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E M P L O Y E E B E N E F I T S G U I D E

Welcome & Important Enrollment Information

Chester County Communication Charter School strives to offer you and your eligible dependents a competitive and comprehensive benefits package. We encourage you to take the time to review this guide and educate yourself about the benefit options available to you.

The benefits you elect will be effective until November 30, 2024. Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualified change in status.



How to Enroll

You will receive an email from AccessAble + Registration Confirmation, please click on the link within the email and follow the steps to enroll.

If you do not receive this email, please notify Janelle Trigg at jtrigg@chestercommunitycharter.org or **610.447.0400 ext. 1287** for further assistance.

PLEASE NOTE: If you are adding a spouse and/or dependents, you must provide Janelle Trigg with a copy of a marriage certificate and/or birth certificate. We cannot add your dependents without this submission.

Questions?

If you have any questions about the information in this guide, please contact Janelle Trigg in Human Resources at **610.447.0400 x 1287** or the Benefits Member Advocacy Center - please see page 12 for contact information.

Making Plan Changes

Qualified changes in status are determined by IRS rules. Examples include: marriage, legal separation, annulment, divorce, birth or adoption of a child, change in child's dependent status, death of a spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. Please note that voluntarily electing CHIP for a dependent does not count as a qualified life event and current coverage cannot be dropped.

If an eligible dependent had other coverage and such coverage is lost, the eligible dependent may be eligible for enrollment during a "special enrollment period," which is usually the 31-day period following the date that other coverage was lost, due to a qualified change in status.

You must notify Human Resources within 31 days of experiencing a qualified status change.

Benefits At-A-Glance

Chester Community Charter School (CCCS) strives to offer our employees and their eligible dependents a competitive and comprehensive benefits package.

MEDICAL/PRESCRIPTION DRUG

Three competitive medical & prescription drug plans administered by Independence Blue Cross. All plans provide both in-network and out-of-network coverage. **CCCS contributes 100% towards the cost for employee only coverage in the Point-of-Service and vision rider plans.**

DENTAL

Two dental benefits administered by Delta Dental. Large national provider network. Orthodontia coverage available. **CCCS contributes 100% towards the cost for employee only coverage in the Base dental plan.**

VOLUNTARY VISION

Voluntary vision coverage administered by VSP. Large national provider network. Eligible to obtain a vision exam and new lenses every 12 months.

LIFE AND AD&D

Basic Life and AD&D benefits paid for 100% by CCCS for all benefit eligible employees. Supplemental employee, spouse, and child(ren) life benefits available for employees to purchase additional coverage.

DISABILITY

Short-Term and Long-Term Disability benefits paid for 100% by CCCS for all benefit eligible employees.

EMPLOYEE ASSISTANCE PROGRAM

Paid for 100% by CCCS.

BENEFITS MEMBER ADVOCACY CENTER

Available to assist all benefit eligible employees with claim issues, answer benefit questions, etc.

COLLBORATIVE AND SUPPORTIVE WORKING ENVIRONMENT

CCCS also provides the following additional benefits:

EMPLOYEE REFERRAL BONUSES

Refer certified teachers to receive a bonus once they teach here for a year.

PTO CARRY OVER OR CASH OUT

Carry over up to ten (10) PTO days or choose to cash out up to seven (7) PTO days for a set rate at the end of the year.

TEACHER MENTORSHIP

Every new teacher receives a mentor to help support and guide them as they become acclimated to CCCS.

TUITION REIMBURSEMENT

CCCS offers a set amount of tuition reimbursement each year to promote professional growth.



Medical Plans:

Independence Blue Cross

Below is a summary of the medical plans available to you through Independence Blue Cross.

DON'T FORGET! PREVENTIVE CARE SERVICES ARE COVERED 100% IN-NETWORK - NO COPAYS OR COINSURANCE!

