

## 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](http://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](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 your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://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, 2025. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ALASKA – Medicaid                                                                                                                                                                                                                                                                                                                                                                 |
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| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility:<br><a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> |
| ARKANSAS – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CALIFORNIA – Medicaid                                                                                                                                                                                                                                                                                                                                                             |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)                                                                                                                                                                                                                                                                                                                                                                                                                                               | Health Insurance Premium Payment (HIPP) Program Website:<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>                                                                                                                                            |
| COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FLORIDA – Medicaid                                                                                                                                                                                                                                                                                                                                                                |
| Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br><a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a><br>HIBI Customer Service: 1-855-692-6442 | Website:<br><a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268                                                                                                                                                                |

| GEORGIA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | INDIANA – Medicaid                                                                                                                                                                                                                                                                                                                                              |
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| <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/> Phone: 678-564-1162, Press 1<br/> GA CHIPRA Website:<br/> <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br/> Phone: 678-564-1162, Press 2</p> | <p>Health Insurance Premium Payment Program<br/> All other Medicaid<br/> Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br/> <a href="http://www.in.gov/fssa/dftr/">http://www.in.gov/fssa/dftr/</a><br/> Family and Social Services Administration<br/> Phone: 1-800-403-0864<br/> Member Services Phone: 1-800-457-4584</p> |
| IOWA – Medicaid and CHIP (Hawki)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | KANSAS – Medicaid                                                                                                                                                                                                                                                                                                                                               |
| <p>Medicaid Website:<br/> <a href="#">Iowa Medicaid   Health &amp; Human Services</a><br/> Medicaid Phone: 1-800-338-8366<br/> Hawki Website:<br/> <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a><br/> Hawki Phone: 1-800-257-8563<br/> HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a><br/> HIPP Phone: 1-888-346-9562</p>                                                                                                                                          | <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a><br/> Phone: 1-800-792-4884<br/> HIPP Phone: 1-800-967-4660</p>                                                                                                                                                                                                                |
| KENTUCKY – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LOUISIANA – Medicaid                                                                                                                                                                                                                                                                                                                                            |
| <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/> Phone: 1-855-459-6328<br/> Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a><br/> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a><br/> Phone: 1-877-524-4718<br/> Kentucky Medicaid Website:<br/> <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>      | <p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br/> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>                                                                                                                                   |
| MAINE – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MASSACHUSETTS – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                               |
| <p>Enrollment Website:<br/> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/> Phone: 1-800-442-6003<br/> TTY: Maine relay 711<br/> Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br/> Phone: 1-800-977-6740<br/> TTY: Maine relay 711</p>                                                                                                                  | <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br/> Phone: 1-800-862-4840<br/> TTY: 711<br/> Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>                                                                                                                 |
| MINNESOTA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MISSOURI – Medicaid                                                                                                                                                                                                                                                                                                                                             |
| <p>Website:<br/> <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a><br/> Phone: 1-800-657-3672</p>                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/> Phone: 573-751-2005</p>                                                                                                                                                                                         |

| MONTANA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                    | NEBRASKA – Medicaid                                                                                                                                                                                                                                                                                                                                                                         |
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| Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 1-800-694-3084<br>Email: <a href="mailto:HHSHIPPPProgram@mt.gov">HHSHIPPPProgram@mt.gov</a>                                                                                                                                                                                                                    | Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178                                                                                                                                                                                                                           |
| NEVADA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                     | NEW HAMPSHIRE – Medicaid                                                                                                                                                                                                                                                                                                                                                                    |
| Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Medicaid Phone: 1-800-992-0900                                                                                                                                                                                                                                                                                                                                             | Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a> |
| NEW JERSEY – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                        | NEW YORK – Medicaid                                                                                                                                                                                                                                                                                                                                                                         |
| Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710 (TTY: 711)                                                               | Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831                                                                                                                                                                                                                                             |
| NORTH CAROLINA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                             | NORTH DAKOTA – Medicaid                                                                                                                                                                                                                                                                                                                                                                     |
| Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100                                                                                                                                                                                                                                                                                                                                               | Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br>Phone: 1-844-854-4825                                                                                                                                                                                                                                                                         |
| OKLAHOMA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                          | OREGON – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                  |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742                                                                                                                                                                                                                                                                                                                                           | Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br>Phone: 1-800-699-9075                                                                                                                                                                                                                                                 |
| PENNSYLVANIA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                      | RHODE ISLAND – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                            |
| Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a><br>Phone: 1-800-692-7462<br>CHIP Website: <a href="http://www.pa.gov/Children's%20Health%20Insurance%20Program">Children's Health Insurance Program (CHIP) (pa.gov)</a><br>CHIP Phone: 1-800-986-KIDS (5437) | Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line)                                                                                                                                                                                                                                              |
| SOUTH CAROLINA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                             | SOUTH DAKOTA - Medicaid                                                                                                                                                                                                                                                                                                                                                                     |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820                                                                                                                                                                                                                                                                                                                                                         | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059                                                                                                                                                                                                                                                                                                         |

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

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

## Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)

## 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](http://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/](http://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](http://www.askebsa.dol.gov) o llame al servicio telefónico gratuito **1-866-444-EBSA (3272)**.

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**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 2025. Comuníquese con su estado para obtener más información sobre la elegibilidad -**

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

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

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

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

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

Para saber si otros estados han agregado el programa de asistencia con primas desde el 31 de julio de 2025, 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](http://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](http://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](mailto: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)