# benefit summary

2018

City of
Santa Monica®

# Benefits Overview

**City of Santa Monica** is proud to offer a comprehensive benefits program that provides you with great flexibility to choose a plan that fits your health, wellness, and financial needs. The benefit plans have many valuable features to help reduce your medical expenses and improve your health and well-being. Your plans will be made effective January 1, 2018 and run through December 31, 2018.

During each annual enrollment period, which occurs in the fall of each year, you will have the opportunity to review your benefit elections and make changes for the coming year.

Only during the annual open enrollment period will you have the opportunity to:

- Add or delete lines of coverage
- Add or delete dependents from coverage, unless you experience a qualified life event

## Eligibility for New Hires

As an employee of City of Santa Monica, you and your eligible dependents will be eligible for benefits on the first of the month following your date of hire. To remain benefit eligible, you must be a permanent employee working at least 20 hours per week.

## Benefit Plans Offered

- Medical
- Dental
- Vision
- Basic Life and Accidental Death & Dismemberment (AD&D)
- Voluntary Life
- Long-Term Disability (LTD)
- Flexible Spending Account (FSA)
- Employee Assistance Program (EAP)
- Substance Abuse Benefit

## Who Qualifies as My Eligible Dependent?

- Your legal spouse
- Domestic Partners
- Children up to age 26
- Children who become mentally or physically disabled and are incapable of self-support

**NOTE:** To add any new dependents to your coverage, you will need to submit supporting documentation. A valid social security number is required for all dependents.

## Qualified Life Event

The elections you make during open enrollment will remain in effect for the entire plan year. You can make certain changes during the plan year due to a Qualified Life Event. If you have a Qualified Life Event, you must provide documentation to Human Resources within 30 days of the status change in order to qualify for a change in coverage. Any changes you request must be consistent with your Qualifying Life Event. Failure to notify Human Resources within 30 days will disqualify the status change, and require you to wait until the next annual open enrollment.

However, for certain HIPAA special enrollment events such as loss of eligibility for Medicare, CHIP coverage, or gaining state premium assistance, you will be given 60 days to request such special enrollments.

**Qualified Life Events Include:**

- Marriage, legal separation, or divorce
- Birth or adoption of a child
- Death of a spouse or dependent
- Beginning or end of you or your spouse's employment

## Benefit Decisions

Considerations when making your benefit decisions:

- Understand your benefit choices
- Review the costs associated with each benefit
- Analyze your personal benefit needs
- Evaluate your access to key medical, dental, and vision providers

# Medical Benefits

## Administered by Aetna and Kaiser

Comprehensive healthcare provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through City of Santa Monica.

City of Santa Monica offers three medical plans: Aetna PPO, Aetna HMO, and Kaiser HMO.

With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less than if you use an out-of-network provider.

With the HMO, you must select a medical group and primary care physician (PCP).

With the HMO, all care must be provided or coordinated by your PCP.

| Benefits and Services | Aetna OAMC POS | | Aetna HMO | Kaiser HMO |
|---|---|---|---|---|
| | In-Network | Out-of-Network | In-Network | In-Network |
| **Lifetime Benefit Maximum** | Unlimited | Unlimited | Unlimited | Unlimited |
| **Annual Deductible** (Individual/Family) | $500 / $1,000 | $500 / $1,000 | None | None |
| **Annual Out-of-Pocket Maximum** (Individual/Family) | $3,000 / $6,000 | $3,000 / $6,000 | $1,500 / $3,000 | $1,500 / $3,000 |
| **Office Visits** | $20 copay | 40%* | $20 copay | $15 copay |
| **Preventative Exams** | No charge | 40%* | No charge | No charge |
| **Emergency Room** | $100 copay | $100 copay | $100 copay | $50 copay |
| **Urgent Care** | $50 copay | 40%* | $50 copay | $15 copay |
| **Inpatient Hospitalization** | 20%* | 40%* | $100 / admit | No charge |
| **Outpatient Surgery** | 20%* | 40%* | No charge | $15 / procedure |
| **Ambulance Service** | 20%* | 40%* | No charge | $50 copay |
| **Prescription Drugs (30-Day Supply for Retail and 100-Day Supply for Mail Order Prescriptions)** | | | | |
| **Retail—Generic** | $10 copay | Not covered | $10 copay | $10 copay |
| **Retail—Brand Formulary** | $20 copay | Not covered | $20 copay | $15 copay |
| **Retail—Brand Nonformulary** | $35 copay | Not covered | $35 copay | $15 copay |
| **Mail Order—Generic** | $20 copay | Not covered | $20 copay | $10 copay |
| **Mail Order— Brand Formulary** | $40 copay | Not covered | $40 copay | $15 copay |
| **Mail Order— Brand Nonformulary** | $70 copay | Not covered | $70 copay | $15 copay** |