	Keystone POS Plan*	Personal Choice PPO Plan 1	Personal Choice PPO Plan 2
IN-NETWORK BENEFITS			
Annual Deductible Individual/Family	\$1,000/\$3,000	None	None
Out-of-Pocket Maximum Individual/Family	\$6,600/\$13,200	\$6,350/\$12,700	\$6,350/\$12,700
Coinsurance (% plan pays)	Plan pays 80%	Plan pays 100%	Plan pays 100%
Preventive Care Services	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Physician (PCP) Office Visits	\$20 copay (no deductible)	\$20 copay	\$10 copay
Specialist Office Visit	\$40 copay (no deductible)	\$40 copay	\$20 copay
Inpatient Hospital	Plan pays 80% after deductible	\$250 copay per day (max 5days) then Plan pays 100%	Plan pays 100%
Outpatient Surgery	Plan pays 80% after deductible	\$100 copay per visit then Plan pays 100%	\$100 copay then Plan pays 100%
Diagnostic/Complex Radiology	\$40 copay/\$80 copay (no deductible)	\$40 copay/\$75 copay	\$20 copay/\$40 copay
Emergency Room	Plan pays 80% after deductible	\$100 copay then Plan pays 100%	\$100 copay then Plan pays 100%
Urgent Care	Plan pays 80% after deductible	\$50 copay	\$50 copay
Vision Care (benefits every 2 years)	\$40 copay for exam \$65 hardware reimbursement	Plan pays 100% \$65 hardware reimbursement	Plan pays 100% \$65 hardware reimbursement
OUT-OF-NETWORK BENEFITS			
Annual Deductible Individual/Family	\$5,000/\$15,000	\$500/\$1,500	\$500/\$1,500
Out-of-Pocket Maximum Individual/Family	\$30,000/\$90,000	\$7,350/\$13,700	\$7,350/\$13,700
Coinsurance (% plan pays)	Plan pays 50% after deductible	Plan pays 70% after deductible	Plan pays 70% after deductible

* If you are enrolling in the POS plan you must select a Primary Care Physician (PCP) at the time of enrollment. Please provide the name of the PCP as listed on www.IBX.com and also include the Provider ID number (which is generally a 9 or 10 digit number).

The benefits represented in this Guide is a brief summary of benefit. For a more detailed listing of benefits, including exclusions, please visit www.cccsbenefits.com.

Out-of-network claims payments are based on usual and customary (UCR) charges; for the specific level reimbursement for out-of-network claims, please see the Summary Plan Description. Out-of-network providers are not contractually obligated to accept the insurance company's reimbursement as payment in full. This means that the out-of-network providers can balance-bill the member for additional charges above the allowed amount from the insurance company. Members will realize less out-of-pocket expenses if they seek care from a network provider

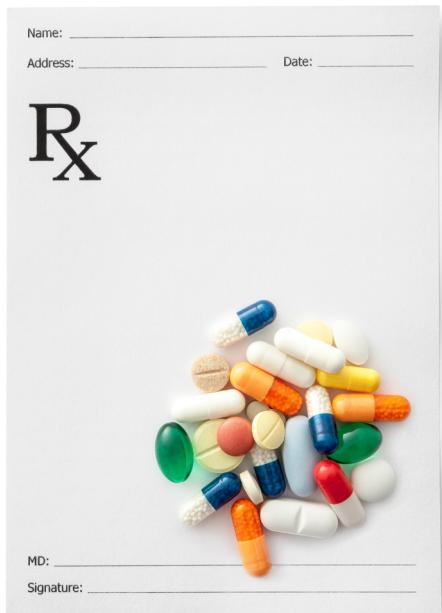
Prescription Drug Plan: *Independence Blue Cross*

If you are enrolled in one of the medical plans, you are automatically enrolled in the corresponding prescription drug plan through Independence Blue Cross.

	Keystone POS Plan*	Personal Choice PPO Plan 1	Personal Choice PPO Plan 2
BENEFITS			
Retail (up to a 30-day supply)			
Generic	\$20 copay	\$20 copay	\$10 copay
Preferred Brand	\$40 copay	\$40 copay	\$20 copay
Non-Preferred Brand	\$70 copay	\$70 copay	\$35 copay
Mail Order (up to a 90-day supply)			
Generic	\$40 copay	\$40 copay	\$20 copay
Preferred Brand	\$80 copay	\$80 copay	\$40 copay
Non-Preferred Brand	\$140 copay	\$140 copay	\$70 copay

* Member must pay the applicable copay only if the physician requires the brand. If the member requests the brand when a generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price.

