High Desert Church Employee Benefits

Effective December 1, 2017 through November 30, 2018

HDC

Open Enrollment

High Desert Church's Open Enrollment will run from November 1-8, 2017. During this time you may add or delete dependents from your coverage, change your coverage level and change your benefit elections. Please take the time to understand these changes and review your benefit needs for the new plan year. The benefits and coverage you select during this enrollment period will remain in effect until November 30, 2018 so it is very important that you consider your options carefully. Please note that you are not able to make changes to your plan elections outside of open enrollment unless you have a qualifying event. You have 30 days from the time of the qualifying event to notify Human Resources to change your benefits. Examples of qualifying events include changes in:

- Martial status (marriage, divorce, or legal separation)
- Number of dependent children (birth, adoption, placement for adoption, named legal guardian)
- Employment status (part-time to full-time or full-time to part-time)
- Dependent status (child reaches maximum age)
- Eligibility status (you or your spouse experience a change in hours, job loss, getting a new job, or become entitled to Medicare or Medicaid)

2017/2018 Benefits:

- **Medical:** Kaiser and UnitedHealthCare will continue as our medical providers through CaliforniaChoice.
- **Dental:** Sun Life will be our new dental insurance carrier. (NEW CARRIER!)
- **Voluntary Life/AD&D:** Mutual of Omaha will continue to be our life insurance carrier.
- **Long Term Disability**: Mutual of Omaha will continue to be our disability insurance carrier.
- **FSA:** TASC will continue to be our FSA administrator.
- **Voluntary Products:** Colonial will continue to be our voluntary product insurance carrier.

THE DEADLINE TO ENROLL IS WEDNESDAY, NOVEMBER 8th!

Who is Eligible?

30+ Hours/Week: You are eligible for all of HDC's benefits program.

20-29 Hours/Week: You are eligible for LTD, Vol Life/AD&D and the Voluntary Colonial products.

New Hires: You are eligible the first of the month after 30 days of employment.

You may also elect coverage for:

- Legal spouse/Registered Domestic Partner
- Dependent children up to the age of 26
- Dependent children over the carrer age limits who are physically or mentally incapable of self-support

Medical - CaliforniaChoice

The following chart summarizes the benefits for the medical plan(s) offered to all eligible employees of High Desert Church. As an eligible employee, you may choose from one of the following plans.

LEARN MORE: Please note that the chart below is intended for comparison purposes only. For a comprehensive listing of what is covered and not covered under each plan, please refer to the Evidence of Coverage booklet.

	CaliforniaChoice Kaiser Bronze HMO C (BASE PLAN)	CaliforniaChoice UHC Alliance Bronze HMO B	CaliforniaChoice Kaiser Silver HMO B	CaliforniaChoice UHC Focus Silver HMO D
Annual Deductible Individual/ Family	$5,000/$10,000	$6,500/$13,000	$1,000/$2,000	$2,000/$4,000
Annual Out of Pocket Max Individual/Family	$6,550/$13,100	$6,500/$13,000	$6,500/$13,000	$6,750/$13,500
Lifetime Benefit Max	Unlimited	Unlimited	Unlimited	Unlimited
Physician Services				
Primary Care	Plan: 65% You: 35%	Plan: 100% You: 0%	$45**	$45 Copay**
Specialist Visits	Plan: 65% You: 35%	Plan: 100% You: 0%	$45**	$65 Copay**
Preventive Care	No Charge**	No Charge**	No Charge**	No Charge**
Hospital Services				
Inpatient Hospitalization	Plan: 65% You: 35%	Plan: 100% You: 0%	Plan: 70% You: 30%	Plan: 60% You: 40%
Outpatient Surgery	Plan: 65% You: 35%	Plan: 100% You: 0%	Plan: 70% You: 30%	Plan: 60% You: 40%
Diagnostic X-Ray & Lab				
Laboratory	Plan: 65% You: 35%	Plan: 100% You: 0%	$45**	$25 Copay**
X-Ray	Plan: 65% You: 35%	Plan: 100% You: 0%	$50**	$25 Copay**
MRI, CT and PET	Plan: 65% You: 35% (per procedure)	Plan: 100% You: 0%	$250 Copay per procedure	$200 Copay per procedure**
Other Covered Services				
Chiropractic	Not Covered	Plan: 100% You: 0%	Not Covered	$15 Copay**
Acupuncture	Plan: 65% You: 35%	Plan: 100% You: 0%	$45**	$10 Copay**
Urgent/Emergency Care Visits				
Urgent Care	Plan: 65% You: 35%	Plan: 100% You: 0%	$45**	$100 Copay**
Emergency Room (Waived if Admitted)	Plan: 65% You: 35%	Plan: 100% You: 0%	Plan: 70% You: 30%	$400 Copay**
Ambulance	Plan: 65% You: 35%	Plan: 100% You: 0%	Plan: 70% You: 30%	$100 Copay**
Prescriptions				
Prescription Deductible	Combined with Medical Deductible	Combined with Medical Deductible	$150	Individual: $200 / Family: $400
Generic	Plan: 65% You: 35%*	Plan: 100% You: 0%	$25 Copay**	$20 Copay**
Formulary Name	Plan: 65% You: 35%*	Plan: 100% You: 0%	$60	$50 Copay
Non-Formulary Name	Plan: 65% You: 35%*	Plan: 100% You: 0%	$60	$100 Copay
Specialty	Plan: 65% You: 35%*	Plan: 100% You: 0%	Plan: 80% You: 20% (up to $250 per prescription)	Plan: 75% You: 25% (up to $250 per prescription)

