

Welcome to 2021 Open Enrollment! We realize the success of Mt. San Jacinto College depends on the commitment, dedication and well-being of our greatest asset – our employees. We are constantly striving to offer a wide variety of competitive, comprehensive benefits program with choices and the flexibility to customize your benefits package that best suit your individual and family needs.

Annual Benefits Online Open Enrollment is from May 1, 2021 to June 2, 2021

This year will be a “**CHANGES ONLY**” OPEN ENROLLMENT” for all benefit eligible employees. This means, all plan selections from the prior year will be carried over to 2021 plan year, unless the employee would like to make elections for any of the following reasons:

- Add or change benefit selections
- Add or delete dependents
- Enroll or re-enroll in the Flexible Spending Account (FSA) plan(s)
- Increase or decrease your Voluntary Life and AD&D Amounts
- Update your beneficiary(ies)

AIRBO Virtual Health Fair

Social distancing and working remotely has changed the way we live and work. We are now bringing the fair to your home using the Airbo platform. Airbo is an interactive, cloud-based platform which delivers information on your benefits. Click on the link to visit the Virtual Health Fair- <https://app.airbo.com/ard/mt-san-jacinto-cc-2021>.

When to Enroll

Open Enrollment starts on Monday, May 3, 2021 at 8am and will continue through Wednesday, June 2, 2021 at 4pm. Any changes made to benefits during this open enrollment period will go into effect July 01, 2021.

The benefit choices you make during Open Enrollment cannot be changed until the next years Open Enrollment window. Unless, you experience a qualifying life event such as a birth, adoption, death, marriage, divorce, or change in your or your spouse’s job status, you can add/delete dependents only within 30 days of the qualifying event.

How to Enroll

If you are making changes to your benefits or updating beneficiaries, you can log into the online benefits portal, at www.benefitbridge.com/msjc . Instructions on accessing **BenefitBridge** are included in this package.

If you are enrolling a spouse, domestic partner, or child(ren) for the first time, you will need to provide supporting documentation to the Benefits Office showing proof of eligibility or upload the document on to **BenefitBridge**. For assistance, call the **BenefitBridge** Customer Service hotline at (800) 814-1862 (Mon – Fri 8am to 5pm). All benefits questions should be directed to the District Benefits Office, contact information provided on next page.

This guide provides highlights of what is new, updated, enhanced and available to you during this 2021 Open Enrollment. More specific information can be found on **BenefitBridge** under the Resource Center (Library).

Want to Learn about Benefits

Register and join one of the Virtual Benefits Presentation to be held on following dates:

| Date | Time | Topic | Click on ZOOM Registration Link |
|------------------------|-------------|------------------|---------------------------------|
| Monday, May 3, 2021 | 10am – 11am | Benefits 101 | Register Here |
| Thursday, May 6, 2021 | 3pm – 4pm | Benefits 101 | Register Here |
| Monday, May 10, 2021 | 3pm – 4pm | CompleteCare | Register Here |
| Thursday, May 13, 2021 | 2pm – 3pm | HRA/Medicare 101 | Register Here |

Contact Information

Our goal is to make certain that you receive the correct coverage under the benefit plans. We are here to help, follow these steps if you require assistance:

- Do you need an ID card? If you do not have an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's site to download an ID card.
- For claims assistance, please contact the insurance carrier. You will need your ID number or Social Security number along with date of service and provider name.
- If you need additional assistance or have questions, please contact the District Benefits Office at 951-880-1890 or Keenan & Associates at 800-654-8347 ext.1168 or 1140.

