Pocket Maximum	\$1,500 per individual \$3,000 family limit
Lifetime Maximum	Unlimited
Office Visit	
Primary Provider	\$10 copay then plan pays 100%
Specialist	\$10 copay then plan pays 100%
Preventive Services	Plan pays 100%
Chiropractic	\$10 per visit: up to 30 visits per calendar year
Lab and X-ray	Plan pays 100%
Inpatient Hospitalization	Plan pays 100%
Outpatient Surgery	\$10 copay then plan pays 100%
Urgent Care	\$10 copay then plan pays 100%
Emergency Room	\$100 copay then plan pays 100% (copay waived if admitted)

Kaiser HMO Prescription Drugs

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. Here are the prescription drug benefits that are included with our medical plans.

Kaiser HMO \$10 (SISC) Active and Early Retirees	
	In-Network
Pharmacy	
Retail	\$10 (100 days) then plan pays 100%
Mail Order	\$10 (100 days) then plan pays 100%
Specialty Rx	\$10 (30 days)
Mail Order	
Retail	\$10 (100 days) then plan pays 100%
Mail Order	\$10 (100 days) then plan pays 100%
Specialty Rx	\$10 (30 days)

Resources for Kaiser Members



KAISER PERMANENTE MOBILE APP

Use the convenient features of My Health Manager right from your smartphone or other mobile device. Email your doctor's office, view most test results, schedule or cancel routine appointments, refill most prescriptions, or view past visits. Just download the Kaiser Permanente app at no cost from your preferred app site.

ONLINE WELLNESS TOOLS

Visit kp.org/healthyliving for wellness information, health calculators, fitness videos, podcasts, and recipes from world class chefs. Connect to better health with programs to help you lose weight, quit smoking, reduce stress, and more – all at no cost.

HEALTH CLASSES

With all kinds of health classes and support groups offered at our facilities, there's something for everyone. Classes vary at each location, and some may require a fee. Go online to see the classes available near you at kp.org/classes.

PERSONAL WELLNESS COACHING

Get help reaching your health goals. Work one on one with a wellness coach by phone at no cost. Find out more at kp.org/wellnesscoach.

ACUPUNCTURE – CHIROPRACTOR – MASSAGE THERAPIST

Kaiser offers Chiropractic coverage through the ASH network. Find an ASH Plans Participating Provider near you by visiting ashlink.com/ash/kp or calling (800) 678-9133 Monday through Friday from 5 a.m. to 6 p.m. Pacific time. Office visits are available at a \$10 copay per visit with a combined total of 30 medically necessary chiropractic and acupuncture visits per year.

For non-medically necessary visits, get 25% off the contracted provider's standard fees when you make an appointment through the ChooseHealthy program. You don't need a referral from your doctor, and you can see a contracted provider as many times as you want. Choose a contracted provider at kp.org/choosehealthy. Select your area, then click the "ChooseHealthy" link. To search the provider directory, click the "Find a Provider" tab in the upper left or call ChooseHealthy at 877-335-2746 to check your options.

ACTIVE&FIT

The Active&Fit Direct program allows you to choose from 9,000+ participating fitness center and YMCAs nationwide for \$28 a month (plus a \$28 enrollment fee and applicable taxes). To enroll, visit kp.org/choosehealthy, select your area, click the "Choose Healthy" link, and click "Learn More".

CALM – PROVIDED BY KAISER

Try the Calm app for self-care and better sleep. Calm is an app that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. Adult members can get Calm at kp.org/selfcareapps. Practicing mindfulness with Calm can help you build resilience and support your overall emotional health and wellness. Anyone can benefit from Calm, and the app offers something for everyone.

CLASSPASS

Kaiser has teamed up with fitness industry leader ClassPass to make it easier for you to exercise from the comfort of your home or local gym/studio. Kaiser Permanente members can get on demand video workouts at no cost and reduced rates on livestream and in-person fitness classes. To get started, visit kp.org/exercise.


Blue Shield PPO Medical Plan

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. Blue Shield Medical PPO is available to Certificated, Management and Classified Employees.

