

MEDICAL AND
RETIREMENT
ONLY (BMR)



2020 BENEFITS SUMMARY

A GUIDE TO YOUR BENEFITS



About This Guide

Read through this guide to learn more about your University of San Diego benefits. Then, make your benefit choices for the 2020 plan year.

Looking for carrier contact information? See the inside back cover.



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This benefits guide highlights some of your University of San Diego (USD) benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. USD reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

Welcome to Your Benefits!

At the University of San Diego (USD), we know that *our success* starts with our employees. By supporting our core values (advancing academic excellence, expanding liberal and professional knowledge, creating a diverse and inclusive community, and preparing leaders dedicated to ethical and compassionate service), you make a difference in our students' lives.

To ensure *your success*, USD offers a comprehensive and flexible benefits package that supports you and your family's well-being, including your unique health and retirement planning needs.

Review this guide and choose the plans that work best for you and your family.

Questions? Our benefits staff is always ready to help. You can reach us at usdbenefits@sandiego.edu.

For More Information

For more plan details, please contact our benefit plan providers directly or log on to their websites. See page 10 and the inside back cover for website and contact information. You can also find detailed information on your benefit plan offerings on the Employee Resources tab of the MySanDiego portal.





Qualified Change in Family Status

During the year, if you experience one of the qualifying events listed below, you can change your benefit elections within 31 days of the event. Qualified changes in family status include:

- Marriage, divorce, legal separation, or annulment
- Entry into or termination of a domestic partnership
- Birth or adoption of a child
- Loss of other health care coverage
- Changes to your dependent's eligibility status because of age, etc.

Note: Any changes you make to your coverage must be consistent with the status event. (For example, if you have a baby, you can enroll your new dependent, but you cannot change your medical plan election.)

Participating in USD's Benefit Plans

Eligibility

Full-time regular employees and full-time faculty are eligible for participation in USD's benefit programs.

Employees who are not full time and/or who are not in regular positions may be eligible for certain benefits according to the Affordable Care Act, the rules governing USD's defined contribution retirement plan, and other USD policies. For more information about benefits eligibility, please contact Human Resources.

Dependents

When you enroll for benefits, you may also enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include you:

- Legal spouse (opposite sex or same sex)
- Registered domestic partner (opposite sex or same sex)
- Your children up to age 26
- Your mentally or physically disabled adult dependent children (who became disabled before age 26) who live with you and who are primarily dependent on you for support — you will need to provide appropriate documentation verifying your child's eligibility.

Out-of-Area Dependents

If you have a dependent who lives out of the area, please note the following:

- USD's HMO medical plans are regional plans for Southern California residents only.
- If someone receives medical services out of the HMO plan's service area, only emergency services are covered.
- If you plan to cover a dependent who lives out of the area, you should consider your enrollment options carefully (for example, the Cigna CDHP/HSA medical plan).

Enrolling for Coverage

You can enroll within 31 days of your benefits eligibility date. After that, you can enroll or make changes to your coverage:

- During the annual Open Enrollment period (held in the fall)
- When you experience a qualified change in family status.

To enroll, access the Oracle HR home page at <https://usdebsprod.sandiego.edu> and enter your Oracle username and password.

When Coverage Begins

Benefits you elect when you are first eligible will become effective on your date of eligibility.

Elections made during the Open Enrollment period will be effective January 1 through December 31.

2020 Medical Coverage Costs — Monthly Premiums

Medical Coverage

Your monthly cost for medical coverage depends on your salary, the plan you enroll in, and the coverage level you select.

Employee Monthly Cost	Cigna CDHP with HSA	Cigna HMO	Kaiser HMO	SIMNSA HMO
Annual Salary Under \$52,000				
Employee Only	\$38.84	\$38.84	\$38.84	\$0.00
Employee + Spouse	\$266.46	\$266.46	\$266.46	\$0.00
Employee + Child(ren)	\$229.77	\$229.77	\$229.77	\$0.00
Employee + Family	\$386.56	\$386.56	\$386.56	\$0.00
Annual Salary of \$52,001 But Less Than \$92,500				
Employee Only	\$83.29	\$83.29	\$83.29	\$0.00
Employee + Spouse	\$392.72	\$392.72	\$392.72	\$0.00
Employee + Child(ren)	\$341.90	\$341.90	\$341.90	\$0.00
Employee + Family	\$547.37	\$547.37	\$547.37	\$0.00
Annual Salary of \$92,501 But Less Than \$135,000				
Employee Only	\$160.51	\$160.51	\$160.51	\$0.00
Employee + Spouse	\$516.24	\$516.24	\$516.24	\$0.00
Employee + Child(ren)	\$451.63	\$451.63	\$451.63	\$0.00
Employee + Family	\$658.81	\$658.81	\$658.81	\$0.00
Annual Salary of \$135,001 or More				
Employee Only	\$234.20	\$234.20	\$234.20	\$0.00
Employee + Spouse	\$631.31	\$631.31	\$631.31	\$0.00
Employee + Child(ren)	\$554.98	\$554.98	\$554.98	\$0.00
Employee + Family	\$805.65	\$805.65	\$805.65	\$0.00





