



# Retiree Benefits Enrollment Guide

July 1, 2025 – June 30, 2026



**TOWN of**  
**FRANKLIN**  
MASSACHUSETTS

# TABLE OF CONTENTS

Eligibility and Enrollment	3
Information for Retirees	4
Insurance Rates	5
Medical Insurance	6
Pharmacy Benefits	8
Wellness Reimbursement Program	10
Abacus (Good Health Gateway)	11
Contact Information	13
Claims Advocacy and Benefits Specialist	14
Mass Strategic Health Group (MSHG)	15
Definitions	16
FLSA Exchange Notice	18
Medicaid/Chip Contact Information	19



## Eligibility:

Generally, you are eligible for benefits if you are retired and collecting your pension from the Town of Franklin. If you are eligible for medical insurance, you may also cover your eligible dependents.

- Your legal spouse or former spouse  
*\*Unless either party has remarried or the divorce decree does not require continued coverage*
- Children up to age 26 (including step children, legally adopted children, foster children, and children whom you have legal guardianship of)
  - You may also cover an unmarried child over the age of 26 if they are physically or mentally handicapped and claimed as a dependent on your federal tax return\*\*

*\*\*An application and documentation is required to continue coverage past the age of 26*

## Required Documents for Dependents:

To enroll an eligible family member, you must submit a completed Enrollment Form and documentation verifying your dependent's eligibility.

You must provide each dependent's Social Security Number.

To add your dependents to the medical and dental insurance, the following documentation is required:

- Spouse: Marriage Certificate
- Ex-Spouse: Divorce decree showing you are required to continue coverage
- Child(ren): Birth Certificate
- Step Child(ren): Birth certificate with your spouse listed as a parent

## How to Enroll or Change Your Benefits:

During the annual Open Enrollment period (typically held in the Spring), you can review and modify your benefits for the upcoming fiscal year, effective July 1. This is the only time to make changes unless you experience a Qualified Life Event.

If you experience a qualifying event, you have **30 days** from the event date to update your benefit elections. Human Resources will require supporting documentation of your live event.

- Marriage
- Divorce
- Birth
- Death
- Loss of Previous Coverage
- Gained New Coverage

## During Enrollment

- While electing your benefits, you are able to utilize HYKE. This online tool offers a personalized survey to assist with selecting the best medical plan for you and your family based on past and expected health needs.
  - Visit [www.myhyke.com/franklin](http://www.myhyke.com/franklin) to begin. Utilizing HYKE *does not* replace completing an Enrollment Form. A form must be submitted to Human Resources during Open Enrollment to enroll in medical insurance.

## After Enrollment

- **Medical Insurance:** If you elect coverage, you will receive an ID card in the mail that should be used for all medical and prescription services.
  - Your ID card contains important information about you, your employer group, and the benefits you are entitled to.
  - Always remember to carry your ID card with you, present it when receiving health care services or supplies, and ensure your provider has an updated copy of your ID card.

## General

- **The Town of Franklin's fiscal year is July 1<sup>st</sup> through June 30<sup>th</sup>**
  - The Medical insurance claim year aligns with the fiscal year, July 1<sup>st</sup> through June 30<sup>th</sup>
- Benefits are paid for a month in advance (October payroll deductions pay for November's benefits coverage).
  - You will receive double deductions for any owed time if you are a newly retired or experience a Qualifying Life Event
- Our plans are pre-tax and regulated by the IRS. Because of this, you can only make changes to your elections during Open Enrollment or if you experience a Qualifying Life Event.

