



# LOUISIANA LABORERS HEALTH & WELFARE FUND

TO ALL PIPELINE EMPLOYEES

August 31, 2015

## IMPORTANT BENEFIT IMPROVEMENTS ANNOUNCED EFFECTIVE NOVEMBER 1, 2015

Dear Participant:

As you will remember, we enacted some benefit reductions on July 1, 2015. The purpose of those changes was to correct some very significant losses the Fund has realized. While we believe that the changes were made in the best interest of the entirety of this plan and the many families it serves, we recognize the increased burden that has been placed on you. We recently met to further review the action taken and determine if there were ways we could fine tune those changes to relieve some of that burden while still ensuring that the Fund was properly directed on a course that would ensure its long term stability. We believe that the changes you'll find announced herein accomplish such. Please carefully review the contents of this newsletter and place it with your permanent records so that you may have it available in the future.

### BENEFIT PERCENTAGE INCREASED

On July 1, 2015 the Fund payment percentage was reduced to 70%. This meant that upon satisfaction of the deductible, benefits, unless otherwise stated, would be payable at 70% of the claim amount. We would like to advise you that with claims incurred on or after November 1, 2015, the benefit percentage is being increased to 80%. Please remember that coverage will

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Fund Administrator:  
Southern Benefit Administrators, Incorporated  
P.O. Box 1449  
Goodlettsville, Tennessee 37070-1449  
Phone: (615) 859-0131 Toll-Free: (800) 831-4914  
Fax: (615) 859-0818

only be provided for charges incurred within the UHC Choice Plus network. Charges incurred with a provider outside of that network will not be provided coverage except as otherwise specified.

### PRESCRIPTION DRUG CARD PROGRAM RE-IMPLEMENTED

Another major change previously implemented was in regard to the Fund's prescription drug program. You will remember that the plan transitioned from a drug program in which coverage was applied at the point of sale upon the satisfaction of a co-payment to an indemnity program in which the participant purchased medications out of their own pocket and then filed for reimbursement with the plan. We recognize that not everyone is able to pay for their medications at the point of sale and wait for reimbursement. Therefore, we have decided to re-implement the prior program in which coverage was applied at the point of sale upon satisfaction of the applicable co-payment effective with prescription drug purchases made on or after November 1, 2015. However, this program will differ from its prior version in the following ways:

- There will be no deductible for prescription drug purchases.
- Brand name drug coverage will be provided subject to the Fund's 80% benefit percentage, leaving you responsible for 20% of the cost.
- Generic drug coverage will continue to be provided at 100% subject to a \$5.00 co-payment.
- Mental and nervous prescription drug purchases will be covered.

The exclusions we previously announced will remain in place. Coverage will not be provided for specialty drugs, compound drugs, medications available over the counter (including Nexium in any strength), or drugs related to erectile or sexual dysfunction, regardless of sex.

Additionally, drug coverage will only be available in a 30 day fill capacity and no coverage for prescriptions received through mail order will be provided.

### MENTAL AND NERVOUS COVERAGE RE-IMPLEMENTED

As announced in the newsletter outlining the July 1, 2015 changes, coverage for any charges related to mental and nervous disorder treatment was removed. This included prescription drug purchases or any form of treatment payable under the Fund's Major Medical benefits. We would like to inform you that benefits for covered charges related to the treatment of mental and nervous disorders will be re-implemented effective with medical and drug claims incurred on or after November 1, 2015.

### CALENDAR YEAR DEDUCTIBLE LOWERED

Another important change we would like to make you aware of is that the calendar year deductible is being reduced. You are required to satisfy this deductible annually before benefits can be paid for incurred charges. In the last newsletter you were advised that the calendar year deductible had been raised to \$500 per person and \$1,000 per family. We're pleased to inform you that effective with charges incurred on or after November 1, 2015 the deductibles are being reduced back to \$200 per person and \$600 per family. Additionally, the hospital deductible of \$200 is being reduced to \$100 per admission effective with charges incurred on or after November 1, 2015.

### PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM IMPLEMENTED

On July 1, 2015 the Fund added an out of pocket maximum of \$4,500 per person/\$9,000 per family that limited the amount of money you would be required to pay in a calendar year for medical and prescription drug expenses, including the calendar year deductible. Upon satisfaction of that out-of-pocket maximum, coverage would be applied for covered medical and drug expenses at 100%.