Your Medical Plan Options

USD offers several medical plan options that are designed to provide affordable, quality care. These options include:

- Health maintenance organizations (HMOs):
 - Cigna HMO
 - Kaiser Permanente HMO
 - SIMNSA HMO (services are in Mexico)
- A PPO-type plan on the Open Access Plus (OAP) network
 - Cigna Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA)

Health Maintenance Organizations (HMOs)

With an HMO, you have no annual deductible, and most eligible expenses are covered at 100% or require a copay. You must select a primary care physician (PCP), who coordinates all your care, and receive all services from an in-network provider — no benefits will be paid for out-of-network care (except in an emergency as defined by the carrier).

USD offers HMOs through Cigna and Kaiser Permanente. Additionally, the SIMNSA HMO plan is available to employees who want to access medical treatment in Mexico, just across the border from San Diego.

Finding a Doctor		
Kaiser Permanente Medical Plan	Cigna Medical Plans	SIMNSA Medical Plan
<ul style="list-style-type: none"> • Go to www.kp.org • Select “Doctors & Locations” • Select the “California — Southern” service area • Follow the prompts to identify the type of service provider you are searching for 	<ul style="list-style-type: none"> • During Open Enrollment only, go to www.mycignaplans.com and enter the following: <ul style="list-style-type: none"> • Username: USD2020 • Password: Cigna2020 • Outside of Open Enrollment, please register your account to search for in-network providers and much more. • Review and accept the terms and conditions • Select “Find a doctor, hospital, dentist, pharmacy, or specialty facility” • The plan provider lists are similar but slightly different for each of the Cigna medical plan options. Please click on “Select a plan for your search” <ul style="list-style-type: none"> • For the CDHP: select the “Open Access Plus, OA Plus, and Choice Fund OA Plus” button • For the HMO: select the “HMO/ Network — Cigna HealthCare of California, Inc. — So. CA HMO/ Network” button • Follow the prompts to identify the type of service provider you are searching for 	<ul style="list-style-type: none"> • Go to www.SIMNSA.com • Click on “Read More” under “Providers & Facilities” • Under “Provider Search,” select “All” for the network • Follow the prompts to identify the type of service provider you are searching for

Medical Plan Options at a Glance — HMO Plans

The following tables provide an at-a-glance summary of our HMO medical plan options. **These are the amounts you would pay under the plan.**

Plan Features	Cigna HMO (CA Employees Only)	Kaiser Permanente HMO (CA Employees Only)	SIMNSA HMO
Calendar-Year Deductible	None	None	None
Out-of-Pocket Maximum	\$1,500/person \$3,000/family	\$1,500/person \$3,000/family	\$6,350/person \$12,700/family
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Routine Exams	\$0 (100% covered)	\$0 (100% covered)	\$0 (100% covered)
PCP Office Visit	\$20 copay	\$20 copay	\$7 copay
Specialist Office Visit	\$30 copay	\$30 copay	\$7 copay
Chiropractic Care	\$20 copay (unlimited)	\$15 copay (up to 30 visits/year)	Not covered
Inpatient Hospital	\$250 copay per admission; then covered 100%	\$250 copay per admission; then covered 100%	\$0 (100% covered)
X-ray and Lab	Benefit varies based on location and services (preventive or diagnostic) — see your certificate booklet for details	No charge	No charge (preauthorization is required for certain services)
Emergency Room	\$150 copay per admission (waived if admitted)	\$150 copay per admission (waived if admitted)	In-network and Mexico: \$25 copay per admission (waived if admitted) Out-of-network: \$250 copay/ admission (waived if admitted)
Urgent Care	\$25 copay	\$20 copay	In-network: \$25 copay Out-of-network: \$50 copay
Inpatient Mental Health	\$250 copay per admission; then covered 100%	\$250 copay per admission; then covered 100%	\$0 (100% covered)
Outpatient Mental Health	\$20 copay	Individual: \$20 copay Group: \$10 copay	\$7 copay
Eye Exams (for children; not for contact lenses)	Not covered	No charge	\$7 copay
Retail Prescription Drugs (up to a 30-day supply)			
<ul style="list-style-type: none"> • Generic • Brand Formulary • Non-Formulary 	\$15 copay \$35 copay \$60 copay (if medically necessary)	\$15 copay \$35 copay N/A*	\$10 copay (includes insulin, glucagon, and those for treating diabetes)
Mail-Order Prescription Drugs (up to a 90-day supply)			
<ul style="list-style-type: none"> • Generic • Brand Formulary • Non-Formulary 	\$30 copay \$70 copay \$120 copay (if medically necessary)	\$30 copay \$70 copay N/A*	N/A

