2022

Employee Benefits

If you have Medicare or will be eligible for Medicare in the next 12 months, a Federal Law gives you more choices about your prescription drug coverage.
Please see page 12 for more details.

SMM

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Memorial Villages Police Department 2022-2023 summary plan description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

WELCOME!

At Memorial Villages Police Department (MVPD), we view our benefits program as a valuable addition to our overall compensation package. We are proud to offer our employees and their families a comprehensive benefits program that delivers quality coverage. Our goal is to help MVPD employees live healthy lives, while maintaining a productive work-life balance.

In the 2022 plan year, eligible MVPD employees and their eligible dependents will have the opportunity to enroll in the following benefit plans:

- **Medical** HDHP with HSA - *administered by UHC*
- **Dental** PPO/DHMO - *administered by UHC*
- **Vision -** *administered by UHC*
- **Basic life and accidental death and dismemberment (AD&D)** - *administered by The Standard Insurance Company*
- **Voluntary life** - *administered by The Standard Insurance Company*
- **Long term disability (LTD)** - *administered by The Standard Insurance Company*
- **Short term disability (STD)** - *administered by The Standard Insurance Company*

We understand that choosing the right benefit plans and options is important. To help you make an informed decision, we have created this brochure to determine what coverage is available, and which options are best suited for you and your family. We encourage you to review this guide carefully, and let us know if you have any questions.

COVERAGE DESIGNED FOR YOU

MVPD's benefits program is available to active, full-time employees who are regularly scheduled to work 30 or more hours per week. As an active employee, you are eligible to enroll in medical, dental, vision, voluntary life, and STD. Basic life and AD&D and LTD are provided by MVPD at no cost.

WHEN DO MY BENEFITS START?

All benefits begin on the 1st of the month following date of hire.

CAN I COVER MY DEPENDENTS?

You may elect coverage for your dependents under the medical, dental, vision and voluntary life plans. Eligible dependents include:

- Legal spouse
- Dependent children up to age 26
- Dependent children may be covered beyond age 26 if mentally or physically disabled, living with the employee, and primarily dependent upon the employee for support
- Any child who is required by law to be covered as the employee's dependent under a Qualified Medical Child Support Order (QMCSO)

WHEN CAN I ELECT BENEFITS OR MAKE CHANGES?

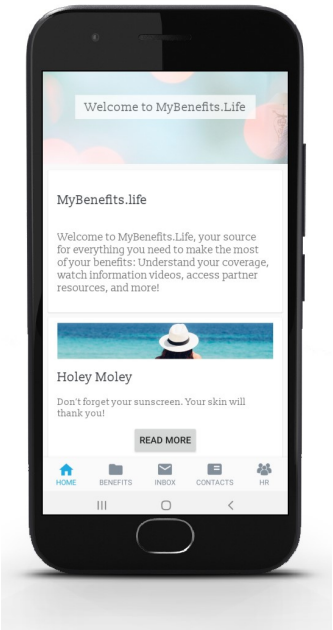
MVPD has established a Section 125 plan that allows you to make your medical and dental contributions on a pre-tax basis. The payroll deduction for these benefits reduces your taxable income, creating a tax savings and increased take home pay for you. However, once an election is made on a pre-tax basis, **it cannot be changed until the next annual enrollment unless you experience a qualifying family status change.**

- **During initial enrollment:** You may enroll within 30 days from the date when you are first eligible for benefits. If you do not enroll in the benefits program when you are initially eligible, you may enroll at the next annual enrollment.
- **During annual enrollment:** A new benefit election or change must be completed before the end of the designated enrollment period.
- **When you experience a family status change:** Major life-changing events can generate a qualifying family status change. A change in status will allow you to make changes to your benefit plan elections outside of the annual enrollment period. These events include, but are not limited to:
  - Marriage or divorce
  - Birth or adoption of a child
  - QMCSO
  - Loss or gain of other coverage
  - Death of a spouse or dependent
  - Loss or gain of spouse's employment coverage

If you have a family status change, you must notify Human Resources within 30 days of the event. Requests received after this deadline will be denied and changes will not be made until the next annual enrollment period.

HAVE YOU MET MYBENEFITS.LIFE?

MyBenefits.Life is a website, and an app, where you can get your benefits information anytime, anywhere. Understanding you benefits has never been easier.



YOU'LL FIND:

- All your benefit plans in one simple to navigate location
- Helpful contacts and links
- Useful articles and videos
- Important documents and forms

GET MYBENEFITS.LIFE TODAY!

