Provided by: Inszone Insurance

**HEALTH PLAN COMPLIANCE NOTICES**

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

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| **ALABAMA – Medicaid** | **ALASKA – Medicaid** |
| Website: <http://myalhipp.com/>  Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program  Website: <http://myakhipp.com/>  Phone: 1-866-251-4861  Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  Medicaid Eligibility: [https://health.alaska.gov/dpa/Pages/default.aspx](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealth.alaska.gov%2Fdpa%2FPages%2Fdefault.aspx&data=05%7C01%7CBerman.Nathaniel%40dol.gov%7Ca5722ebf007e4847fe8808da69a45fb9%7C75a6305472044e0c9126adab971d4aca%7C0%7C0%7C637938452103798639%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=A5Fggwg0lR2c%2FOwofWNVpVk8b5%2FFX1kaOQNuuEwAAAE%3D&reserved=0) |
| **ARKANSAS – Medicaid** | **CALIFORNIA – Medicaid** |
| Website: <http://myarhipp.com/>  Phone: 1-855-MyARHIPP (855-692-7447) | Health Insurance Premium Payment (HIPP) Program Website:  <http://dhcs.ca.gov/hipp>  Phone: 916-445-8322  Fax: 916-440-5676  Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov) |
| **COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)** | **FLORIDA – Medicaid** |
| Health First Colorado Website: <https://www.healthfirstcolorado.com/>  Health First Colorado Member Contact Center:  1-800-221-3943/State Relay 711  CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  CHP+ Customer Service: 1-800-359-1991/State Relay 711  Health Insurance Buy-In Program (HIBI):  <https://www.mycohibi.com/> HIBI Customer Service: 1-855-692-6442 | Website: <https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html>  Phone: 1-877-357-3268 |

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| **GEORGIA – Medicaid** | **INDIANA – Medicaid** |
| GA HIPP Website: [https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmedicaid.georgia.gov%2Fhealth-insurance-premium-payment-program-hipp&data=02%7C01%7Cstashlaw%40dch.ga.gov%7C98b18a96ce1b49d087f708d709449652%7C512da10d071b4b948abc9ec4044d1516%7C0%7C0%7C636988062560854968&sdata=7rziGawQfBKcW1N2%2Bdi2j8cyHpaCYURGdtF8Hk%2By6FM%3D&reserved=0)  Phone: 678-564-1162, Press 1  GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  Phone: 678-564-1162, Press 2 | Healthy Indiana Plan for low-income adults 19-64  Website: <http://www.in.gov/fssa/hip/>  Phone: 1-877-438-4479  All other Medicaid  Website: <https://www.in.gov/medicaid/>  Phone: 1-800-457-4584 |
| **IOWA – Medicaid and CHIP (Hawki)** | **KANSAS – Medicaid** |
| Medicaid Website:  <https://dhs.iowa.gov/ime/members> Medicaid Phone: 1-800-338-8366  Hawki Website:  [[Hawki - Healthy and Well Kids in Iowa | Health & Human Services](http://dhs.iowa.gov/Hawki)](https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki)  Hawki Phone: 1-800-257-8563  HIPP Website: [Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)](https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp)  HIPP Phone: 1-888-346-9562 | Website: <https://www.kancare.ks.gov/>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660 |
| **KENTUCKY – Medicaid** | **LOUISIANA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  Phone: 1-855-459-6328  Email: [KIHIPP.PROGRAM@ky.gov](mailto:KIHIPP.PROGRAM@ky.gov)  KCHIP Website: [https://kynect.ky.gov](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fkynect.ky.gov%2F&data=05%7C02%7CClinton.Latisha.M%40dol.gov%7C0ea7063fc3ad45daa23708dc1624e4e6%7C75a6305472044e0c9126adab971d4aca%7C0%7C0%7C638409595278820551%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=0fmlL3Js913dnHPUVk4VzO2B01U79vtVl5AUex6NXJE%3D&reserved=0)  Phone: 1-877-524-4718  Kentucky Medicaid Website: [https://chfs.ky.gov/agencies/dms](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchfs.ky.gov%2Fagencies%2Fdms&data=05%7C01%7CClinton.Latisha.M%40dol.gov%7Cceea86848e7e41f7dd9008db83d50dfb%7C75a6305472044e0c9126adab971d4aca%7C0%7C0%7C638248724653548159%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=DJ8rl0bkdcKwMIE92YY23XQc%2FZI71iLtdbD0L2XkS38%3D&reserved=0) | Website: [www.medicaid.la.gov](http://dhh.louisiana.gov/index.cfm/subhome/1/n/331) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  Phone: 1-888-342-6207 (Medicaid hotline) or  1-855-618-5488 (LaHIPP) |
| **MAINE – Medicaid** | **MASSACHUSETTS – Medicaid and CHIP** |
| Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\_US](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mymaineconnection.gov%2Fbenefits%2Fs%2F%3Flanguage%3Den_US&data=05%7C01%7CClinton.Latisha.M%40dol.gov%7Cb96a31a5c25e4e1da49908daf4ae9bf1%7C75a6305472044e0c9126adab971d4aca%7C0%7C0%7C638091328210827160%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=GeBtSEsUoaCw5ukO%2F6O2IUy%2B9FzGqgY%2FJ2C9OgAhxE4%3D&reserved=0)  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <https://www.maine.gov/dhhs/ofi/applications-forms>  Phone: 1-800-977-6740  TTY: Maine relay 711 | Website: [https://www.mass.gov/masshealth/pa](https://www.mass.gov/masshealth/pa%20)  Phone: 1-800-862-4840  TTY: 711  Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com) |
| **MINNESOTA – Medicaid** | **MISSOURI – Medicaid** |
| Website:  <https://mn.gov/dhs/health-care-coverage/>  Phone: 1-800-657-3672 | Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  Phone: 573-751-2005 |
| **MONTANA – Medicaid** | **NEBRASKA – Medicaid** |
| Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  Phone: 1-800-694-3084  Email: [HHSHIPPProgram@mt.gov](mailto:HHSHIPPProgram@mt.gov) | Website: <http://www.ACCESSNebraska.ne.gov>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178 |