*If the non-formulary prescription is medically necessary, the member will be charged the appropriate brand formulary copay. If the doctor does not indicate the medication is medically necessary, the member will be billed the member rate for the prescription.

This guide is a brief summary of your benefits and does not constitute a policy. Your certificate booklets will contain the actual detailed provisions of your benefits. For any discrepancies, the information in the certificate booklets will prevail.





Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA)

The Consumer Driven Health Plan (CDHP) has two parts that work together to provide you with comprehensive coverage:



The CDHP has low per-pay-period contributions, and it gives you an opportunity to save tax free for current or future medical expenses by opening a special savings account called a Health Savings Account (HSA). The HSA helps you save pretax money to pay for eligible medical expenses, including your medical plan's deductible.

Here are four reasons the CDHP might be right for you ...

- 1 The plan has low monthly contributions** — This plan has low per-pay-period contributions and costs the same as the Cigna and Kaiser HMO options.
- 2 Preventive care is covered at 100%** — In-network preventive care — things like annual checkups and recommended screenings — is covered at 100%. And, you do **not** need to pay the deductible first.
- 3 You own your Health Savings Account (HSA)** — The HSA is a bank account in your name, where you can deposit money and take it out to pay for qualified medical expenses for yourself and eligible enrolled dependents. The money always belongs to you — even if you change medical plans or leave USD for any reason, you take it with you.

You can use your HSA to pay your deductible and coinsurance for qualified medical expenses. To see a complete list of qualified medical expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

- 4 HSAs have a triple tax advantage:**
Your HSA contributions are *tax free*.
Interest earnings on account growth are *tax free*.
Funds withdrawn from the HSA for qualified medical expenses are *tax free*.

How a Health Savings Account (HSA) Works

An HSA is a tax-advantaged account that lets you reimburse yourself for qualified health care expenses. Contributions come from two sources — yourself and USD. The money in your account is yours to spend on health care or save. The table below shows the maximum that can be contributed to your HSA in 2020.

Tier Level	2020 HSA Contribution Limit	USD Contributes ...	So You Can Contribute Up to ...
Employee Only	\$3,550	\$500	\$3,050
Employee + One or More	\$7,100	\$1,000	\$6,100

Age 55 or older? You can contribute an additional \$1,000 per year.

Important!

As you consider the CDHP with HSA, please keep the following in mind:

- If you elect the CDHP for yourself or your eligible dependent(s), please make sure you are not enrolled in any other medical plan, including Medicare. If you are enrolled in Medicare, you would need to contact Medicare to opt out before the new plan year.
- If you are electing the CDHP/HSA plan for the first time and you have a balance in your Health Care FSA on December 31, 2019, it must be rolled over to a Limited Purpose Flexible Spending Account (FSA) by January 1, 2020. The IRS prohibits you and USD from making any contributions to your HSA at any time during the 2020 calendar year if you have not fully exhausted your regular 2019 Health Care FSA by December 31, 2019.

HSAs are administered by HSA Bank. HSA Bank is the record keeper and financial bank associated with the CDHP. See the inside back cover for HSA Bank contact information.

