

2025

# BENEFITS

*Guide*



North Central Michigan College

778A - Administration



# Table of Contents

Welcome Page.....	2
Medical Plan Comparison.....	3
Saver Rx Overview.....	5
ABC Rx Overview.....	6
Balance+ Rx Overview.....	7
Mandatory Mail Overview and FAQs.....	8
Dental Plan Highlights.....	10
Vision Plan Highlights.....	11
Life Insurance Plan Highlights.....	12
Long-Term Disability Plan Highlights.....	13
MESSA Resources.....	14
Legal Notices.....	15
Language Services.....	23

---

*The details in this booklet are intended as an easy to read summary and provide only a general overview of the plan. It is not intended to be a contract. Additional limitations and exclusions may apply. If there is a discrepancy between this booklet and the applicable plan documents, the plan documents will prevail.*



## *A guide to your MESSA benefits*

2025 open enrollment is **October 30, 2024** to **November 15, 2024**.

Dear **North Central Michigan College** member:

The open enrollment period is your opportunity to review and update your health benefits selections for the coming year. It's important for you to understand the benefits available to you, so you can make the best decisions for you and your family.

This benefit guide provides an overview of your MESSA benefit options. Please review it carefully before making your benefit selections.

Once you're ready, you can log in to your MyMESSA account at **messa.org** to access the online benefits website. After open enrollment closes on **November 15, 2024**, you cannot change your benefit selections until the next open enrollment period.<sup>1</sup>

Any changes you make will become effective **January 1, 2025**.

If you have any questions, call MESSA's Member Service Center at 800-336-0013. We're here to help!

**Access the online benefits website by logging in to your MyMESSA account at [messa.org](https://messa.org) to:**

- Review your current enrollment.

- Make any benefit selection changes.

- Submit benefit selection by **November 15, 2024**.

---

<sup>1</sup>Allowances are made for "qualifying events," such as marriage, birth, your spouse's losing coverage from another insurer, or other limited instances.

**MESSA In-Network Plan Comparison - Effective 1/1/2025**  
**North Central Michigan College - 778A Administration**

	MESSA Choices \$500/\$1,000 0% MESSA Saver Rx Mandatory Mail	MESSA Choices \$1,000/\$2,000 10% MESSA Saver Rx	MESSA ABC Plan 1 \$1,650/\$3,300 HSA 0% MESSA ABC Rx Mandatory Mail	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 10% MESSA ABC Rx	MESSA Balance+ \$1,650/\$3,300 HSA 20% MESSA Balance+ Rx
<b>In-Network Cost Share After Deductible</b>					
Deductible	\$500/\$1,000	\$1,000/\$2,000	\$1,650/\$3,300	\$2,000/\$4,000	\$1,650/\$3,300
Coinsurance	0%	10%	0%	10%	20%
Teladoc 24/7 care for minor illnesses, injuries and mental health	\$20	\$20	0%	10%	\$10
Teladoc Health virtual primary care	\$20	\$20	0%	10%	\$25
Office visit	\$20	\$20	0%	10%	\$25
Specialist visit	\$20	\$20	0%	10%	\$50
Urgent care	\$25	\$25	0%	10%	\$50
Emergency room	\$50	\$50	0%	10%	\$200
Total out-of-pocket maximum	\$2,500/\$5,000	\$4,000/\$8,000	\$2,650/\$5,300	\$4,000/\$8,000	\$4,050/\$8,100
<b>Certain Benefit Differences (cost share is applied after deductible is met)</b>					
Chiropractic manipulations	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 90% after ded.	38 visits per calendar year, including therapeutic massage; 100% after ded.	38 visits per calendar year, including therapeutic massage; 90% after ded.	12 visits combined per calendar year; \$25 copay applies
Osteopathic manipulations	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 90% after ded.	38 visits per calendar year; 100% after ded.	38 visits per calendar year; 90% after ded.	
Outpatient physical, occupational and speech therapy	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 90% after ded.	60 visits combined per calendar year; 100% after ded.	60 visits combined per calendar year; 90% after ded.	30 visits combined per calendar year, including therapeutic massage by an approved provider (excludes massage therapist); 80% after ded.
Bariatric surgery	100% after ded.	90% after ded.	100% after ded.	90% after ded.	Not covered
Acupuncture	100% after ded.	90% after ded.	100% after ded.	90% after ded.	Not covered
Hearing aids	100% up to a max. benefit after ded.	90% up to a max. benefit after ded.	100% up to a max. benefit after ded.	90% up to a max. benefit after ded.	Not covered

**MESSA In-Network Plan Comparison - Effective 1/1/2025**  
**North Central Michigan College - 778A Administration**

	MESSA Choices \$500/\$1,000 0% MESSA Saver Rx Mandatory Mail	MESSA Choices \$1,000/\$2,000 10% MESSA Saver Rx	MESSA ABC Plan 1 \$1,650/\$3,300 HSA 0% MESSA ABC Rx Mandatory Mail	MESSA ABC Plan 2 \$2,000/\$4,000 HSA 10% MESSA ABC Rx	MESSA Balance+ \$1,650/\$3,300 HSA 20% MESSA Balance+ Rx
Prescription Drugs	MESSA Saver Rx Mandatory Mail	MESSA Saver Rx	MESSA ABC Rx Mandatory Mail (after deductible)	MESSA ABC Rx (after deductible)	MESSA Balance+ Rx (after deductible)
<b>Up to a 34-day supply</b>					
Generic	\$2 or \$10	\$2 or \$10	Free, \$2 or \$10	Free, \$2 or \$10	Free or \$10
Preferred brand	\$20 or \$40	\$20 or \$40	\$20 or \$40	\$20 or \$40	\$40
Nonpreferred brand					\$80
Preferred specialty (generic specialty and preferred specialty)	Pricing included in one of the above categories	Pricing included in one of the above categories	Pricing included in one of the above categories	Pricing included in one of the above categories	20% coinsurance (\$0 min - \$150 max)
Nonpreferred specialty					20% coinsurance (\$0 min - \$300 max)
<b>90-day supply</b>					
Generic, Preferred brand, Nonpreferred brand	2x 1-month supply; Mail order only	2x 1-month supply; Retail or mail order	2x 1-month supply; Mail order only	2x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order
<b>Additional Information</b>					
Free preventive drug list(s)	ACA Free Preventive list. These are FREE before deductible.	ACA Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.	ACA Free Preventive list and MESSA Expanded Free Preventive list. These are FREE before deductible.
Supplemental Plans	Not included	Not included	Not included	Not included	Included: MESSA's Accident, Critical Illness and Hospital Indemnity plans

