

# 2025 Open Enrollment Guide

## Table of Contents

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A Message to Our Employees .....	3
Benefits for You & Your Family.....	4
Medical Benefits Overview .....	5
Dental Insurance.....	8
Vision Insurance .....	9
Group Term Life Insurance.....	10
Voluntary Life Offerings .....	10
Short-Term Disability Insurance .....	11
Long-Term Disability Insurance.....	11
Flexible Spending Accounts.....	12
Carrier Resources .....	13
Contacts.....	18
Costs .....	19
REQUIRED NOTIFICATIONS.....	22

This brochure summarizes the benefit plans that are available to Catholic Diocese of Columbus eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits

**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 page 28 for more details.**

## A Message to Our Employees

### The Benefits Open Enrollment Period Is Here!

As healthcare costs continue to rise due to inflation and increased government regulation, the cost to provide healthcare coverage has also increased. Additionally, Catholic Diocese of Columbus has seen an increase in the occurrence as well as the severity of claims of healthcare costs. This has been a common scenario across the market as costs increase in an effort to keep pace with healthcare trends. Catholic Diocese of Columbus is committed to providing a comprehensive benefits package to its employees for the following year and has made the following changes to its 2025 offerings:

#### **A new health plan is coming!**

We are excited to announce we will be offering a new health insurance plan for the upcoming 2025 plan year. We will be offering the Surest health plan. With the Surest plan, you have coverage on day 1 for common conditions and events—from preventive to emergency, from colds to cancer treatment.

This copay plan lets you see treatment options and costs before getting treatment or choosing a doctor. You can make informed decisions and have the potential to save money by selecting the treatment that's best and most cost-effective for you. Plus, it provides access to the UnitedHealthcare Choice Plus network, a broad, national network of doctors, clinics, and hospitals, so you and your family have lots of doctor and hospital options.

#### **Surest Overview**

- UHC ChoicePlus network
- No deductible
- No coinsurance
- Confirm cost in advance for all services
- Still have out of pocket maximum (safety net)
- Opportunities to spend less by utilizing cost-effective doctors and treatments
- Bundled copay for certain services (ER visit, maternity, hospital stays as an example)
- Reduced chance of complications, infections or readmissions
- Incentives to use providers that use health care resources efficiently, with fewer unnecessary tests and surgeries

#### **Dental carrier is changing to United Healthcare**

## Benefits for You & Your Family

Catholic Diocese of Columbus is pleased to announce our 2025 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions. Listed below are the Catholic Diocese of Columbus benefits available during open enrollment:

- Medical
- Dental
- Vision
- Group Term Life
- Voluntary Life
- Short Term Disability
- Long Term Disability
- FSA Plan

### Who is Eligible?

**Full time** employees working 30 or more hours per week are eligible for all lines of coverage.

**Part Time** employees working less than 30 hours, but at least 15 hours per week are eligible for dental, vision and voluntary life options.

**Religious** employees working full time are eligible for Medical, dental, vision and the FSA.

**Diocesan Priests** are eligible for medical, dental, vision, Priests life insurance, voluntary life and the FSA.

**Retired Diocesan Priests** are eligible for dental and vision coverage.

**Working Spouse Eligibility:** spouses are eligible to be covered under the health plan if they do NOT have medical coverage available to them through their employer.



### When and How Do I Enroll?

Open enrollment will be conducted November 2 – November 18, 2024.

All eligible employees are required to complete the enrollment process, even if you do not wish to make any changes to your benefits.

All employees should use the online Paycor HRP site to enroll. You may change your benefit selections as needed during the Open Enrollment Period. Once the Open Enrollment Period is closed, your selections will remain effect through 12/31/2025 unless you experience a qualifying life changing event.

Log into Paycor website at [Paycor Open Enrollment](#)

Once you log into Paycor you will see the HR home page. When Open Enrollment is active, you should be taken directly to a screen where you can start the process. Once you have elected your benefits, proceed to the confirmation page and review the benefits you selected. To complete your elections, you must click on the Save & Submit button.

### When is My Coverage Effective?

The effective date for your benefits is 1/1/2025.

### Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within 30 days of the event. The change must be consistent with the event.