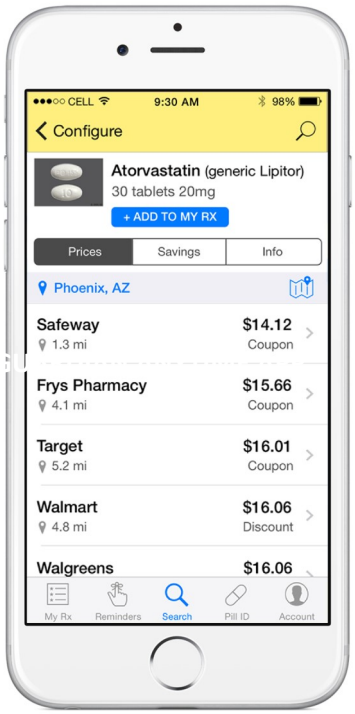
Website: mvpd.mybenefits.life

App: MyBenefits.Life | Employer Key: MVPD

ANDROID APP ON Google play

Available on the App Store

GOODRX



If you are enrolled in one of our medical plans, the **GoodRx** app and **goodrx.com** can be useful tools to help you find the best pricing on prescriptions in your area.

- Get instant access to the lowest prices for prescriptions at more than 75,000 pharmacies nationwide.
- Find coupons and savings tips that can cut your prescription costs in half.
- See prescription drug side effects, pharmacy hours and locations, pill descriptions and more.

ANDROID APP ON Google play

Available on the App Store

MEDICAL

UHC - Policy # 01Q0075 • myuhc.com • (800) 782-3740

UHC Choice Plus Network	HDHP with HSA	
	In Network	**Out of Network**
Annual Deductible		
Individual	$3,500	$5,000
Family	$7,000	$10,000
Out-of-Pocket Maximum *Includes Deductible*		
Individual	$6,350	$10,000
Family	$12,700	$20,000
Telemedicine *(applies to Deductible & OOP Maximum)*	Up to $50	N/A
Physician Office Visits		
Primary care/Specialist	80% after deductible	50% after deductible
Preventive Care		
Routine adult exams, well child exams, immunizations, well women exams, mammograms	100%, deductible waived	50% after deductible
Diagnostic Lab and X-Ray		
Lab, X-ray	80% after deductible	50% after deductible
Advanced Imaging (MRI, CT)	80% after deductible	50% after deductible
Emergency Room Services	80% after deductible	
Urgent Care Services	80% after deductible	50% after deductible
Inpatient Hospital	80% after deductible	50% after deductible
Mental Health Care		
Inpatient & Outpatient	80% after deductible	50% after deductible
Prescription Drugs		
Retail *(up to 30-day supply)*		
Tier 1	$10 copay, after deductible	
Tier 2	$35 copay, after deductible	
Tier 3	$60 copay after deductible	
Specialty Rx, Max 30 Day Fill	Same as retail copays, after deductible	
Mail Order *(up to 90-day supply)*	2.5x's retail copay after deductible	

All Rx copays , coinsurance, and deductibles will go toward Out-of-Pocket maximum.
You may need to obtain certain drugs, including certain specialty drugs, from a pharmacy designated by us. Certain drugs may have a preauthorization requirement or may result in a higher cost. You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs.

FINDING IN-NETWORK PROVIDERS

You can visit any provider you choose, but you'll generally save money by staying in-network. The plan will pay more, and providers in the network have agreed to charge lower rates for services. To find in-network providers, go to **myuhc.com**, go to the **Find a Doctor** section, click **Find a Provider,** and select the **Choice Plus** Network. Get your information anytime at **myuhc.com** or download the **UnitedHealthcare Health4Me** mobile app for on-the-go process.

HEALTH SAVINGS ACCOUNT (HSA)

HSA Bank • hsabank.com • (800) 357-6246

When you enroll in the HDHP, you are eligible to open a Health Savings Account (HSA). An HSA is a financial account that you can use to accumulate tax-free funds to pay for qualified health care expenses, as defined by the Internal Revenue Service in Publication 502. The account acts like a regular savings account with a debit card and accrues interest. All money in the account is owned by you and is fully vested as soon as it is deposited. Funds can accumulate over time and the account is portable. If you use the funds for qualified health care expenses, you will not pay taxes as long as you adhere to all IRS regulations. If you use the money for other expenses, you may pay a tax and a penalty.