# INSURANCE RATES

Coverage effective July 1, 2025 through June 30, 2026

<b>MEDICAL INSURANCE</b>			
Massachusetts Strategic Health Group (MSHG) Administered By Harvard Pilgrim Health Care (HPHC)			
	<b>Total Monthly Premium</b>	<b>Town Monthly Contribution</b>	<b>Retiree Monthly Contribution</b>
<b>EPO Plan – Access America Value</b>			
<i>Town pays 70% of the plan cost, Retiree pays the remaining 30%</i>			
<b>Individual</b>	\$1,316.80	\$921.76	\$395.04
<b>Family</b>	\$3,364.00	\$2,354.80	\$1,009.20
<b>HDHP Plan with HSA – Access America Value</b>			
<i>Town pays 70% of the plan cost, Retiree pays the remaining 30%</i>			
<b>Individual</b>	\$1,028.00	\$719.60	\$308.40
<b>Family</b>	\$2,624.00	\$1,836.80	\$787.20
<b>PPO Plan – Access America</b>			
<i>Town pays 50% of the plan cost, Retiree pays the remaining 50%</i>			
<b>Individual</b>	\$1,626.00	\$813.00	\$813.00
<b>Family</b>	\$4,530.00	\$2,265.00	\$2,265.00

<b>BASIC LIFE INSURANCE</b>		
Administered by Boston Mutual		
<b>Total Monthly Premium</b>	<b>Town Monthly Contribution</b>	<b>Retiree Monthly Contribution</b>
<b>Employee Only</b>		
\$4.90	\$2.45	\$2.45

*Basic Life Insurance is only available to those who were enrolled as an employee and choose to continue coverage into retirement.*

# MEDICAL INSURANCE

The Town of Franklin is pleased to offer Medical insurance through Harvard Pilgrim Health Care (HPHC). The table below highlights the (3) three plans offered to retirees and what each plan encompasses. More detailed information can be found in the Schedule of Benefits, available upon request.

 Harvard Pilgrim Health Care <small>a Point32Health company</small>	HDHP	EPO	PPO (In-Network)	PPO (Out-of-Network)	
<b>Plan Year Deductible</b>	\$2,500 individual plan \$5,000 family plan* <i>*all members work towards one deductible</i>		\$1,000 individual plan \$2,000 family plan		
<b>Plan Year Rx Deductible</b>	N/A		\$100 individual plan \$200 family plan		
<b>Out of Pocket Maximum</b> (includes deductible)	\$5,000 individual \$10,000 family		\$4,000 individual plan \$8,000 family plan		
<b>Preventative Care</b>					
<b>Routine Physical Exams, Colorectal Screenings, Prostate Exams &amp; Gynecological Exams</b>	100%		20% (after deductible)		
<b>Other Services</b>					
<b>Office Visit - Primary Care</b>	100% (after deductible)		\$30	20% (after deductible)	
<b>Office Visit - Specialist Care</b>			\$45		
<b>Chiropractic Visit</b> (20 per plan year)			\$30		
<b>Diagnostic Lab &amp; X-ray</b>					
<b>CT, MRI, &amp; PET Scan</b>					
<b>Outpatient Surgery</b>			100% (after deductible)		
<b>Inpatient Hospital</b>					
<b>Behavioral Health Hospital Service</b>					
<b>Behavioral Health Office Visit</b>			\$30		
<b>Occupational &amp; Physical Therapy</b> (60 visits per plan year)			\$45		
<b>Speech Therapy</b>			\$45		
<b>Ambulance</b>			100% (after deductible)		
<b>Emergency Room</b> (copay waived if admitted)			\$150		
<b>Urgent Care</b>			\$30		20% (after deductible)
<b>Prescription Benefits through Express Scripts</b>					
<b>Retail Pharmacy</b> (up to 30 day supply)	Deductible then \$10 (generic), \$30 (preferred brand), \$65 (non-preferred brand)				
<b>Mail Order</b> (up to 90 day supply)	Deductible then \$25 (generic), \$75 (preferred brand), \$165 (non-preferred brand)				

## What is the Difference Between a HDHP and an EPO?

Both plans belong to the Harvard Pilgrim Health Care network, but have unique differences between them.

The High Deductible Health Plan (HDHP) offers lower premiums in exchange for a higher deductible. Once you reach the deductible, all your in-network procedures are covered 100%. With the HDHP, you also receive an Health Savings Account (HSA). The HSA funds can be used to pay for medical, dental and vision expenses. More information can be found on page 18.