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| **NEVADA – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Medicaid Website: <http://dhcfp.nv.gov>  Medicaid Phone: 1-800-992-0900 | Website: [https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dhhs.nh.gov%2Fprograms-services%2Fmedicaid%2Fhealth-insurance-premium-program&data=05%7C01%7CGoodwin.Carolyn%40dol.gov%7C6aa7b22dba29413479c108da73eb96c6%7C75a6305472044e0c9126adab971d4aca%7C0%7C0%7C637949752922233349%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=mUgACydlz9JGXnHMgi%2FUkDGD0QyTI1U6Tjwue%2Bq8D0Q%3D&reserved=0)  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 5218  Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov) |
| **NEW JERSEY – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Medicaid Website:  [http://www.state.nj.us/humanservices/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)  [dmahs/clients/medicaid/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)  Phone: 1-800-356-1561  CHIP Premium Assistance Phone: 609-631-2392  CHIP Website: <http://www.njfamilycare.org/index.html>  CHIP Phone: 1-800-701-0710 (TTY: 711) | Website: <https://www.health.ny.gov/health_care/medicaid/>  Phone: 1-800-541-2831 |
| **NORTH CAROLINA – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: <https://medicaid.ncdhhs.gov/>  Phone: 919-855-4100 | Website: [https://www.hhs.nd.gov/healthcare](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hhs.nd.gov%2Fhealthcare&data=05%7C01%7CClinton.Latisha.M%40dol.gov%7C64da7b9f730b4fb2467608db7fe082e3%7C75a6305472044e0c9126adab971d4aca%7C0%7C0%7C638244374885371946%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=RO%2BrOZKJxqNsa0Ewzhle%2FkVaDGnl7hpPQnJUnW1mwDU%3D&reserved=0)  Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** | **OREGON – Medicaid and CHIP** |
| Website: [http://www.insureoklahoma.org](http://www.insureoklahoma.org/)  Phone: 1-888-365-3742 | Website: <http://healthcare.oregon.gov/Pages/index.aspx>  Phone: 1-800-699-9075 |
| **PENNSYLVANIA – Medicaid and CHIP** | **RHODE ISLAND – Medicaid and CHIP** |
| Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  Phone: 1-800-692-7462  CHIP Website: [Children's Health Insurance Program (CHIP) (pa.gov)](https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx)  CHIP Phone: 1-800-986-KIDS (5437) | Website: <http://www.eohhs.ri.gov/>  Phone: 1-855-697-4347, or  401-462-0311 (Direct RIte Share Line) |
| **SOUTH CAROLINA – Medicaid** | **SOUTH DAKOTA - Medicaid** |
| Website: <https://www.scdhhs.gov>  Phone: 1-888-549-0820 | Website: [http://dss.sd.gov](http://dss.sd.gov/)  Phone: 1-888-828-0059 |
| **TEXAS – Medicaid** | **UTAH – Medicaid and CHIP** |
| Website: [Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services](https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program)  Phone: 1-800-440-0493 | Utah’s Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>  Email: [upp@utah.gov](mailto:upp@utah.gov)  Phone: 1-888-222-2542  Adult Expansion Website: <https://medicaid.utah.gov/expansion/>  Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>  CHIP Website: <https://chip.utah.gov/> |
| **VERMONT– Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: [Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdvha.vermont.gov%2Fmembers%2Fmedicaid%2Fhipp-program&data=05%7C01%7CClinton.Latisha.M%40dol.gov%7C3daa411d0e934769e75c08daf4bf842e%7C75a6305472044e0c9126adab971d4aca%7C0%7C0%7C638091400777632051%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=7ao%2BrltzkBEMojzmZ9O8UllrAdaRI%2Fmzhq3FE%2Bf%2B2nk%3D&reserved=0)  Phone: 1-800-250-8427 | Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  [https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcoverva.dmas.virginia.gov%2Flearn%2Fpremium-assistance%2Fhealth-insurance-premium-payment-hipp-programs&data=05%7C01%7CClinton.Latisha.M%40dol.gov%7Caa3a5092aeb14ed08af708db81758880%7C75a6305472044e0c9126adab971d4aca%7C0%7C0%7C638246115240341681%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=rI%2BZX53PVAmr9gcvTJt3KrfWxCtIx6VIxQ36deaOXTs%3D&reserved=0)  Medicaid/CHIP Phone: 1-800-432-5924 |