Additionally, when you enroll in the HSA in 2022, MVPD will contribute funds* to HSA Bank on your behalf, according to the coverage level you elect:

Coverage elected	Company Contribution
Employee Only	$1,500
Employee + any Dependents	$2,700

*Total contributions subject to change as determined by the Police Commission.
You may also contribute additional funds to your HSA. Limits are set according to the coverage level you elect.

Coverage elected	Maximum Contribution Allowable	Catch-Up Contribution for age 55+
Employee Only	up to $3,650	up to additional $1,000
Employee + any Dependents	up to $7,300	up to additional $1,000

Under the HDHP, your annual deductible and out-of-pocket maximum include both medical expenses and pharmacy expenses. All expenses are your responsibility until the deductible is reached.

HSA RULES

You **are not eligible** to participate in an HSA if:

- You have any other medical coverage (other than another high-deductible health plan)
- You are over age 65 and enrolled in Medicare
- You are claimed as a dependent on someone else's tax return
- You or your spouse have a healthcare flexible spending account (FSA)

It is your responsibility to make sure you are eligible for the HSA and meeting the IRS contribution limits. For more details, see **Publication 969 on irs.gov**.

DENTAL

UHC - Policy # 01Q0075 • myuhc.com • (877) 816-3596

Network	Option 1: DPPO Plan UHC Tx-National Option PPO 30	Option 2: DHMO Plan UHC Tx– DHMO Select-Houston
Deductible - Per Calendar Year Individual Family	 $50 $150	N/A
Calendar Year Benefit Maximum	$1,250 per person	N/A
Calendar Year Maximum Rollover	If you incur less than $500 in claims, you will receive a $250 rollover applied to your next annual maximum benefit	N/A
Office Visit Copay	N/A	Refer to copay schedule
Preventive Care - *deductible waived* Oral examinations (2 per year), bitewing x-rays (1 per year), cleanings (2 per year), complete full-mouth or panoramic x-rays	100%	Refer to copay schedule
Basic Care - *after deductible* Periodontal maintenance/non-surgical, periodontal surgery, fillings, simple extractions, endodontics, complex oral surgery	80%	Refer to copay schedule
Major Restorative - *after deductible* Inlay/onlay/crowns, bridges and dentures	50%	Refer to copay schedule
Orthodontia - *after deductible* Orthodontic Services (to age 19) Lifetime Benefit Maximum - *per person*	 50% $1,000	

VISION

UHC - Policy # 01Q0075 • myuhcvision.com • (800) 638-3120

UHC VISION USING SPECTERA NETWORK	In Network	Out of Network
Eye Exam *(once every 12 months)*	$20 copay	$40 allowance
Lenses *(once every 12 months)*		
Single Vision	$20 copay	$40 allowance
Lined Bifocal	$20 copay	$60 allowance
Lined Trifocal	$20 copay	$80 allowance
Frames *(once every 24 months)*	$130 allowance after $20 copay	$45 allowance
Contacts *(once every 12 months)* - in lieu of frames/lenses		
Elective	$105 allowance, $0 copay	$80 allowance
Fitting & Evaluation	$30 allowance	$0 allowance
Medically Necessary	$20 copay	$210 allowance

FINDING DENTAL IN-NETWORK PROVIDERS

You can visit any provider you choose, but you'll generally save money by staying in-network. The plan will pay more, and providers in the network have agreed to charge lower rates for services. To find in-network providers, go to **myuhc.com**, go to the **Find a Dentist** section, click **Find a Dentist,** and select the **Tx – National Options PPO 30/ DHMO Select– Houston** Network. Get your information anytime at **myuhc.com** or download the **UnitedHealthcare Health4Me** mobile app for on-the-go process.

FINDING VISION IN-NETWORK PROVIDERS

You can visit any provider you choose, but you'll generally save money by staying in-network. The plan will pay more, and providers in the network have agreed to charge lower rates for services. To find in-network providers, go to **myuhc.com**, go to the **Find a Vision Provider** section, click **Find a Vision Provider**. Get your information anytime at **myuhc.com** or download the **UnitedHealthcare Health4Me** mobile app for on-the-go process.

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

The Standard Insurance Company - Group: #755132 • standard.com • (800) 633-8575

The **Basic Life** policy covers an individual in the event of death from illness or accident. All full-time employees are covered for a flat term amount of $50,000. This benefit is paid 100% by Memorial Villages Police Department. The **AD&D** policy is in an amount equal to the basic life policy.