The EPO plan has higher premiums, and a lower deductible. You will pay co-pays for each medical appointment.

Both plans pharmacy benefits are influenced by the deductible.

	Individual			Family		
	HDHP	EPO	Savings	HDHP	EPO	Savings
<b>Annual Premium</b>	\$3,700.30	\$4,740.30	\$(1,040.00)	\$9,755.40	\$12,110.44	\$(2,355.04)
<b>Prescription Deductible</b>	All prescriptions count	\$100.00		All prescriptions count	\$200.00	
<b>Deductible</b>	\$2,500.00	\$1,000.00		\$5,000.00	\$2,000.00	
<b>Additional</b>	Prescription copays	Prescription copays, copays and deductible on all services		Prescription copays	Prescription copays, copays and deductible on all services	
<b>Total if Hit Deductible</b>	\$6,200.30	\$5,840.30	\$360.00	\$14,755.40	\$14,310.44	\$444.96
<b>HSA Contribution</b>	\$(750.00)	\$0.00		\$(1,500.00)	\$0.00	
<b>New Total</b>	\$5,450.30	\$5,840.30	\$(390.00)	\$13,255.40	\$14,310.44	\$(1,055.04)

Save as much as \$390.00 as an individual or \$1,055.04 as a family per year by enrolling in the High Deductible Health Plan

# MEDICAL INSURANCE

You are eligible to utilize the below benefits if you are enrolled in the medical insurance with the Town of Franklin.

## Doctor on Demand

Receive virtual health care for you and your covered dependents offered 24/7. Cost for service are the same as in person appointments through Harvard Pilgrim Health Care.

### How to Create an Account:

- Visit [www.doctorondemand.com/harvardpilgrim](http://www.doctorondemand.com/harvardpilgrim) and select 'Sign Up'
- Enter the requested information, including your medical insurance information
- You are able to request an appointment once your account setup is complete

### Once your account is created, you will have access to:

- Everyday health
- Urgent care
- Therapy and psychiatry care services\*

*\* Appointments are available in 1 to 3 days once requested*

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## CanRx

CanRx is a Canadian based company that offers brand name medications delivered at no cost!

### How to Create an Account:

- Visit [www.canarx.com](http://www.canarx.com)
- Enter the WebID (MSHG) in the top right corner, select 'Login'
- Select 'Enroll' and enter the requested information, including your prescription details
- Enter your payment details (necessary even if your medication is covered at no cost)
- Once processed, your medication will be mailed to your address

[Click here](#) to view the eligible medications if enrolled in the HDHP.



[Click here](#) to view the eligible medications if enrolled in EPO or PPO.



## Express Scripts Partnered with RxBenefits

Express Scripts helps employees enrolled in the medical insurance by negotiating prices with pharmacies and drug manufacturers, processing prescriptions, and ensuring that medications are delivered.

### How to Create an Account:

- Visit [www.express-scripts.com](http://www.express-scripts.com) and select 'Register'
- Enter the requested information and create a username and password
- Select 'Register Now'

### Once your account is created, you can:

- Check your order status
- View/print member ID cards
- Enroll in home delivery
- Refill prescriptions
- Find preferred pharmacies
- Set reminders to take your medication

Download the  
Express Scripts  
app!

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### Enroll in home delivery to get your 90-day prescriptions shipped right to your door at a potentially lower cost.

Requesting to get your medications delivered to your home from Express Scripts Pharmacy is simple and convenient.

#### If you are enrolling a new prescription:

- Contact your doctor and ask them to e-prescribe a 90-day prescription directly to Express Scripts
- OR send a request by selecting *Forms* or *Forms & Cards* from the "Benefits" menu, print a mail order form and follow the mailing instructions.
- OR call Express Scripts at the Member Services number on your card and they will contact your doctor for you.