Medical Plan Options at a Glance — CDHP

The following table provides an at-a-glance summary of the CDHP. **These are the amounts you would pay under the plan.**

Plan Features	Cigna Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA)	
	In-Network	Out-of-Network
Health Savings Account Contribution from USD	\$500/individual \$1,000/family	
Calendar-Year Deductible	\$1,400/person \$2,800/family*	\$2,800/person \$5,600/family*
Out-of-Pocket Maximum (includes deductible, medical copays, and coinsurance)	\$2,700/person \$5,000/family	\$5,400/person \$10,000/family
Lifetime Maximum	Unlimited	
Preventive Routine Exams	\$0 (100% covered)	Not covered
Office Visit	20% after deductible	40% after deductible
Specialist Office Visit	20% after deductible	40% after deductible
Physical, Occupational, and Speech Therapy, and Chiropractic Care (up to 60 visits combined)	20% after deductible	40% after deductible
Inpatient Hospital	20% after deductible	40% after deductible
X-ray and Lab	Benefit varies based on location and services (preventive or diagnostic) — see your certificate booklet for details	
Emergency Room	20% after deductible	20% after deductible
Urgent Care	20% after deductible	20% after deductible
Inpatient Mental Health	20% after deductible	40% after deductible
Outpatient Mental Health	20% after deductible	40% after deductible
Retail Prescription Drugs (up to a 30-day supply)		
<ul style="list-style-type: none"> ● Generic ● Brand Formulary ● Non-Formulary 	30% after deductible** 40% after deductible 50% after deductible You pay \$250 max per fill	Not covered
Mail-Order Prescription Drugs (up to a 90-day supply)		
<ul style="list-style-type: none"> ● Generic ● Brand Formulary ● Non-Formulary 	30% after deductible** 40% after deductible 50% after deductible You pay \$750 max per fill	Not covered

* All family members contribute toward the family plan deductible. The plan cannot pay an individual's claims until the total family deductible has been met, even if he or she has met the individual deductible.

** Preventive medications are not subject to plan deductible; paid at appropriate coinsurance only.



Online Cigna Resources

During Open Enrollment only, go to www.mycignaplans.com for information on your Cigna plan options, and check out the valuable cost comparison tool to help you make your selections for 2020.

Username: USD2020

Password: Cigna2020

Outside of Open Enrollment, please register your account to search for in-network providers and much more.

If you would like to speak directly with a representative, call (800) 244-6224. Representatives are available 24 hours a day, 7 days a week for your convenience.

Online Kaiser Resources

Go to my.kp.org/USD for information on the Kaiser HMO and access to a variety of tools and resources. You can search for doctors, manage your health, and find the motivation to live a healthy lifestyle.

USD Retirement@Work Website

You can access USD Retirement@Work from the Employee Resources Tab of the MySanDiego portal. You'll need to complete the one-time enrollment for new users.

Use this site to:







- Enroll in the 403(b) Retirement Plan
- Make secure changes to your contributions
- Track your savings progress for your account through TIAA, Fidelity, or both
- Change your investment strategy for your TIAA and/or Fidelity accounts
- Access planning tools to help you meet your retirement goals.

Health Tools, Resources, and Apps

You have access to a wealth of online tools and resources created specifically for USD employees.

Connect with Your Carriers Anytime — on the Device in Your Pocket!

You can't always be in front of a computer. Carrier mobile apps make it easy to manage your benefits on the go! Access your ID card at the doctor's office or find an in-network urgent care center on the weekend. Apps are available for iPhone and Android smartphones. You can download the apps by searching for the names in the Apple Store or the Google Play Store. Download the mobile apps today!

Carrier	App name	What can I use it for?	
Cigna	myCigna	View your ID cards, see claims, refill your prescriptions, compare costs, and quickly find providers. Access your HSA balance and submit reimbursement receipts.	
Cigna MDLIVE	MDLIVE for Cigna	Connect with a board-certified doctor via video or phone when, where, and how it works best for you to treat minor medical conditions.	
Cigna Amwell	Amwell for Cigna	Connect with a board-certified doctor via video or phone when, where, and how it works best for you to treat minor medical conditions.	
Kaiser Permanente	Kaiser Permanente	Contact your doctor, make an appointment, refill prescriptions, see your medical record, and find providers.	
TIAA	TIAA	View account information, see personal rate of return, view pending and recent transactions, and track fund performance.	
Fidelity	Fidelity Investments	View transactions, make trades, see market information, and more.	

Retirement Opportunities

403(b) Retirement Plan

USD offers a 403(b) plan to make building your future financial security a little easier. Administered by TIAA or Fidelity, this defined contribution plan is available to benefits-eligible employees.