Blue Shield 100-A 20 (SISC) Active and Early Retirees		
	In-Network	Out-Of-Network
Annual Deductible	\$0 per individual \$0 family limit	\$0 per individual \$0 family limit
Annual Out-of-Pocket Max	\$1,000 per individual \$3,000 family limit	\$1,000 per individual \$3,000 family limit
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	\$20 copay then plan pays 100%	Plan pays 50%
Specialist	\$20 copay then plan pays 100%	Plan pays 50%
Preventive Services	Plan pays 100%	Not covered
Chiropractic Care	Plan pays 100% (up to 20 visits per year)	Not covered
Lab and X-ray	No charge	Not Covered
Inpatient Hospitalization	Plan pays 100%	Plan pays 100% (non-emergencies: up to \$600 per day)
Outpatient Surgery	Plan pays 100%	Plan pays 100% (up to \$350 per day)
Urgent Care	\$20 copay then plan pays 100%	Plan pays 50%
Emergency Room	\$100 copay then plan pays 100% (copay waived if admitted)	\$100 copay then plan pays 100% (copay waived if admitted)

Blue Shield PPO Prescription Drugs

Navitus Health Solutions administers the pharmacy benefits for the Blue Shield plans and is committed to lowering drug costs, improving health, and delivering superior service. Members who take stabilized doses of covered long-term maintenance medications — like those used to treat an ongoing condition such as high blood pressure or high cholesterol — can save money by ordering them through Navitus’ mail service partner, Costco Pharmacy, instead of using a retail pharmacy.

 <div style="text-align: center;"> Blue Shield 100-A 20 (SISC) Active and Early Retirees </div>		
	In-Network	Out-Of-Network
Annual Out-of-Pocket Limit	\$1,500 Individual \$2,500 Family	Not applicable
Pharmacy		
Generic	Costco: plan pays 100% Other: \$5 copay then plan pays 100%	Not covered
Preferred Brand	\$20 copay (30-day) then plan pays 100%	Not covered
Specialty Drugs	\$20 copay (30-day) then plan pays 100%	Not covered
Mail Order		
Generic	Costco: plan pays 100% Other: \$5 copay then plan pays 100%	Not covered
Preferred Brand	\$20 copay (30-day) then plan pays 100%	Not covered
Specialty Drugs	\$20 copay (30-day) then plan pays 100%	Not covered

WITH COSTCO YOU CAN ALSO GET HOME DELIVERY:



- You get up to a 90-day supply delivered directly to you — with free standard shipping.
- You can easily order refills online, over the phone or by mail.
- Multiple safety and advanced quality checks are in place to make sure you get the right medication.

Please contact Costco Home Delivery Pharmacy at [costco.com/Pharmacy/home-delivery](https://www.costco.com/Pharmacy/home-delivery). You may also call 1-800-607-6861 for home delivery forms and instructions.


Blue Shield Anchor Bronze Medical Plan

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

Blue Shield 2-Tier Anchor Bronze (SISC) Actives Only		
	In-Network	Out-Of-Network
Annual Deductible	\$5,000 per individual \$10,000 family limit	\$5,000 per individual \$10,000 family limit
Annual Out-of-Pocket Max	\$6,350 per individual \$12,700 family limit	\$6,350 per individual \$12,700 family limit
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	Plan pays 70% after deductible	Plan pays 50% after deductible
Specialist	Plan pays 70% after deductible	Plan pays 50% after deductible
Preventive Services	Plan pays 100%	Not covered
Chiropractic Care	Plan pays 70% (up to 20 visits per calendar year)	Not covered
Lab and X-ray	Plan pays 70%	Not covered
Inpatient Hospitalization	Plan pays 70% after deductible	Plan pay 50% after deductible, up to \$600 max per day
Outpatient Surgery	Plan pays 70% after deductible	Plan pay 50% after deductible, up to \$350 max per day
Urgent Care	Plan pays 70% after deductible	Plan pays 50% after deductible
Emergency Room	\$100 copay then plan pays 70% (waived if admitted)	\$100 copay then plan pays 70% (waived if admitted)