*After deductible.

** Up to 30-day supply for mail order specialty drugs.

# Dental Benefits

## Administered by Delta Dental

City of Santa Monica pays the full cost of the Dental PPO or HMO plan for you and your eligible dependents. Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the City of Santa Monica dental benefit plans.

| Benefits and Services | Dental PPO | | Dental HMO |
|---|---|---|---|
| | In-Network | Out-of-Network | In-Network |
| **Annual Deductible** (Individual/Family) | None | $50 / $150 | None |
| **Annual Benefit Maximum** (per person) | $2,000 | $1,000 | None |
| **Preventive Dental Services** (cleanings, exams, x-rays) | 100% | 80%* | 100% |
| **Basic Dental Services** (fillings, root canal therapy, oral surgery) | 90% | 80%, after deductible | View benefit summary for each separate service |
| **Major Dental Services** (extractions, crowns, inlays, onlays, bridges, dentures, repairs) | 70% | 50%, after deductible | View benefit summary for each separate service |
| **Orthodontia Services** (covered to age 19) | 50% | 50%, after deductible | $1,600 copay |

*Deductible waived.

# Vision Insurance

## Administered by Vision Service Plan (VSP)

City of Santa Monica pays the full cost of the Vision plan for you and your eligible dependents. Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

| | In-Network (any VSP provider) | Out-of-Network (any qualified non-network provider of your choice) |
|---|---|---|
| **Eye Exam —** once every 12 months | $25 for exam and glasses | Up to $50 |
| **Lenses —** once every 12 months | | |
| **Single Vision Lenses** | Combined with exam | Up to $50 |
| **Lined Bifocal Lenses** | Combined with exam | Up to $75 |
| **Lined Trifocal Lenses** | Combined with exam | Up to $100 |
| **Contact Lenses —** once every 12 months if you elect contacts instead of lenses/frames | $105 allowance | Up to $105 allowance |
| **Frames —** once every 24 months | $115 allowance | $70 allowance |

## Basic Life and Accidental Death & Dismemberment Insurance

Administered by Aetna

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while employed by City of Santa Monica. City of Santa Monica provides Basic Life/AD&D insurance at no cost to you. Please refer to the MOU to review your amount of Basic Life/AD&D coverage.

## Voluntary Life

Administered by Aetna

You may purchase life insurance in addition to the company-provided coverage. You may also purchase life insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to $100,000 or three times your salary, and up to $30,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

**Employee—** Up to five times your salary in increments of $10,000; $300,000 maximum amount

**Spouse—** Up to $150,000 in increments of $10,000; can't exceed 50% of employee's life amount

**Child—** Up to $10,000 in increments of $2,500; can't exceed 50% of employee's life amount
$500 for children less than 6 months of age