ACA = Affordable Care Act

- Essentials by MESSA Rx, Balance+ Rx, and 5-Tier Rx plans have several drugs and drug categories that are excluded from coverage, including, but not limited to brand-name drugs that have generic equivalents, erectile dysfunction drugs, brand-name weight loss and prenatal vitamins, and drugs that treat coughs and colds, including most antihistamines.
- For Saver Rx and ABC Rx, the reduced cost generic drugs at \$2 and brand name drugs at \$20, include medications for asthma, diabetes, coronary artery disease, high blood pressure and high cholesterol.
- The MESSA ABC Plan 1 and Balance+ deductible is subject to change each Jan. 1 to remain HSA-compatible, per IRS rules; out-of-pocket maximums may change based on deductible amounts.

If you have any questions, please contact your MESSA Field Representative, Viola Collin, at 800-292-4910.

This comparison is provided for informational purposes only and MESSA assumes no responsibility or liability for any errors or omissions in the content. Refer to MESSA.org and the plan booklets for additional information.

# MESSA Saver Rx Overview



1475 Kendale Blvd., P.O. Box 2560  
 East Lansing, MI 48826-2560  
 517-332-2581 • 800-292-4910

**If you have MESSA Saver Rx with Mandatory Mail:** You must order all 90-day prescriptions and certain long-term maintenance medications through Optum Rx for home delivery.

- A prescription is required for each covered drug, including covered over-the-counter medications.
- You are responsible for prescription copayments until your prescription out-of-pocket maximum is reached.
- Save money by using Optum Rx for home delivery of your medications.
- In most cases, if your doctor writes “Dispense as written” or “DAW,” your cost will be higher.
- If the approved amount is less than the copayment, you pay only the approved amount for the drug.
- Specialty medications are handled separately. Specialty drugs must be obtained by mail through Walgreens Specialty Pharmacy or select Walgreens retail pharmacies. If you obtain them from any other provider, you may be responsible for the total cost.
- The initial quantity of select specialty drugs may be limited, and your cost will be reduced accordingly. Additional fills for specialty drugs are limited to a 30-day supply.
- Your prescription plan includes a number of money-saving features, including prior authorization, step therapy and quantity limits.

Copayment one-month supply	Prescription drug
No cost to you	<ul style="list-style-type: none"> <li>• Specific preventive medications mandated by federal law are covered 100% with no deductible required. Age and gender limits apply.</li> </ul>
\$2	<ul style="list-style-type: none"> <li>• Specific generic drugs used to treat asthma, diabetes, high blood pressure, high cholesterol and coronary artery disease.</li> </ul>
\$10	<ul style="list-style-type: none"> <li>• All other generic drugs.</li> <li>• Specific over-the-counter medications with a written prescription for the treatment of seasonal allergies and heartburn. Cannot combine with a coupon or other manufacturer offer.</li> </ul>
\$20	<ul style="list-style-type: none"> <li>• Specific brand-name maintenance drugs used to treat asthma and diabetes for which there is no generic equivalent.</li> </ul>
\$40	<ul style="list-style-type: none"> <li>• All other brand-name drugs, including single-source drugs where no generic is available.</li> <li>• You will be responsible for the cost difference between the approved amount and the actual retail cost of the drug when you insist on a brand-name but a generic is available and medically appropriate.</li> </ul>

*For specific drugs under each category, go to [messa.org](http://messa.org) or call the MESSA Member Service Center at 800-336-0013 or TTY: 888-445-5614 or contact us via live chat from your MyMESSA account or through the MESSA app. Up to a 90-day supply of insulin may be obtained for the same amount as a 34-day supply from an in-network provider.*

To order medications through Optum Rx, log in to your MyMESSA account at [messa.org](http://messa.org) and select “Optum Rx home delivery.” You may also call MESSA at 800-336-0013 or TTY: 888-445-5614 for assistance or contact us via live chat from your MyMESSA account or through the MESSA app.

# MESSA ABC with ABC Rx Overview



1475 Kendale Blvd. PO Box 2560  
 East Lansing, Michigan 48826-2560  
 517-332-2581 • 800-292-4910

**If you have MESSA ABC Rx with Mandatory Mail:** You must order all 90-day prescriptions and certain long-term maintenance medications through Optum Rx for home delivery.

- A prescription is required for each covered drug, including covered over-the-counter medications.
- You pay the full cost of your prescriptions until your deductible is fully paid. After deductible, you are responsible for prescription copayments or coinsurance until your out-of-pocket maximum is reached.
- Save money by using Optum Rx for home delivery of your medications.
- In most cases, if your doctor writes “Dispense as written” or “DAW,” your cost will be higher.
- If the approved amount is less than the copayment, you pay only the approved amount for the drug.
- Specialty medications are handled separately. Specialty drugs must be obtained by mail through Walgreens Specialty Pharmacy or select Walgreens retail pharmacies. If you obtain them from any other provider, you may be responsible for the total cost.
- The initial quantity of select specialty drugs may be limited, and your cost will be reduced accordingly. Additional fills for specialty drugs are limited to a 30-day supply.
- Your prescription plan includes a number of money-saving features, including prior authorization, step therapy and quantity limits.

