

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Privacy is Important to Us:

Tilson is committed to protecting the information that we receive from you or about you, and in turn respecting your privacy. To effectively administer the health care plan that covers you, Tilson must collect and disclose Individually Identifiable Health Information. We consider this information private and confidential and have policies and procedures in place to protect the information against unlawful use and disclosure. This Privacy Notice will explain the type of information we collect, how we use that information, and how we protect that information. Tilson is operating under the conditions of this notice. If any of the elements change, you are entitled to a revised copy of this notice.

What is “Individually Identifiable Health Information”?

Individually Identifiable Health Information includes your name, address, social security number, date of birth, marital status, dependent information, employment information, and information in any form or medium that relates to past, present, or future physical or mental health conditions, the provision of healthcare, or the past, present, or future payment for the provision of healthcare. This information is collected from applications, claim forms submitted by your doctor, or directly from you or your doctor. For example, whenever a doctor treats you, the insurance company will receive a bill from that doctor. The information on the claim form includes identifying information about you such as your name and Social Security Number, as well as your diagnosis, procedures, and supplies used. The insurance company will use the information on the claim form to pay your doctor in accordance with the terms of your benefit plan.

Why does Tilson collect this information?

We collect the Individually Identifiable Health Information to: accurately identify you and administer your employer’s benefit plan. The insurance company will also use this information to process your claims.

How is the information protected?

At Tilson, we restrict access to Individually Identifiable Health Information to those employees who need it to provide services to you. All information used by employees of Tilson is used on a “minimum necessary” basis. We maintain physical, electronic and procedural safeguards to protect Individually Identifiable Health Information against unauthorized access and uses. Access to our facilities and files is limited to authorized personnel and electronic information that we receive and maintain is protected through use of a variety of technical tools. Tilson has designated a Privacy Officer that has overall responsibility for developing, educating company personnel about, and overseeing the implementation and enforcement of policies and procedures to safeguard Individually Identifiable Health Information against inappropriate access, use, and disclosure, consistent with applicable law.

What information we may disclose:

We do not disclose any Individually Identifiable Health Information to anyone, except with member authorization or as otherwise permitted by law. You are also permitted to revoke your authorization at any time. Disclosures permitted by law typically include those described below. When it is necessary for a person's care or treatment, payment of your medical bills, or the operation of the health plan or related activities, the Individually Identifiable Health Information may be used internally, shared with our affiliates, or disclosed to other health care providers, insurers, payers, the plan sponsor, and others who may be financially responsible for payment for services or benefits under your plan. These parties are required to keep Individually Identifiable Health Information confidential as provided by applicable law.

Other Disclosures:

If you would like us to disclose your Individually Identifiable Health Information to yourself or another party, please complete the enclosed authorization form and return to: Tilson, ATTN: Benefits Department, 1530 American Way, Suite 200, Greenwood, IN 46143. If you would like to access your medical record, you should contact the provider that generated the original records, which are more complete than any we maintain. Providers are required to give members access to their medical records. If you think that the information in your medical records is wrong or incomplete, you should contact the provider who was responsible for the service or treatment in question. Where required by law, or if we are the source of the error, we will correct or amend the records we maintain (but not the records maintained by your provider or other third parties).

Your Rights:

The HIPAA Privacy Rule affords you the following rights:

- The right to request restrictions on certain uses and disclosures of protected health information as provided by §164.522(a) of the Privacy Rule. However, the group health plan is not required to agree to your restriction.
- The right to receive confidential communication of your Individually Identifiable Health Information.
- The right to inspect and copy your Individually Identifiable Health Information.
- The right to request an amendment of your Individually Identifiable Health Information.
- The right to receive an accounting of all non-standard disclosures of your Individually Identifiable Health Information.
- The right to receive a paper copy of this Notice.

Tilson reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all Individually Identifiable Health Information it maintains. Revised Notices will be provided to individuals electronically on our website.

If you have questions and would like additional information, you may contact the Privacy Officer at Tilson at 800.276.3976. If you believe your privacy rights have been violated, you can file a complaint with the Tilson Privacy Officer and the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

ADDITIONAL NOTICES

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)

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 covered 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.

Contact *your employer* if *you* would like more information on WHCRA benefits.

THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

The Newborns' and Mothers' Health Protection Act of 1996 provides that group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any *hospital* length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). An attending provider is defined as an individual who is licensed under applicable state law to provide maternal or pediatric care and who is directly responsible for providing such care to a mother or newborn child. The definition of attending provider does not include a plan, *hospital*, managed care organization or other issuer. In any case, plans may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Contact *your employer* if *you* would like more information on The Newborns' and Mothers' Health Protection Act.

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, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: 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 Plan Plus (CHP+)	FLORIDA – Medicaid
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	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>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</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfir/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>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://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://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/ofr/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900	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. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	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 Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special 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

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.

Asistencia con las primas bajo Medicaid y el Programa de Seguro de Salud para Menores (CHIP)

Si usted o sus hijos son elegibles para Medicaid o CHIP y usted es elegible para cobertura médica de su empleador, su estado puede tener un programa de asistencia con las primas que puede ayudar a pagar por la cobertura, utilizando fondos de sus programas Medicaid o CHIP. Si usted o sus hijos no son elegibles para Medicaid o CHIP, usted no será elegible para estos programas de asistencia con las primas, pero es probable que pueda comprar cobertura de seguro individual a través del mercado de seguros médicos. Para obtener más información, visite www.cuidadodesalud.gov.

Si usted o sus dependientes ya están inscritos en Medicaid o CHIP y usted vive en uno de los estados enumerados a continuación, comuníquese con la oficina de Medicaid o CHIP de su estado para saber si hay asistencia con primas disponible.

Si usted o sus dependientes NO están inscritos actualmente en Medicaid o CHIP, y usted cree que usted o cualquiera de sus dependientes puede ser elegible para cualquiera de estos programas, comuníquese con la oficina de Medicaid o CHIP de su estado, llame al **1-877-KIDS NOW** o visite espanol.insurekidsnow.gov/ para información sobre como presentar su solicitud. Si usted es elegible, pregunte a su estado si tiene un programa que pueda ayudarle a pagar las primas de un plan patrocinado por el empleador.

Si usted o sus dependientes son elegibles para asistencia con primas bajo Medicaid o CHIP, y también son elegibles bajo el plan de su empleador, su empleador debe permitirle inscribirse en el plan de su empleador, si usted aún no está inscrito. Esto se llama oportunidad de “inscripción especial”, y **usted debe solicitar la cobertura dentro de los 60 días de haberse determinado que usted es elegible para la asistencia con las primas**. Si tiene preguntas sobre la inscripción en el plan de su empleador, comuníquese con el Departamento del Trabajo electrónicamente a través de www.askebsa.dol.gov o llame al servicio telefónico gratuito **1-866-444-EBSA (3272)**.

Si usted vive en uno de los siguientes estados, tal vez sea elegible para asistencia para pagar las primas del plan de salud de su empleador. La siguiente es una lista de estados actualizada al 31 de julio de 2024. Comuníquese con su estado para obtener más información sobre la elegibilidad -