### Monthly Rates for Voluntary Life Insurance (rate per $10,000)

| Age Bands | <20 | 20–24 | 25–29 | 30–34 | 35–39 | 40–44 | 45–49 | 50–54 | 55–59 | 60–64 | 65–69 | 70–74 | 75+ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Employee** | $0.40 | $0.40 | $0.40 | $0.52 | $0.64 | $1.01 | $1.67 | $2.82 | $4.86 | $6.28 | $8.83 | $17.67 | $17.67 |
| **Spouse** | $0.40 | $0.40 | $0.40 | $0.52 | $0.64 | $1.01 | $1.67 | $2.82 | $4.86 | $6.28 | $8.83 | $17.67 | $17.67 |

| | Child(ren) |
|---|---|
| **$2,500** | $0.540 per month |
| **$5,000** | $0.800 per month |
| **$7,500** | $1.090 per month |
| **$10,000** | $1.360 per month |

### Long-Term Disability (LTD)

Administered by Aetna

Meeting your basic living expenses can be a challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income. City of Santa Monica provides Long-Term Disability insurance (LTD) coverage at no cost to you. Please refer to the MOU to review your amount of LTD coverage.

## Flexible Spending Accounts

Administered by PlanSource (formerly known as Next Generation Enrollment)

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where savings comes in). Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

- **Annual Healthcare Spending Limit**—$2,600
- **Dependent Care Spending Limit**—The maximum you can contribute to your dependent care account is $5,000 (if you are filing a joint return or you are a head of household or a single parent) or $2,500 (if you are married filing separate returns).
- **PlanSource is the administrator of the Flexible Spending Accounts**—one for healthcare expenses and one for dependent childcare and elder care expenses. You can enroll in one or both FSAs.

**Here's How an FSA Works**

1. You decide the annual amount you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare/elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
3. You can pay with the Healthcare FSA debit card for eligible healthcare expenses; please reference IRS guidelines. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA. Your expenses are paid with tax-free dollars.
5. A complete list of eligible healthcare expenses can be found in IRS Publication 502 at irs.gov.

## Employee Assistance Program (EAP)

Administered by the Holman Group

City of Santa Monica offers an Employee Assistance Program (EAP) through the Holman Group. The EAP provides guidance for personal and work related issues. The benefit is provided at no cost to you and covers your eligible dependents. Through the EAP, you will receive five face-to-face sessions per member per incident per year with local, licensed therapists, and unlimited phone consultations. You may access this service 24 hours a day, 7 days a week, by phone or online. For more information and to arrange an appointment, please call **800.321.2843** or visit holmangroup.com. Your username is **Santamonica** and password is **CSM2014**. The password is case sensitive.

## Substance Abuse Benefit (employees only)

Administered by the Holman Group

City of Santa Monica offers a Substance Abuse benefit to assist you in managing issues that affect your daily life. Through face-to-face counseling sessions, the substance abuse benefit is the first step to regaining control and improving life quality. Eligible employees can utilize the substance abuse benefit. Please refer to your Evidence of Coverage for details. You can call **800.321.2843** to speak to a licensed clinician, 24 hours a day, 365 days a year. You can also visit holmangroup.com. Your username is Santamonica and password is CSM2014. The password is case sensitive.

## Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or your local human resources department.

| Benefit | Administrator | Phone | Website |
|---|---|---|---|
| **Medical** | Aetna HMO | 877.647.3776 | www.aetna.com |
| | Aetna OAMC | 800.499.1751 | www.aetna.com |
| | Kaiser HMO | 800.753.0222 | www.kp.org |
| **Dental** | Delta Dental HMO | 800.422.4234 | www.deltadental.com |
| | Delta Dental PPO | 888.335.8227 | |
| **Vision** | VSP | 800.877.7195 | www.vsp.com |
| **Basic Life and AD&D Insurance** | Aetna | 800.872.3862 | www.aetna.com |
| **Long-Term Disability** | Aetna | 866.236.4089 | www.aetna.com |
| **Voluntary Life Insurance** | Aetna | 800.872.3862 | www.aetna.com |
| **EAP and Substance Abuse Plan** | The Holman Group | 800.321.2843 | www.holmangroup.com |
| **FSA, COBRA, Retiree Administration** | PlanSource | 888.266.1732 | www.plansource.com |

# Legal Notices

**THIS PACKAGE CONTAINS THE ANNUAL REQUIRED ERISA NOTICES FOR OUR EMPLOYEE BENEFIT PROGRAM FOR ALL EMPLOYEES JOINING THE PLAN OR CURRENT PARTICIPANTS OF THE PLAN.**

**READ CAREFULLY AND KEEP IN A SECURE PLACE.**

**Contact Human Resources Department if you have any questions.**

## HIPAA Special Enrollment Rights Notice

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 stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days, after your or your dependents' other coverage end.