| Benefit | Carrier | Contact | Website |
|---|----------------------------|-----------------------------------|---|
| Anthem Blue Cross HMO | Anthem Blue Cross | 800.288.6921 | www.anthem.com/ca |
| Anthem Blue Cross PPO & HSA | Anthem Blue Cross | 800.627.7244 | www.anthem.com/ca |
| Prescription Drug Plan (For All Anthem Plans) | Express Scripts | 888.806.4969 | www.express-scripts.com |
| Kaiser HMO | Kaiser Permanente | 800.464.4000 | www.kp.org |
| Anthem Dental PPO | Anthem Blue Cross | 800.438-6388 | www.anthem.com/provider/dental |
| Delta Dental PPO | Delta Dental | 866.499.3001 | www.deltadentalins.com |
| MetLife Dental HMO | MetLife Dental | 800.880.1800 | www.metlife.com/insurance/dental |
| Vision | Medical Eye Services (MES) | 800-877.6372 | www.mesvision.com |
| Vision | Vision Service Plan (VSP) | 800.852.7600 | www.vsp.com |
| Online Benefits Portal | BenefitBridge | 800.814.1862 | www.benefitbridge.com/msjc |
| Employee Assistance Program (For all Employees) | Anthem Blue Cross | 800.999.7222 | www.anthemEAP.com |
| Virtual Mental Health (Only for Employees Enrolled in a Medical Plan) | Talkspace | partners-support@talkspace.com | www.talkspace.com/reep |
| Wellness Condition Management Program | Omada Health | 888.409.8687 | omadahealth.com/reep |
| Hearing Aid (Discount Program) | TruHearing | 844.524.3976 | www.TruHearing.com/Choice |
| Basic and Voluntary Life and Accidental Death and Dismemberment Insurance | MetLife | Contact Keenan or District Office | www.metlife.com |
| Medical Bridge/Hospital Confinement plan | Colonial | 844.624.1380 | visityouville.com/REEP |
| Early Retiree HRA | MidAmerica | 800.654.8347 | www.mymidamerica.com |
| CompleteCare - Spousal Advantage Medical Expense Reimbursement Plan | Catilize Health | 877.872.4232 | www.catilize.com |
| Medical FSA and Dependent Day Care FSA | American Fidelity | 800. 365.9180 | https://enroll.americanfidelity.com/E56744CB |
| Legal Plan | MetLife Legal | 800.438.6388 | www.metlife.com/insurance/legal-plans |
| Long Term Care (LTC) | UNUM | 866-679-3054 | http://unuminfo.com/REEP/index.aspx |
| Identity Fraud and Resolution Service | Identity TheftPROTECTOR | 866.262.5844 | www.idtheftassist.com |

Medical . Prescription . Dental . Vision . Life . Voluntary Plans UPDATES & NEW OFFERINGS

The Medical, Dental, Vision, Voluntary and Value-Added benefits available to our employees are provided through REEP JPA

Anthem Blue Cross Plans

Anthem HMO Plans- HMO 20, HMO 30 and DHMO 40 Select

- There are no changes to the medical HMO benefits for 2021-2022 plan year.
- **New** – DHMO 40 Select will now be referred to as DHMO 500

Note: *DHMO 500 Select is a narrow network plan. It is important to know Anthem Blue Cross may “refresh” their narrow network providers on January 1st each year. While it doesn’t happen often, changes can occur in the network providers yearly on January 1st. You will be notified in advance of January 1st if your provider is leaving the Anthem Select network. To determine if your HMO medical in the Anthem DHMO Select, visit: www.anthem.com/ca/findadoctor*

Anthem PPO 500, 750, 1250 Essentials and Minimum Value Plan (MVP)

- There are no changes to the medical PPO benefits for 2021-2022 plan year.

Health Savings Account Compatible PPO Plans

- There are no changes to the medical H.S.A. plans and benefits for 2021-2022 plan year.

Anthem LiveHealth Online (LHO)

Anthem LiveHealth Online (LHO) was provided to Anthem subscribers and their enrolled dependents with no member copay for HMO and PPO members beginning July 1, 2020 (IRS Regulations do not allow the copay to be waived for HSA members; however, the IRS waived these requirements for a period due to the COVID-19 outbreak). This program provides around the clock, 24/7 board-certified physicians benefits and referrals. More information is available on the Airbo Virtual Health Fair, in **BenefitBridge** or at the District Benefits Office.

