THE LINE CONNECTION

LINECO
LINE CONSTRUCTION BENEFIT FUND

NECA

Benefit News for LINECO Participants

FALL 2021

LINECO Would Like to Extend a HUGE

THANK YOU

To Our Members and Their Families For Your Efforts During Recent Disasters

This past year we have seen extreme heat, wildfires, intense rains, hurricanes, snow / ice storms, flooding and tornadoes that have affected people from coast to coast.

Many of our members have been asked to respond under extreme conditions, leaving their families for extended periods to ensure that power is restored to families across the country.

We appreciate your dedication and sacrifice as first responders.

Know that while you are traveling, LINECO has you and your family covered

lineco.org | 1-800-323-7268

IN THIS ISSUE

January 1, 2022 Benefit Changes

The Board of Trustees is pleased to announce that **NO** major benefit changes are scheduled to take effect January 1, 2022. Your deductibles, coinsurance amounts, and out of pocket amounts remain unchanged.

Any changes to the monthly Retiree self-pay rates or COBRA rates will be published on our website lineco.org no later than January 3, 2022. Changes will become effective on March 1, 2022.

The Board of Trustees continues to extend our COVID - 19 benefit enhancements as the Federal Government's disaster declaration is still in effect. These benefits allow additional time to elect COBRA and short hours self-pay, expanded telemedicine visits, and 100% preventive coverage for vaccinations and testing.

Plan Benefit Modifications

Mental Health Network Expansion– Effective 1/1/2022

- **Telemedicine Expansion–** Free Teladoc mental health and substance abuse visits will begin on 1/1/2022. Simply call Teladoc at 1-800-TELADOC (835-2362) or visit teladoc.com and register to set up your free confidential therapy visit(s).
- **PPO Network Expansion–** In addition to the Beacon Health Options Network, reimbursement of mental health and substance abuse services received at an in-network Blue Cross Blue Shield provider will now also be reimbursed at the in-network coinsurance level of 80% beginning 1/1/2022.

Medical Benefits Modifications

Skilled Nursing Facility Care–The 30-day maximum for skilled nursing facility care has been increased to 60 days.

Skilled nursing facility care, including room and board and medically necessary services and supplies, will be provided to a person in a skilled nursing facility for up to 60 days per year, subject to the following requirements:

- A doctor must certify that the confinement and nursing care are necessary for the patient's recuperation from an injury or sickness;
- The confinement must be preceded by at least three (3) consecutive days of a hospital stay for which Plan benefits are payable;
- The confinement must start within 3 days after termination of a hospital stay for which Plan benefits are payable or within 3 days after termination of a skilled nursing facility stay for which Plan benefits are payable;
- The skilled nursing facility stay must be due to the condition which required the previous hospital stay; and
- The confinement must be provided in a facility which meets the Plan's definition of a skilled nursing facility.

Home Health Care–The requirement that home health care begins within 7 days of an "inpatient hospital admission" has been removed. Home health care services are still subject to:

Part-time or intermittent nursing care provided by home health aides under the supervision of an R.N. (services of an R.N. or L.P.N will be covered if the patient's condition requires the professional services of a trained nurse) and medical supplies (other than drugs and biologicals) provided by the home health agency, up to 40 visits per year, subject to the following requirements:

a. The services and supplies must be provided by or through a licensed home health agency; and
b. A program or home nursing care must be established and approved in writing by the patient's physician, and
c. The physician must certify that the home nursing care is medically necessary treatment of the patient's condition and would require hospital confinement in the absence of the services

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Line Construction Benefit Fund
821 Parkview Boulevard, Lombard, IL 60148-3230 | P: 1-800-323-7268 | www.lineco.org

Helpful LINECO Reminders

COVID VACCINES AND BOOSTER VACCINES

LINECO will cover **100%** of the cost for COVID-19 Vaccines and Booster Vaccines recently approved by the U.S. Food and Drug Administration (FDA). The Federal Government previously purchased these vaccines and LINECO will cover the administration of these vaccines at 100% benefit. There is no cost to eligible members and their eligible dependents covered by the Fund. Any LINECO member receiving an FDA approved COVID-19 vaccine should not be billed or receive a balance due from the provider of service. The three (3) vaccines currently approved by the FDA are the Moderna, Pfizer-BioNTech and Johnson and Johnson vaccines.