Copayment one-month supply	Prescription drug
No cost to you	<ul style="list-style-type: none"> <li>• Extensive list of specific preventive medications in addition to those mandated by federal law are covered 100% with no deductible required.</li> </ul>
After your deductible is met the following copayments apply:	
\$2	<ul style="list-style-type: none"> <li>• Specific generic drugs used to treat asthma, diabetes and coronary artery disease.</li> </ul>
\$10	<ul style="list-style-type: none"> <li>• All other generic drugs.</li> <li>• Specific over-the-counter medications with a written prescription for the treatment of seasonal allergies and heartburn. Cannot combine with a coupon or other manufacturer offer.</li> </ul>
\$20	<ul style="list-style-type: none"> <li>• Specific brand-name maintenance drugs used to treat asthma or diabetes for which there is no generic equivalent.</li> </ul>
\$40	<ul style="list-style-type: none"> <li>• All other brand-name drugs, including single-source drugs where no generic is available.</li> <li>• You will be responsible for the cost difference between the approved amount and the actual retail cost of the drug when you insist on a brand name but a generic is available and medically appropriate.</li> </ul>

**For specific drugs under each category, go to [messa.org](http://messa.org) or call the MESSA Member Service Center at 800-336-0013 or TTY: 888-445-5614 or contact us via live chat from your MyMESSA account or through the MESSA app. Up to a 90-day supply of insulin may be obtained for the same amount as a 34-day supply from an in-network provider. To fill your specialty medication prescription, call Walgreens Specialty Pharmacy at 866-249-5367.**

To order medications through Optum Rx, log in to your MyMESSA account at [messa.org](http://messa.org) and select “Optum Rx home delivery.” You may also call MESSA at 800-336-0013 or TTY: 888-445-5614 for assistance or contact us via live chat from your MyMESSA account or through the MESSA app.

# MESSA Balance+ Rx Overview



1475 Kendale Blvd., P.O. Box 2560  
 East Lansing, MI 48826-2560  
 517-332-2581 • 800-292-4910

The MESSA Balance+ Rx plan features an expanded free preventive prescription drug list that includes and expands upon drugs and drug categories required by federal law. Age and gender limits apply. Categories include alcohol dependence, breast cancer prevention, cholesterol, colonoscopy-related, contraceptives, fluoride preparation, blood pressure lowering, prenatal vitamins, pre-exposure prophylaxis (PrEP) for HIV, and weight loss.

Covered at no charge — no deductible, no copayment and no coinsurance.

## What you pay for prescriptions from an in-network pharmacy

Types of medications	Up to 34-day supply	90-day supply
After your deductible is met the following copayments or coinsurance apply:		
<b>Generic drugs</b> Members pay the lowest copay for generics, making them the most cost-effective option for treatment.	\$10 copayment	\$30 copayment
<b>Preferred brand-name drugs</b> Brand-name drugs are more expensive than generics.	\$40 copayment	\$120 copayment
<b>Nonpreferred brand-name drugs</b> Includes brand-name drugs for which there's either a generic alternative or a more cost-effective, preferred brand-name drug available.	\$80 copayment	\$240 copayment
<b>Preferred specialty drugs</b> Includes generic and brand-name specialty drugs that are used to treat difficult health conditions.	20% coinsurance with a maximum of \$150 (up to 30-day supply)	Not available
<b>Nonpreferred specialty drugs</b> Includes nonpreferred brand-name specialty drugs that are used to treat difficult health conditions. Members pay more for nonpreferred specialty drugs because there are more cost-effective generic or preferred drugs available.	20% coinsurance with a maximum of \$300 (up to 30-day supply)	Not available
<i>Prescription types (generic, brand-name and specialty) are subject to change without notice.</i>		
<i>Up to a 90-day supply of insulin may be obtained for the same amount as a 34-day supply from an in-network provider.</i>		
<i>Specialty medications are handled separately. Specialty drugs must be obtained by mail through Walgreens Specialty Pharmacy or select Walgreens retail pharmacies. If you obtain them from any other provider, you may be responsible for the total cost. The initial quantity of select specialty drugs may be limited, and your cost will be reduced accordingly. Additional fills for specialty drugs are limited to a 30-day supply.</i>		

This is a brief overview of MESSA Balance+. For additional information, including eligibility, limitations and exclusions, please contact MESSA at 800-336-0013.



# Mandatory Mail Rx Rider Overview and FAQ



1475 Kendale Blvd. PO Box 2560  
East Lansing, Michigan 48826-2560  
517-332-2581 • 800-292-4910

## Overview

- With mandatory mail, you must obtain all 90-day prescriptions and long-term maintenance medications from Optum Rx, and your medication(s) will be delivered to your home. The list of drugs subject to mandatory mail order is located at [messa.org/RxPlans](https://messa.org/RxPlans).
- The main features of mandatory mail include:
  - Free standard shipping; rush delivery is available for additional cost to you
  - The overall cost of medications from Optum Rx is less than retail, which helps lower costs for you and your health plan
  - You can obtain up to a 90-day supply
  - 24/7 access to a pharmacist from the privacy of your home
- Home delivery saves you time and money. Adding a mandatory mail rider to an existing plan can reduce the total medical premium by over 1%.
- If your medication is on the list, you must sign up for home delivery of long-term maintenance medications to avoid paying 100% of the cost of the prescription.
- You may not obtain a 90-day prescription of any medication from a retail pharmacy, including free preventive prescriptions. If you do, you will pay 100% of the cost.
- Specialty medications are handled separately. Specialty drugs must be obtained by mail through Walgreens Specialty Pharmacy or select Walgreens retail pharmacies. If you obtain them from any other provider, you may be responsible for the total cost. The initial quantity of select specialty drugs may be limited, and your cost will be reduced accordingly. Additional fills for specialty drugs are limited to a 30-day supply.
- If your doctor prescribes a short-term medication, such as an antibiotic, you will still obtain it locally from a retail pharmacy.
- Any adult dependent on your plan will need to create their own Optum Rx member account at [OptumRx.com](https://OptumRx.com), and authorize you to order prescriptions for them.
- Optum Rx and Walgreens Specialty Pharmacy do not accept manufacturer coupons toward the cost of prescriptions or prescription copayments obtained through their mail order pharmacies.