Blue Shield Anchor Bronze Prescription Drugs

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

 Blue Shield 2-Tier Anchor Bronze (SISC) Actives Only		
	In-Network	Out-Of-Network
Annual Out-of-Pocket Limit	\$6,350 (including the medical deductible)	\$6,350
Pharmacy		
Generic	Costco: plan pays 100% Other: \$9 per prescription (after deductible)	\$9 per prescription
Preferred Brand	\$35 per prescription (after deductible)	\$35 per prescription
Specialty Drugs	\$35 copay (after deductible)	Not covered
Mail Order		
Generic	Costco: plan pays 100% \$18 per prescription (after deductible)	Not covered
Preferred Brand	\$90 per prescription (after deductible)	Not covered
Specialty Drugs	\$35 copay (after deductible)	Not covered

WITH COSTCO YOU CAN ALSO GET HOME DELIVERY:



- You get up to a 90-day supply delivered directly to you — with free standard shipping.
- You can easily order refills online, over the phone or by mail.
- Multiple safety and advanced quality checks are in place to make sure you get the right medication.

Please contact Costco Home Delivery Pharmacy at [costco.com/Pharmacy/home-delivery](https://www.costco.com/Pharmacy/home-delivery). You may also call 1-800-607-6861 for home delivery forms and instructions.

BLUE SHIELD WELLNESS



LEARN ABOUT PREVENTIVE CARE FOR YOU AND YOUR FAMILY

Seeing your doctor once a year for a preventive care visit can help you catch small problems before they turn into big ones. Find out what screenings, services, and immunizations we recommend for you and your family. Visit [blueshieldca.com/preventive](https://www.blueshieldca.com/preventive).

Make real improvements to your health with Wellvolution

Wellvolution is a digital platform for health and well-being. It offers over 50 tested apps and programs to help you achieve your health goals – at no extra cost. Areas of focus include disease prevention and reversal, nutrition, sleep, stress, smoking and more! Learn more at <https://www.blueshieldca.com/en/home/be-well/live-healthy#section4>.

Save on fitness club memberships & more

Get help saving money and living healthier with a wide range of wellness discount programs, including Fitness Your Way™. This program gives you access to more than 800 fitness centers in California and more than 10,000 nationwide for just \$25 per month. The wellness discount programs also include acupuncture and chiropractic services; therapeutic massage; and eye exams, frames, contact lenses, and LASIK surgery. Learn more at <https://myoptions.blueshieldca.com/sisc/sisc/index#programs>.

Care Management Program







Get support managing your health needs for conditions such as diabetes, depression, chronic pain, cancer, as well as other conditions. Services include personalized health coaching, care plan development, provider coordination, plus more. To learn more, go to <https://www.blueshieldca.com/en/home/be-well/conditions-and-care-programs/care-management>.

Maternity Program

Expecting a bundle of joy? We want you and your baby to be healthy. Blue Shield's Maternity Program offers assistance including a consultation with a registered dietitian, assessments at pregnancy milestones, and access to a 24/7 support hotline staffed by experienced nurses. To learn more, go to <https://www.blueshieldca.com/en/home/be-well/conditions-and-care-programs/maternity-program>.

SISC Added Value Programs

Take advantage of no cost benefits to help you get and stay healthy.

BENEFIT HIGHLIGHTS	AVAILABILITY & HOW TO GET STARTED
<p>24/7 Help with Personal Concerns SISC Employee Assistance Program Access free, confidential resources for help with emotional, marital, financial, addiction, legal, or stress issues.</p>	<p><i>All employees</i> Call 800-999-7222 Visit anthemEAP.com and enter SISC</p> 
<p>Expert Medical Opinions Teladoc Medical Experts Get answers to health care questions and second opinions from world-leading experts.</p>	<p><i>Blue Shield and Kaiser members</i> Call 800-835-2362 Visit teladoc.com/SISC</p> 
<p>Personal Health Coaching Vida Health Get one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.</p>	<p><i>Blue Shield members</i> Call 855-442-5885 Visit vida.com/sisc</p> 
<p>24/7 Physician Access—Anytime, Anywhere MDLive¹ Access to virtual visits with psychiatrists and therapists for members age 10 and up. Virtual urgent care services are available to all members. Physicians can prescribe medication when appropriate.</p>	<p><i>Blue Shield members</i> Call 888-632-2738 Visit mdlive.com/sisc</p> 
<p>Free Generic Medications Costco Access most generic medications at no cost through Costco retail and mail order pharmacies. You don't need to be a Costco member.</p>	<p><i>Blue Shield members</i> Call 800-774-2678 (press 1) Visit costco.com</p> 
<p>Physical Therapy for Back or Joint Pain Hinge Health Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.</p>	<p><i>Blue Shield members</i> Call 855-902-2777 Visit hingehealth.com/sisc</p> 

¹ Effective October 1, 2023, MDLive visits will have a \$10 co-pay.