The benefits represented in this Guide is a brief summary of benefit. For a more detailed listing of benefits, including exclusions, please visit www.cccsbenefits.com.



Save Money With Mail Order

Using the mail-order program for your maintenance medications will save you money. You will receive a 90-day (3-month) supply for the equivalent of two (2) retail copays. In addition to the savings, your prescriptions will be delivered right to your home.

To begin using mail-order, simply complete a mail-order form and send along with your prescription(s) written for a 90-day supply of medication. Forms can be obtained online at www.ibx.com.

Dental Plan: *Delta Dental*

Below is a summary of the dental plans available to you through Delta Dental.

Delta Dental PPO Plan

BENEFITS	BASE PLAN	BUY-UP PLAN
Calendar Year Deductible	None	None
Calendar Year Maximum (per patient)	\$1,000	\$1,500
Preventive & Diagnostic Exams, Cleanings, X-rays, Sealants	Plan pays 100%	Plan pays 100%
Basic Services Fillings/Extractions, Endodontics (root canal), Periodontics, Oral Surgery	Plan pays 25%	Plan pays 80%
Major Services Crowns, Bridgework, Full and Partial Dentures	Plan pays 25%	Plan pays 50%
Orthodontia Benefits (children age 19 and below)	Not Covered	Plan pays 50%
Orthodontia Lifetime Maximum (per patient)	N/A	\$1,500

* Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-Participating dentists will bill the patient directly and Delta Dental will make payment directly to the subscriber.

The benefits represented in this Guide is a brief summary of benefit. For a more detailed listing of benefits, including exclusions, please visit www.cccsbenefits.com.

Patients who select a non-Delta Dental PPO dentist have benefits paid on a Delta Dental PPO schedule of allowances and are responsible for any part of the dentist's fee which exceeds the allowance except that a Delta Dental participating dentist can only charge up to his/her filed fee or Delta Dental's maximum plan allowance, whichever is less.

Maximum benefit may be derived by utilizing the services of a participating Delta Dental PPO dentist.

Locate participating providers at
www.deltadentalins.com.



Voluntary Vision Plan:

VSP

Below is a summary of the vision plan available to you, in addition to your IBC vision benefit. This plan is voluntary, which means you will be responsible for paying 100% of the premium.

VSP Choice Plan	
BENEFITS	IN-NETWORK
Exam	\$10 copay
Frames	100% after \$20 copay, up to \$180 allowance; 20% off balance above allowance
Lenses	
Single Vision Lenses	\$20 copay
Bifocal Lenses	\$20 copay
Trifocal Lenses	\$20 copay
Lenticular Lenses	\$20 copay
Lens Options	
Tinting	No copay
Scratch-Resistant Coating	\$17 copay
Ultraviolet	\$16 copay
Standard Anti-Reflective	\$41 copay
Polycarbonate	\$34-\$35 copay
Photochromic (i.e. Transitions)	\$70-\$82 copay
Contact Lenses	
Evaluation	Covered 100% after copay, max \$60 copay
Conventional	\$130 allowance
Disposable	\$130 allowance
Frequency	
Vision Exam	12 months
Lenses	12 months
Frames	24 months
Additional Pair of Glasses	20% off retail

The benefits represented in this Guide is a brief summary of benefit. For a more detailed listing of benefits, including exclusions, please visit www.cccsbenefits.com.



Find a Provider

Visit www.vsp.com and select "Find a Doctor" under the Member tab. Make sure "Choice" is selected under Doctor Network.

Life & Disability Insurance

Basic Term Life and AD&D

All active, full-time employees working at least 30 hours per week are eligible for the basic life and accidental death & dismemberment (AD&D) plan. This plan is available to employees at no cost – CCCS pays 100% of the basic life and AD&D premium.