For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

## Medical Insurance

Catholic Diocese of Columbus will continue to offer medical coverage. Coverage will be offered through Surest, which uses the United Healthcare Network. Verify your provider is part of the United Healthcare Network, <https://connect.werally.com/plans/uhc>, elect the Choice Plus Network. Below is an overview of the two plans offered.

### Medical Benefits Overview – Base Plan

Benefit Coverage	 <small>A UnitedHealthcare Company</small>	
	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>		
Individual		\$0
Family		\$0
<b>Maximum Out-of-Pocket*</b>		
Individual	\$5,500	\$11,000
Family	\$11,000	\$22,000
<b>Physician Office Visit</b>		
Primary & Specialty Care	\$25 to \$130	\$215
Mental Health Virtual	\$25 to \$90	Not covered
Virtual Health	\$0 to \$130	Not covered
<b>Preventive Care</b>		
Adult Periodic Exams	\$0	\$195
Well-Child Care	\$0	\$195
<b>Diagnostic &amp; Treatment Services</b>		
Routine Diagnostic	\$0	\$0
Complex Radiology	\$150 to \$1,050	Up to \$1,650
Urgent Care Facility	\$80	\$200
Emergency Room Observation Stay	\$500	\$500
Procedures	\$40 to \$3,500	Up to \$10,000
Maternity	Prenatal & Postnatal Care: \$0 Delivery: \$1,300 to \$2,750	Prenatal & Postnatal Care: \$195 Delivery: \$8,250
<b>Mental Health &amp; Substance Abuse</b>		
Inpatient & Outpatient	\$25 to \$2,750	\$195 to \$8,250
<b>Hospice</b>		
Home Visits	\$70	\$210
Inpatient Care	\$2,750	\$8,250
<b>Therapy Visit Limits</b>		
Physical Therapy	60 visit limit per person per plan year, not combined with other therapies	
Occupational Therapy	60 visit limit per participant per plan year, combined with Cognitive Therapy	
Speech Therapy	60 visit limit per person per plan year, not combined with other therapies	

 A UnitedHealthcare Company		
Benefit Coverage	In-Network Benefits	Out-of-Network Benefits
Home Health Care	120 visit limit per person per plan year	
Skilled Nursing Facility	120 visit limit per person per plan year	
<b>Retail Pharmacy (30 Day Supply)</b>		
Tier 1	\$10	Not Covered
Tier 2	\$35	Not Covered
Tier 3	\$70	Not Covered
<b>Retail Pharmacy (90 Day Supply)</b>		
Tier 1	\$25	Not Covered
Tier 2	\$88	Not Covered
Tier 3	\$175	Not Covered
<b>Specialty Retail Pharmacy</b>		
Tier 1	\$10	Not Covered
Tier 2	\$100	Not Covered
Tier 3	\$200	Not Covered

## Medical Benefits Overview – Enhanced Plan

 A UnitedHealthcare Company		
Benefit Coverage	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>		
Individual	\$0	
Family	\$0	
<b>Maximum Out-of-Pocket*</b>		
Individual	\$3,000	\$8,000
Family	\$6,000	\$16,000
<b>Physician Office Visit</b>		
Primary & Specialty Care	\$5 to \$40	\$120
Mental Health Virtual	\$5 to \$30	Not covered
Virtual Health	\$0 to \$40	Not covered
<b>Preventive Care</b>		
Adult Periodic Exams	\$0	\$60
Well-Child Care	\$0	\$60
<b>Diagnostic &amp; Treatment Services</b>		
Routine Diagnostic	\$0	\$0