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, contact human resources.

## Certificate of Creditable Drug Coverage—Important Notice 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 our group plan 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 prescription 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. Our group has determined that the prescription drug coverage offered 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 prescription drug plan when you first become eligible for Medicare, and each year from October 15 through December 7, the annual Medicare Open Enrollment Period, with coverage effective on January 1. 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.

**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 coverage with your employer's group health plan and do not enroll in Medicare prescription drug coverage within 63 days after your current coverage ends, you may pay a higher premium (a penalty) to enroll in Medicare prescription drug coverage 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.

**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 current coverage under the group plan will not be affected. If you decide to drop your group plan coverage and join Medicare drug plan you will be able to get this coverage back as long as you are an active employee.

**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 will receive a copy

of the handbook in the mail from Medicare every year. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans from these places:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see 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

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at **1.800.772.1213** (TTY 1-800-325-0778).

**Remember:** Keep this notice. If you enroll in one of the plans approved by Medicare that offers prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you have maintained creditable coverage, and are not required to pay a higher premium amount (a penalty).

## Women's Health and Cancer Rights Act Notice

This law requires group health plans providing coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. We are pleased to inform you that your medical coverage is in compliance with this law.

As the Act requires, we have provided you this letter to inform you about the law's provisions. The law mandates that a member receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy, will also receive coverage for:

- reconstruction of the breast on which the mastectomy has been performed
- surgery and reconstruction of the other breast to produce a symmetrical appearance
- prostheses; and
- treatment of physical complications of all stages of mastectomy, including lymphedema

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you have any questions about our coverage of mastectomies and reconstructive surgery, please contact the Member Services number on the back of your medical ID card.

## Newborns and Mothers Health Protection Act Notice

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 insurers may not require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not more than 48 hours (or 96 hours).

# 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).**

**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 August 10, 2017. Contact your State for more information on eligibility.**

| **ALABAMA – Medicaid** |
|---|
| http://myalhipp.com<br>855.692.5447 |
| **ALASKA – Medicaid** |
| The AK Health Insurance Premium Payment Program<br>http://myakhipp.com/ \| 866.251.4861<br>CustomerService@MyAKHIPPcom<br>Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx |
| **ARKANSAS – Medicaid** |
| http://myarhipp.com<br>855.MyARHIPP (855.692.7447) |
| **COLORADO – Medicaid and CHIP** |
| Health First Colorado (Colorado's Medicaid Program)<br>https://www.healthfirstcolorado.com<br>Member Contact Center: 800.221.3943 \| State Relay 711<br>Child Health Plan Plus (CHP+)<br>Colorado.gov/HCPF/Child-Health-Plan-Plus<br>Customer Service: 800.359.1991 \| State Relay 711 |
| **FLORIDA – Medicaid** |
| http://flmedicaidtplrecovery.com/hipp<br>877.357.3268 |
| **GEORGIA – Medicaid** |
| http://dch.georgia.gov/medicaid<br>Click on Health Insurance Premium Payment (HIPP)<br>404.656.4507 |
| **INDIANA – Medicaid** |
| Healthy Indiana Plan for low-income adults 19-64<br>http://www.in.gov/fssa/hip/ \| 877.438.4479<br>All other Medicaid<br>http://www.indianamedicaid.com \| 800.403.0864 |
| **IOWA – Medicaid** |
| http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp<br>888.346.9562 |
| **KANSAS – Medicaid** |
| http://www.kdheks.gov/hcf<br>785.296.3512 |