#### If you are enrolling a current prescription:

- Transfer retail prescriptions to home delivery by clicking *Add to Cart* for eligible prescriptions and check out
- You can also refill and renew prescriptions. They will contact your doctor and take care of the rest
- Check Order Status to track the shipping of your prescriptions. After they receive your prescription from your doctor, you will receive your medication within 7 days



# FITNESS REIMBURSEMENT

Each plan year, Harvard Pilgrim Health Care offers a fitness reimbursement for all employees enrolled in the medical insurance through the Town. You and your covered dependents can be reimbursed up to \$150 each annually.

- Maximum reimbursement of \$150 on an individual plan or \$300 on a family plan

## How to Apply for Reimbursement:

- Visit [www.harvardpilgrim.org/reimbursement](http://www.harvardpilgrim.org/reimbursement)
- Select the 'Wellness Reimbursement Form'
- You can either complete the request online and submit or complete the form and mail to the address listed on the form – both ways of submitting will require receipts
- If approved, you will receive your reimbursement in about 8 weeks

*You must be enrolled in the insurance for 4 months before you are eligible to apply for reimbursement*

## What Qualifies for Reimbursement?

- Membership fees to gyms or fitness facilities
- Virtual fitness class subscriptions
- Studios or facilities that offer membership or tuition
- Select nutrition programs
- Select mindfulness meditation programs
- Cardiovascular and strength training equipment
- Seasonal town, club, or school athletic fees

**Contact Harvard Pilgrim Health Care to see if a specific program is eligible**



# ABACUS – DIABETES REWARD PROGRAM

The Good Health Gateway Diabetes Care Rewards Program is offered to MSHG active health plan members living with diabetes including type 1, type 2, juvenile, pre-diabetes, or gestational diabetes. As an active health plan participant, you can enroll at any time.

When you join the program, you receive confidential, expert support and guidance to help you manage your diabetes while earning \$0 copays on covered diabetes medications and supplies for meeting the program requirements.

## How to get your Good Health Gateway RX Rewards Card for \$0 copays



### How to qualify for your zero copay Good Health Gateway RX Rewards Card:

- Register at [www.goodhealthgateway.com](http://www.goodhealthgateway.com) or by calling the Member Services Line at 800-643-8028
- Complete a telehealth call with our Diabetes Educator to develop your personal Diabetes Health Action Plan Care Guide
- Submit confirmation of your completion of the program requirements:
  - Annual foot exam
  - Annual eye exam
  - Annual laboratory work – up of your fasting blood lipid levels
  - Annual laboratory work – up of your urine/protein levels
  - Laboratory work – up of your Hemoglobin A1c levels every 6 months
- Receive your Good Health Gateway Rx Rewards Card for \$0 copays on covered diabetes medications and supplies at your local, in-network pharmacy or through OPTUMRx Home Delivery

# ABACUS – HEALTHY WEIGHT PROGRAM

Offers participants education, support, and access to resources designed to help individuals lose weight and maintain their weight loss.

You are eligible to participate in this medication-assisted weight loss program if you are an employee, spouse, or dependent over the age of 18 who is enrolled in the medical insurance. Participants must meet medically verified eligibility requirements.

As a participant in the Program, you are eligible to receive covered anti-obesity medication at \$0 copay, if you are engaging in all program requirements described below.

- Take and share weight readings 3 – 4 times a week and a minimum of 12 days out of every 30 days on a cellular-connected weight scale provided by the Program
- Accept Program text messages
- Have completed within the past 12 months or will complete annual physical with your doctor
- Complete Program activities and view Program videos sent to you via text or in-app messaging to help support you in the Program
- Participate in Program follow-up for at least 6 months (and up to 12 months) after you are no longer taking weight loss medication
- Have brief, regular calls with a Program coach who will support you in your weight loss efforts