To help your savings grow, USD may make a discretionary contribution to your elected vendor (TIAA or Fidelity) each year. Contributions begin on the effective date of eligibility. For additional information on the current contribution amount, contact the USD Benefits team.

In addition, you may choose to make tax-deferred contributions and/or Roth 403(b) after-tax contributions (up to IRS maximums) to help your retirement savings grow. If you wish to select 403(b) pretax or Roth 403(b) after-tax salary deferrals, elect the IRS maximum, or if you want to increase/change your employee contribution, log in to USD Retirement@Work from the MySanDiego portal Employee Resources tab.

New plan participants will be fully vested in employer contributions upon completion of **three years** of service (no vesting period for employee contributions).

If employees do not actively elect an investment provider, the default provider is TIAA. Employees may elect a provider online through the USD Retirement@Work site available on the MySanDiego portal Employee Resources tab.

For both TIAA and Fidelity investment platforms, the T. Rowe Price target date fund is the Qualified Default Investment Alternative (QDIA) for participants who do not actively elect investment options for their retirement funds. *Note that employees may choose their own investment lineup within the plan at any time.*

Each semester, licensed financial consultants from TIAA and Fidelity visit the USD campus to meet with our employees regarding their retirement plans. Visit the Employee Resource tab of the MySanDiego portal for the schedule of "Retirement Counselors On Campus."

Important Notices

USD is legally required to provide the following notices to you.

Covered California Notice

I understand that if I do not elect USD's Health coverage and instead obtain health coverage through Covered California Health Care Exchange, I may not be eligible for tax credits or subsidies under Covered California.

Eligibility for Tax Credits*

To be eligible for tax credits, an individual must:

- Be a U.S. citizen, U.S. national, or lawfully present immigrant who has purchased coverage through Covered California.
- Have an annual household income between 138% and 600% of the Federal Poverty Level. (Note that effective January 1, 2020, the 400% threshold will increase to 600% in California.)
- Not be eligible for other public health coverage — including full-scope Medi-Cal, premium-free Medicare Part A, or military coverage — **and must not have access to health insurance through an employer.** (There is an exception in cases when the employer's plan is unaffordable because the employer's share of the premium exceeds 9.5% of the employee's income. There is also an exception in cases where the employer's plan does not provide minimum value, meaning that the plan does not pay for at least 60% of the costs of covered benefits provided to the employee.)

**The above information can be found at: www.coveredca.com/individuals-and-families/getting-covered/health-care-costs/.*

Physician Designation Notice

The Cigna and Kaiser HMO plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in their network and who is available to accept you or your family members. Until you make this designation, Cigna and Kaiser will designate one for you.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Cigna and Kaiser HMO or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Cigna or Kaiser HMO plans.

Availability of Privacy Practices Notice

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the USD Health Flexible Spending Account Program (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI. To obtain a copy of the Privacy Notice contact Janie Carolin at (619) 260-4594. You may also view the Privacy Notice online at MySanDiego portal under the Employee Resources tab. You may also contact the Plan's Privacy Official at (619) 260-4594 or usdbenefits@sandiego.edu for more information on the Plan's privacy policies or your rights under HIPAA.

Women's Health and Cancer Rights Act

This law requires group health plans that provide coverage for mastectomy to also provide coverage for certain reconstructive services. These services include the following:

- Reconstruction of the breast upon which the mastectomy has been performed
- Surgery/reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis
- Physical complications during all stages of mastectomy, including lymphedemas

In addition, the plan may not:

- Interfere with a woman's rights under the plan to avoid these requirements
- Offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law

However, the plan may apply deductibles and copays consistent with other coverage provided by the plan. If you have questions about the current plan coverage, please contact the Department of Human Resources.

Newborns' and Mothers' Health Protection Act

Federal law protects the benefit rights of mothers and newborns related to any hospital stay in connection with childbirth. In general, insurers may not:

- Restrict benefits for the length of hospital stay 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)
- Require that a provider obtain authorization from the insurer for prescribing a length of stay of up to 48 hours (or 96 hours)

For details on any state maternity laws that may apply to your medical plan, please refer to the benefit material for the plan in which you are enrolled.

Your Rights Under HIPAA

HIPAA and Privacy

The University of San Diego recognizes the confidentiality of your and your enrolled dependents' protected health information, and we are committed to keeping that information private. In addition to our commitment, the federal Health Insurance Portability and Accountability Act (HIPAA) established privacy rules for individually identifiable health information, which the University of San Diego has complied with as of April 14, 2004.