BridgeHealth Program for Anthem PPO/MVP and HSA Members

BridgeHealth program is available to all Anthem PPO/MVP and HSA members. This program incentivizes the use of Centers of Excellence for elective surgeries such as cardiac, general, joint replacement, orthopedic, spinal, women’s health, etc. If PPO/HSA/MVP members are referred for surgery, they can contact BridgeHealth to be guided to facilities and providers who are performing in the top 25% for that specific surgery.

If you opt to use the BridgeHealth program for your surgery, PPO members will have your deductible and coinsurance waived. HSA members will be subject to the deductible; however, your coinsurance will be waived, and you will receive a “care allowance” as follows:

- HSA 1500 Care Allowance: \$1,500
- If traveling to a facility over 100 miles away, travel expenses are covered for the member and a companion to travel with you (includes airfare, lodging, incidentals)
- Members can call and receive a second opinion at no charge, and can decide not to move forward if you would rather pursue a different course of action
- Bundled contracts cover all costs from pre-op to post-op. Note this includes anesthesiology, so this removes the surprise bill that comes from non-contracted anesthesiologists.
- Members must call to begin the process, there is no outreach.
- More information is available on Airbo Virtual Health Fair, **BenefitBridge** or the District Benefits Office.

Express Scripts Prescription Drug Plans (for Anthem Plans)

Express Scripts Prescription Drug Plans

- There are no changes to the prescription benefits, for 2021-2022 plan year.

Keenan Pharmacy Care Management (KPCM) Programs will continue-

- Pharmacy Vaccination Program continues for REEP Anthem PPO/HSA/MVP members. PPO / HSA / MVP members will have access to vaccines at the pharmacy. REEP HMO members can still get their vaccinations through their provider/medical group.
- Migraine Care Value Program continues for all REEP Anthem members. This program provides Exclusive Home Delivery for members taking CGRP inhibitors and creates medication reliability, improves clinical outcomes and maximizes savings.
- KPCM is a prescription intervention program that targets high cost prescriptions where lower cost alternatives are available (for REEP Anthem members). When a high cost medication is prescribed it automatically triggers a call to the prescribing doctor to determine whether the doctor agrees that the member could consider taking a lower cost alternative. If so, the member is contacted to see if they would like to consider filling an alternative prescription approved by their doctor. Ultimately it is up to the doctor and the member to make the decision to change.

Kaiser Plans

Kaiser HMO 20, DHMO 500, MVP and H.S.A

- There are no changes to the medical benefits for 2021-2022 plan year.

Employee Assistance Program (EAP)

Employee Assistance Program (EAP)

For All Employees (Anthem Blue Cross, Kaiser and Non-benefit Eligible Employees)

- There are no changes to the EAP benefits, for 2021-2022 plan year.

The EAP is provided through Anthem Blue Cross to **all employees** of the district and all immediate family members living in your household, even if you are not eligible for benefits. EAP services are confidential. Your privacy is important, and it is protected by state and federal laws. EAP provides strictly confidential, 24-hour counseling services (in-person and telephone sessions) to help you and your dependents manage a variety of issues, including family concerns, stress, financial worries, depression, substance abuse, work-related conflict, and legal matters. The EAP Program also provides five (5) free, counseling sessions per year for each issue or concern with a licensed clinician.

If you are an Anthem Blue Cross member, the phone number to access this benefit will be listed on your Anthem ID card. All Kaiser members, or non-benefit eligible employees, should refer to the flyer included on the district website. More information is available on the Airbo Virtual Health Fair, in **BenefitBridge** or at the District Benefits Office
- REEP members have access to [Mystrength.com](https://www.mystrength.com). [Mystrength.com](https://www.mystrength.com) provides a free online and mobile program that supports emotional health and wellbeing. Members can access the information online or through the convenient [Mystrength](https://www.mystrength.com) app on the Android and Apple markets.
 - Kaiser My Strength, please search www.Kp.org/selfcareapps/scal to get started.
 - Anthem My Strength, please search www.Anthem.com/ca/mystrength to get started.

Note: EAP benefits are **separate** from the mental health and substance abuse benefits.