 A UnitedHealthcare Company		
Benefit Coverage	In-Network Benefits	Out-of-Network Benefits
Complex Radiology	\$50 to \$340	Up to \$1,020
Urgent Care Facility	\$20	\$60
Emergency Room Observation Stay	\$200	\$200
Procedures	\$10 to \$2,000	Up to \$6,000
Maternity	Prenatal & Postnatal Care: \$0 Delivery: \$350 to \$1,025	Prenatal & Postnatal Care: \$60 Delivery: \$3,075
<b>Mental Health &amp; Substance Abuse</b>		
Inpatient & Outpatient	\$5 to \$1,000	\$60 to \$3,000
<b>Hospice</b>		
Home Visits	\$20	\$60
Inpatient Care	\$1,000	\$3,000
<b>Therapy Visit Limits</b>		
Physical Therapy	60 visit limit per person per plan year, not combined with other therapies	
Occupational Therapy	60 visit limit per participant per plan year, combined with Cognitive Therapy	
Speech Therapy	60 visit limit per person per plan year, not combined with other therapies	
Home Health Care	120 visit limit per person per plan year	
Skilled Nursing Facility	120 visit limit per person per plan year	
<b>Retail Pharmacy (30 Day Supply)</b>		
Tier 1	\$10	Not Covered
Tier 2	\$35	Not Covered
Tier 3	\$70	Not Covered
<b>Retail Pharmacy (90 Day Supply)</b>		
Tier 1	\$25	Not Covered
Tier 2	\$88	Not Covered
Tier 3	\$175	Not Covered
<b>Specialty Retail Pharmacy</b>		
Tier 1	\$10	Not Covered
Tier 2	\$100	Not Covered
Tier 3	\$200	Not Covered

## Dental Insurance

Catholic Diocese of Columbus will continue to offer a dental program. Dental will now be provided through United Healthcare. Verify your provider is part of the United Healthcare network, <https://connect.werally.com/plans/uhc/375>, select National Options PPO 30.

The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Benefit Coverage		
	Base Plan In/Out Network	Enhanced Plan In/Out Network
<b>Annual Deductible</b>		
Individual	n/a	n/a
Family	n/a	n/a
Waived for Preventive Care?	n/a	n/a
<b>Annual Maximum</b>		
Per Person	\$1,500	\$2,000
Preventive	100%	100%   90%
Basic	50%	80%   70%
Major	50%	50%
<b>Orthodontia</b>		
Benefit Percentage	50%	60%   50%
Adults (and Covered Full-Time Students, if Eligible)	Yes	Yes
Dependent Child(ren)	Yes	Yes
Lifetime Maximum	\$1,500	\$2,500

## Vision Insurance

Catholic Diocese of Columbus provides Vision Insurance through VSP.

Benefit Coverage		
	Base Plan	Enhanced Plan
<b>Copay</b>		
Routine Exams (Annual)	\$15 copay, every 12 months	\$15 copay, every 12 months
<b>Vision Materials</b>		
Materials Copay	\$25	\$25
Material Frequency	Lenses: 12 months Frames: 24 months	Lenses: 12 months Frames: 12 months
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	\$150 allowance (after up to a \$60 copay for fitting & evaluation)	\$175 allowance (after up to a \$40 copay for fitting and evaluation)

## Group Term Life Insurance

Catholic Diocese of Columbus provides \$50,000 of Basic Life benefits to eligible employees and is offered at no cost to the employee. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan.

Includes LifeKeys services which provide access to counseling, financial and legal support services. Also includes TravelConnect services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home.

## Voluntary Life Offerings

In addition to the employer paid Basic Life coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

### Voluntary Life and AD&D Insurance

You may purchase additional Life/AD&D insurance with Lincoln Financial Group if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.



You	
Benefit Maximum	This amount may not exceed the lesser of seven times annual earnings (rounded up to the nearest \$10,000) or \$500,000.
Guaranteed Issue	\$350,000
Your Spouse	
Benefit Maximum	The amount of dependent life insurance coverage cannot be greater than 50% of the employee benefit. Not to exceed \$250,000.
Guaranteed Issue	\$25,000
Your Child	
Benefit Maximum	\$25,000

## Short-Term Disability Insurance (paid by Diocese of Columbus)

Catholic Diocese of Columbus offers a short-term disability option through Lincoln Financial Group. This benefit covers 65% of your weekly salary up to \$2,000 a week. The benefit begins after 7 days of injury or illness and lasts up to 13 weeks. Please see the summary plan description for complete plan details

## Long-Term Disability Insurance – Core Plan (paid by Diocese of Columbus)

Catholic Diocese of Columbus offers long-term income protection through Lincoln Financial Group in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 40% of your monthly base salary up to \$2,500. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

## Long-Term Disability Insurance – Buy-Up Plan (paid by employee)

Catholic Diocese of Columbus offers a Buy-Up Long Term Disability plan through Lincoln Financial Group. The Buy-Up plan allows you enhance your benefit at affordable group rates. This benefit covers 65% of your monthly base salary up to \$7,500. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

## Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with Custom Design Benefits LLC allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

### How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service **OR** submit the appropriate paperwork to be reimbursed by the plan.

### Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, a maximum of \$640.00 unused funds will carry over to the following year. Re-enrollment is required each year.

MAXIMUM ANNUAL ELECTION	
Health Care FSA	\$3,200
Dependent Care FSA	\$5,000



The Surest health plan has recently expanded virtual care coverage. See a board-certified doctor or other medical professional from broad, national UnitedHealthcare networks for the following needs:

Virtual primary care
Virtual urgent and acute care
Virtual mental and behavioral health
Virtual serious mental illness
Virtual intensive outpatient therapy
Virtual substance use support
Virtual eating disorder support
Virtual exercise therapy*
Virtual gastroenterology
Virtual speech therapy
Virtual migraine clinic

Have you heard?

## Surest expands menu of virtual care options

Three easy ways to find virtual care:

**1**

Search in the app or website for a condition, provider, or treatment and see an option for Virtual Acute Care. It's part of the search experience.

**2**

For added awareness, you'll see virtual alternatives when selecting "in-person medical office visit".

**3**

And — when you're in the app — you'll be notified of certain virtual care programs available to you.

Illustrative example only. Costs and coverage may vary.

**7x**

Surest members use virtual visits 7 times more than the national average.<sup>1</sup>

- Convenient:** Often same-day appointments
- Accessible:** No driving to a clinic. See a medical professional from the comfort of home (or wherever you are).
- Low (or no) cost:** Virtual care is often low- or no-cost. Don't skip necessary medical care because of unknown costs.
- Designed to be easy to use:** Virtual care is part of your Surest plan.

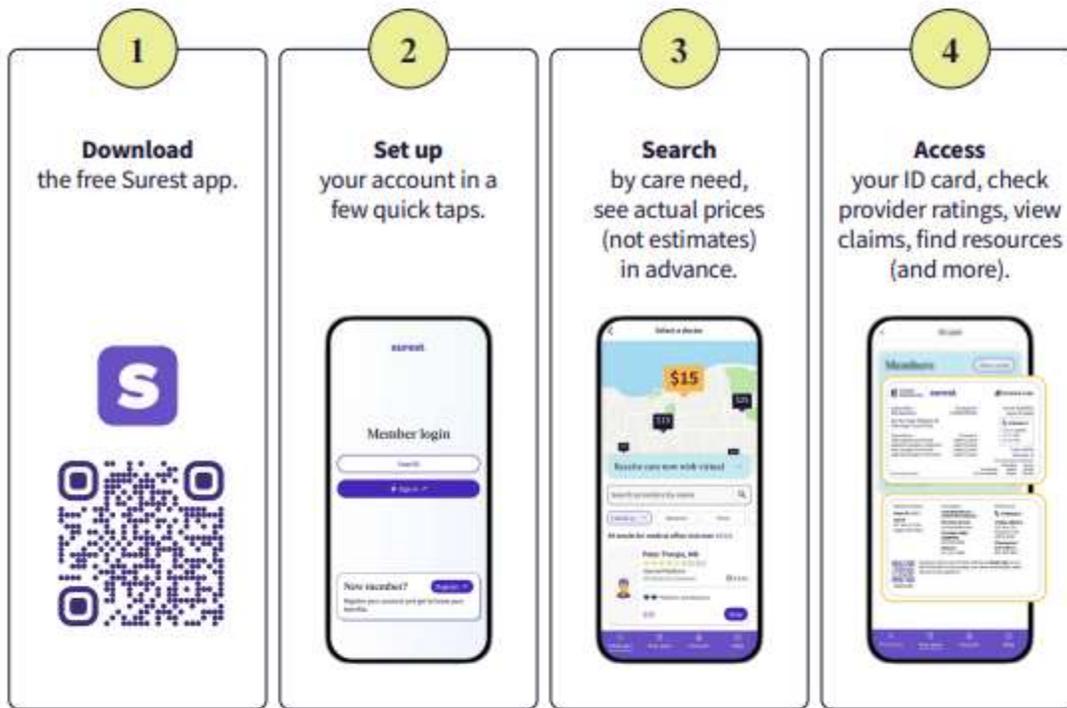


SAVE TIME, MONEY:

# Get the Surest app.

The Surest health plan isn't "just another health plan," and the Surest app isn't "just another app." It's how you shop for care, compare prices, and access other helpful features.