### ELIGIBILITY REQUIREMENTS REVISED

We would like to announce that effective with prescription drug purchases made on or after November 1, 2015 a separate out-of-pocket maximum of \$2,000 per person/\$4,000 per family is being added. This out-of-

pocket maximum will only be applicable for prescription drug purchases. Should you have met the out-of-pocket maximum of \$4,500 for combined medical charges and prescription drug purchases made on or after July 1, 2015, coverage for all medical charges will be provided at 100% while drug purchases will be payable at the Fund benefit percentage of 80% until the separate \$2,000 maximum is met. Coverage for drug purchases will then be provided at 100%. Please note that this maximum is administered on a calendar year basis.

### EMPLOYEE DOLLAR BANK LIMIT RAISED

Currently, in order to maintain coverage for a given Benefit Month, hours representing no less than \$150 in contributions must be reported for the corresponding Contribution Month. In connection with efforts being made to increase the contribution rate payable into the Fund, the \$150 requirement is being increased to \$500 monthly effective with hours worked during the Contribution Month of August, 2015 representing eligibility calculated for the Benefit Month of November, 2015.

In connection with the continuing eligibility requirement increase to \$500, we are pleased to inform you that the dollar bank is being increased as well. You will recall that in the previous newsletter the maximum dollar bank allocation was reduced to \$150, representative of contributions for one month's worth of eligibility. Effective with hours worked during the Contribution Month of August, 2015, all contributions remitted in a month in excess of \$500 will be added to the dollar bank up to a maximum of \$2,000. This will provide up to four month's worth of eligibility based on the new \$500 requirement.

If fewer than \$500 in contributions is remitted in an Eligible Employee's behalf for a Contribution Month, eligibility for the corresponding Benefit Month will be based on a withdrawal from the dollar bank of an amount equal to the difference between contributions remitted and \$500. If the contributions remitted and funds available in the dollar bank are less than \$500 combined, the employee will be required to self-pay the difference of that combined amount and \$500 in order to maintain eligibility.

To further clarify, after eligibility has been calculated for the Benefit Month of November, 2015, all dollars remaining in an employee's dollar bank will remain there and any dollars contributed for work performed in August, 2015 in excess of \$500, up to \$2,000, will be

added to the bank.

We hope that you are pleased with the changes announced in this newsletter. You will find attached an updated schedule of benefits for your reference. Should you have any questions regarding the information contained herein, or anything else related to the Fund and your plan of benefits, please do not hesitate to contact the Fund office at one of the enclosed numbers.

Best Regards,  
Board of Trustees

LABOR TRUSTEES:

Mr. Stephen Farner, Secretary  
Mr. Dennis Miller  
Mr. Scotty Odom

MANAGEMENT TRUSTEES:

Mr. Robert Boh, Chairman  
Mr. Mike O'Connor

**SCHEDULE OF BENEFITS FOR PIPELINE EMPLOYEES**

**FOR ELIGIBLE EMPLOYEES ONLY**

**ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE**

Principal Sum ..... \$5,000

**FOR ELIGIBLE EMPLOYEES AND ELIGIBLE DEPENDENT SPOUSES ONLY**

**LIFE INSURANCE**

For Eligible Employees..... \$5,000

For Eligible Dependent Spouses..... \$1,000

**FOR ALL COVERED PERSONS**

**COMPREHENSIVE MEDICAL BENEFITS**

The following categories of Covered Medical Expenses will be covered as though incurred with participating providers:

- Covered Medical Expenses incurred within thirty-five miles or less of a Covered Person's residence when the individual resides more than thirty-five miles from the nearest PPO provider qualified to render the needed service;
- Covered Medical Expenses incurred with an ancillary provider (1) when the Covered Person is treated at a participating PPO facility, provided the attending Physician or the surgeon is a participating PPO provider (unless treatment is due to a Medical Emergency), or, (2) if services are rendered in a Physician's office, the Physician is a participating PPO provider. "Ancillary provider" includes radiologists, pathologists, anesthesiologists, emergency room Physicians and laboratories; and
- Covered Medical Expenses incurred in connection with a Medical Emergency.