Talkspace

Talkspace – Online Therapy

New - Talkspace is a new way to seek mental health support through text and web messaging. This benefit is ***in addition*** to the mental health benefits provided under your Anthem or Kaiser plan, and ***in addition*** to the Anthem Employee Assistance Plan (EAP). With Talkspace, you can choose your therapist from a list of recommended, licensed providers and receive support day and night from the convenience of your device (iOS, Android, and Web). This benefit is available to you and your family members age 13 and over. Talkspace provides unlimited text and voice messaging at no copayment with a personal therapist immediately after registration. Therapists engage daily, 5 days per week, which often includes weekends. To use the Talkspace benefit visit www.talkspace.com/reep

More information is available on the Airbo Virtual Health Fair, in ***BenefitBridge*** or at the District Benefits Office.

OMADA Wellness

OMADA Health for Anthem Blue Cross and Kaiser Permanente Members

OMADA Health program is focused on diabetes/hypertension and weight management and will be offered to REEP employees enrolled in either Anthem or Kaiser Permanente who qualify to participate. The goal of this program is to help REEP members:

- Lose weight (and keep it off) with small, sustainable lifestyle changes
- Build strategies for healthy eating, activity, sleep and stress management
- Reduce the risk of developing type 2 diabetes, heart disease and stroke

The OMADA Health program will provide qualifying REEP members with the following:

- A dedicated, professional health coach provides participants with proactive, real-time support and motivation throughout the entire program
- Rigorous scientific data analysis – in real-time – is used to determine exactly how to deliver the right personalized interventions, at the right time, to each individual participant
- Participants are matched into online peer groups for encouragement and healthy competition
- Participants learn how to eat healthier, increase activity levels, and overcome challenges through fun games and interactive lessons
- Connected scale, web and mobile apps track weight, activity and food.
- More information is available on the Airbo Virtual Health Fair, in ***BenefitBridge*** or at the District

Dental Plans

Anthem Dental

- There are no changes to the Anthem Dental plan benefits for 2021-2022 plan year.

Delta Dental

- There are no changes to the Delta Dental plan designs benefits for 2021-2022 plan year.

MetLife Dental DHMO

- There are no changes to the MetLife Dental plan designs benefits for 2021-2022 plan year.

Vision Plans

Medical Eye Services (MES) Vision

- ***Enhancement Frame Benefit:***

The Medical Eye Services plan has been enhanced to provide a frame and contact lens benefit allowance of \$125 per calendar year. This is an increase from \$90 frame and \$100 contact lens.

Vision Service Plan (VSP) Vision

- There are no changes to the Vision Service Plan (VSP) plan benefits for 2021-2022 plan year.

TruHearing Program

TruHearing Discount Program

REEP continues to offer the TruHearing Discount Program, all members have access to hearing aids at a far reduced price. REEP members can shop state of the art hearing aid technology at a savings between 30% to 60% off. Information on this benefit is available on the district website.

MetLife Group Life and Accidental Death and Dismemberment

MetLife Group Life and AD&D

- The district provides life insurance to all active benefit eligible employees
- All employees currently enrolled in the Group Life and AD&D plans are encouraged to review their beneficiary(ies) designation in ***BenefitBridge*** and update if needed.

Additional Voluntary Benefits

The district offers all active benefit eligible employees and their dependents, the opportunity to purchase voluntary benefits, as outlined below. If you are currently enrolled in any of these voluntary plans, most of these benefits do not require re-enrollment. The only exception is Flexible Spending, which requires your re-enrollment, even if you are electing the same amount as last year. If you wish to enroll in a new voluntary plan, you can do so online through ***BenefitBridge***.

American Fidelity – Section 125 Re-Enrollment

American Fidelity provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. You must enroll/re-enroll in the plan to participate for the plan year July 1 – June 30, 2022.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. Medical FSA and Dependent Day Care FSA will require you to complete your enrollment for the new plan year – even if you are electing the same dollar amount, you must re-enroll in the FSA each year. To do this, you will need to schedule a virtual appointment with an American Fidelity (AF) representative. There are two (2) ways you can schedule your appointment. While making your plan selections on ***BenefitBridge***, you will be given the option to click on the following link - <https://enroll.americanfidelity.com/E56744CB> to schedule your appointment online, or you can contact AF at (800) 365-9180 ext. 0.