**Get started:**



*Illustrative example only. Costs and coverage may vary.*



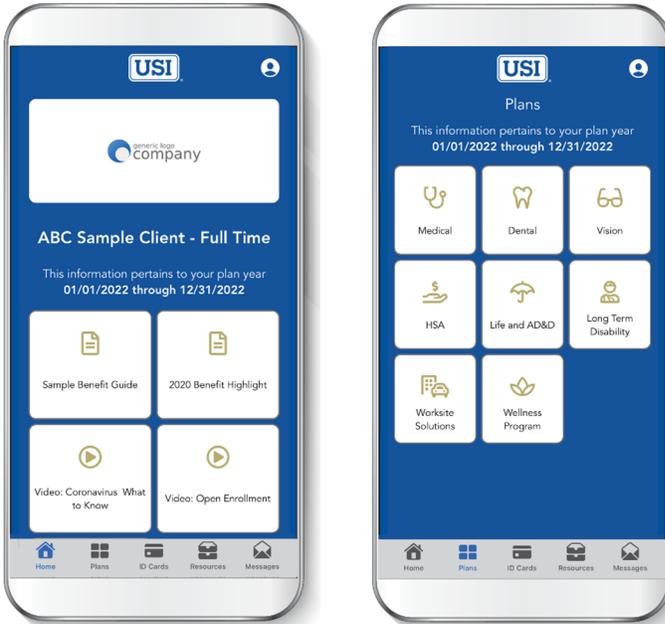
**Have questions?**

Member Services is available online via chat and email or by calling the number on the back of your Surest member ID card.

Insurance coverage for fully insured plans is provided by All Surest Insurance Company (for FL, GA, OH, UT and WA), by UnitedHealthcare Insurance Company of IL (for IL), by UnitedHealthcare of Kentucky, Ltd. (for KY), or by UnitedHealthcare Insurance Company (for AL, AK, AZ, CO, DC, DE, GA, HI, ID, IL, IN, KS, MI, LA, MN, MO, NE, NH, NJ, NC, ND, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WI, WV and WY). These policies have exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company. Administrative services for insurance products underwritten by All Surest Insurance Company and UnitedHealthcare Insurance Company, and for self-funded plans, are provided by West Benefits, Inc. d/b/a Surest, its affiliate United HealthCare Services, Inc., or by West Benefits, Inc. d/b/a Surest Administrative Services, Inc. In CA: © West Benefits, Inc. d/b/a Surest. All rights reserved. SUC\_24-0-180006\_0724



# Free Mobile Benefits App



Access  
your benefits  
insurance  
policy details  
and contact  
information on  
the go!

## FIND IT IN THE APP STORE

Search for 'MyBenefits2GO' and download our free app. After scrolling through the intro pages

Enter this code when prompted:

T91798

to access

Catholic Diocese of Columbus

benefit details.

## HIGHLIGHTS OF THE MyBenefits2GO APP

- Stay Organized – Access all your plan information and cards in one place
- Stay Up To Date – Receive the most updated plan information automatically
- Lighten Up Your Wallet – Store your cards in the app
- Get In Touch – Convenient contact information



The resources  
you need to meet  
life's challenges



*EmployeeConnect*<sup>SM</sup> offers professional, confidential services to help you and your loved ones improve your quality of life.



### In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*, you and your family get:

- In-person help for short-term issues (up to **five sessions** with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and **25% off** subsequent meetings



### Unlimited 24/7 assistance

You and your family can access the following services any time – online, on the mobile app, or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more
- Legal information and referrals for family law, estate planning, and consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning



### Online resources

*EmployeeConnect* offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit **GuidanceResources.com** or download the **GuidanceNow**<sup>SM</sup> mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets, and more



**USI**

Why won't they pay my claim?  
Services denied?!