| **KENTUCKY – Medicaid** |
|---|
| http://chfs.ky.gov/dms/default.htm \| 800.635.2570 |
| **LOUISIANA – Medicaid** |
| http://dhh.louisiana.gov/index.cfm/subhome/1/n/331<br>888.695.2447 |
| **MAINE – Medicaid** |
| http://www.maine.gov/dhhs/ofi/public-assistance/index.html<br>800.442.6003 \| TTY: Maine relay 711 |
| **MASSACHUSETTS – Medicaid and CHIP** |
| http://www.mass.gov/eohhs/gov/departments/masshealth<br>800.862.4840 |
| **MINNESOTA – Medicaid** |
| http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp<br>800.657.3739 |
| **MISSOURI – Medicaid** |
| http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>573.751.2005 |
| **MONTANA – Medicaid** |
| http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>800.694.3084 |
| **NEBRASKA – Medicaid** |
| http://www.ACCESSNebraska.ne.gov<br>Phone: 855.632.7633 \| Lincoln: 402.473.7000 \| Omaha: 402.595.1178 |
| **NEVADA – Medicaid** |
| http://dwss.nv.gov \| 800.992.0900 |
| **NEW HAMPSHIRE – Medicaid** |
| http://www.dhhs.nh.gov/oii/documents/hippapp.pdf<br>603.271.5218 |
| **NEW JERSEY – Medicaid and CHIP** |
| Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid<br>609.631.2392<br>CHIP: http://www.njfamilycare.org/index.html<br>800.701.0710 |

| NEW YORK – Medicaid |
|---|
| https://www.health.ny.gov/health_care/medicaid/<br>800.541.2831 |
| **NORTH CAROLINA – Medicaid** |
| https://dma.ncdhhs.gov<br>919.855.4100 |
| **NORTH DAKOTA – Medicaid** |
| http://www.nd.gov/dhs/services/medicalserv/medicaid<br>844.854.4825 |
| **OKLAHOMA – Medicaid and CHIP** |
| http://www.insureoklahoma.org<br>888.365.3742 |
| **OREGON – Medicaid** |
| http://healthcare.oregon.gov/Pages/index.aspx<br>http://www.oregonhealthcare.gov/index-es.html<br>800.699.9075 |
| **PENNSYLVANIA – Medicaid** |
| http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm<br>800.692.7462 |
| **RHODE ISLAND – Medicaid** |
| http://www.eohhs.ri.gov<br>855.697.4347 |
| **SOUTH CAROLINA – Medicaid** |
| http://www.scdhhs.gov<br>888.549.0820 |
| **SOUTH DAKOTA – Medicaid** |
| http://dss.sd.gov<br>888.828.0059 |

| TEXAS – Medicaid |
|---|
| http://gethipptexas.com<br>800.440.0493 |
| **UTAH – Medicaid and CHIP** |
| Medicaid: https://medicaid.utah.gov<br>CHIP: http://health.utah.gov/chip<br>877.543.7669 |
| **VERMONT – Medicaid** |
| http://www.greenmountaincare.org<br>800.250.8427 |
| **VIRGINIA – Medicaid and CHIP** |
| Medicaid: http://www.coverva.org/programs_premium_assistance.cfm<br>800.432.5924<br>CHIP: http://www.coverva.org/programs_premium_assistance.cfm<br>855.242.8282 |
| **WASHINGTON – Medicaid** |
| http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program<br>800.562.3022, ext. 15473 |
| **WEST VIRGINIA – Medicaid** |
| http://mywvhipp.com/<br>855.MyWVHIPP (855.699.8447) |
| **WISCONSIN – Medicaid and CHIP** |
| https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf<br>800.362.3002 |
| **WYOMING – Medicaid** |
| https://wyequalitycare.acs-inc.com<br>307.777.7531 |

**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/agencies/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

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email **ebsa.opr@dol.gov** and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/19)

City of Santa Monica
1685 Main Street
Santa Monica, CA 90401

310.458.8246

www.smgov.net

***This benefit summary prepared by***

Arthur J. Gallagher & Co.

18GBS32358A