Colonial Medical Bridge

Colonial Medical Bridge offering continues this year. There are four (4) Medical Bridge plans to choose from which could help pay for out-of-pocket medical expenses, such as deductibles, co-payments and other expenses, and will also reimburse you for some preventive screenings.

You can view the details of the available plans and/or elect to enroll in a Medical Bridge plan online through **BenefitBridge**. More information is available on the Airbo Virtual Health Fair, in **BenefitBridge** or at the District Benefits Office.

CompleteCare - Spousal Advantage Medical Expense Reimbursement Plan

REEP CompleteCare Medical Expense Reimbursement Plan. If you or your dependents have access to group health coverage through your spouse. This plan may be a great cost savings for you.

The CompleteCare plan is a medical expense reimbursement plan designed for employees who have access to group health coverage through a spouse or domestic partner. Under the CompleteCare plan, you could potentially have no out-of-pocket costs for you or your dependents when covered by your spouse's employer health plan. Copays, deductibles, coinsurance, etc. will be reimbursed up to 100% when you and/or your dependents enroll in the CompleteCare plan through REEP and enroll in your spouse's employer health plan.

This plan could not only mitigate, or eliminate, your district payroll deduction, if you have one, but it could cover you and your dependents for up to 100% of out-of-pocket medical costs. To be eligible:

- You must currently be enrolled in one of the district's health plans
- You or your dependents must have access to group health coverage through your spouse's employer
- Your spouse or domestic partner's employer cannot be another REEP medical district
- To learn more about the CompleteCare program, attend one of the webinars listed on the cover page or click on the link to learn how it works - <https://keenan.wistia.com/medias/acl7bhsb3z>

HRA Plan Offering

Are you retiring soon? Do you want more choice when looking for the right health insurance coverage? The Health Reimbursement Arrangement (HRA) may be for you.

For benefit eligible employees, who are retiring soon, (i.e. July 1, 2021), you have the opportunity to voluntarily shop for health care coverage outside of the medical plans offered by the District. This program provides you the opportunity to comparison shop for more affordable health care coverage that fits your health care needs and your budget. If you find a more affordable health care plan that you would like to enroll in, you can access your negotiated District contribution to purchase that coverage through a Health Reimbursement Account (HRA). The HRA offers you several tax advantages and if you are interested in this program, attend one of the webinars listed on the cover page or contact the District Benefits office, or a Keenan representative.

Identity TheftPROTECTOR Plan

REEP is offering the most comprehensive and affordable identity fraud and resolution service available today. For \$10.00 per month (\$12.00 tenthly) you can protect your entire family against identity theft and fraud. More information is available on the Airbo Virtual Health Fair, in **BenefitBridge** or at the District Benefits Office.

UNUM Long Term Care (LTC)

Long Term Care plans are available through UNUM at group rates. Additional information, rates and enrollment can be found by logging into the following website: <http://unuminfo.com/REEP/index.aspx>

MetLife Legal Plan

Unlimited services covered under this plan include: wills, living wills and trust preparation; purchase, sale and refinancing of primary residence, debt collection defense, identity theft assistance, landlord/tenant problems, civil litigation defense, document preparation, adoptions and more. Formally known as MetLaw/Hyatt Legal. More information is available on the Airbo Virtual Health Fair, in ***BenefitBridge*** or at the District Benefits Office.

MetLife Voluntary Life Insurance

Life Insurance is so Important! During Open Enrollment, you may elect additional life insurance or increase your existing coverage for yourself and your eligible dependents. If you're enrolling in life coverage, you may apply for spousal life coverage up to 100% of your amount of coverage, not to exceed \$500,000 or 5 times the employee's annual salary. The coverage must be in increments of \$10,000. If you're enrolling in life coverage, you may also apply for supplemental life coverage for your child(ren) to a maximum of \$10,000.

Election of additional life insurance will require the completion of a MetLife Statement of Health (SOH) form. You will be prompted, as you are completing your online enrollment on ***BenefitBridge***, to download the form. The completed SOH form should be returned to the Benefits Office to forward to MetLife for approval.