How can my claim still be "in process"?  
It's been two months!

I called my insurance carrier, but now I'm just more confused.

Do I have mail-order prescription benefits?

Call the Benefit Resource Center ("BRC"),  
We're Here To Help!

We speak insurance.

Our Benefits Specialists can help you choose the right plan for you and your family, translate confusing jargon, answer questions about which benefits are on your plan and which aren't, work directly with insurance carriers to resolve tricky issues regarding claims and denials of service—and more!

### **Benefit Resource Center**

**BRCMidwest@usi.com | Toll Free: 855-874-0829**

Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time

## Contacts

### Have Questions? Need Help?

Catholic Diocese of Columbus is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-0829 or via e-mail at [BRCMidwest@usi.com](mailto:BRCMidwest@usi.com). If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Additional information regarding benefit plans can be found on Paycor. Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

### Carrier Customer Service

BENEFIT	CARRIER	PHONE NUMBER	WEBSITE
Medical	Surest	866-683-6440	<b>Pre-Member</b> (prior to 1/1/25): <a href="https://join.surest.com/CDOC">https://join.surest.com/CDOC</a> <b>Pre-Member Access Code:</b> CDOC2025 <b>Enrolled Member</b> (after 1/1/25): <a href="http://www.benefits.surest.com">www.benefits.surest.com</a> Group Number 78800766
Vision	Vision Service Plan	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Group Term Life, Voluntary Life and AD&D, Short and Long Term Disability	Lincoln Financial	Claims: 800-423-2765	<a href="http://www.lincoln-financial.com">www.lincoln-financial.com</a>
Employee Assistance Program	Lincoln Financial	888-628-4824	<a href="http://www.GuidanceResources.com">www.GuidanceResources.com</a>
FSA & Dependent Care	Custom Design Benefits LLC	800-598-2929	<a href="http://www.CustomDesignBenefits.com">www.CustomDesignBenefits.com</a>
Dental	United Healthcare	800-445-9090 TTY 711	<a href="http://www.myuhc.com">www.myuhc.com</a>

## Benefit Rates January 1, 2025 through December 31, 2025

<b>Medical Insurance – Surest Base Plan</b>	<b>Monthly Premium</b>	<b>Employee Share</b>	<b>Employer Share</b>
Employee	\$792.00	\$108.00	\$684.00
Employee/Spouse	\$1,705.00	\$256.00	\$1,449.00
Employee/Child(ren)	\$1,705.00	\$256.00	\$1,449.00
Family	\$1,950.00	\$293.00	\$1,657.00

<b>Medical Insurance – Surest Enhanced Plan</b>	<b>Monthly Premium</b>	<b>Employee Share</b>	<b>Employer Share</b>
Employee	\$1,114.00	\$223.00	\$891.00
Employee/Spouse	\$2,404.00	\$480.00	\$1,924.00
Employee/Child(ren)	\$2,404.00	\$480.00	\$1,924.00
Family	\$2,752.00	\$550.00	\$2,202.00

<b>Dental – UHC Base Plan</b>	<b>Monthly Premium</b>	<b>Employee Share</b>	<b>Employer Share</b>
Employee	\$28.00	\$4.00	\$24.00
Employee/Spouse	\$54.00	\$8.00	\$46.00
Employee/Child(ren)	\$54.00	\$8.00	\$46.00
Family	\$95.00	\$12.00	\$83.00

<b>Dental – UHC Enhanced Plan</b>	<b>Monthly Premium</b>	<b>Employee Share</b>	<b>Employer Share</b>
Employee	\$49.00	\$18.00	\$31.00
Employee/Spouse	\$97.00	\$35.00	\$62.00
Employee/Child(ren)	\$97.00	\$35.00	\$62.00
Family	\$149.00	\$54.00	\$95.00