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| **WASHINGTON – Medicaid** | **WEST VIRGINIA – Medicaid and CHIP** |
| Website: <https://www.hca.wa.gov/>  Phone: 1-800-562-3022 | Website: <https://dhhr.wv.gov/bms/>  <http://mywvhipp.com/>  Medicaid Phone: 304-558-1700  CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **WISCONSIN – Medicaid and CHIP** | **WYOMING – Medicaid** |
| Website:  <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  Phone: 1-800-362-3002 | Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  Phone: 1-800-251-1269 |

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

U.S. Department of Labor U.S. Department of Health and Human Services

Employee Benefits Security Administration Centers for Medicare & Medicaid Services

[**www.dol.gov/agencies/ebsa**](https://www.dol.gov/agencies/ebsa)[**www.cms.hhs.gov**](http://www.cms.hhs.gov/)

1-866-444-EBSA (3272) 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/**](https://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**](https://www.dol.gov/agencies/ebsa/es/about-ebsa/ask-a-question/hace-una-pregunta)o llame al servicio telefónico gratuito **1-866-444-EBSA (3272)**.

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

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| **ALABAMA – Medicaid** | **ALASKA – Medicaid** |
| Sitio web: <http://myalhipp.com>  Teléfono: 1-855-692-5447 | El Programa de Pago de AK primas del seguro médico  Sitio web: <http://myakhipp.com>  Teléfono: 1-866-251-4861  Por correo electrónico: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  Elegibilidad de Medicaid: <https://health.alaska.gov/dpa/Pages/default.aspx> |
| **ARKANSAS – Medicaid** | **CALIFORNIA – Medicaid** |
| Sitio web: <http://myarhipp.com/>  Teléfono: 1-855-MyARHIPP (855-692-7447) | Health Insurance Premium Payment (HIPP) Program  Sitio web: <http://dhcs.ca.gov/hipp>  Teléfono: 916-445-8322  Fax: 916-440-5676  Por correo electrónico: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov) |
| **COLORADO – Health First Colorado**  **(Programa Medicaid de Colorado) y Child Health Plan Plus (CHP+)** | **FLORIDA – Medicaid** |
| Sitio web de Health First Colorado: <https://www.healthfirstcolorado.com/es>  Centro de atención al cliente de Health First Colorado:  1-800-221-3943/ retransmisor del estado: 711  CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  Atención al cliente de CHP+: 1-800-359-1991/retransmisor del estado: 711  Programa de compra de seguro de salud (HIBI, por sus siglas en inglés): <https://www.mycohibi.com/>  Atención al cliente de HIBI: 1-855-692-6442 | Sitio web: <https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html>  Teléfono: 1-877-357-3268 |
| **GEORGIA – Medicaid** | **INDIANA – Medicaid** |
| Sitio web de GA HIPP:  <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  Teléfono: 678-564-1162, Presiona 1  Sitio web de GA CHIPRA:  <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  Teléfono: 678-564-1162, Presiona 2 | Programa de pago de primas de seguro de salud  Todos los demás son Medicaid  Sitio web: <https://www.in.gov/medicaid/>  <https://www.in.gov/fssa/dfr>  Administración de familias y servicios sociales  Teléfono: 1-800-403-0864  Teléfono de servicios para miembros: 1-800-457-4584 |
| **IOWA – Medicaid y CHIP (Hawki)** | **KANSAS – Medicaid** |
| Sitio web de Medicaid: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>  Teléfono de Medicaid: 1-800-338-8366  Sitio web de Hawki: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>  Teléfono de Hawki: 1-800-257-8563  Sitio web de HIPP: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>  Teléfono de HIPAA: 1-888-346-9562 | Sitio web: <https://www.kancare.ks.gov/>  Teléfono: 1-800-792-4884  Teléfono de HIPP: 1-800-967-4660 |