If you are already enrolled and wish to make no changes to your current plan, it is advisable that you log into ***BenefitBridge*** and ensure your beneficiary information is up to date.

Please Note: When applying, if you do not complete the required Statement of Health Form (SOH), you and/or your dependents will not be approved and will not be enrolled in Voluntary Life insurance coverage.

MetLife Voluntary Accidental Death & Dismemberment (AD&D) Insurance

If you missed the opportunity to purchase Voluntary AD&D, you may elect this insurance or increase your current benefit, by purchasing additional coverage not to exceed 10 times your annual income at an affordable cost. The basic purpose of AD&D insurance is to provide for many of the unexpected expenses that a family faces following a tragedy.

This plan is available to enroll in online through ***BenefitBridge***. Should you decide you do not wish to purchase additional Voluntary AD&D coverage, you are encouraged to still name a beneficiary as you will be provided with a "no cost" \$2,000 benefit as long as you enroll online for the basic \$2,000 no cost benefit.

***Important Information* Regarding the MetLife Voluntary Life and Voluntary AD&D Insurance**

- **Dual Coverage Not Allowed** - If you are married to a school district employee who is covered under this plan as an employee, each employee has the choice to elect to enroll as a subscriber or enroll as a spouse under your plan, however you cannot have dual coverage under each other. If you have children, the children can only be covered under one of the employee's plan.
- Dependent children are covered up to age 26. If you have purchased coverage for your children, it is important to remember that once your youngest child reaches age 26, it is your responsibility to notify the District Benefits Office to remove the dependent coverage. Once the district is notified, your payroll deduction for this plan will be adjusted.
- This benefit enables you to continue the coverage at no cost while you are off work due to a total disability. Contact the District Benefits Office for more information.

Important Reminders

1. Governmental regulations require all employees carry medical insurance. Therefore, any employee who declines Mt. San Jacinto CC group medical insurance plan each year must denote on ***BenefitBridge*** that you are waiving medical insurance, electing not to enroll in the plan(s) offered by the district.
2. Qualified events allow you to make changes to your benefits during the plan year rather than waiting for the next annual open enrollment period. If you experience a special enrollment circumstance or change in family status such as birth of a child, marriage or divorce, please contact the Benefits Office to discuss. It is important to note, you must make this change within 30 days of the qualifying event.
3. Once you make your plan elections, you cannot change to a different plan until the next open enrollment period without a qualifying event. A loss or change of provider is not considered a qualifying event.
4. If your physician is no longer an eligible provider for the plan you have chosen, you must choose a new participating provider, or the carrier will select one on your behalf.
5. Eligible dependents include your spouse, registered domestic partner, and your children up to their 26th birthday (or your dependent child(ren) of any age who is totally disabled prior to age 26). This includes natural children, step children, adopted children and children for whom you are a court appointed guardian. This also includes any child for whom you are required to provide coverage under a Qualified Medical Child Support Order (QMCSO).
6. All employees enrolled in one of the Voluntary Life or Voluntary AD&D plans should log on to ***BenefitBridge*** and update your beneficiary information to ensure your designated beneficiary(ies) is/are current.
7. You must remain enrolled in your selected plan until July 1, 2021. Changes to other medical plans or insurance carriers are not allowed outside open enrollment.

What Should I Do Next?

1. Review your insurance benefits and decide what is best for you and your family.
2. Log on to ***BenefitBridge*** at www.benefitbridge.com/msjc to elect the plans of your choice, update your beneficiary(ies) on the life plan(s), and verify your elections are accurate. A flyer on how to navigate ***BenefitBridge*** is included in this enrollment guide.

Mt. San Jacinto Community College District Online Benefits Enrollment is easy with BenefitBridge!

Need Help?

For all questions related to your benefits:

For BenefitBridge technical assistance only, please contact BenefitBridge Customer Care at 800. 814.1862; Mon - Fri, 8:00 AM - 5:00 PM PST or email benefitbridge@keenan.com.