## Frequently asked questions

- **I was told my prescription drug coverage includes a mandatory mail rider. What does that mean?**

You must obtain all 90-day prescriptions and long-term medications from Optum Rx. Your medication(s) will be delivered right to your home.

The list of drugs subject to mandatory mail order is located at [messa.org/RxPlans](https://messa.org/RxPlans).
- **Why does my plan require home delivery for a medication to be covered?**

Medications dispensed by Optum Rx save you and your plan money. Groups can choose or bargain plans with or without the home delivery requirement. Adding a mandatory mail rider to an existing plan can reduce the total medical premium by over 1%.
- **How do I order a medication through Optum Rx?**
  - Log in to your MyMESSA member account at [messa.org](https://messa.org) and click on “Optum Rx home delivery” to access your Optum Rx member portal.
  - Select “My prescriptions” to review your medications that are subject to mandatory mail and transfer them to Optum Rx for home delivery.
  - Ask your provider to submit prescriptions electronically to Optum Rx or fax prescriptions to 800-491-7997. Providers can call 800-791-7658 for information, but most providers are familiar with Optum Rx.
  - Ask your provider for up to a 90-day supply for new or renewing medication(s), plus refills for one year if appropriate. You can mail paper prescriptions to Optum Rx, P.O. Box 2975, Mission, KS 66201.
  - Do not mail, email or fax prescription order forms to MESSA.

**Continued on next page.**

- **What do I have to pay when I get my prescription?**  
For MESSA Choices: Your prescription copayment(s) or coinsurance apply.  
For MESSA ABC: You must pay your deductible in full and then prescription copayment(s) or coinsurance apply.
- **How do I pay for a prescription?**  
You can pay online or be billed for a medication. You may pay with credit, debit, HSA debit or check.
- **How long does it take to get my medications when I use home delivery?**  
First-time orders are usually delivered within 10 days after you place your order. Refills usually arrive in less time.
- **How are medications shipped?**  
Most medications are shipped via the U.S. Postal Service at no cost to you. Medications containing certain controlled substances are shipped via UPS. If necessary, you can request express shipping, which is available for an additional fee. Medications are packaged according to proper handling instructions.
- **Do I need to be home when the medication is scheduled to arrive?**  
You do not have to be home for most prescription deliveries. If your medication requires a signature upon receipt (such as certain controlled substances), the carrier will leave a notice that delivery was attempted with instructions so you can schedule redelivery or pick up your package.
- **Can my prescription be mailed to a post office box?**  
A post office box can be used for prescriptions other than controlled substances and cold-packaged items.
- **What if my medication is lost or stolen and I need a quick fill?**  
You are allowed one emergency fill at a local pharmacy, and applicable deductible and copayment or coinsurance will apply.
- **What about short-term medications, such as antibiotics, or medications that can only be filled for 30 days?**  
You will obtain short-term medications from your local retail pharmacy.
- **What about specialty medications, including those used to treat chronic conditions?**  
Specialty drugs must be obtained by mail through Walgreens Specialty Pharmacy or select Walgreens retail pharmacies. Specialty drugs cannot be obtained at any other retail pharmacy than select Walgreens retail pharmacies.
- **I have a MESSA ABC medical plan and I take a maintenance medication on the list of free preventive prescriptions. Do I need to get that from Optum Rx?**  
Yes.
- **Can I order medications for my children and spouse?**  
You can order medications for your minor children. Your adult dependent(s) will need to create an Optum Rx member account and grant you access so you can order on their behalf.
- **How do I check the status of my order?**  
You can check the status of an order in your Optum Rx member portal by selecting the “Order Status” button on the homepage.
- **My new prescription was received by Optum Rx but was not filled. Why?**  
Optum Rx screens every new prescription for interactions and side effects that may affect your health. It also considers dispensing rules set by your plan. In a small number of cases, Optum Rx may be unable to fulfill an order as requested. If that happens, you will be contacted by Optum Rx.
- **Who can I contact if I have a general question about my prescription coverage?**  
Call MESSA’s Member Service Center at 800-336-0013 or connect with us via live chat through your MyMESSA account or the MESSA app.
- **Who can I call if I have a question about a prescription order?**  
Call Optum Rx at 800-903-8346.

**Questions? We’re here to help. Call MESSA’s Member Service Center at 800-336-0013 or connect with us via live chat through your MyMESSA member portal or the MESSA app.**

# MESSA Dental plan highlights



Effective Date: 01/01/2025

MESSA Account: North Central Michigan College

Employee Group: 778A Administration

Group/Subgroup: 06189-0012

MESSA dental plans are underwritten and administered by Delta Dental of Michigan, a non-profit dental care corporation known for its high quality dental programs. Delta Dental contracts with dentists throughout the U.S. to provide high quality care and 90% of Michigan dentists are in the Delta Dental provider network. MESSA members can easily locate Delta Dental contracting providers by visiting [messa.org](http://messa.org) and using the provider directory search provided by Delta Dental.