SISC Added Value Programs

BENEFIT HIGHLIGHTS

NEW! 24/7 Virtual Primary Care Doctor **Eden Health**

Virtually connect with a primary care physician to manage all your physical and mental healthcare needs. Eden providers diagnose conditions, manage prescriptions, refer to specialists, and answer follow up questions using video visits or live chat.

24/7 Access to Virtual Maternity and Postpartum Support

Maven

Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists' coaches and other maternity providers to help deal with pregnancy and postpartum concerns.

Hip, Knee, and Spine Surgical Benefit **Carrum Health**

Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel and medical bills.

Enhanced Cancer Benefit **Contigo Health**

Consult experts on initial diagnosis and development of a care plan. Benefit includes care coordination services with at home provider, transportation, and more.

AVAILABILITY & HOW TO GET STARTED

Blue Shield members

Visit

edenhealth.com/members

or download the app



Blue Shield members

Call 855-442-5885

Visit

mavenclinic.com/join/SISC



Blue Shield members

Call 888-855-7806

Visit carrumhealth.com/sisc



Blue Shield members

Call 877-220-3556

Visit sisc.contigohealth.com



EMPLOYEE ASSISTANCE PROGRAM (EAP)



24/7 HELP WITH PERSONAL CONCERNS (available to all District employees and dependents)

Access free, confidential resources if you or a family member needs help with emotional, marital, financial, addiction, legal, or stress issues. Call **1-800-999-7222** OR go to anthemeap.com and enter employer code **SISC**.

Have questions about home, work or family?

Maybe you're a few months behind on bills and want to get back on track. Or you're new to town and looking for a daycare center. Whatever your concern, a call to the Employee Assistance Program (EAP) can help you through it.

What is EAP anyway?

You may have heard about EAP but aren't sure what it is. EAP is a service available to you and members of your household at no extra cost. It's designed to help you with everyday problems and questions, big or small. No need to fill out paperwork or make an appointment to speak with an EAP staff member. Just call (800) 999-7222 or visit anthemeap.com (employer code = **SISC**). You'll be connected in an instant, and we're here 24 hours a day, every day, to help you.

How can we help?

When you or a household member contacts us, we'll work with you to figure out the next steps. If you need counseling, you can receive up to 6 free visits with a licensed professional for each issue you're facing. If you have money or legal questions, we can put you in touch with a financial advisor or a lawyer.

If online help is more your style, visit anthemeap.com. You'll find articles, checklists, quizzes and other helpful tools. You can browse resources, attend a webinar or take an online class—right at your own desk. Here are just some of the topics covered:

- Workplace safety
- Child and elder care resources
- Tobacco cessation
- Grief and loss
- Family health
- Home improvement
- Addiction and recovery
- Dealing with identity theft

Remember, EAP is here for you 24/7, so you can call at the time and place that are right for you. Your privacy is important to us. No one will know you've called EAP unless you give them permission in writing in accordance with federal and state law, and professional ethical standards.



DENTAL

OUR PLANS

Delta Dental

MetLife DHMO

Why sign up for Dental coverage?

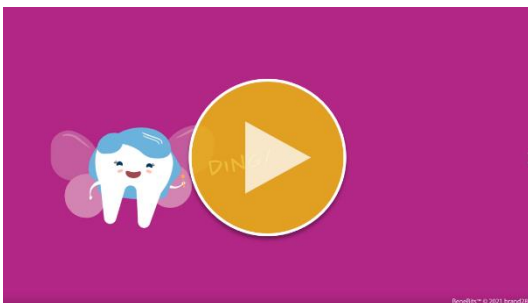
It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers three types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures

Click to play video



Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease. Evergreen School District gives you a choice of dental plans.