<b>Vision – VSP Base Plan - Voluntary</b>	<b>Monthly Premium</b>	<b>Employee Share</b>	<b>Employer Share</b>
Single	\$6.00	\$6.00	None
Single + One	\$11.00	\$11.00	None
Family	\$16.00	\$16.00	None

<b>Vision – VSP Enhanced Plan - Voluntary</b>	<b>Monthly Premium</b>	<b>Employee Share</b>	<b>Employer Share</b>
Single	\$11.00	\$11.00	None
Single + One	\$21.00	\$21.00	None
Family	\$32.00	\$32.00	None

<b>Lincoln Benefits</b>	<b>Monthly Premium</b>	<b>Employee Share</b>	<b>Employer Share</b>
Basic Life: \$50,000	\$10.00	\$0	\$10.00
Voluntary Life Buy-Up (Optional)	Based on Age Band	Payroll Deducted	\$0
Short Term Disability	\$19.00	\$0	\$19.00
Long Term Disability – Base	\$5.00	\$0	\$5.00
Long Term Disability – Buy Up (Optional)	\$21.00	\$21.00	\$0



DIOCESE *of*  
COLUMBUS

Rhonda Frissora  
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## REQUIRED NOTIFICATIONS

# Important Legal Notices Affecting Your Health Plan Coverage

### THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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. Therefore, the following deductibles and coinsurance apply: \$0

### NEWBORNS ACT DISCLOSURE – FEDERAL

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).

### NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

## CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Rhonda Frissora  
197 E Gay St  
Columbus, Ohio United States 43215-3229  
614-224-1221 x 1632  
[rfrissora@columbuscatholic.org](mailto:rfrissora@columbuscatholic.org)

# Your Information. Your Rights. Our Responsibilities.

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.***

*Contact information for questions or complaints is available at the end of the notice.*

## Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html).
- We will not retaliate against you for filing a complaint.

## Your Choices

### For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation  
*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases, we never share your information unless you give us written permission:  
Marketing purposes  
Sale of your information

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

## **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

## **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

## **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

*Example: We use health information about you to develop better services for you.*

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html).

## **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Do research**

We can use or share your information for health research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

- January 1, 2025
- Rhonda Frissora, Director of Insurance, 614-224-1221

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE FOR USE ON OR  
AFTER APRIL 1, 2011

## Important Notice from Diocese of Columbus 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 Diocese of Columbus 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. Diocese of Columbus has determined that the prescription drug coverage offered by Surest for the plan year 2025 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.

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### 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 15<sup>th</sup> to December 7<sup>th</sup>. 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, the following options may apply:

- If otherwise eligible under the terms of the plan, you may stay in the Surest plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
  - During the Medicare prescription drug annual enrollment period, or
  - If you lose Surest creditable coverage.
- You may decline coverage in the Surest plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do decide to join a Medicare drug plan and drop your current Surest coverage, be aware that you and your dependents will not be able to get this coverage back.

### 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 Columbus Diocese 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 Columbus Diocese 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 [www.medicare.gov](http://www.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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**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: January 1, 2025  
Name/Entity of Sender: Rhonda Frissora, Diocese of Columbus  
Contact Position/Office: Director of Insurance  
Address: 197 East Gay Street, Columbus, OH 43215  
Phone Number: 614-224-1221

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

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

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

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

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

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**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, 2024. 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](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

## ARKANSAS – Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

## CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website:  
<http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto: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://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>  
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  
HIPP Phone: 1-800-967-4660

### 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](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

### LOUISIANA – Medicaid

Website: [www.medicicaid.la.gov](http://www.medicicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or  
1-855-618-5488 (LaHIPP)

### MAINE – Medicaid

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003

TTY: Maine relay 711  
Private Health Insurance Premium Webpage:  
<https://www.maine.gov/dhhs/ofl/applications-forms>  
Phone: 1-800-977-6740  
TTY: Maine relay 711

### MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

### MINNESOTA – Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>  
<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: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@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/>  
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/](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: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

### OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

### OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

### PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](#)

CHIP Phone: 1-800-986-KIDS (5437)

### RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or

401-462-0311 (Direct Rlte 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: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](#)

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: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](#)

Phone: 1-800-250-8427

### VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Medicaid/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/>

<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

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

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

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

### 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 [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)