BASIC TERM LIFE AND AD&D PLAN

Benefit Amount	1.5 times your base annual salary rounded to the nearest \$1,000 up to a maximum of \$125,000
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Short-Term Disability

CCCS provides short-term disability insurance to protect a portion of your income in the event you are incapable of working due to a qualified illness or injury. This plan is available to CCCS employees at no cost – CCCS pays 100% of the short-term disability premium.

SHORT-TERM DISABILITY (STD) PLAN

Benefits Percent	60% of basic weekly earnings rounded to the nearest dollar
Benefit Maximum per Week	\$500
Duration	13 weeks
Elimination Period - Accident or Sickness	7 days

Long-Term Disability

All active, full-time employees regularly working at least 30 hours per week are eligible for the long-term disability (LTD) plan. This plan is available to employees at no cost – CCCS pays 100% of the LTD premium.

LONG-TERM DISABILITY (LTD) PLAN

Percentage of Income Replaced	60% of basic monthly earnings
Minimum Benefit	\$100
Maximum Benefit	\$5,300



The benefits represented in this Guide is a brief summary of benefit. For a more detailed listing of benefits, including exclusions, please visit www.cccsbenefits.com.

Supplemental Life & Disability Insurance



Supplemental Employee Term Life and AD&D

All active, full-time employees working at least 30 hours per week are eligible to participate in the supplementary employee term life plan. Since this plan is optional, the employee is responsible for 100% of the premium.

SUPPLEMENTAL EMPLOYEE TERM LIFE	
Benefit Increments	\$10,000
Maximum Amount	\$500,000 Subject to Evidence of Insurability (EOI)

Please visit www.cccsbenefits.com for premium rates for this voluntary insurance plan.

Supplemental Spousal Term Life and AD&D

You have the option of purchasing life insurance, for your spouse, at your own expense. Since this plan is optional, the employee is responsible for 100% of the premium.

NOTE: You must purchase Supplemental Employee Term Life Insurance to participate in Supplemental Spousal Term Life plans.

SUPPLEMENTAL SPOUSAL TERM LIFE

Benefit Increments	\$10,000
Maximum Amount	\$500,000 for Term Life \$250,000 for AD&D Subject to Evidence of Insurability (EOI)

Supplemental Child(ren) Term Life and AD&D

You have the option of purchasing life insurance, for your child(ren), at your own expense. Since this plan is optional, the employee is responsible for 100% of the premium.

NOTE: You must purchase Supplemental Employee Term Life Insurance to participate in Supplemental Child(ren) Term Life plans.

SUPPLEMENTAL CHILD(REN) TERM LIFE

Benefit Increments	\$1,000
15 days through 6 months old 6 months old through 18 years old (or 23 if your child(ren) is a full-time student)	\$5,000 or \$10,000

The benefits represented in this Guide is a brief summary of benefit. For a more detailed listing of benefits, including exclusions, please visit www.cccsbenefits.com.

Bi-Weekly Contributions:

December 1, 2023

The below bi-weekly contributions are effective December 1, 2023 through November 30, 2024.

MEDICAL/PRESCRIPTION DRUG EMPLOYEE CONTRIBUTIONS

ENROLLMENT TIER	KEYSTONE POS	PERSONAL CHOICE PPO PLAN 1	PERSONAL CHOICE PPO PLAN 2
Single	\$0.00	\$118.81	\$153.34
Employee + Spouse	\$284.68	\$542.82	\$622.28
Employee + Child(ren)	\$86.12	\$328.48	\$390.05
Family	\$386.26	\$704.21	\$805.53

DENTAL EMPLOYEE CONTRIBUTIONS

ENROLLMENT TIER	DELTA DENTAL PPO BASE PLAN	DELTA DENTAL PPO BUY-UP PLAN
Single	\$0.00	\$5.64
Employee + Spouse	\$7.24	\$19.25
Employee + Child(ren)	\$8.46	\$21.63
Family	\$16.06	\$35.89

VISION EMPLOYEE CONTRIBUTIONS

ENROLLMENT TIER	VSP CHOICE PLAN
Single	\$3.25
Family	\$7.00



Employee Assistance Program (EAP): *Carebridge*



Life can be complicated at times and, sometimes, we all need a little support. Take advantage of the EAP - a free and 100% confidential service available to you and your family.