Delta Dental (ACSIG)	
DPPPO Plan	
	In/Out-Of-Network
Calendar Year Deductible	\$20 per individual \$60 per family
Annual Plan Maximum	\$2,200 per individual
Waiting Period	None
Diagnostic and Preventive	Plan pays 100%
Basic Services	
Fillings	Plan pays 90% after deductible
Root Canals	Plan pays 90% after deductible
Periodontics	Plan pays 90% after deductible
Major Services	Plan pays 60% after deductible
Orthodontic Services	
Orthodontia	Plan pays 60%
Lifetime Maximum	\$2,000
Dependent Children	Covered up to age 26
Covered up to age 26	Covered up to age 26

DELTA DENTAL MOBILE APP



USING THE APP WITHOUT LOGGING IN

Anyone can use Delta Dental Mobile without logging in to access our Find a Dentist and Toothbrush Timer tools, conveniently located on the home screen. You also have the option to save your ID card to the home screen for easy access without logging in.

LOGGING IN TO VIEW BENEFITS

Delta Dental subscribers can log in using the username and password they use to log in to our website. If you haven't registered, there is a link on the home screen to register for an account. If you've forgotten your username or password, you can also retrieve these via Delta Dental Mobile.

SECURELY ACCESS YOUR BENEFITS

You must enter your username and password each time you access the secure portion of the app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed via a link on the Login page of the app

ONLINE SERVICES - WWW.DELTADENTALINS.COM

- Printable ID cards
- Secure login for benefits and eligibility lookup
- Claims status available to enrollees & dentists
- Dentist directory with maps & driving directions
- Extensive dental health section
- Enrollee section in Spanish
- SmileKids – an interactive site for children
- Fee Finder
- Explanation of Benefits – use it!
- Articles and Quizzes on Oral Health Dental Wire Newsletter

IMPORTANT TIPS

- Pre-Treatment estimate - Make sure you always get one so you know how much you will be paying BEFORE you get to your appointment!
- If you are having extensive dental work done
- Ensuring that a procedure is covered
- To see if you will exceed your maximum
- If you need to plan your payment in advance
- If you would like an advance breakdown of the charges and coverage

MetLife DHMO Dental Plan



Specialty Care Information: During the course of treatment, your SafeGuard selected general dentist may recommend the services of a dental specialist. Your selected general dentist may refer you directly to a contracted SafeGuard specialty care provider for endodontics, oral surgery, or periodontics; no referral or preauthorization from SafeGuard is required.

Prior authorization from SafeGuard is required for referrals to participating orthodontists and pediatric specialists. Your selected general dentist will submit all required documentation to SafeGuard and SafeGuard will advise you of the name, address, and telephone number of a SafeGuard contracted orthodontist or pediatric specialist in your area.

Search for a provider at <https://www.metlife.com/safeguard/> using plan name 92-EG.

MetLife DHMO Plan	
	In/Out-Of-Network
Calendar Year Deductible	\$0 per individual \$0 per family
Annual Plan Maximum	Unlimited
Waiting Period	
Diagnostic and Preventive Basic Services	\$0 copay then 100%
Fillings	\$0 copay then 100%
Root Canals	\$0 copay then 100%
Periodontics	\$0 copay then 100%
Major Services	\$0 copay then 100%
Orthodontic Services	
Orthodontia	Not covered
Lifetime Maximum	Not covered
Dependent Children	Not covered
Full-time Students	Not covered



VISION

OUR PLAN

VSP Vision

Why sign up for Vision coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

Click to play video



VSP – Voluntary Vision Plan



Routine vision exams can not only correct vision, but also detect more serious health conditions. We offer you a voluntary vision plan through Vision Service Plan.