VOLUNTARY LIFE

The Standard Insurance Company - Group: #755132 • standard.com • (800) 628-8600

	EMPLOYEE	SPOUSE	DEPENDENT CHILDREN
Benefit Amount	$10,000 increments	$5,000 increments	Children from live birth through age 25 can be covered for at flat $10,000.
Maximum Benefit	$250,000, not to exceed 6 X your Annual Earnings	$250,000, not to exceed 100% of your elected amount	
Guarantee Issue	$50,000	$25,000	
Benefit Reduction	Reduces 35% at 70; an additional 20% at 75; an additional 15% at 80; an additional 10% at 85, and an additional 10% at 90		

SHORT TERM DISABILITY

The Standard Insurance Company - Group: #755132 • standard.com • (800) 368-2859

You may elect the Short Term Disability plan to act as a continuing source of income if you are unable to work due to injury or illness. STD benefits will begin on the 8th day of injury or illness. STD insurance provides you with 60% of your total weekly earnings up to a maximum of $1,000 per week. The maximum benefit period is 12 weeks.

LONG TERM DISABILITY

The Standard Insurance Company - Group: #755132 • standard.com • (800) 368-1135

Memorial Villages Police Department provides a Long Term Disability plan to act as a continuing source of income if you are unable to work due to injury or illness. LTD benefits begin after completion of a 90-day elimination period. The benefit amount is an amount up to 60% of basic monthly salary to a maximum benefit of $5,000 per month.

NOTICES

WOMEN'S HEALTH ACT

The Women's Health and Cancer Rights Act ("WHCRA") requires MVPD to notify participants and beneficiaries of the MVPD Group Health Plan (the "Plan"), of their rights to mastectomy benefits under the Plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician 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 are subject to the same deductible and co-payments applicable to other medical and surgical benefits provided under this Plan. For further details, please refer to the Plan's Summary Plan Description._For more information on WHCRA benefits, call Human Resources.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

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). If you would like more information on maternity benefits, call your plan administrator

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Memorial Villages Police Department, in accordance with HIPAA, protects your Protected Health Information (PHI). Memorial Villages Police Department will only discuss your PHI with medical providers and third party administrators when necessary to administer the plan that provides you your medical, dental, and vision benefits or as mandated by law. A copy of the Notice of Privacy Practices is available upon request in the Human Resources department.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in a MVPD medical plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in MVPD's medical plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request [medical plan OR health plan] enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in MVPD's medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another medical plan

Important Notice from Memorial Villages Police Department 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 Memorial Villages Police Department 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. Memorial Villages Police Department has determined that the prescription drug coverage offered by the Memorial Villages Police Department health 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.

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 15th to December 7th.

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, your Memorial Villages Police Department coverage will [or will not] be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Memorial Villages Police Department health plan is creditable (e.g. as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Memorial Villages Police Department prescription drug coverage, be aware that you and your dependents may 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 Memorial Villages Police Department 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 Human Resources 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 Memorial Villages Police Department 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
- 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, 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:	April 1, 2022
Name of Entity/Sender:	Memorial Villages Police Department
Contact:	Priscilla Gonzalez
Address:	11981 Memorial Drive, Houston, TX 77024
Phone Number:	713-365-3701
Medicare Open Enrollment Date:	October 15th through December 7th

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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 on the following page, 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 states listed on the following page, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2018. Contact your state for more information on eligibility. To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

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

ARKANSAS – Medicaid

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

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+ Website: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-1991/
State Relay 711

FLORIDA – Medicaid

Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: http://dch.georgia.gov/medicaid
- Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

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: http://www.indianamedicaid.com
Phone 1-800-403-0864

IOWA – Medicaid

Website:
http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
Phone: 1-888-346-9562

KANSAS – Medicaid

Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512

KENTUCKY – Medicaid

Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

MAINE – Medicaid

Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: https://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

NEBRASKA – Medicaid

Website: http://www.ACCESSNebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: https://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: https://www.dhhs.nh.gov/ombp/nhhpp/
Phone: 603-271-5218
Hotline: NH Medicaid Service Center at 1-888-901-4999

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/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: https://dma.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

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

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid

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

PENNSYLVANIA – Medicaid

Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: http://www.eohhs.ri.gov/
Phone: 855-697-4347

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: http://gethipptexas.com/
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: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

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

WASHINGTON – Medicaid

Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: http://mywvhipp.com/
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website:
https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

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This brochure summarizes the health care and income protection benefits that are available to MVPD, Bunker Hill, and Piney Point employees and their eligible 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.