* Up to $500 per prescription

** Deductible waived

Dental Coverage - Sun Life

The following plan chart summarizes the benefits for the dental PPO plan offered to all eligible employees of High Desert Church.

LEARN MORE: Please note that the chart below is intended for comparison purposes only and provides only a brief overview of the most common benefits covered under your plan. For a comprehensive listing of what is covered and not covered (limitations and exclusions) under each plan, please refer to the Evidence of Coverage booklet.

	Sun Life Dental PPO	
	In-Network	Out-of-Network
Annual Deductible Individual/Family (waived for preventive care)	$50/$150	Combined with In-Network
Annual Maximum Benefit	$1,500	Combined with In-Network
Services		
Preventive (Exams, Cleaning, X-rays)	100%	100%
Basic (Filling, Root Canals, Extractions)	90%	80%
Major (Crowns, Bridges, Dentures)	60%	50%
Orthodontic Benefits - Child Only		
Orthodontic Coinsurance	50%	50%
Orthodontic Lifetime Maximum	$1,500	$1,500

Voluntary Life/AD&D - Mutual of Omaha

As an employee of High Desert Church, you have the option of purchasing additional life insurance for yourself, a spouse/domestic partner and/or children. When you enroll yourself and your dependents in this benefit, you pay the full cost through post-tax payroll deductions. Please note that you may need to complete an evidence of insurability form if you elect an amount above the guaranteed issue or if you declined to enroll at your initial eligibility date.

	Employee	**Spouse/DP**	**Child(ren)***
Coverage Option	$10,000 Increments	$5,000 Increments	$1,000 Increments
Guarantee Issue Amount	$50,000	$25,000	100% of Employee Amount
Maximum Amount	$250,000 or 5x Salary	$50,000 or 100% of Employee Amount	$10,000
* Child(ren) must be under age 21, or under age 25 if a student. Please refer to your voluntary life enrollment kit for rates.			

Long Term Disability - Mutual of Omaha

High Desert Church provides you with an employer paid core plan for Long Term Disability coverage. This coverage provides financial assistance if you are unable to work for an extended period of time due to an illness or injury.

	Plan Highlights
Coverage Option	60% of monthly salary
Maximum Amount	$5,000
Less Any Amount Payable by	Social Security Income (SSI)
Elimination Period	90 Days
Benefit Duration	65 or SSNRA – Social Security Normal Retirement Age
Pre-existing Conditions	3 month look back; 12 month exclusion of pre-existing condition found during the 3 month look back

Flexible Spending Account (FSA) - TASC

The Flexible Spending Account (FSA) allows employees to set aside pretax dollars for unreimbursed, qualified health care and child care expenses. The money that is deposited into your FSA comes directly from your gross pay, which reduces your taxable income. There are two separate accounts and enrollment is completely optional.

Healthcare FSA: You may set aside up to **$2,650** per year. Use the FSA to pay yourself back for out-of-pocket medical, dental and vision expenses and for expenses that your plan doesn't cover. Transportation and other travel costs for medical care may also be covered.

Dependent Care FSA: Dependent care expenses are those which allow you to pay a licensed caregiver to take care of your children or an adult dependent while you work. You may put aside up to the max of **$5,000**.