The Carebridge Employee Assistance Program (EAP) is a confidential service that provides you and your family members with support services available 24/7.

These services include:

- Unlimited telephonic consultations with an EAP Counselor.
- **Referrals to up to SIX face-to face sessions with local counselors—free of charge.**
- Mental Health Support - Get real support for anxiety, depression, conflict, grief, addiction, and more from licensed clinicians and referrals for long-term care.

For more information, please contact Carebridge at **800.437.0911** or visit <https://myliferesource.com>.

What Can The EAP Assist With?

Mental Health:

- Anxiety
- Depression
- Conflict
- Grief
- Addiction

Work-Life Services

- Childcare
- Eldercare
- Legal
- Financial

Lifestyle and Fitness Management

- Relationship Issues
- Divorce and separation
- Health and well-being
- Grief and Loss
- And more!

Legal & Financial

- Budgeting
- Credit and collections
- Saving and investing
- Home buying
- Retirement planning
- And more!

Emotional Wellbeing & Behavioral Change

- Motivation, stress relief, mindfulness, and goalsetting assistance. Providing live training, life coaching, and digital tools.

Benefit Resources:

Member Advocacy & BenePortal

Benefits MAC

Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!

The Benefits Member Advocacy Center ("Benefits MAC"), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide you through the enrollment process or how you can add or delete coverage for a dependent
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer!

Client Service Associates are available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

You may contact the Benefits Member Advocacy Center in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web:
www.connerstrong.com/memberadvocacy
- Via e-mail: cssteam@connerstrong.com
- Via fax: **856.685.2253**



BenePortal

BenePortal is a valuable online resource that houses all of our benefit program information. It's your One-Stop-Shop for:

- All benefits-related information and downloads, including benefit summaries and detailed plan documents
- Quick links to carrier websites
- Enrollment forms and wellness forms
- And much more!

You and your family can access
BenePortal anytime at
www.cccsbenefits.com

Carrier Contacts

CARRIER/VENDOR	PHONE NUMBER	WEBSITE
Independence Blue Cross Medical & Prescription Drug	800-275-2583	www.ibx.com
Delta Dental of Pennsylvania Dental	800-932-0783	www.deltadentalins.com
VSP Voluntary Vision	800-877-7195	www.vsp.com
Carebridge Employee Assistance Program	800-437-0911	https://myliferesource.com
USAble Life/Disability	800-370-5856	www.usablelife.com



Legal Notices

Newborns' and Mothers' Health Protection Act Notice

Under federal law, group health plans and health insurance issuers offering group health insurance generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the plan or issuer may pay for a shorter stay if the attending physician (e.g., your physician, nurse, or a physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and insurers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, 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 will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, based on your plan, deductibles and coinsurance could apply.

If you would like more information on WHCRA benefits, please contact your Plan Administrator.

Special Enrollment Notice

Loss of other coverage (excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, 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 Company stops contributing toward 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). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage.

Loss of eligibility for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under

Medicaid or CHIP. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, please contact your employer.

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 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 following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility -

ALABAMA - Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

Legal Notices

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – MEDICAID

Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health First

Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/State Relay 711

CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: 678-564-1162, Press 2

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: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 617-886-8102

Email: masspremistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HHSHIPPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmhs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

Legal Notices

NEW YORK - Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA - Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA - Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
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>
Phone: 1-800-699-9075

PENNSYLVANIA - Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND - Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

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: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
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: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA - Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Phone: 1-800-432-5924

WASHINGTON - Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA - Medicaid and CHIP

Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN - Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING - Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, 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

Important Notice

This Guide is intended to provide you with the information you need to choose your benefits for the plan year including details about your benefits options and the actions you need to take. It also outlines additional sources of information to help you make your enrollment choices. If you have questions about your benefits or the enrollment process, contact your employer's Human Resources or Benefits Department. The information presented in this Guide is not intended to be construed to create a contract between your employer and any one of its employees or former employees. In the event that the content of this Guide or any oral representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. Your employer reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, including any level or form of coverage by appropriate company action, without your consent or concurrence.



Chester Community Charter School reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail.