



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 are eligible for health coverage from your employer, your state may have a premium assistance program that helps 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 [healthcare.gov](http://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 call 1-877-KIDS NOW or [www.insurekidsnow.gov](http://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 an employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call



NEW HAMPSHIRE-Medicaid	SOUTH DAKOTA-Medicaid

Website <https://www.dhhs.nh.gov/programs->

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:

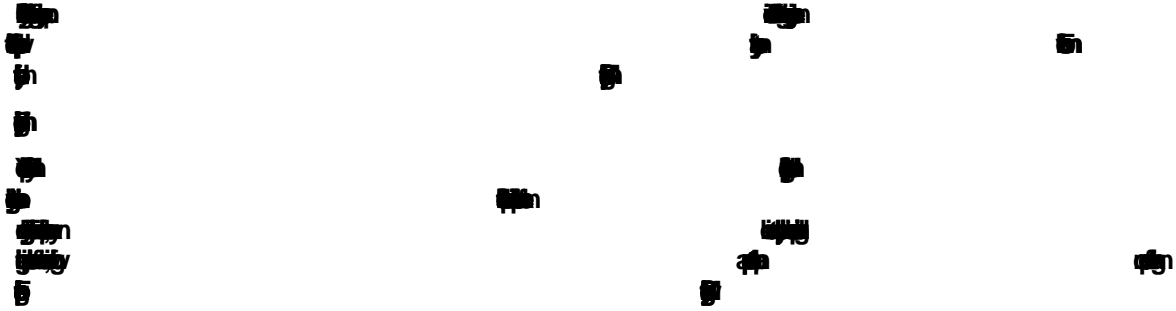
U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a

Patient Protection Model Disclosure



Uniformed Services Employment and Reemployment Rights Act (USERRA)



**When Can You Join A Medicare Drug Plan?**

7<sup>th</sup>.

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**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

current prescription drug coverage is part of your medical coverage from Hope College You cannot drop your Hope College prescription drug coverage unless you also drop your Hope College medical coverage.

your

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**



# Hope College Group Health Plan Procedures for Handling Medical Child Support Orders

1. In

2. In

3. In

alternate recipient's custodial parent or authorized notice is sent to the alternate recipient's custodial (and employee) will be enrolled in BCBSM.

If the plan administrator does not hear from the issuing agency within 20 business days of the date the parent or the issuing agency, the alternate recipient



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2023)

## PART A: General Information

What is the Health Insurance Marketplace?

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What is the Health Insurance Marketplace?

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### What is the Health Insurance Marketplace?

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### Can I Save Money on my Health Insurance Premiums in the Marketplace?

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### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

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Note:

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### How Can I Get More Information?

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HealthCare.gov

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# PART B: Information About Health Coverage Offered by Your Employer

Plan Name	Plan Type
Health Plan	Medical
Dental Plan	Dental
Vision Plan	Vision