Your Healthcare FSA comes with a 2.5 month grace period. That means after Januray 1, 2018, you will have an additional 2.5 months to March 15, 2017 to spend any FSA dollars left in your account from 2017.

High Desert Church will continue to provide $6,500 towards your Healthcare FSA, regardless of enrollment in benefits or inclusion of dependents. All benefit eligible employees receive this card with no exclusions or qualifiers.

Please remember that you must re-enroll every year in the FSA plan per the IRS guidelines.

Voluntary Products - Colonial

High Desert Church makes a broad array of voluntary benefits available to you through Colonial Life. These voluntary coverages have unique features that are highlighted below:

- Most benefits paid directly to you unless otherwise specified.
- Individual coverage purchased through payroll deductions.
- Most plans pay benefits regardless of other insurance coverage.
- Most policies can be paid post tax allowing for the benefit to be received tax free.

Choose from the list of plans below according to your benefit needs:

- Accident 1.0
- Cancer Assist
- Critical Illness 1.0
- Disability 1000
- Medical Bridge 3000
- Term Life
- Whole Life

For a complete summary of each policy and rates associated with the policy, please contact Human Resources.

403(b) - Ministers and Missionaries Benefit Board

Ministers and Missionaries Benefit Board (MMBB) is a church-based financial service organization. They provide financial products that allow them to provide for our families and their future. For more information, contact our MMBB representative:

Sara Day
sara.day@mmbb.org
212.870.8003
475 Riverside Dr. Suite 1700
New York, NY 10115-0049

Medicare

Have questions questions regarding Medicare? Contact the following agent to discuss:

Kim Caldwell

Insurance License# 0K84584

Tel: 626-421-7130 Fax: 844-294-7447

Website: www.pbiinsurance.com

2017-2018 Employee Payroll Deductions

	Per Paycheck			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Medical				
Kaiser Bronze HMO C (BASE PLAN)	$0.00	$0.00	$0.00	$0.00
All Other Medical Plans*	Age Rated	Age Rated	Age Rated	Age Rated
Dental				
Sun Life Dental PPO	$0.00	$0.00	$0.00	$0.00

* The premium for all the medical plans are based on each individual employee's age. High Desert Church will be contributing 100% of the medical premium on the Kaiser Bronze HMO C base plan. You will be responsible for any additional premium for the buy up options. See your Human Resources department for further information.

What You Need to do for Enrollment

To make sure you have the benefits coverage you want for the 2017-2018 plan year:

- Read this brochure to see what's available to you
- Review the benefits and who you want to cover
- Discuss your benefit needs with your family
- Log into EaseCentral at hdc.easecentral.com to enroll and make changes

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Questions? Carrier Contact Information:

Administrator	Benefit	Phone	Website or Email
California Choice	Medical HMO & PPO	800-558-8003	www.calchoice.com
Colonial	Worksite Benefits	800-325-4368	www.coloniallife.com
HDC Benefit Team	HDC Benefit Team		benefits@highdesertchurch.com
Ministers and Missionaries Benefit Board	403(b)	212-870-8003	sara.day@mmbb.org
Mutual of Omaha	Life Claims	800-775-8805	www.mutualofomaha.com
Mutual of Omaha	Long Term Disability (LTD)	800-655-5142	www.mutualofomaha.com
Sun Life	Dental PPO	800-334-7244	https://ebg.sunlife.com
TASC	Flexible Spending Account	800-422-4661	www.tasconline.com

high desert church

This newsletter highlights the main features of the High Desert Church benefit plans. It is intended to help you choose the benefits that are best for you. This newsletter does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this newsletter and the legal plan documents, the plan documents are the final authority. High Desert Church reserves the right to change or discontinue its benefit plans at any time.

Important Notices

Notice: Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, see the contact information at the end of these notices.

Notice: The Newborns' and Mothers' Health Protection Act (NMHPA)

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Notice: Woman's Health and Cancer Rights Act (WHCRA)

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? For more information, see the contact information at the end of these notices.

Notice: Consolidated Omnibus Budget Reconciliation Act (COBRA)

Introduction

You're getting this notice because you have coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

Important Notices - Continued

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the contact person shown at the end of these notices.