Here's what you can do on BenefitBridge:

- View Current Plan Year Benefits
- Compare Plan Options
- Enroll in Benefit
- Resource Center: Health Insurance Basics, Medicare, Glossary, Media Resources
- Learn more about the Group Medical Bridge plan available with Colonial Life through Building Blocks! For more information click [here!](#) For questions, contact Building Blocks by calling 844-624-1380 or emailing westservice@bbforb.com.
- Add or Remove Dependents/Beneficiaries
- Message Center
- Update My Account Info
- Available 24/7 via the Internet

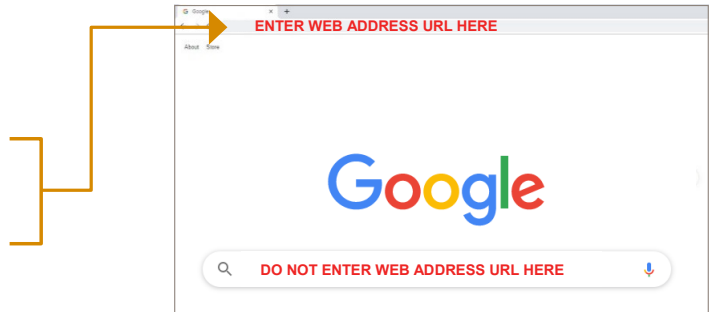
Registration and Login

Already have login credentials?

1. Login to **BenefitBridge** at www.benefitbridge.com/msjc
2. Forgot your Username or Password? Click on **"Forgot Username/Password?"**

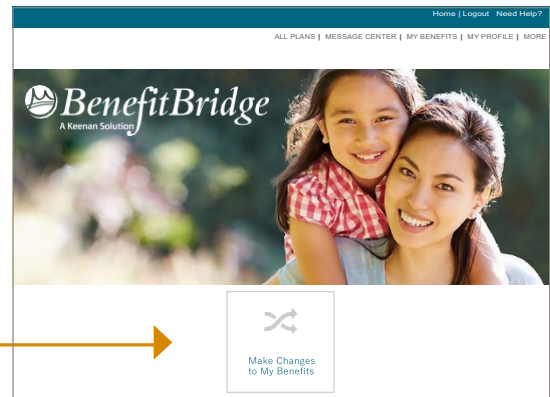
Need to create login credentials?

1. In the **address bar**, type www.benefitbridge.com/msjc **(Not in the Bing, Google, Yahoo search engine field)**
2. Click the **Enter** key, then follow the instructions below to register:
 - **STEP 1:** Select **"Register"** to **Create an Account**
 - **STEP 2:** Create a **Username** and **Password**
 - **STEP 3:** Select **"Continue"** to access **BenefitBridge**



Enrolling in Benefits

Access your enrollment via the **"Make Changes to My Benefits"** button



Important Notices

MAINE – Medicaid

Enrollment Website:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 800.442.6003 | TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 800.977.6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>
Phone: 800.862.4840

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 800.657.3739

MISSOURI – Medicaid

Website:
<https://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573.751.2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 800.694.3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 855.632.7633
Lincoln: 402.473.7000
Omaha: 402.595.1178

NEVADA – Medicaid

Medicaid Website: <https://dhcftp.nv.gov/>
Medicaid Phone: 800.992.0900

NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>
Phone: 603.271.5218
Toll-Free for the HIPP program: 800.852.3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609.631.2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 800.701.0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 800.541.2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919.855.4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 844.854.4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 888.365.3742

OREGON – Medicaid

Websites: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 800.699.9075

PENNSYLVANIA – Medicaid

Website:
<https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
Phone: 800.692.7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 855.697.4347, or 401.462.0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 888.549.0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
Phone: 888.828.0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 800.440.0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 877.543.7669

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 800.250.8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/hipp/>
Medicaid Phone: 800.432.5924
CHIP Phone: 855.242.8282

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 800.562.3022

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>
Toll-free phone: 855.MyWVHIPP (855.699.8447)

WISCONSIN – Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 800.362.3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 800.251.1269

To see if any other states have added a premium assistance program since January 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
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