## **Please note:**

- Failure to remain engaged with these Program requirements will result in the loss of \$0 copayment until the Program activity is again completed.
- Program participants who meet all the Program requirements can obtain a 30-day supply of medication at any in-network retail pharmacy.
- Enrollment in the Program can only be done electronically by downloading the Good Health Gateway Healthy Weight App and registering for the Program

**For program inquiries please contact the Good Health Gateway  
Member Services at 800-643-8028.**

# CONTACTS

Benefit	Carrier	Contact Information	Website
Town of Franklin Human Resources	Emma Collins Benefits Coordinator	508-553-4869 <a href="mailto:ecollins@franklinma.gov">ecollins@franklinma.gov</a>	<a href="http://www.franklinma.gov">www.franklinma.gov</a>
Medical Insurance	Harvard Pilgrim Health Care	888-333-4742	<a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>
Fitness Reimbursement			
Doctors on Demand (Telehealth)		N/A	<a href="http://www.doctorondemand.com/harvardpilgrim">www.doctorondemand.com/harvardpilgrim</a>
Benefit Election Assistance (HYKE)			<a href="http://www.myhyke.com/franklin">www.myhyke.com/franklin</a>
Pharmacy	Express Scripts	800-282-2881	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
	CanaRx	866-893-6337	<a href="http://www.canarx.com">www.canarx.com</a>
Diabetes Care Program	Abacus (Good Health Gateway)	800-643-8028	<a href="http://www.goodhealthgateway.com">www.goodhealthgateway.com</a>
Healthy Weight Program			
457(b)	Empower	877-457-1900	<a href="http://www.mass-smart.com">www.mass-smart.com</a>
		Aiman Janineh Plan Advisor	<a href="mailto:aiman.ianineh@empower.com">aiman.ianineh@empower.com</a>
	Nationwide	888-401-5272	<a href="http://www.nrsforu.com">www.nrsforu.com</a>
403(b)	TSA Consulting Group	888-796-3786	<a href="http://www.tsacg.com">www.tsacg.com</a>
Claims Advocacy	NFP	877-835-1361 (option 1)	N/A
Benefit Concierge		csclaims@nfp.com (claims advocacy)	
		dbbenadmin@nfp.com (benefit concierge)	

## Benefits Specialist

If you need assistance understanding your available plan options, completing the enrollment process, or finding specialized healthcare providers, we are here to help. We can guide you through medical and dental plan issues. Additionally, we provide support during injuries, illnesses and mental health care, or any challenges you may encounter with customer care and support.

- [dbbendadmin@nfp.com](mailto:dbbendadmin@nfp.com)
- 

## Claims Advocacy

If you need assistance with submitting a medical & dental claims or if you have questions about your medical and dental plans, our team is here to help. We can guide you through the claim process, assist in completing the required forms, and help you gather the necessary documentation. We are committed to ensuring that you navigate the process smoothly and effectively.

- [esclaims@nfp.com](mailto:esclaims@nfp.com)

Available by phone  
Monday through Friday  
9am-6pm  
877-835-1361 (option 1)

# MASSACHUSETTS STRATEGIC HEALTH GROUP

The Town of Franklin is a member of the Massachusetts Strategic Health Group (MSHG). The MSHG is a health insurance joint purchasing group established under Massachusetts General Laws, Chapter 32B, Section 12. The MSHG consists of 15 different municipalities and school districts which come together to purchase health insurance under a Joint Purchasing Agreement (JPA).

A Joint Purchasing Agreement allows the members of the MSHG to leverage their combined buying power to negotiate better prices, terms and benefits from vendors than they would achieve individually. The MSHG offers additional benefits beyond health insurance, including access to CanaRX, the Diabetes Reward Program and Health Weight Program through Abacus, and lower prescription coverage through Express Scripts and Rx Benefits.

You will notice that your health insurance card includes the MSHG logo. When taking advantage of ancillary benefits, you will need to specify that you are a member of the MSHG.



## DEFINITIONS

**Affordable Care Act (ACA):** The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA), is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

**Annual Maximum:** Total dollar amount a plan pays during a plan year toward the covered expenses of each person enrolled.