VSP		
	In-Network	Out-of-Network
Examination		
Benefit	\$10 copay then plan pays 100%	Plan pays 100% (reimbursed up to \$45)
Frequency	1 x every 12 months from last date of service	In-network limitations apply
Materials		
	\$25 copay then plan pays 100%	Plan pays 100% (see schedule below)
Eyeglass Lenses		
Single Vision Lens	Plan pays 100% of basic lens (materials copay applies)	Reimbursed up to \$30
Bifocal Lens	Plan pays 100% of basic lens (materials copay applies)	Reimbursed up to \$50
Trifocal Lens	Plan pays 100% of basic lens (materials copay applies)	Reimbursed up to \$65
Frequency	1 x every 12 months from last date of service	In-network limitations apply
Frames		
Benefit	Reimbursed up to \$180, balance plus a plan pays 20% discount from the remaining	Reimbursed up to \$70
Frequency	1 x every 12 months from last date of service	In-network limitations apply
Contacts (Elective)		
Benefit	Reimbursed up to \$130 (copay waived; instead of eyeglasses)	Reimbursed up to \$105 (in-network limitations apply)
Frequency	1 x every 12 months from last date of service	In-network limitations apply

EXCLUSIONS AND LIMITATIONS OF BENEFITS

Some brands of spectacle frames may be unavailable for purchase as Plan Benefits, or may be subject to additional limitations. You may obtain details regarding frame brand availability from your VSP Member Doctor or by calling VSP's Customer Care Division at (800) 877-7195.

This Plan is designed to cover visual needs rather than cosmetic materials. If you select certain lens or frame enhancements, this Plan will pay the basic cost of the allowed lenses or frames, and you will be responsible for the additional costs for the options, unless the extra is defined as a Plan Benefit. For a complete list of the excluded benefits refer to the VSP EOC.



THE ULTIMATE PROVIDER PLAYLIST

The right song can set the mood, and the right vision provider can set the tone for a great eye care experience. With VSP®, your employees have the freedom to choose a provider they can really groove with.

**MORE CHOICES.
MORE FREEDOM.**

**VSP NETWORK PROVIDERS
84K ACCESS POINTS**



When it comes to choices, VSP has your employees and their eyes covered with a huge network of independent doctors, popular retailers, and an online option.

Independent Doctors

- 91% offer early morning, evening, and weekend appointments.
- 24-hour access to emergency care.
- Eye Health Management Program®.
- VSP Premier Program gives members the most out of their eye care experience at one location.



Retail Chains

For employees who prefer their favorite retailer, our network includes tons of participating retail chains, including:



Buy Online, Anytime!

Want even more options? You got it! Your employees can shop the latest designer glasses and name brand contacts online at Eyeconic.com® with their VSP benefits.



Effortless Out-of-network Shopping.

Saying, "I have VSP," is all it takes to shop out-of-network. We'll do the rest!

Enjoy the sweet song of employee satisfaction with true freedom of choice from VSP.



TruHearing® Hearing Aid Discount Program

VSP® Vision Care members can save up to 60% on the latest brand-name hearing aids. Dependents and even extended family members are eligible for exclusive savings, too.



Hearing loss is growing in the workplace.

Like vision loss, hearing loss can have a huge impact on productivity and overall quality of life. Unfortunately, of the over 38 million people who need hearing aids, only one in five has them. And the high cost of hearing aids is a major factor keeping people from addressing their hearing loss.

*96% of customers surveyed would recommend TruHearing to their friends and family.**

More Than Just Great Pricing

TruHearing also provides members with:

- Three provider visits for fitting and adjustments
- A 45-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid

Plus, members get:

- Access to a national network of more than 3,800 hearing healthcare providers
- Straight-forward, nationally-fixed pricing on a wide selection of the latest brand-name hearing aids
- Deep discounts on batteries shipped directly to their door

Best of all, if your organization already offers a hearing aid benefit, members can combine it with TruHearing prices to reduce their out-of-pocket expense even more!

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or, call 877.396.7194 with questions.

Here's how it works:

1. Members call TruHearing.

Members and their family call **877.396.7194** and mention VSP.

2. Schedule exam.

TruHearing will answer questions and schedule a hearing exam with a local provider.

3. Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for the member.

*Based on a 2013 satisfaction study of VSP members.

The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is solely responsible for the products or services offered by them. Savings based on a survey of national average retail hearing aid prices compared to average TruHearing pricing. Actual customer savings will vary. Three follow-up visits must be used within one year after the date of initial purchase. Forty-five-day trial and hearing aid returns, repairs, and replacements subject to provider and manufacturer fees. For questions regarding fees, contact TruHearing customer service. Not available in the state of Washington.