For more information regarding vaccines we encourage you to visit the Centers for Disease Control (CDC) at www.cdc.gov/coronavirus or Grand Rounds Health at www.Grandrounds.com/LINECO.

CONTRIBUTIONS (WORK HOURS REPORTED AND SELF PAYMENTS)

Current Hours Reported and your Eligibility are available at **lineco.org** 24 hours a day 7days a week. Click on ***my*LINECO Portal** to view Contributions including hours worked, and self-payments for COBRA, Short Hours and Retiree payments applied to your eligibility.

LINECO HRA

Use your LINECO Healthcare Reimbursement Account (HRA) card to pay for HRA qualified expenses or other services NOT covered by LINECO. If you are covered under LINECO for your benefits, you should wait until you receive your Explanation of Benefits (EOB) from LINECO before using your LINECO HRA Card to pay a provider.

To track your HRA balance, account activity and claim status visit lineco.org or via the LINECO HRA mobile App for secure online access.

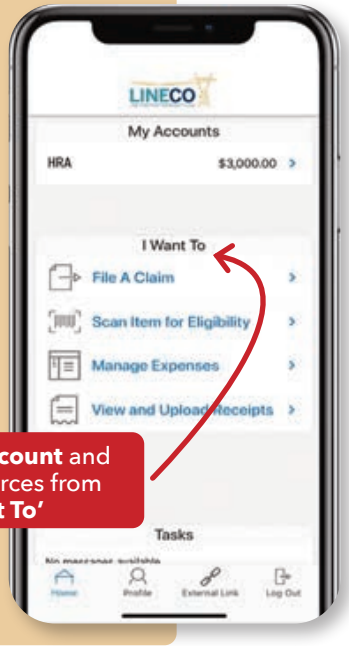
THERE'S AN APP FOR THAT...

Introducing the LINECO HRA Mobile App

The LINECO HRA Mobile App provides you quick access to useful information to help you manage your HRA account.

- View your Account Balance and Activity
- File Claims and Upload Receipts
- Scan Product Bar Code to Verify Eligible IRS Qualified HRA Expense
- Track Paid Claims
- View Messages

Download the LINECO HRA App TODAY
Search LINECO HRA in App store



View your **account** and link to resources from **'I Want To'**

Benefit Changes *continued from page 2*

and supplies provided as part of the program of home nursing care; and

d. Each four hours of continuous hours of care is considered one visit.

* No payment will be made for child care or housekeeping services.

Contact the Fund Office at 1-800-323-7268 before arranging home nursing care for anyone in your family.

Summary Benefit Coverages (SBC's)

Each year, the Federal Government requires LINECO to provide our members with a Summary of Benefit Coverages (SBC's). These Summaries are *Informational Only* and they are very similar to previous years SBC's.

For a more complete picture of the quality benefits afforded you and your family, the Fund continues to recommend visiting the LINECO website at **lineco.org** for the most up to date information.

LINECO Healthcare Partners

FREE Healthcare Assistance for You and Your Family

Telemedicine Services

- Virtual care for common minor non-emergency conditions
- Board certified doctors available 24/7/365
- Avoid costly ER visits and wait times
- Starting 1/1/22: Mental health & substance abuse services available

Set up your account today

(must mention LINECO is your insurance)

Teladoc.com

or 1-800-Teladoc (835-2362)

Healthcare Resources

- Locate top in-network doctors in your area
- Expert Second Medical Opinion from world-class doctors specializing in your condition
- Treatment Decision Support
- Answers from medical professionals regarding your symptoms, your diagnosis, and treatment plan

Set up your account today

Grandrounds.com/lineco

or 1-855-310-6281

Notice of Privacy Practice

What is PHI? PROTECTED HEALTH INFORMATION

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), sets rules for health care providers and health plans regarding who can access and receive your Protected Health Information, including those closest to you—your family members and friends.

