



California Ironworkers Field Welfare Plan
 131 N El Molino Avenue Suite 330 Pasadena CA 91101
 (626) 792-7337 Phone (626) 578-0450 Fax www.ironworkerbenny.com

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 July 31, 2016. Contact your State for more information on eligibility –

| | |
|---|---|
| ALABAMA – Medicaid | FLORIDA – Medicaid |
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268 |
| ALASKA – Medicaid | GEORGIA – 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 | Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507 |
| ARKANSAS – Medicaid | INDIANA – Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864 |
| COLORADO – Medicaid | IOWA – Medicaid |
| Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943 | Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562 |

For Language Assistance:
 Para obtener asistencia en Español, llame al 1-800-527-4613
 如果需要中文的帮助, 请拨打这个号码 1-800-527-4613



California Ironworkers Field Welfare Plan

131 N El Molino Avenue Suite 330 Pasadena CA 91101
 (626) 792-7337 Phone (626) 578-0450 Fax www.ironworkerbenny.com

| | |
|---|---|
| KANSAS – Medicaid | NEW HAMPSHIRE – Medicaid |
| Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512 | Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218 |
| KENTUCKY – Medicaid | NEW JERSEY – Medicaid and CHIP |
| Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570 | 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 |
| LOUISIANA – Medicaid | NEW YORK – Medicaid |
| Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447 | Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| MAINE – Medicaid | NORTH CAROLINA – Medicaid |
| Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711 | Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100 |
| MASSACHUSETTS – Medicaid and CHIP | NORTH DAKOTA – Medicaid |
| Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825 |
| MINNESOTA – Medicaid | OKLAHOMA – Medicaid and CHIP |
| Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739 | Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 |
| MISSOURI – Medicaid | OREGON – Medicaid |
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 | Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 |
| MONTANA – Medicaid | PENNSYLVANIA – Medicaid |
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 | Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462 |

For Language Assistance:

Para obtener asistencia en Espanol, llame al 1-800-527-4613

如果需要中文的帮助, 请拨打这个号码 1-800-527-4613



California Ironworkers Field Welfare Plan
 131 N El Molino Avenue Suite 330 Pasadena CA 91101
 (626) 792-7337 Phone (626) 578-0450 Fax www.ironworkerbenny.com

| | |
|--|--|
| NEBRASKA – Medicaid | RHODE ISLAND – Medicaid |
| Website: http://dhhs.ne.gov/Children Family Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633 | Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300 |
| NEVADA – Medicaid | SOUTH CAROLINA – Medicaid |
| Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 | Website: http://www.scdhhs.gov Phone: 1-888-549-0820 |
| SOUTH DAKOTA - Medicaid | WASHINGTON – Medicaid |
| Website: http://dss.sd.gov Phone: 1-888-828-0059 | Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473 |
| TEXAS – Medicaid | WEST VIRGINIA – Medicaid |
| Website: http://gethipptexas.com/ Phone: 1-800-440-0493 | Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability |
| UTAH – Medicaid and CHIP | WISCONSIN – Medicaid and CHIP |
| Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669 | Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002 |
| VERMONT– Medicaid | WYOMING – Medicaid |
| Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 | Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531 |
| VIRGINIA – Medicaid and CHIP | |
| Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282 | |

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

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

For Language Assistance:
 Para obtener asistencia en Español, llame al 1-800-527-4613
 如果需要中文的帮助, 请拨打这个号码 1-800-527-4613



California Ironworkers Field Welfare Plan
131 N El Molino Avenue Suite 330 Pasadena CA 91101
(626) 792-7337 Phone (626) 578-0450 Fax www.ironworkerbenny.com

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 and reference the OMB Control Number 1210-0137.

For Language Assistance:

Para obtener asistencia en Español, llame al 1-800-527-4613

如果需要中文的帮助, 请拨打这个号码 1-800-527-4613