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**IMPORTANT PLAN
INFORMATION**

Plan Contacts

MEDICAL, DENTAL & VISION

Kaiser

Policy #992

www.kp.org/sisc

Member Services

(800) 464-4000

Blue Shield PPO

Policy #992

www.blueshieldca.com/sisc

Member Services

(855) 599-2657

Delta Dental

Policy #2573

www.deltadental.com

Member Services

(866) 499-3001

MetLife

Policy #5753753

www.metlife.com

Member Services

(800) 942-0854

VSP

Policy #30067717

www.vsp.com

Member Services

(800) 877-7195

PRESCRIPTION DRUGS

Navitus Health Solutions (Rx)

www.Navitus.com

Member Services

(866) 333-2757

EMPLOYEE ASSISTANCE PROGRAM EAP

Anthem EAP

www.anthemeap.com

(800) 999-7222

VOLUNTARY BENEFITS

American Fidelity

Voluntary Benefits

www.americanfidelity.com/eesd

(866) 504-0010, ext. 0

DISTRICT BENEFITS

Robin Hill

rhill@eesd.org

(408) 270-6861

Words You Need to Know

Health insurance seems to have its own language. You will get more out of your plans if understand the most common terms, explained below in plain English.

MEDICAL

OUT-OF-POCKET COST - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

DEDUCTIBLE - The amount of healthcare expenses you must pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

COINSURANCE - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

COPAY - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan pays the rest of the bill for that service.

IN-NETWORK / OUT-OF-NETWORK - Network providers (doctors, hospitals, labs, etc.) are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost you more because the providers are under no obligation to limit their maximum fees. With some plans, such as HMOs and EPOs, services from out-of-network providers are not covered at all.

OUT-OF-POCKET MAXIMUM - The most you would pay from your own money for covered healthcare expenses in a calendar year. Once you reach your plan's out-of-pocket maximum dollar amount (by paying your deductible, coinsurance and copays), the plan pays for all eligible expenses for the rest of the calendar year.

PRESCRIPTION DRUG

BRAND NAME - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

GENERIC DRUG - A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

PREFERRED DRUG - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

DENTAL

BASIC SERVICES - Dental services such as fillings, routine extractions and some oral surgery procedures.

DIAGNOSTIC AND PREVENTIVE SERVICES - Generally include routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

MAJOR SERVICES - Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Medicare Part D Notice

Important Notice from Evergreen School District 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 Evergreen School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. 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. Evergreen School District has determined that the prescription drug coverage offered by the health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Evergreen School District coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under the health plan is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Evergreen School District prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Evergreen School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable 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 nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may 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 join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Evergreen School District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2023
 Name of Entity/Sender: Evergreen School District
 Contact-Position/Office: Aaron Brengard
 Address: 3188 Quimby Road, San Jose, CA
 Phone Number: (408) 270-6829

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

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). If you would like more information on maternity benefits, call your plan administrator.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Evergreen School District health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Evergreen School District health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Evergreen School District health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Evergreen School District describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting the Human Resources Department.

Notice of Choice of Providers

The health plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our 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 your health plan directly. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your health plan directly.

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.

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 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 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 January 31, 2023. Contact your State for more information on eligibility—

ALABAMA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
FLORIDA – Medicaid
Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra> | Phone: 678-564-1162, press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64 Website: <http://www.in.gov/fssa/hip/> | Phone: 1-877-438-4479

All other Medicaid Website: <https://www.in.gov/medicaid/> | Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members> | Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki> | Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp> | HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/> | Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx> | Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov | KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718 | Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-442-6003 | TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 800-977-6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa> | Phone: 1-800-862-4840 | TTY: 617-886-8102

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp> | Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> | Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084 | email: HSHIPPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov> | Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218 | Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/> | Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html> | CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/ | Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/> | Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/> | Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org> | Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx> or <http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx> | Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/> | Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlite Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov> | Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov> | Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/> | Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/> | CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/> | Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select> or <https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924 | CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/> | Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/> or <http://mywvhipp.com/>
Medicaid Phone: 304-558-1700 | CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm> | Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/> | Phone: 1-800-251-1269

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebesa.opr@dol.gov and reference the OMB Control Number 1210-0137.