In accordance with HIPAA, LINECO **CAN NOT** disclose your health information to any member of your family including your spouse, parent, employer or any other individual without your written authorization.

If you would like to authorize an individual permission to contact LINECO regarding your account on your behalf, you must print an Authorization to Disclose Health Information (PHI) Form from the "Forms" tab at lineco.org and return it to the Fund Office.

This form is not a requirement for LINECO to pay claims; however we strongly advise having each adult (18 years and older) enrolled in the plan complete the Authorization to Disclose Health Information (PHI) if a family member will be calling about their claims. The authorization can be revoked at any time.

MULTI-FACTOR AUTHENTICATION (MFA)

In an effort to provide additional technical security for your information, LINECO will continue to install various additional online multi-factor or two-step "authentication" procedures. Using these processes and technology when you sign into your online ***my*LINECO** Secure Portal ensures that you're proving to the service that you are who you say you are. Please do not be alarmed if you are asked to authenticate via a code sent to your email or cell phone. This protects both you and LINECO from unwanted cyber attacks.

*Thank you for your understanding and please feel free to visit **lineco.org** to learn more about our secure member portal.*

RIGHT TO A COPY OF LINECO'S NOTICE OF PRIVACY PRACTICE You have a right to request and receive a copy of this Notice at any time, even if you have received this Notice previously. To obtain a copy, please contact the Fund's Privacy Officer or any employee at the Fund Office by calling 1-800-323-7268. This Notice is also available on the Fund's website at **www.lineco.org.**

Your privacy is important to us. There are rules that LINECO must abide by to protect your "Private Health Information" (PHI).

WORKERS' COMPENSATION & LINECO

What should you do if an injury occurs while you are working?

- **Immediately report the injury** to your supervisor. Note the date, time and location.
- **Explain what you were doing** when the injury occurred? Be as detailed as possible.
- **Be specific** about what body part(s) are injured.
- **Disclose any witnesses** to the injury.
- **If you received medical treatment, provide details** of the Medical Provider to your supervisor or Human Resources.

LINECO does not have a Work-Related benefit. What does that mean?

LINECO excludes claims caused by employment even if:

- Your claim is denied by Workers' Compensation;
- There is no Workers' Compensation coverage (side jobs, etc);
- You are appealing a Workers' Compensation denial; or
- You didn't follow the right procedures for filing a claim.

LINECO carefully screens claims that could potentially be reimbursable by a third party, especially Workers' Compensation. You will be asked to explain all the details surrounding your injury, and your medical records could be requested.

What you need to know:

1. Laws vary by state;
2. Employers can challenge claims;
3. Appeals, arbitration and lawsuits take time;
4. Even if Workers' Compensation denies a claim, LINECO may not pay; and
5. **LINECO is not a "backup" to Workers' Compensation. It is your responsibility to ensure Workers' Compensation pays your legitimate work-related claims.**
6. The same claim could be denied by Workers' Compensation and LINECO.

LINECO will not pay for surgeries or treatment that are under Workers' Compensation Review.