Plan Features			
Diagnostic & Preventive Services 100%	Basic Services 90%	Major Services 90%	Orthodontics 90%
<ul style="list-style-type: none"> <li>• Radiographs (x-rays)*</li> <li>• Oral Examination</li> <li>• Prophylaxes</li> <li>• Topical Fluoride**</li> <li>• Brush Biopsy</li> <li>• Emergency Pallative</li> <li>• 2 Cleanings in 12 Months</li> </ul> <p>* Bitewing x-rays are payable once in any period of 12 consecutive months. Full mouth panograph is payable once in 5 years.</p> <p>** Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.</p> <p>Rider (If neither box below is checked, you do not have this coverage.)</p> <p><input type="checkbox"/> 3 Cleanings in 12 Months</p> <p><input type="checkbox"/> 4 Cleanings in 12 Months</p>	<ul style="list-style-type: none"> <li>• Restorative</li> <li>• Crowns*</li> <li>• Oral Surgery</li> <li>• Endodontic Services — treatment for diseased or damaged nerves.</li> <li>• Periodontic Services — treatment for diseases of the gum and teeth-supporting structures.</li> </ul> <p>* Payable once in any 5-year period on the same tooth.</p> <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input checked="" type="checkbox"/> Sealants: payable on occlusal surface of first permanent molars for patients up to age 9 and for second permanent molars for patients up to age 14 that are free from caries and restorations.</p>	<ul style="list-style-type: none"> <li>• Procedures for the construction of fixed bridgework, endosteal implants, partial and complete dentures.</li> <li>• Payable once in any 5-year period for the same appliances.</li> </ul>	<ul style="list-style-type: none"> <li>• Necessary treatment and procedures required for the correction of abnormal bite.</li> <li>• Orthodontic exam, radiographs and extractions are covered under Diagnostic &amp; Preventive Services and Basic Services.</li> </ul> <p>Rider (If the box below is not checked, you do not have this coverage.)</p> <p><input type="checkbox"/> Adult orthodontics: removes the age 19 restriction on Orthodontics coverage.</p>
<p>\$1,500 annual maximum per person Diagnostic &amp; Preventive Services, Basic Services, and Major Services</p>			<p>UCR lifetime maximum per person Orthodontics</p>

For a complete listing of exclusions and limitations that apply to the plan, refer to the Delta Dental of Michigan certificate booklet.

# VSP 3 Plus P Benefits



1475 Kendale Blvd. PO Box 2560  
 East Lansing, Michigan 48826-2560  
 517-332-2581 800-292-4910

Effective Date: 1/1/2025

MESSA Account: North Central Michigan College

Employee Group: 778A Administration

## In-network providers

Most eye doctors are in VSP's Signature network. Staying in-network makes sure you get the most value from your benefits and limits your out-of-pocket costs. In-network doctors bill VSP directly as a convenience to you. A directory of Signature network doctors is available at [messa.org](http://messa.org) or [vsp.com](http://vsp.com). Call VSP member services at 800-877-7195 for assistance.

## Out-of-network providers

(Maximum reimbursement to patient)

If you choose to see a doctor who is not in the VSP Signature network, your out-of-pocket costs will likely be higher and you must submit the itemized receipts to VSP for reimbursement. For more information, visit [vsp.com](http://vsp.com) or call VSP member services at 800-877-7195.

Benefit	In-network provider	Out-of-network provider maximum allowance
Examination		
Optometrist	No copayment	\$35
Ophthalmologist	No copayment	\$45
Contact lenses (includes contact lens examination) *		
Elective lenses to improve vision (disposable)	\$250 allowance	\$150
Elective lenses to improve vision (non-disposable) Medically necessary - <i>to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i>	MESSA pays 100% of the approved amount	\$200
Eyeglass frames	\$130 allowance	\$66
Eyeglass lenses		
Single vision	MESSA pays 100% of the approved amount	\$38
Bifocal		\$60
Trifocal		\$72
Lenticular		\$108
Eyeglass lens enhancements		
Rose #1 or #2 tint	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
Rimless		
Oversize		
Blended		
Photochromic		
Progressive		
Tinted		
Single vision	MESSA pays 100% of the approved amount	\$42
Bifocal		\$70
Trifocal		\$84
Lenticular		\$118
Polarized		
Single vision	MESSA pays 100% of the approved amount	\$56
Bifocal		\$90
Trifocal		\$110
Lenticular		\$138

\* The cost of the eye exam is covered separately and does not count against the contact lens allowance.

# MESSA Group Term Life Insurance plan highlights

Underwritten by Life Insurance Company of North America



## MESSA<sup>®</sup>

1475 Kendale Blvd. PO Box 2560  
East Lansing, Michigan 48826-2560  
517-332-2581 800-292-4910

Effective Date: 01/01/2025

Account: North Central Michigan College

Employee Group: 778A Administration

This is a brief summary of your coverage available under MESSA's Group Term Life and AD&D policy. Please refer to your Life & Accident Insurance Certificate Booklet for complete information.

Plan features	Definition	Your Coverage
Group Term Life Insurance	The amount of your Group Term Life Insurance coverage.	2x Salary (\$100,000 MAX)
Group AD&D Insurance	The amount of your Accidental Death and Dismemberment (AD&D) coverage.	2x Salary (\$100,000 MAX)
Group Dependent Term Life Insurance: SPOUSE	This provides a life benefit equal to 50% of the member's benefit (not to exceed \$25,000) for the spouse and does not contain AD&D benefits.	N/A
Group Dependent Term Life Insurance: CHILD(REN)	This provides a life benefit equal to 25% of the member's benefit (not to exceed \$12,500) for all eligible children and does not contain AD&D benefits.	N/A

It is important to note that Group Term Life Insurance in excess of \$50,000 and Group Dependent Term Life Insurance (if the benefit exceeds \$2,000) are taxable benefits.

# MESSA Group LTD Plan Benefit Highlights

Underwritten by Life Insurance Company of North America



**MESSA**

1475 Kendale Blvd. PO Box 2560  
East Lansing, Michigan 48826-2560  
517-332-2581 800-292-4910

Effective Date: 01/01/2025

Account: North Central Michigan College

Employee Group: 778A Administration

Long Term Disability (LTD) insurance provides benefits at a percentage of a member's salary in the event of total disability. Benefits begin after the satisfaction of a waiting period and continue as long as the member remains totally disabled as described under "Maximum Benefit Period" in the LTD certificate booklet.