HIPAA Special Enrollment Rights

Special enrollment events allow you and your eligible dependents to enroll for health coverage outside the Open Enrollment period under certain circumstances if you lose eligibility for other coverage, become eligible for state premium assistance under Medicaid or the state Children's Health Insurance Program (CHIP), or acquire newly eligible dependents. This is required under the Health Insurance Portability and Accountability Act (HIPAA). If you decline enrollment in a USD medical plan for you or your dependents (including your spouse/domestic partner) because of other health insurance coverage, you or your dependents may be able to enroll in a USD medical plan without waiting for the next Open Enrollment period if you:

- Lose other coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or CHIP coverage because you are no longer eligible. You must request enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31-day time frame, coverage will be effective on the date of birth, adoption, or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in a USD medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain such coverage. If you request this change, coverage will be effective on the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state laws.

Note: If your dependent becomes eligible for special enrollment rights, you may add the dependent to your current coverage or change to another medical plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

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.

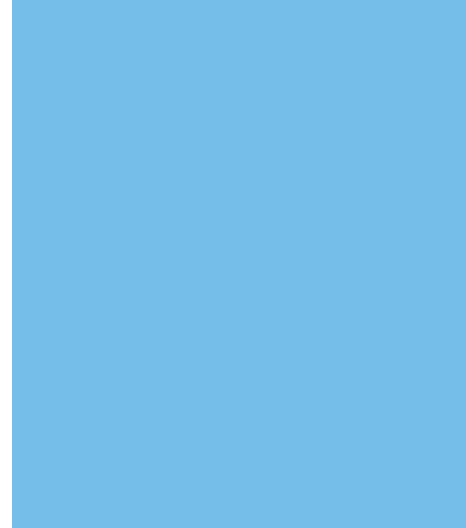
If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial 1 (877) KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, 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, and are 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 with paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your state for more information on eligibility.

Alabama – Medicaid	Website: http://myalhipp.com Phone: 1 (855) 692-5447
Alaska – Medicaid	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com Phone: 1 (866) 251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
Arizona – CHIP	Website: www.azahcccs.gov Phone: 1 (855) 432-7587
Arkansas – CHIP	Website: http://myarhipp.com Phone: 1 (855) MyARHIPP (1 (855) 692-7447)
California – Medi-Cal	Website: www.dhcs.ca.gov Phone: 1 (800) 541-5555 Email: HIPP@dhcs.ca.gov (Health Insurance Premium Payment email)
Colorado – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	Health First Colorado Website: www.healthfirstcolorado.com Health First Colorado Member Contact Center: 1 (800) 221-3943/State Relay 711 CHP+ Website: www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1 (800) 359-1991/State Relay 711
Florida – Medicaid	Website: http://flmedicaidtprecovery.com/hipp Phone: 1 (877) 357-3268
Georgia – Medicaid	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 1 (678) 564-1162 ext. 2131
Idaho – Medicaid & CHIP	Website: http://healthandwelfare.idaho.gov Phone: 1 (877) 456-1233
Indiana – Medicaid	Website: www.in.gov/fssa/hip (Healthy Indiana Plan for low-income adults 19-64) Phone: 1 (877) 438-4479 Website: www.indianamedicaid.com (All other Medicaid) Phone: 1 (800) 403-0864
Iowa – Medicaid	Website: http://dhs.iowa.gov/Hawki Phone: 1 (800) 257-8563
Kansas – Medicaid	Website: www.kdheks.gov/hcf Phone: 1 (785) 296-3512
Kentucky – Medicaid	Website: https://chfs.ky.gov or https://kidshealth.ky.gov/Pages/index.aspx Phone: 1 (800) 635-2570 or 1 (877) 524-4718 TDD/TTY: 1 (877) 807-4719
Louisiana – Medicaid	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1 (888) 695-2447 or 1 (877) 2LaCHIP (1 (877)-252-2447) TTY: 1 (800) 220-5404
Maine – Medicaid	Website: www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1 (800) 442-6003 TTY: Maine relay 711
Massachusetts – Medicaid & CHIP	Website: www.mass.gov/eohhs/gov/departments/masshealth Phone: 1 (800) 862-4840
Minnesota – Medicaid	Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1 (800) 657-3739
Missouri – Medicaid	Website: www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 1 (573) 751-2005
Montana – Medicaid	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1 (800) 694-3084
Nebraska – Medicaid	Website: www.ACCESSNebraska.ne.gov Phone: 1 (855) 632-7633 Lincoln: 1 (402) 473-7000 Omaha: 1 (402) 595-1178

Continued on next page.