**Brand Formulary Drugs:** The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

**Coinsurance:** A percentage of the medical costs based on the allowed amount; you must pay for certain services after you meet your annual deductible.

**Conversion:** An Associate changes or “converts” their Group Life coverage to an Individual Life Insurance policy without having to answer any medical questions. Conversion is for an Associate who is leaving their job, reducing hours, or has reached the age when coverage may be reduced or eliminated, and still wants to maintain the protection that life insurance provides.

**Copayment:** A set dollar amount you pay for in-network doctor’s office visits, emergency room services, and prescription drugs.

**Deductible:** The total dollar amount you must pay out-of-pocket for covered medical expenses each plan year before the plan pays for services applicable to the deductible. The deductible does not apply to network preventive care and any services where you pay a copayment. Some of your dental options also have an annual deductible, generally for basic and major dental care services.

**Generic Drugs:** These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than purchasing formulary or non-formulary brand-name drugs.

**In-Network:** A group of health care providers, including dentists, physicians, hospitals, and other health care providers, that agrees to accept predetermined rates when serving members.

**Out-of-Network:** A group of health care providers, including dentists, physicians, hospitals, and other health care providers, who do not participate in a health plan’s provider network.

**Maintenance Drugs:** Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines.

**Non-Formulary Drugs:** These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found in the formulary. You may purchase brand-name medications that are not on the recommended list but cost significantly more out-of-pocket.

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**Out-of-Pocket Maximum:** The maximum amount a Plan member must pay towards covered medical expenses in a plan year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire amount for covered services for the remainder of the plan year. Deductibles and copays apply to the annual out-of-pocket maximum. You may be balance billed for services rendered out-of-network.

**PDP Fee:** PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing, and benefits maximums.

**Pre-tax Plan:** A plan for active employees that is paid for with pre-tax money. The IRS allows for certain expenses to be paid for with tax-free dollars. Because of this, you can only make changes during Open Enrollment or if you have a qualifying event.

**Primary Care Physician (PCP):** The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

**Provider:** Any type of health care professional or facility that provides services under your plan.

**Qualifying Event:** An occurrence that qualifies the Subscriber to change insurance coverage outside of the Open Enrollment.

**Usual and Customary Charge (U&C):** U&C fee refers to the Usual and Customary (U&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services.

**Specialty Drugs:** Prescription medications that require special handling, administration, or monitoring. These drugs may be used to treat complex, chronic, and often costly conditions.



## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form  
Approved OMB No.  
1210-0149  
(expires  
11-30-2023)

### **PARTA: General Information**

When key parts of the healthcare law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014

#### **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### **Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover, you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### **How Can I Get More Information?**

For more information about the coverage offered by your employer, please check your summary plan description or contact the Treasurer's Office.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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<sup>1</sup>An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

# MEDICAID/CHIP CONTACT INFORMATION

## 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 [www.askebsa.dol.gov](http://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, 2023. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2023, 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

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

ALABAMA– Medicaid  
<http://myalhipp.com> | 1-855-692-5447

ALASKA – Medicaid  
The AK Health Insurance Premium Payment Program:  
<http://myakhipp.com> | 1-866-251-4861

[CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility:  
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

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ARKANSAS – Medicaid  
<http://myarhipp.com> | 1-855-MyARHIPP  
(1-855-692-7447)

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CALIFORNIA– Medicaid  
Health Insurance Premium Payment (HIPP) Program  
<http://dhcs.ca.gov/hipp> | 1-916-445-8322  
[hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

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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>

CHIP+ Customer Service: 1-800-359-1991 / State Relay 711 Health Insurance Buy-In Program (HIBI):  
<https://www.colorado.gov/pacific/hcpf/health-insurance-e-buy-program> HIBI Customer Service:  
1-855-692-6442

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FLORIDA– Medicaid  
<https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html>