ALABAMA – Medicaid	ALASKA – Medicaid
Sitio web: http://myalhipp.com Teléfono: 1-855-692-5447	El Programa de Pago de AK primas del seguro médico Sitio web: http://myakhipp.com Teléfono: 1-866-251-4861 Por correo electrónico: CustomerService@MyAKHIPP.com Elegibilidad de Medicaid: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Sitio web: http://myarhipp.com/ Teléfono: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Sitio web: http://dhcs.ca.gov/hipp Teléfono: 916-445-8322 Fax: 916-440-5676 Por correo electrónico: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Programa Medicaid de Colorado) y Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
<p>Sitio web de Health First Colorado: https://www.healthfirstcolorado.com/es Centro de atención al cliente de Health First Colorado: 1-800-221-3943/ retransmisor del estado: 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus Atención al cliente de CHP+: 1-800-359-1991/retransmisor del estado: 711 Programa de compra de seguro de salud (HIBI, por sus siglas en inglés): https://www.mycohibi.com/ Atención al cliente de HIBI: 1-855-692-6442</p>	<p>Sitio web: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Teléfono: 1-877-357-3268</p>
GEORGIA – Medicaid	INDIANA – Medicaid
<p>Sitio web de GA HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Teléfono: 678-564-1162, Presiona 1 Sitio web de GA CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Teléfono: 678-564-1162, Presiona 2</p>	<p>Programa de pago de primas de seguro de salud Todos los demás son Medicaid Sitio web: https://www.in.gov/medicaid/ https://www.in.gov/fssa/dfc Administración de familias y servicios sociales Teléfono: 1-800-403-0864 Teléfono de servicios para miembros: 1-800-457-4584</p>
IOWA – Medicaid y CHIP (Hawki)	KANSAS – Medicaid
<p>Sitio web de Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid Teléfono de Medicaid: 1-800-338-8366 Sitio web de Hawki: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki Teléfono de Hawki: 1-800-257-8563 Sitio web de HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp Teléfono de HIPAA: 1-888-346-9562</p>	<p>Sitio web: https://www.kancare.ks.gov/ Teléfono: 1-800-792-4884 Teléfono de HIPP: 1-800-967-4660</p>
KENTUCKY - Medicaid	LOUISIANA – Medicaid
<p>Sitio web del Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://www.chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Teléfono: 1-855-459-6328 Por correo electrónico: KIHIPPPROGRAM@ky.gov Sitio web de KCHIP: https://kidshealth.ky.gov/es/Pages/default.aspx Teléfono: 1-877-524-4718 Sitio web de Medicaid de Kentucky: https://chfs.ky.gov/agencies/dms</p>	<p>Sitio web: www.medicaid.la.gov o www.ldh.la.gov/lahipp Teléfono: 1-888-342-6207 (línea directa de Medicaid) o 1-855-618-5488 (LaHIPP)</p>

MAINE – Medicaid	MASSACHUSETTS – Medicaid y CHIP
Sitio web por inscripción: https://www.mymaineconnection.gov/benefits/s/?language=en_US Teléfono: 1-800-442-6003 TTY: Maine relay 711 Página web por primos de seguro de salud privado: https://www.maine.gov/dhhs/ofi/applications-forms Teléfono: 1-800-977-6740 TTY: Maine relay 711	Sitio web: https://www.mass.gov/masshealth/pa Teléfono: 1-800-862-4840 TTY: 711 Por correo electrónico: masspreassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Sitio web: https://mn.gov/dhs/health-care-coverage/ Teléfono: 1-800-657-3672	Sitio web: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm Teléfono: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Sitio web: https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Teléfono: 1-800-694-3084 Por correo electrónico: HSSHIPPProgram@mt.gov	Sitio web: http://www.ACCESSNebraska.ne.gov Teléfono: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NUEVO HAMPSHIRE – Medicaid
Sitio web de Medicaid: http://dhcftp.nv.gov Teléfono de Medicaid: 1-800-992-0900	Sitio web: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Teléfono: 603-271-5218 Teléfono gratuito para el programa de HIPP: 1-800-852-3345, ext. 15218 Por correo electrónico: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NUEVA JERSEY – Medicaid y CHIP	NUEVA YORK – Medicaid
Sitio web de Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Teléfono: 1-800-356-1561 Teléfono de asistencia de prima de CHIP: 609-631-2392 Sitio web de CHIP: http://www.njfamilycare.org/index.html Teléfono de CHIP: 1-800-701-0710 (TTY:711)	Sitio web: https://es.health.ny.gov/health_care/medicaid/ Teléfono: 1-800-541-2831
CAROLINA DEL NORTE – Medicaid	DAKOTA DEL NORTE – Medicaid
Sitio web: https://medicaid.ncdhhs.gov Teléfono: 919-855-4100	Sitio web: http://www.hhs.nd.gov/healthcare Teléfono: 1-844-854-4825

OKLAHOMA – Medicaid y CHIP	OREGON – Medicaid y CHIP
Sitio web: http://www.insureoklahoma.org Teléfono – 1-888-365-3742	Sitio web: https://cuidadodesalud.oregon.gov/Pages/index.aspx Teléfono: 1-800-699-9075
PENSILVANIA – Medicaid y CHIP	RHODE ISLAND– Medicaid y CHIP
Sitio web: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Teléfono: 1-800-692-7462 Sitio web de CHIP: https://www.pa.gov/en/agencies/dhs/resources/chip.html Teléfono de CHIP: 1-800-986-KIDS (5437)	Sitio web: http://www.eohhs.ri.gov/ Teléfono: 1-855-697-4347 o 401-462-0311 (Direct RIta Share Line)
CAROLINA DEL SUR – Medicaid	DAKOTA DEL SUR – Medicaid
Sitio web: https://www.scdhhs.gov Teléfono: 1-888-549-0820	Sitio web: http://dss.sd.gov Teléfono: 1-888-828-0059
TEXAS – Medicaid	UTAH– Medicaid y CHIP
Sitio web: https://www.hhs.texas.gov/es/servicios/asistencia-financiera/programa-de-pago-de-las-primas-del-seguro-medico Teléfono: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Sitio web: https://medicaid.utah.gov/upp/ Por correo electrónico: upp@utah.gov Teléfono: 1-888-222-2542 Sitio web de expansión para adultos: https://medicaid.utah.gov/expansion/ Sitio web de Programa de compra de Medicaid de Utah: https://medicaid.utah.gov/buyout-program/ Sitio web de CHIP: https://chip.utah.gov/espanol/
VERMONT – Medicaid	VIRGINIA – Medicaid y CHIP
Sitio web: https://dvha.vermont.gov/members/Medicaid/hipp-program Teléfono: 1-800-250-8427	Sitio web: https://cubrevirginia.dmas.virginia.gov/learn/premium-assistance/famis-select https://cubrevirginia.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Teléfono de Medicaid/CHIP: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid y CHIP
Sitio web: http://www.hca.wa.gov Teléfono: 1-800-562-3022	Sitio web: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Teléfono de Medicaid: 304-558-1700 Teléfono gratuito de CHIP: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid y CHIP	WYOMING – Medicaid
Sitio web: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Teléfono: 1-800-362-3002	Sitio web: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Teléfono: 1-800-251-1269

Para saber si otros estados han agregado el programa de asistencia con primas desde el 31 de julio de 2024, o para obtener más información sobre derechos de inscripción especial, comuníquese con alguno de los siguientes:

Departamento del Trabajo de EE.UU.
 Administración de Seguridad de Beneficios de los Empleados
www.dol.gov/agencies/ebsa/es/about-ebsa/our-activities/informacion-en-espanol
 1-866-444-EBSA (3272)

Departamento de Salud y Servicios Humanos de EE.UU.
 Centros para Servicios de Medicare y Medicaid
www.cms.hhs.gov
 1-877-267-2323, opción de menú 4, Ext. 61565

Declaración de la Ley de Reducción de Trámites

Según la Ley de Reducción de Trámites de 1995 (Ley Pública 104-13) (PRA, por sus siglas en inglés), no es obligatorio que ninguna persona responda a una recopilación de información, a menos que dicha recopilación tenga un número de control válido de la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). El Departamento advierte que una agencia federal no puede llevar a cabo ni patrocinar una recopilación de información, a menos que la OMB la apruebe en virtud de la ley PRA y esta tenga un número de control actualmente válido de la oficina mencionada. El público no tiene la obligación de responder a una recopilación de información, a menos que esta tenga un número de control actualmente válido de la OMB. Consulte la Sección 3507 del Título 44 del Código de Estados Unidos (USC). Además, sin perjuicio de ninguna otra disposición legal, ninguna persona quedará sujeta a sanciones por no cumplir con una recopilación de información, si dicha recopilación no tiene un número de control actualmente válido de la OMB. Consulte la Sección 3512 del Título 44 del Código de Estados Unidos (USC).

Se estima que el tiempo necesario para realizar esta recopilación de información es, en promedio, de aproximadamente siete minutos por persona. Se anima a los interesados a que envíen sus comentarios con respecto al tiempo estimado o a cualquier otro aspecto de esta recopilación de información, como sugerencias para reducir este tiempo, a la dependencia correspondiente del Ministerio de Trabajo de EE. UU., a la siguiente dirección: 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. También pueden enviar un correo electrónico a ebsa.opr@dol.gov y hacer referencia al número de control de la OMB 1210-0137.

Número de Control de OMB 1210-0137 (vence al 31 de enero de 2026)