How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work (for fully insured plans issued in California, coverage generally last for 36 months). Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Important Notices - Continued

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Notice: Uniformed Services Employment and Reemployment Rights Act (USERRA)

Under the Uniformed Services Employment Reemployment Rights Act of 1994 (USERRA), employees are provided with broad protection in terms of their reemployment upon completion of military service.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- you ensure that your employer receives advance written or verbal notice of your service;
- you have five years or less of cumulative service in the uniformed services while with that particular employer;
- you return to work or apply for reemployment in a timely manner after conclusion of service; and
- you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- are a past or present member of the uniformed service;
- have applied for membership in the uniformed service; or
- are obligated to serve in the uniformed service;

Important Notices - Continued

then an employer may not deny you:

- initial employment;
- reemployment;
- retention in employment;
- promotion; or
- any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at (866) 4-USA-DOL or visit its website at http://www.dol.gov/vets. An interactive online USERRA Advisor can be viewed at http://www.dol.gov/elaws/userra.htm.
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

Notice: Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **(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 (**866) 444-EBSA (3272)**.

Important Notices - Continued

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, 2017. Contact your State for more information on eligibility -

ALABAMA – Medicaid	**FLORIDA – Medicaid**
Website: http://myalhipp.com/ Phone: (855) 692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: (877) 357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: (866) 251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: Website: http://dhss.alaska.gov/dpa/Pages/medicaid/	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: (404) 656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: (855) MyARHIPP (692-7447)	Healthy Indiana Plan for Low-Income Adults 19-64 Website: http://www.in.gov/fssa/hip Phone: (877) 438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: (800) 403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid**
Health First Colorado Website: http://www.healthfirstcolorado.com Member Contact Center: (800) 221-3943 / State Relay 711 Child Health Plan Plus (CHP+) Website: http://www.colorado.gov/HCPF/Child-Health-Plan-Plus Customer Service: (800) 359-1991 / State Relay 711	Website: http://www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: (888) 346-9562
KANSAS – Medicaid	**NEVADA – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: (785) 296-3512	Website: http://dwss.nv.gov/ Phone: (800) 992-0900
KENTUCKY – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: http://chfs.ky.gov/dms/default.htm Phone: (800) 635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: (603) 271-5218
LOUISIANA – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: (888) 695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: (609) 631-2392 CHIP Website: http://www.njfamilycare.org/default.aspx CHIP Phone: (800) 701-0710

MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: (800) 442-6003 TTY: Maine Relay 711	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: (800) 541-2831
MASSACHUSETTS – Medicaid and CHIP	**NORTH CAROLINA – Medicaid**
Website: http://www.mass.gov/MassHealth Phone: (800) 462-1120	Website: http://dma.ncdhhs.gov Phone: (919) 855-4100
MINNESOTA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://mn.gov/dhs/ma/ Phone: (800) 657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: (844) 854-4825
MISSOURI – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: (573) 751-2005	Website: http://www.insureoklahoma.org Phone: (888) 365-3742
MONTANA – Medicaid	**OREGON – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: (800) 694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: (800) 699-9075
NEBRASKA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.dhs.pa.gov/hipp Phone: (800) 692-7462
RHODE ISLAND – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: (855) 697-4347	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: (800) 432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: (855) 242-8282
SOUTH CAROLINA – Medicaid	**WASHINGTON – Medicaid**
Website: http://www.scdhhs.gov Phone: (888) 549-0820	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: (800) 562-3022 ext. 15473
SOUTH DAKOTA - Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://dss.sd.gov Phone: (888) 828-0059	Website: http://mywvhipp.com/ Phone: (855) MyWVHIPP (699-8447)

TEXAS – Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: (800) 440-0493	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: (800) 362-3002
UTAH – Medicaid and CHIP	**WYOMING – Medicaid**
Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: (877) 543-7669	Website: https://wyequalitycare.acs-inc.com/ Phone: (307) 777-7531
VERMONT– Medicaid	
Website: http://www.greenmountaincare.org/ Phone: (800) 250-8427	

To see if any other States have added a premium assistance program since August 10, 2017, or for more information on *Special Enrollment Rights*, contact either:

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

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

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Notice: Patient Protection – Primary Care Designation (HMO)

Your group health plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, your health insurer designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, see the contact information at the end of these notices.

Notice: Patient Protection – Obstetrics & Gynecological care (HMO)

You do not need prior authorization from your group health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, see the contact information at the end of these notices.

For more information, contact:

HDC Benefit Team:

benefits@highdesertchurch.com

Notes


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