1-877-357-3268

GEORGIA– Medicaid  
HIPP: [Health Insurance Premium Payment Program \(HIPP\)](#) | [Georgia Medicaid](#)

1-678-564-1162, Press 1

GACHIPRA:<https://medicaid.georgia.gov/programs/20third-party-liability/childrens-health-insurance-program-%20reauthorization-act-2009-chipra>

1-678-564-1162, Press 2

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INDIANA– Medicaid

Healthy Indiana Plan for low-income adults 19-64:

<http://www.in.gov/fssa/hip> All | 1-877-438-4479

other Medicaid: | 1-800-457-4584

<https://www.in.gov/medicaid>

IOWA– Medicaid and CHIP (Hawki) Medicaid:

<https://dhs.iowa.gov/ime/members>

Hawki: <http://dhs.iowa.gov/Hawki>

1-800-338-8366 1-800-257-8563

HIPP:

<https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

1-888-346-9562

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KANSAS – Medicaid

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

# MEDICAID/CHIP CONTACT INFORMATION

## KENTUCKY– Medicaid

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

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

[KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)

KCHIP: <https://kidshealth.ky.gov/Pages/index.aspx>  
1-877-524-4718

Medicaid: <https://chfs.ky.gov>

## LOUISIANA– Medicaid

[www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)

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

## MAINE – Medicaid

<https://www.maine.gov/dhhs/ofi/applications-forms>  
1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium:

<https://www.maine.gov/dhhs/ofi/applications-forms>  
1-800-977-6740 TTY: Maine relay 711

## MASSACHUSETTS – Medicaid and CHIP

<https://www.mass.gov/masshealth/pa>

1-800-862-4840 TTY: (617) 886-8102

## MINNESOTA – Medicaid

[other-insurance.jsp](https://www.mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/) | 1-800-657-3739

<https://www.mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/>

## MISSOURI – Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

1-573-751-2005

## MONTANA– Medicaid

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

1-800-694-3084 | [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## NEBRASKA – Medicaid

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

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

## NEVADA– Medicaid

<http://dhcftp.nv.gov> | 1-800-992-0900

## NEW HAMPSHIRE – Medicaid

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

1-603-271-5218

HIPP program toll free: 1-800-852-3345, ext 5218

## NEW JERSEY – Medicaid and CHIP

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>

1-609-631-2392

CHIP: <http://www.njfamilycare.org/Default.aspx>

1-800-701-0710

## NEW YORK– Medicaid

[https://www.health.ny.gov/health\\_care/medicaid](https://www.health.ny.gov/health_care/medicaid)

1-800-541-2831

## NORTH CAROLINA– Medicaid

<https://medicaid.ncdhhs.gov> | 1-919-855-4100

## NORTH DAKOTA– Medicaid

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

## OKLAHOMA – Medicaid and CHIP

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

## OREGON– Medicaid

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

## PENNSYLVANIA – Medicaid

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

## RHODE ISLAND– Medicaid and CHIP

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

## SOUTH CAROLINA– Medicaid

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

## SOUTH DAKOTA– Medicaid

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

## TEXAS– Medicaid

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

## UTAH – Medicaid and CHIP

Medicaid: <https://medicaid.utah.gov>

CHIP: <http://health.utah.gov/chip> | 1-877-543-7669

## VERMONT – Medicaid <http://www.greenmountaincare.org>

## VIRGINIA – Medicaid and CHIP

<https://www.coverva.org/en/famis-select>  
<https://www.coverva.org/en/hipp>

Medicaid: 1-800-432-5924 CHIP: 1-800-432-5924

## WASHINGTON– Medicaid

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

## WEST VIRGINIA – Medicaid

<https://dhhr.wv.gov>

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<http://mywvhipp.com>

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Medicaid: 1-304-558-1700

CHIP Toll-free: 1-855-MyWVHIPP (1-855-699-8447)

## WISCONSIN – Medicaid and CHIP

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

## WYOMING– Medicaid

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility>

1-800-251-1269



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