*This is a brief summary of your coverage available under MESSA's Group LTD Insurance. Refer to the actual certificate booklet for complete information.*

Plan Features	Definition	Your Coverage
Pre-Existing Conditions	Medical conditions for which the advice or treatment was received prior to effective date of coverage are included. However, doctor-verified disabilities in effect prior to the effective date would be excluded.	Waived
Waiting Period	<i>Calendar Day (CD):</i> The waiting period is based on actual calendar days. <i>Work Day (WD):</i> The waiting period is based on the consecutive number of contracted work days. <i>Modified Fill (MF):</i> Benefits begin on the latter of exhaustion of sick time/ bank or the specified number of calendar/work day waiting period. <i>Straight Wait (SW):</i> Benefits begin after the specified number of calendar/ work day waiting period.	90 CDMF
Benefit Level	Percent of covered salary.	70%
Maximum Benefit Level	Monthly benefit up to the maximum amount bargained.	\$6,000
Minimum Maximum Benefit	There is a minimum monthly benefit of 5% of the gross monthly benefit or \$50, whichever is greater, after all offsets are applied, not to exceed the maximum monthly benefit.	5%
Offsets	Benefits are reduced by any income the employee receives or is entitled to receive such as vacation pay, salary continuation, workers' compensation, full auto wage loss benefit, any employer-paid group plan, retirement benefits you receive from your employer's retirement or pension plan, including Michigan Public School Employees' Retirement System (MPSERS), short-term disability, and others.	
Social Security Offsets	<i>Primary:</i> Social security retirement and social security disability are offsets. <i>Family:</i> Any social security disability benefits received by the employee's family due to the employee's disability is an offset.	Family
Freeze on Offsets	Monthly disability benefits will not be reduced because of automatic, statutory or general cost of living increases in income from other sources after MESSA's initial benefit determination for each specified offset has been made. The exception to this is an unsuccessful return to work with increased salary, social security and retirement cost of living.	Yes
COLA	An employee's benefit may be increased while on claim due to increase in the cost of living. The increase is based on changes in the Consumer Price Index as of January 1 each year and is payable on the anniversary of the commencement of benefit payment. There is a maximum annual increase of 3%.	No
Own Occupation Maximum Benefit Period	Disability benefits may be payable during continuous disability. After the own occupation period, a member must be unable to perform any occupation for which he/she is qualified by training, experience or education. Benefits may be payable up to age 65. For benefits commencing at or after age 60, please see your benefit schedule.	2 Years
Mental / Nervous Conditions	These conditions are covered as any other illness unless you have a 2-year aggregate limitation.	2-year limitation
Alcoholism / Drug Abuse	These conditions are covered as any other illness unless you have a 2-year aggregate limitation.	2-year limitation

For additional information please call MESSA's Disability Department at 800-247-6951.



## Member Service Center | 800-336-0013

Our Member Service Center is available Monday through Friday 8 a.m. to 5 p.m. Our member service specialists are experts at answering questions about your plan and helping with claims.

## Your MESSA field representative | 800-292-4910

A local field representative is available to help you and your group. Your field representative can explain benefits and answer questions, attend meetings or arrange visits from other MESSA experts, including nurse educators.

## Medical case management | 800-441-4626

MESSA's medical case management nurses can help members and dependents with a catastrophic injury or serious illness get access to the right care at the right time and return to their highest quality of life.

## Health promotion consultant | 800-292-4910

MESSA's health promotion consultant can help you and your coworkers develop or strengthen a worksite wellness program.



## Legal Notices

### Privacy Practices

MESSA understands the importance of your protected health information (hereafter referred to as “PHI”) and follows strict policies in accordance with state and federal privacy laws to keep your PHI private. PHI is information about you that can reasonably be used to identify you and information that relates to your past, present, or future physical or mental health, the provision of health care or the payment of that care. Notices of the Privacy Practices for MESSA, BCBSM, NYL and VSP can be found at [messa.org/privacy](https://messa.org/privacy).

### Continuation Coverage Rights Under COBRA

#### Introduction

You’re getting this notice because you recently gained 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, please contact your employer.

### 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.

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 their 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 their 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?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- 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 MESSA within 60 days after the qualifying event occurs.*

### How is COBRA continuation coverage provided?

Once MESSA 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. 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**

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify your employer 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.

- **Second qualifying event extension**

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, Children's Health Insurance Program (CHIP), 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 [healthcare.gov](http://healthcare.gov).

### **Can I enroll in Medicare instead of COBRA continuation of coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit [medicare.gov/medicare-and-you](http://medicare.gov/medicare-and-you).

### **Questions?**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to your employer.

### **Keep your Plan informed of address changes**

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

### **Notice of 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 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).

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.

You may also request group coverage for yourself or your dependents within 60 days of either of the following events:

- Your Medicaid coverage or your dependents' Children's Health Insurance Program (CHIP) coverage is terminated due to loss of eligibility; or
- You or your dependent becomes eligible for premium subsidies.

To request special enrollment or obtain more information, contact your MESSA field representative at 800-292-4910, ext. 7817.

### **Newborns' and Mothers' Health Protection Act Notice**

Under the Newborns' and Mothers' Health Protection Act of 1996 (NMHPA), group health

plans and health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **Women's Health and Cancer Rights Act of 1998**

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. If you would like more information on WHCRA benefits, contact your MESSA field representative at 800-292-4910, ext. 7817.

## **Michelle's Law**

### **Notice of extended coverage to participants covered under a group health plan**

Federal legislation known as "Michelle's Law" generally extends eligibility for group health benefit plan coverage to a dependent child who is enrolled in an institution of higher education at the beginning of a medically necessary leave of absence if the leave normally would cause the

dependent child to lose eligibility for coverage under the plan due to loss of student status. The extension of eligibility protects eligibility of a sick or injured dependent child for up to one year.

Your Plan permits an employee to continue a child's coverage if that child is enrolled at an accredited institution of learning on a full-time basis, with full-time defined by the accredited institution's registration and/or attendance policies. Michelle's Law requires the Plan to allow extended eligibility in some cases for a dependent child who would lose eligibility for Plan coverage due to loss of full-time student status.

There are two definitions that are important for purposes of determining whether the Michelle's Law extension of eligibility applies to a particular child:

- Dependent child means a child of a plan participant who is eligible under the terms of a group health benefit plan based on his/her student status and who was enrolled at a post-secondary educational institution immediately before the first day of a medically necessary leave of absence.
- Medically necessary leave of absence means a leave of absence or any other change in enrollment of a dependent child from a post-secondary educational institution that:
  - Begins while the child is suffering from a serious illness or injury
  - Is medically necessary; and
  - Causes the dependent child to lose student status under the terms of the Plan

For the Michelle's Law extension of eligibility to apply, a dependent child's treating physician must provide written certification of medical necessity (i.e., certification that the dependent child suffers from a serious illness or injury that necessitates the leave of absence or other enrollment change that would otherwise cause loss of eligibility).