To see whether any more states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
(866) 444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
(877) 267-2323
Menu Option 4, ext. 61565



Nevada – Medicaid	Website: http://dhcfp.nv.gov Phone: 1 (800) 992-0900
New Hampshire – Medicaid	Website: www.dhhs.nh.gov/oii/hipp.htm Phone: 1 (603) 271-5218 HIPP Program: 1 (800) 852-3345, ext. 5218 (in NH only)
New Jersey – Medicaid & CHIP	Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid Medicaid Phone: 1 (609) 631-2392 CHIP Website: www.njfamilycare.org/index.html CHIP Phone: 1 (800) 701-0710
New Mexico – Medicaid & CHIP	Medicaid & CHIP Website: www.hsd.state.nm.us/mad/index.html Medicaid & CHIP Phone: 1 (888) 997-2583
New York – Medicaid	Website: www.health.ny.gov/health_care/medicaid Phone: 1 (800) 541-2831
North Carolina – Medicaid	Website: https://dma.ncdhhs.gov Phone: 1 (919) 855-4100
North Dakota – Medicaid	Website: www.nd.gov/dhs/services/medicalserv/medicaid Phone: 1 (844) 854-4825
Oklahoma – Medicaid & CHIP	Website: www.insureoklahoma.org Phone: 1 (888) 365-3742
Oregon – Medicaid	Website: http://healthcare.oregon.gov/Pages/index.aspx www.oregonhealthcare.gov/index-es.html Phone: 1 (800) 699-9075
Pennsylvania – Medicaid	Website: www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipprogram/index.htm Phone: 1 (800) 692-7462
Rhode Island – Medicaid	Website: www.eohhs.ri.gov Phone: 1 (855) 697-4347 or 1 (401) 462-0311 (Direct Rlte Share Line)
South Carolina – Medicaid	Website: www.scdhhs.gov Phone: 1 (888) 549-0820
South Dakota – Medicaid	Website: http://dss.sd.gov Phone: 1 (888) 828-0059
Texas – Medicaid	Website: http://gethipptexas.com Phone: 1 (800) 440-0493
Utah – Medicaid & CHIP	Medicaid Website: https://medicaid.utah.gov CHIP Website: http://health.utah.gov/chip CHIP Phone: 1 (877) 543-7669
Vermont – Medicaid	Website: www.greenmountaincare.org Phone: 1 (800) 250-8427
Virginia – Medicaid & CHIP	Medicaid Website: www.coverva.org Medicaid Phone: 1 (800) 432-5924 or 1 (855) 242-8282 CHIP Website: www.coverva.org (select the Programs tab and then select Premium Assistance) CHIP Phone: 1 (855) 242-8282
Washington – Medicaid	Website: www.hca.wa.gov Phone: 1 (800) 562-3022, ext. 15473
West Virginia – Medicaid	Website: http://mywvhipp.com Phone: 1 (855) MyWVHIPP (1 (855) 699-8447)
Wisconsin – Medicaid & CHIP	Website: www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1 (800) 362-3002
Wyoming – Medicaid	Website: https://wyequalitycare.acs-inc.com Phone: 1 (307) 777-7531

Contact Information

Below are the important phone numbers and websites you may need to locate providers, ask questions, or find answers to your questions.

Benefit	Contact	Telephone	Web Address
General Information	Department of Human Resources	(619) 260-4594	Employee tab of the MySanDiego portal
Medical	Kaiser (HMO) Cigna HMO Cigna CDHP with HSA	(800) 464-4000 (800) 244-6224 (800) 244-6224	www.kp.org www.mycigna.com www.mycigna.com
Medical (Mexico)	SIMNSA	(800) 424-4652	www.simnsa.com
Health Savings Account (HSA)	Cigna HSA Bank	(800) 244-6224 (800) 357-6246	www.mycigna.com www.hsabank.com
403(b) Plan	TIAA Fidelity USD Retirement@Work	(800) 842-2776 (800) 343-0860 (844) 567-9090	www.tiaa.org/usd www.netbenefits.com/atwork Employee tab of the MySanDiego portal

Download the mobile app!

Many of your carriers offer mobile apps to make it easier to manage your benefits. See the list on page 8.



