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, 2021. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>ALABAMA Medicaid</th>
<th>CALIFORNIA Medicaid</th>
</tr>
</thead>
</table>
| Website: [http://myalhipp.com/](http://myalhipp.com/)  
Phone: 1-855-692-5447 | Website: Health Insurance Premium Payment (HIPP) Program  
[http://dhcs.ca.gov/hipp](http://dhcs.ca.gov/hipp)  
Phone: 916-445-8322  
Email: hipp@dhcs.ca.gov |

<table>
<thead>
<tr>
<th>ALASKA Medicaid</th>
<th>COLORADO Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</th>
</tr>
</thead>
</table>
| The AK Health Insurance Premium Payment Program  
Website: [http://myakahipp.com/](http://myakahipp.com/)  
Phone: 1-866-251-4861  
Email: CustomerService@MyAKHIPP.com  
Medicaid Eligibility: [http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx](http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx) | Health First Colorado Website: [https://www.healthfirstcolorado.com/](https://www.healthfirstcolorado.com/)  
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711  
Health Insurance Buy-In Program (HIBI): [https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program](https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program)  
HIBI Customer Service: 1-855-692-6442 |

<table>
<thead>
<tr>
<th>ARKANSAS Medicaid</th>
<th>FLORIDA Medicaid</th>
</tr>
</thead>
</table>
| Website: [http://myarhipp.com/](http://myarhipp.com/)  
Phone: 1-877-357-3268 |
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid/CHIP Details</th>
</tr>
</thead>
</table>
| **GEORGIA** Medicaid | Website: [https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)  
Phone: 678-564-1162 ext 2131 |
| **MASSACHUSETTS** Medicaid and CHIP | Website: [https://www.mass.gov/info-details/masshealth-premium-assistance-pa](https://www.mass.gov/info-details/masshealth-premium-assistance-pa)  
Phone: 1-800-862-4840 |
| **INDIANA** Medicaid | Healthy Indiana Plan for low-income adults 19-64  
Website: [http://www.in.gov/fssa/hip/](http://www.in.gov/fssa/hip/)  
Phone: 1-877-438-4479  
All other Medicaid  
Website: [https://www.in.gov/medicaid/](https://www.in.gov/medicaid/)  
Phone: 1-800-457-4884 |
Phone: 1-800-657-3739 |
| **IOWA** Medicaid and CHIP (Hawki) | Medicaid Website: [https://dhs.iowa.gov/ime/members](https://dhs.iowa.gov/ime/members)  
Medicaid Phone: 1-800-338-8366  
Hawki Website: [http://dhs.iowa.gov/Hawki](http://dhs.iowa.gov/Hawki)  
Hawki Phone: 1-800-257-8563  
HIPP Website: [https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp](https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp)  
HIPP Phone: 1-888-346-9562 |
| **MISSOURI** Medicaid | Website: [http://www.dss.mo.gov/mhd/participants/pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)  
Phone: 573-751-2005 |
| **KANSAS** Medicaid | Website: [https://www.kancare.ks.gov/](https://www.kancare.ks.gov/)  
Phone: 1-800-792-4884 |
| **MONTANA** Medicaid | Website: [http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)  
Phone: 1-800 -694-3084 |
| **KENTUCKY** Medicaid | Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: [https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](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](https://kidshealth.ky.gov/Pages/index.aspx)  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: [https://chfs.ky.gov](https://chfs.ky.gov) |
| **NEBRASKA** Medicaid | Website: [http://www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178 |
| **LOUISIANA** Medicaid | Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) |
| **NEW HAMPSHIRE** Medicaid | Medicaid Website: [http://dhcfp.nv.gov](http://dhcfp.nv.gov)  
Medicaid Phone:  1-800-992-0900 |
| **MAINE** Medicaid | Enrollment Website: [https://www.maine.gov/dhhs/ofi/applications-forms](https://www.maine.gov/dhhs/ofi/applications-forms)  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Phone: -800-977-6740.  
TTY: Maine relay 711 |
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid and CHIP</th>
<th>Medicaid Website</th>
<th>Medicaid Phone</th>
<th>CHIP Website</th>
<th>CHIP Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOUTH DAKOTA</strong></td>
<td>Medicaid</td>
<td><a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td>1-888-828-0059</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NEW YORK</strong></td>
<td>Medicaid</td>
<td><a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></td>
<td>1-800-541-2831</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NORTH CAROLINA</strong></td>
<td>Medicaid</td>
<td><a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a></td>
<td>919-855-4100</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>UTAH</strong></td>
<td>Medicaid and CHIP</td>
<td><a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a></td>
<td>1-800-250-8427</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NORTH DAKOTA</strong></td>
<td>Medicaid</td>
<td><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a></td>
<td>1-844-854-4825</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VERMONT</strong></td>
<td>Medicaid</td>
<td><a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a></td>
<td>1-800-250-8427</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OKLAHOMA</strong></td>
<td>Medicaid and CHIP</td>
<td><a href="https://www.insureoklahoma.org">https://www.insureoklahoma.org</a></td>
<td>1-888-365-3742</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WASHINGTON</strong></td>
<td>Medicaid</td>
<td><a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a></td>
<td>1-800-562-3022</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PENNSYLVANIA</strong></td>
<td>Medicaid</td>
<td><a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPPP-Program.aspx</a></td>
<td>1-800-692-7462</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RHODE ISLAND</strong></td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.eolhs.ri.gov/">http://www.eolhs.ri.gov/</a></td>
<td>1-800-362-3002</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SOUTH CAROLINA</strong></td>
<td>Medicaid</td>
<td><a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a></td>
<td>1-800-251-1269</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

- U.S. Department of Labor
  Employee Benefits Security Administration
  [www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)
  1-877-267-2323, Menu Option 4, Ext. 61565
Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)