- If a dependent child qualifies for the Michelle's Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:
  - One year after the first day of the leave of absence; or

- The date that Plan coverage would otherwise terminate (for reasons other than failure to be a full-time student).

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under the Plan. Further, any change to Plan coverage that occurs during the Michelle’s Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.

## **Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure**

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more information regarding the criteria for medical necessity determinations with respect to mental health or substance use disorder benefits, please contact MESSA’s Member Service Center at 800-336-0013.

## **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. However, you may be able to buy individual insurance coverage through the Health Insurance Marketplace; for more information, visit [healthcare.gov](http://healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed in this section, 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 by calling **877-KIDS NOW (877-543-7669)** or by going online to [insurekidsnow.gov](http://insurekidsnow.gov) to find out how to apply. If you qualify, ask if your state has a program that might help you pay the premiums or 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. **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 [askebsa.dol.gov](http://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 July 31, 2024. Contact your state for more information on eligibility.*

### **ALABAMA — MEDICAID**

Website: [myalhipp.com](http://myalhipp.com)

Phone: 855-692-5447

### **ALASKA — Medicaid**

The AK Health Insurance Premium Payment Program

Website: [myakhipp.com](http://myakhipp.com)

Phone: 866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid eligibility: [health.alaska.gov/dpa/Pages/default.aspx](http://health.alaska.gov/dpa/Pages/default.aspx)

### **ARKANSAS — Medicaid**

Website: [myarhipp.com](http://myarhipp.com)

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

### **CALIFORNIA — Medicaid**

Health Insurance Premium Payment (HIPP)

Program website: [dhcs.ca.gov/hipp](http://dhcs.ca.gov/hipp)

Fax: 916-440-5676

Phone: 916-445-8322

Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

**COLORADO — Health First Colorado  
(Colorado’s Medicaid Program) & Child  
Health Plan Plus (CHP+)**

Health First Colorado website:

**[healthfirstcolorado.com](http://healthfirstcolorado.com)**

Health First Colorado Member Contact Center:  
800-221-3943/State Relay 711

CHP+: **[hcpf.colorado.gov/child-health-plan-plus](http://hcpf.colorado.gov/child-health-plan-plus)**

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

Health Insurance Buy-In Program (HIBI):

**[mycohibi.com/HIBI](http://mycohibi.com/HIBI)**

HIBI Customer Service: 855-692-6442

**FLORIDA — Medicaid**

Website: **[flmedicaidtplrecovery.com/](http://flmedicaidtplrecovery.com/)**

**[flmedicaidtplrecovery.com/hipp/index.html](http://flmedicaidtplrecovery.com/hipp/index.html)**

Phone: 877-357-3268

**GEORGIA — Medicaid**

GA HIPP website: **[medicaid.georgia.gov/](http://medicaid.georgia.gov/)**

**[healthinsurance-premium-payment-program-  
hipp](http://healthinsurance-premium-payment-program-hipp)**

Phone: 678-564-1162, Press 1

GA CHIPRA website: **[medicaid.georgia.gov/](http://medicaid.georgia.gov/)**

**[programs/third-party-liability/childrens-  
health-insurance-program-reauthorizationact-  
2009-chipra](http://programs/third-party-liability/childrens-health-insurance-program-reauthorizationact-2009-chipra)**

Phone: 678-564-1162, Press 2

**INDIANA — Medicaid**

Health Insurance Premium Payment Program

All other Medicaid

Website: **[in.gov/medicaid/](http://in.gov/medicaid/)**

**[in.gov/fssa/dfr/](http://in.gov/fssa/dfr/)**

Family and Social Services Administration

Phone: 800-403-0864

Member Services Phone: 800-457-4584

**IOWA — Medicaid and CHIP (Hawki)**

Medicaid website: **[Iowa Medicaid | Health &  
Human Services](http://Iowa Medicaid | Health & Human Services)**

Medicaid phone: 800-338-8366

Hawki website: **[Hawki - Healthy and Well Kids  
in Iowa | Health & Human Services](http://Hawki - Healthy and Well Kids in Iowa | Health & Human Services)**

**[in Iowa | Health & Human Services](http://Hawki - Healthy and Well Kids in Iowa | Health & Human Services)**

Hawki Phone: 800-257-8563

HIPP website: **[Health Insurance Premium  
Payment \(HIPP\) | Health & Human Services](http://Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov))**

**[Health & Human Services  
\(iowa.gov\)](http://Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov))**

HIPP phone: 888-346-9562

**KANSAS — Medicaid**

Website: **[kancare.ks.gov](http://kancare.ks.gov)**

Phone: 800-792-4884

HIPP Phone: 800-967-4660

**KENTUCKY — Medicaid**

Kentucky Integrated Health Insurance Premium  
Payment Program (KI-HIPP) website: **[chfs.ky.gov/  
agencies/dms/member/Pages/kihipp.aspx](http://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx)**

Phone: 855-459-6328

Email: **[KIHIPP.PROGRAM@ky.gov](mailto:KIHIPP.PROGRAM@ky.gov)**

KCHIP website: **[kynect.ky.gov](http://kynect.ky.gov)**

Phone: 877-524-4718

Kentucky Medicaid website: **[chfs.ky.gov/  
agencies/dms](http://chfs.ky.gov/agencies/dms)**

**LOUISIANA — Medicaid**

Website: **[medicaid.la.gov](http://medicaid.la.gov)**

Phone: 888-342-6207 (Medicaid hotline)

Website: **[ldh.la.gov/lahipp](http://ldh.la.gov/lahipp)**

Phone: 855-618-5488 (LaHIPP)