**EXCEPT AS SPECIFICALLY OUTLINED ABOVE, NO CHARGES INCURRED WITH A NON-PARTICIPATING PROVIDER WILL BE COVERED UNDER THIS PLAN.**

**Deductibles:**

**Calendar Year Deductible:**

For Recommended Preventive Services ..... None

For All Other Covered Medical Expenses –

Per Covered Person..... \$200

Maximum Deductibles Per Family..... 3

Inpatient Hospital Deductible per Hospital Admission..... \$100

Emergency Room Deductible per Emergency Room Visit

(Waived if subsequent immediate hospitalization is required) ..... \$50

Fund Payment Percentage:  
 For Recommended Preventive Services..... 100%  
 For All Other Covered Medical Expenses ..... 80%

Maximum Out-of-Pocket Expense:  
 Per Covered Person ..... \$4,500  
 Per Family..... \$9,000

Maximum Hospital Room and Board Charge ..... Semi-Private Room Rate (or, if  
 a private room is Medically  
 Necessary, 80% of  
 Hospital's lowest  
 private room rate)

Special Provisions Relating to Treatment by a Doctor of Chiropractic (D.C.):  
 Maximum Benefit per Covered Person in a  
 Three Consecutive Year Period..... \$1,000  
 Maximum Number of Visits per  
 Calendar Year .....20 Visits  
 Maximum Covered Charge per Visit ..... \$50

Special Provisions Applicable to Cardiac Rehabilitation:  
 Treatments Allowed per Week..... 3 Treatments  
 Maximum Period of Treatment..... 12 Weeks

Special Provision Applicable to Active  
 Rehabilitation Therapy:  
 Maximum Number of Visits per  
 Calendar Year .....40 Visits

**PRESCRIPTION DRUG CARD PROGRAM (IN-NETWORK ONLY)**

Copayment per Prescription – Retail Only (Limited to a 30 Day Supply):  
 Generic Equivalent Drugs ..... \$5  
 Brand Name Drugs ..... 20% of the Discounted Price

Mail Service Pharmacy..... Not Covered

Maximum Out-of-Pocket Expense:  
 Per Covered Person ..... \$2,000  
 Per Family..... \$4,000



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Street Address:  
2001 Caldwell Drive  
Goodlettsville, TN 37072-3589



This Important Notice is directed to Medicare beneficiaries covered under the Fund. If any member of your family, including your spouse or child(ren), if applicable, is eligible for Medicare benefits, please read this notice carefully. If there are no Medicare eligible individuals in your household who are covered by the Fund, please disregard this notice.

## IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

August 31, 2015

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Fund 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. The Fund has determined that the prescription drug coverage offered by the Plan 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> through 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 choose to go ahead and enroll in Medicare Part D at this time, your coverage through this Fund will be coordinated with Medicare Part D according to the Medicare coordination of benefit rules. Generally, if you are an active employee or the dependent of an active employee, your coverage through this Fund will be primary and Medicare will be secondary. In addition, your coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. Each individual is different, but in most cases it will not be cost effective to enroll in Medicare Part D while you have Fund coverage. However, the decision to enroll is yours alone. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

### **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 the Fund 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 our office for further information at:

**Louisiana Laborers Health and Welfare Fund**  
P. O. Box 1449  
Goodlettsville, Tennessee 37070-1449  
Phone: (615) 859-0131  
Toll-Free: (800) 831-4914

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 the Fund 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).



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August 31, 2015

**IMPORTANT NOTICE REGARDING THE WOMEN'S HEALTH AND CANCER RIGHTS ACT**

Under federal law, group health plans and insurance issuers offering group health insurance coverage that includes medical and surgical benefits with respect to a mastectomy shall include medical and surgical benefits for breast reconstructive surgery as part of a mastectomy procedure. Breast reconstructive surgery in connection with a mastectomy shall at a minimum provide for: (1) reconstruction of the breast on which the mastectomy has been performed; (2) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (3) prostheses and physical complications for all stages of mastectomy, including lymphedemas; in a manner determined in consultation with the attending physician and the patient. As part of the Plan's Schedule of Benefits, such benefits are subject to the Plan's appropriate cost control provisions such as deductibles and copayment percentages.

**REMINDER OF YOUR RIGHT TO REQUEST A COPY OF THE FUND'S PARTICIPANT PRIVACY NOTICE**

The Louisiana Laborers Health & Welfare Fund is required to protect the privacy and confidentiality of any medical information that it receives or maintains in behalf of you or your covered dependents. You should have previously received a Participant Privacy Notice explaining how the Fund may use that information (called "Protected Health Information") and how you can get access to that information. However, if you would like to request a copy of the notice for any reason, you have the right to do so. Simply write to the Fund office at the address contained in the letterhead above and ask for a copy of the Fund's "Participant Privacy Notice." There will not be a charge made for providing the notice.

