

# PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

## ASEA/AFSCME Local 52 Health Benefits Trust

Address: 111 W. Cataldo, Suite 220, Spokane, WA 99201 • Phone: 866-553-8206 (toll-free); 509-328-0300  
Website: [www.aseahealth.org](http://www.aseahealth.org)

If you or your children are eligible for Medicaid or CHIP and you are 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 are not 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, you can 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, you can 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, you can 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's plan, your employer must allow you to enroll in your employer's plan if you are not 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's plan, you can contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 1-866-444-EBSA (3272).

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2020. You should contact your State for further information on eligibility:**

<b>ALABAMA—MEDICAID</b>	<b>COLORADO—HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) &amp; CHILD HEALTH PLAN PLUS (CHP+)</b>
Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="http://www.healthfirstcolorado.com">www.healthfirstcolorado.com</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP + : <a href="http://www.colorado.gov/pacific/hcpf/child-health-plan-plus">www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
<b>ALASKA—THE AK HEALTH INSURANCE PREMIUM PAYMENT PROGRAM</b>	<b>FLORIDA—MEDICAID</b>
Website: <a href="http://myakhipp.com">myakhipp.com</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://www.flmedicaidprecovery.com">www.flmedicaidprecovery.com</a> Phone: 1-877-357-3268
<b>ARKANSAS—MEDICAID</b>	<b>CALIFORNIA—MEDICAID</b>
Website: <a href="http://myarhipp.com">myarhipp.com</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 1-800-541-5555
<b>INDIANA—MEDICAID</b>	<b>GEORGIA—MEDICAID</b>
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip">www.in.gov/fssa/hip</a> • Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">www.indianamedicaid.com</a> • Phone: 1-800-403-0864	Website: <a href="http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, ext. 2131
<b>IOWA—MEDICAID AND CHIP (HAWKI)</b>	<b>MONTANA—MEDICAID</b>
Medicaid Website: <a href="http://dhs.iowa.gov/ime/members">dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>KANSAS—MEDICAID</b>	<b>NEBRASKA—MEDICAID</b>
Website: <a href="http://www.kdheks.gov/hcf">www.kdheks.gov/hcf</a> Phone: 1-800-792-4884	Website: <a href="http://dhhs.ne.gov/pages/accessnebraska.aspx">dhhs.ne.gov/pages/accessnebraska.aspx</a> Lincoln: 402-473-7000 Omaha: 402-595-1178

<b>KENTUCKY—MEDICAID</b>	<b>NEVADA—MEDICAID</b>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)  Website: <a href="http://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>  KCHIP Website: <a href="http://kidshealth.ky.gov/Pages/index.aspx">kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="http://chfs.ky.gov">chfs.ky.gov</a></p>	<p>Medicaid Website: <a href="http://dhcfp.nv.gov">dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>
<b>LOUISIANA—MEDICAID</b>	<b>NEW HAMPSHIRE—MEDICAID</b>
<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618- 5488 (LaHIPP)</p>	<p>Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">www.dhhs.nh.gov/oii/documents/hippapp.pdf</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<b>MAINE—MEDICAID</b>	<b>NEW JERSEY—MEDICAID AND CHIP</b>
<p>Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">www.maine.gov/dhhs/ofi/public-assistance/index.html</a>  Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">www.state.nj.us/humanservices/dmahs/clients/medicaid</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>
<b>MASSACHUSETTS—MEDICAID AND CHIP</b>	<b>NEW YORK—MEDICAID</b>
<p>Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth">www.mass.gov/eohhs/gov/departments/masshealth</a>  Phone: 1-800-862-4840</p>	<p>Website: <a href="http://www.nyhealth.gov/health_care/medicaid">www.nyhealth.gov/health_care/medicaid</a>  Phone: 1-800-541-2831</p>
<b>MINNESOTA—MEDICAID</b>	<b>NORTH CAROLINA—MEDICAID</b>
<p>Website: <a href="http://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a>  Under ELIGIBILITY tab, see “what if I have other health insurance?”  Phone: 1-800-657-3739</p>	<p>Website: <a href="http://www.ncdhhs.gov/dma">www.ncdhhs.gov/dma</a>  Phone: 919-855-4100</p>
<b>MISSOURI—MEDICAID</b>	<b>NORTH DAKOTA—MEDICAID</b>
<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>	<p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">www.nd.gov/dhs/services/medicalserv/medicaid</a>  Phone: 1-844-854-4825</p>
<b>OKLAHOMA—MEDICAID AND CHIP</b>	<b>UTAH—MEDICAID AND CHIP</b>
<p>Website: <a href="http://www.insureoklahoma.org">www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p>Medicaid Website: <a href="http://medicaid.utah.gov">medicaid.utah.gov</a>  CHIP Website: <a href="http://health.utah.gov/chip">health.utah.gov/chip</a>  Phone: 1-877-543-7669</p>
<b>OREGON—MEDICAID</b>	<b>VERMONT—MEDICAID</b>
<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">healthcare.oregon.gov/Pages/index.aspx</a>  Website: <a href="http://www.oregonhealthcare.gov/index-es.html">www.oregonhealthcare.gov/index-es.html</a>  Phone: 1-800-699-9075</p>	<p>Website: <a href="http://www.greenmountaincare.org">www.greenmountaincare.org</a>  Phone: 1-800-250-8427</p>
<b>PENNSYLVANIA—MEDICAID</b>	<b>VIRGINIA—MEDICAID AND CHIP</b>
<p>Website: <a href="http://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a>  Phone: 1-800-692-7462</p>	<p>Website: <a href="http://www.coverva.org/hipp">www.coverva.org/hipp</a>  Medicaid Phone: 1-800-432-5924  CHIP Phone: 1-855-242-8282</p>
<b>RHODE ISLAND—MEDICAID AND CHIP</b>	<b>WASHINGTON—MEDICAID</b>
<p>Website: <a href="http://www.eohhs.ri.gov">www.eohhs.ri.gov</a>  Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>	<p>Website: <a href="http://www.hca.wa.gov">www.hca.wa.gov</a>  Phone: 1-800-562-3022</p>
<b>SOUTH CAROLINA—MEDICAID</b>	<b>WEST VIRGINIA—MEDICAID</b>
<p>Website: <a href="http://www.scdhhs.gov">www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>	<p>Website: <a href="http://mywvhipp.com">mywvhipp.com</a>  Toll-free Phone: 1-855-MyWVHIPP (1-855-699-8447)</p>

<b>SOUTH DAKOTA—MEDICAID</b>	<b>WISCONSIN—MEDICAID AND CHIP</b>
Website: <a href="http://dss.sd.gov">dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.dhs.wisconsin.gov/publications/pl/p10095.pdf">www.dhs.wisconsin.gov/publications/pl/p10095.pdf</a> Phone: 1-800-362-3002
<b>TEXAS—MEDICAID</b>	<b>WYOMING—MEDICAID</b>
Website: <a href="http://www.gethipptexas.com">www.gethipptexas.com</a> Phone: 1-800-440-0493	Website: <a href="http://wyequalitycare.acs-inc.com">wyequalitycare.acs-inc.com</a> Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/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.