**MAINE — Medicaid**

Enrollment website: **[mymaineconnection.gov/  
benefits/s/?language=en\\_US](http://mymaineconnection.gov/benefits/s/?language=en_US)**

Phone: 800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium webpage:

**[maine.gov/dhhs/ofi/applications-forms](http://maine.gov/dhhs/ofi/applications-forms)**

Phone: 800-977-6740

TTY: Maine relay 711

**MASSACHUSETTS — Medicaid and CHIP**

Website: **[mass.gov/masshealth/pa](http://mass.gov/masshealth/pa)**

Phone: 800-862-4840

TTY: 711

Email: **[masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)**

**MINNESOTA — Medicaid**

Website: **[mn.gov/dhs/health-care-coverage/](http://mn.gov/dhs/health-care-coverage/)**

Phone: 800-657-3672

**MISSOURI — Medicaid**

Website: **[dss.mo.gov/mhd/participants/pages/  
hipp.htm](http://dss.mo.gov/mhd/participants/pages/hipp.htm)**

Phone: 573-751-2005

**MONTANA — Medicaid**

Website: [dphhs.mt.gov/](http://dphhs.mt.gov/)

[MontanaHealthcarePrograms/HIPP](http://MontanaHealthcarePrograms/HIPP)

Phone: 800-694-3084

Email: [HSHIPPPProgram@mt.gov](mailto:HSHIPPPProgram@mt.gov)

**NEBRASKA — Medicaid**

Website: [ACCESSNebraska.ne.gov](http://ACCESSNebraska.ne.gov)

Phone: 855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

**NEVADA — Medicaid**

Website: [dhcfp.nv.gov](http://dhcfp.nv.gov)

Phone: 800-992-0900

**NEW HAMPSHIRE — Medicaid**

Website: [dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program](http://dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program)

Phone: 603-271-5218

Toll-free: 800-852-3345 ext. 15218

Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

**NEW JERSEY — Medicaid and CHIP**

Medicaid website: [state.nj.us/humanservices/dmahs/clients/medicaid](http://state.nj.us/humanservices/dmahs/clients/medicaid)

Phone: 800-356-1561

CHIP Premium Assistance Phone: 609-631-2392

CHIP Website: [njfamilycare.org/index.html](http://njfamilycare.org/index.html)

CHIP Phone: 800-701-0710 (TTY: 711)

**NEW YORK — Medicaid**

Website: [health.ny.gov/health\\_care/medicaid](http://health.ny.gov/health_care/medicaid)

Phone: 800-541-2831

**NORTH CAROLINA — Medicaid**

Website: [medicaid.ncdhhs.gov](http://medicaid.ncdhhs.gov)

Phone: 919-855-4100

**NORTH DAKOTA — Medicaid**

Website: [hhs.nd.gov/healthcare](http://hhs.nd.gov/healthcare)

Phone: 844-854-4825

**OKLAHOMA — Medicaid and CHIP**

Website: [insureoklahoma.org](http://insureoklahoma.org)

Phone: 888-365-3742

**OREGON — Medicaid**

Websites: [healthcare.oregon.gov/Pages/index.aspx](http://healthcare.oregon.gov/Pages/index.aspx)

Phone: 800-699-9075

**PENNSYLVANIA — Medicaid and CHIP**

Website: [pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html](http://pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html)

Phone: 800-692-7462

CHIP website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](http://Children's Health Insurance Program (CHIP) (pa.gov))

CHIP Phone: 800-986-KIDS (5437)

**RHODE ISLAND — Medicaid and CHIP**

Website: [eohhs.ri.gov](http://eohhs.ri.gov)

Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)

**SOUTH CAROLINA — Medicaid**

Website: [scdhhs.gov](http://scdhhs.gov)

Phone: 888-549-0820

**SOUTH DAKOTA — Medicaid**

Website: [dss.sd.gov](http://dss.sd.gov)

Phone: 888-828-0059

**TEXAS — Medicaid**

Website: [hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program](http://hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program)

Phone: 800-440-0493

**UTAH — Medicaid and CHIP**

Utah's Premium Partnership for Health Insurance (UPP)

Website: [medicaid.utah.gov/upp/](http://medicaid.utah.gov/upp/)

Email: [upp@utah.gov](mailto:upp@utah.gov)

Phone: 888-222-2542

Adult Expansion Website: [medicaid.utah.gov/expansion/](http://medicaid.utah.gov/expansion/)

Utah Medicaid Buyout Program Website:

[medicaid.utah.gov/buyout-program/](http://medicaid.utah.gov/buyout-program/)

CHIP Website: [chip.utah.gov/](http://chip.utah.gov/)

**VERMONT — Medicaid**

Website: [dvha.vermont.gov/members/medicaid/hipp-program](http://dvha.vermont.gov/members/medicaid/hipp-program)

Phone: 800-250-8427

## **VIRGINIA — Medicaid and CHIP**

Websites: [coverva.dmas.virginia.gov/learn/premiumassistance/famis-select](https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select)  
[coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs](https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs)

Medicaid/CHIP Phone: 800-432-5924

## **WASHINGTON — Medicaid**

Website: [hca.wa.gov](https://hca.wa.gov)  
Phone: 800-562-3022

## **WEST VIRGINIA — Medicaid and CHIP**

Website: [dhhr.wv.gov/bms/mywvhpp.com/](https://dhhr.wv.gov/bms/mywvhpp.com/)

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 855-MyWVHIPP  
(855-699-8447)

## **WISCONSIN — Medicaid and CHIP**

Website: [dhs.wisconsin.gov/badgercareplus/p-10095.htm](https://dhs.wisconsin.gov/badgercareplus/p-10095.htm)  
Phone: 800-362-3002

## **WYOMING — Medicaid**

Website: [health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility](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, 2024, or for more information on special enrollments rights, contact either of the following:

U. S. Department of Labor  
Employee Benefits Security Administration  
Website: [dol.gov/agencies/ebsa](https://dol.gov/agencies/ebsa)  
Phone: 866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Website: [cms.hhs.gov](https://cms.hhs.gov)  
Phone: 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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