**LOUISIANA LABORERS HEALTH AND WELFARE FUND**

**SUMMARY ANNUAL REPORT**

**Plan Year Ended December 31, 2014**

This is a summary of the annual report for the Louisiana Laborers Health & Welfare Fund, Employer Identification Number 72-6031293, for the year ended December 31, 2014. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

**BASIC FINANCIAL STATEMENT**

The value of plan assets, after subtracting liabilities of the plan, was \$5,099,547 as of December 31, 2014, as compared to \$7,908,100 as of December 31, 2013. During the plan year, the plan experienced a decrease in its net assets of



(\$2,808,553). This decrease includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$4,979,119 including employer contributions of \$4,534,670, employee contributions of \$63,417, other income of \$133,036, a gain on the sale of assets of \$1,498,153, and earnings from investments of (\$1,250,157).

Plan expenses were \$7,787,672. These expenses included \$482,539 in administrative expenses and \$7,305,133 in benefits paid to participants and beneficiaries of the plan.

### YOUR RIGHTS TO ADDITIONAL INFORMATION

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

1. an accountant's report;
2. financial information and information on payments to service providers;
3. assets held for investment; and
4. transactions in excess of 5 percent of the plan assets.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Board of Trustees, who is the Plan Administrator, P.O. Box 1449, Goodlettsville, Tennessee 37070-1449, telephone (615) 859-0131. There will be a charge to cover copying costs for the full annual report, or 25¢ per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan 2001 Caldwell Drive, Goodlettsville, Tennessee 37072 and at the U.S. Department of Labor in Washington, D. C., or to obtain a copy from the U. S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U. S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Best regards,

BOARD OF TRUSTEES

Union Trustees:

Mr. Stephen E. Farner  
Mr. Mr. Scotty Odom  
Mr. Dennis Miller

Management Trustees:

Mr. Robert H. Boh  
Mr. Mike O'Connor

AH/mhb  
LLSAR



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August 31, 2015

## 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)**.

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, 2015. Contact your State for more information on eligibility –

<b>ALABAMA – Medicaid</b> Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> Phone: 1-855-692-5447	<b>GEORGIA – Medicaid</b> Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> - Click on Programs; then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ALASKA – Medicaid</b> Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	<b>INDIANA – Medicaid</b> Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949
<b>COLORADO – Medicaid</b> Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	<b>IOWA – Medicaid</b> Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
<b>FLORIDA – Medicaid</b> Website: <a href="https://www.flmedicaidprecovery.com/">https://www.flmedicaidprecovery.com/</a> Phone: 1-877-357-3268	<b>KANSAS – Medicaid</b> Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884
<b>KENTUCKY – Medicaid</b> Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	<b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>LOUISIANA – Medicaid</b> Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	<b>NEW JERSEY – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710

<b>MAINE – Medicaid</b> Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741	<b>NEW YORK – Medicaid</b> Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	<b>NORTH CAROLINA – Medicaid</b> Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MINNESOTA – Medicaid</b> Website: <a href="http://www.dhs.state.mn.us/id_006254">http://www.dhs.state.mn.us/id_006254</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3739	<b>NORTH DAKOTA – Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
<b>MISSOURI – Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MONTANA – Medicaid</b> Website: <a href="http://medicaid.mt.gov/member">http://medicaid.mt.gov/member</a> Phone: 1-800-694-3084	<b>OREGON – Medicaid</b> Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075
<b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633	<b>PENNSYLVANIA – Medicaid</b> Website: <a href="http://www.dhs.state.pa.us/hipp">http://www.dhs.state.pa.us/hipp</a> Phone: 1-800-692-7462
<b>NEVADA – Medicaid</b> Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	<b>RHODE ISLAND – Medicaid</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	<b>VIRGINIA – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>SOUTH DAKOTA - Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	<b>WASHINGTON – Medicaid</b> Website: <a href="http://www.hca.wa.gov/medicaid/premiumpynt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpynt/pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b> Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	<b>WEST VIRGINIA – Medicaid</b> Website: <a href="http://www.dhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b> Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-866-435-7414	<b>WISCONSIN – Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	<b>WYOMING – Medicaid</b> Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, 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