CAUTION:

- **WORK RELATED INJURIES ARE NOT COVERED BY LINECO.**
- **SIDE JOBS ARE AT YOUR OWN RISK!**

Get the Most Out of Your Plan

Visit the LINECO Website: lineco.org	Use the **secure member portal** to view: • New employee family enrollment • Hours reported, claims history and Explanation of Benefits (EOBs) • Download important forms • Follow links to preferred providers
Use Network Providers	• BlueCross BlueShield PPO Network • Beacon Health Options Network (Mental Health / Substance Abuse) • Dental Network of America (DNoA) dentists • Vision Service Plan (VSP) eye-doctors • Amplifon Hearing Health Care Network
Use the Mail Service Rx	Receive 90-day supply of your Medications delivered right to your door from Express Scripts Pharmacy or at Walgreens retail pharmacy.
Call for Precertification	• Beacon Health Options for precertification of the following mental health/ substance abuse services: inpatient, residential, partial inpatient and intensive outpatient treatment, psychological testing, electroconvulsive therapy, transcranial magnetic stimulation (TMS) therapy and applied behavior analysis (ABA) therapy. • Medical Cost Management (MCM) for precertification of all medical/surgical hospital admission.
Take Advantage of the Member Assistance Program (MAP)	For free, confidential counseling and referral for a wide range of personal, emotional, work/family problems. The MAP is administered by Beacon Health Options 1-800-332-2191.
Participate in the Healthy Moms = Healthy Babies Program	Female employees and spouses who participate in Medical Cost Management's prenatal program can earn a $250 gift card. Call 1-800-323-7268
Use Teladoc	There is no charge to eligible employees, retirees and dependents who use Teladoc, a telemedicine service for common minor ailments and Mental Health or Substance Abuse. 1-800-Teladoc or Teladoc.com
Enroll in Better Health With Diabetes Care Program	If you are a diabetic, contact MCM for additional benefits, including 100% coverage for certain diabetic supplies, treatment and medication. Call 1-800-323-7268
File Claims Correctly and on Time	Always present your Blue Cross Blue Shield Card when receiving Medical/ Dental/Rx services.
Receive Expert Second Medical Opinions	Contact Grand Rounds Health for medical second opinions from world class doctors specializing in your condition. Make the call today 1-855-310-6281 or visit Grandrounds.com/Lineco.
Notify Fund of Address Change	It is very important to inform the Fund of your new address. You may change your address online via our member portal at **lineco.org**.

EXPRESS SCRIPTS®

Make the **Switch** Today

90 DAY SUPPLY OF MEDICATIONS

LINECO and Express Scripts are making it easier to **SAVE TIME AND MONEY** by switching from a 30-day supply of your daily medication to a 90-day supply. Get your medications delivered right to your door with home delivery from Express Scripts® Pharmacy or at Walgreens® retail pharmacy.

You'll make fewer trips to the pharmacy, make fewer payments and be less likely to miss a dose, since you won't be refilling as often.

You might even see additional savings from paying for one 90-day supply rather than paying for three 30-day supplies.[1]

If your doctor prescribes you a daily medication or if you're already taking one, ask for a 90-day prescription—or visit **express-scripts.com/3month**. Make the switch today!

[1] If the cost of a medication at a retail pharmacy is lower than your plan's retail copayment or coinsurance, you will not pay more than the retail pharmacy's cash price, regardless of the number of times you purchase the prescription. In some cases, this price may be less than either your standard retail or mail copayment or coinsurance.

Reminder About Coverage for Breast Reconstruction

LINECO will consider charges for the following services and supplies to be covered medical expenses when the charges are incurred by a covered person who is receiving Plan benefits for a mastectomy, and when the person elects (in consultation with their physician) breast reconstruction in connection with the mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications relating to all states of the mastectomy, including lymphedemas.

Plan benefits payable for these services and supplies are subject to the deductibles, co-payment percentages and maximum benefit limitations applicable to covered services for other covered medical conditions.

Summary Annual Report For Line Construction Benefit Fund

This is a summary annual report of the Line Construction Benefit Fund, EIN 36-6066988, Plan No. 501 for the year ended December 31, 2020. The annual report has been filed with the Employee Benefit Security Administration as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Line Construction Benefit Fund has committed themselves to pay all benefits other than life insurance and temporary disability claims incurred under the terms of the plan.

Insurance Information

The plan has a group contract with the Trustmark Life Insurance Company to pay certain life insurance and temporary disability claims incurred under the terms of the plan. The total premiums paid for the policy year ending December 31, 2020 were $2,804,770.

Basic Financial Statements

The value of plan assets, after subtracting liabilities of the plan was $1,145,789,414 as of December 31, 2020, compared to $898,978,470 as of January 1, 2020. During the plan year the plan experienced an increase in its net assets of $246,810,944. This increase included unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of $942,385,388, including (but not limited to) employer contributions of $802,832,181, participant contributions of $21,362,768, realized gains of $4,610,082 from the sale of investments, and earnings from investments of $70,363,843.

Plan expenses were $695,574,444. These expenses included $13,551,172 in administrative expenses and $682,023,272 in benefits paid to participants and beneficiaries

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, upon request. The items listed below are included in that report:

- an accountant's report;
- financial information and information on payments to service providers;
- insurance information including sales commissions paid by insurance carriers;
- information regarding any common or collective trusts, pooled separate accounts,
- master trusts or 103-12 investment entities in which the plan participates;
- assets held for investment; and
- transactions in excess of 5 percent of plan assets.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Line Construction Benefit Fund who is plan sponsor, at 821 Parkview Boulevard, Lombard, IL 60148, (800) 323-7268. The charge to cover copying costs will be $57.50 for the full annual report or $.25 per page for any part thereof. You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes or a statement of income and expenses of the plan and accompanying notes or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan at 821 Parkview Boulevard, Lombard, IL 60148 and the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department of Labor should be addressed to: Public Disclosure Room, N1513, Employee Benefit Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, D.C. 20210.

No Surprises Act Required Plan Disclosure

Out-of-Network and Balance Billing Prohibitions–Beginning January 1, 2022, certain out-of-network charges will be treated as in-network services for purposes of participant cost-sharing, deductibles, and out-of-pocket limits. There should be no balance billing to you for the remaining charged amount on these types of out-of-network services. For more information, please see the Notice below, "Your Rights and Protections Against Surprise Medical Bills," which can be found at **lineco.org.** Coverage of these benefits and all other benefits are still subject to the remaining provisions of the Plan, including medical necessity.

Your Rights and Protections Against Surprise Medical Bills

When you receive emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called **"balance billing."** This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care–like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services
If you have an emergency medical condition and receive emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're <u>never</u> required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the U.S. Department of Labor at 1-866-444-EBSA (3272). You may also visit **www.dol.gov/ebsa** for more information about your rights under federal law.

KEEP AN EYE OUT FOR YOUR NEW ID CARDS IN DECEMBER AND JANUARY

The No Surprises Act also requires LINECO to reissue our Medical ID Cards late 2021 early 2022.

If your address has recently changed, contact the Fund Office at 1-800-323-7268 to ensure we have your current address on file.

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 were updated on January 31, 2021 in the Model Notice provided by the Department of Labor and is current as of October 1, 2021. 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
Website: Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp Phone: 916-445-8322
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.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html* Phone: 1-877-357-3268

GEORGIA | Medicaid
Website: *https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp* Phone: 678-564-1162 ext 2131

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: *KIHIPP.PROGRAM@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.medicaid.la.gov* or *www.ldh.la.gov/lahipp*
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE | **Medicaid**
Enrollment Website: *https://www.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: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS | **Medicaid and CHIP**
Website: *https://www.mass.gov/info-details/masshealth- premium-assistance-pa* Phone: 1-800-862-4840

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

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/oii/hipp.htm* 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/* 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*
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA | **Medicaid**
Website: *https://www.dhs.pa.gov/providers/Providers/Pages/Medical/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 RIte Share Line)

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*
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**
Website: *http://mywvhipp.com/* Toll-free Phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN | **Medicaid and CHIP**
Website: *https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm*
Phone: 1-800-362-3002

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

To see if any other states have added a premium assistance program since October 1, 2021, or for more information on special enrollment rights, contact either:

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

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

Important Plan Reminders Inside.

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www.lineco.org
1-800-323-7268

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