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| **KENTUCKY - Medicaid** | | **LOUISIANA – Medicaid** |
| Sitio web del Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): <https://www.chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  Teléfono: 1-855-459-6328  Por correo electrónico: [KIHIPP.PROGRAM@ky.gov](mailto:KIHIPP.PROGRAM@ky.gov)  Sitio web de KCHIP: <https://kidshealth.ky.gov/es/Pages/default.aspx>  Teléfono: 1-877-524-4718  Sitio web de Medicaid de Kentucky: <https://chfs.ky.gov/agencies/dms>Sitio web de Medicaid de Kentucky: <https://chfs.ky.gov/agencies/dms> | | Sitio web: [www.medicaid.la.gov](http://www.medicaid.la.gov) o [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  Teléfono: 1-888-342-6207 (línea directa de Medicaid) o 1-855-618-5488 (LaHIPP) |
| **MAINE – Medicaid** | **MASSACHUSETTS – Medicaid y CHIP** | |
| Sitio web por inscripción: <https://www.mymaineconnection.gov/benefits/s/?language=en_US>  Teléfono: 1-800-442-6003  TTY: Maine relay 711  Página web por primos de seguro de salud privado: <https://www.maine.gov/dhhs/ofi/applications-forms>  Teléfono: 1-800-977-6740  TTY: Maine relay 711 | Sitio web: <https://www.mass.gov/masshealth/pa>  Teléfono: 1-800-862-4840  TTY: 711  Por correo electrónico: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com) | |
| MINNESOTA – Medicaid | **MISSOURI – Medicaid** | |
| Sitio web: <https://mn.gov/dhs/health-care-coverage/>  Teléfono: 1-800-657-3672 | Sitio web: [https://www.dss.mo.gov/mhd/participants/pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)  Teléfono: 573-751-2005 | |
| **MONTANA – Medicaid** | **NEBRASKA – Medicaid** | |
| Sitio web: <https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  Teléfono: 1-800-694-3084  Por correo electrónico: [HHSHIPPProgram@mt.gov](mailto:HHSHIPPProgram@mt.gov) | Sitio web: [http://www.ACCESSNebraska.ne.gov](http://www.AccessNebraska.ne.gov)  Teléfono: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178 | |
| **NEVADA – Medicaid** | **NUEVO HAMPSHIRE – Medicaid** | |
| Sitio web de Medicaid: <http://dhcfp.nv.gov>  Teléfono de Medicaid: 1-800-992-0900 | Sitio web: [[https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program](https://www.dhhs.nh.gov/oii/hipp.htm)](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.dhhs.nh.gov%2Fprograms-services%2Fmedicaid%2Fhealth-insurance-premium-program&data=05%7C01%7CGoodwin.Carolyn%40dol.gov%7C6aa7b22dba29413479c108da73eb96c6%7C75a6305472044e0c9126adab971d4aca%7C0%7C0%7C637949752922233349%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=mUgACydlz9JGXnHMgi%2FUkDGD0QyTI1U6Tjwue%2Bq8D0Q%3D&reserved=0)  Teléfono: 603-271-5218  Teléfono gratuito para el programa de HIPP: 1-800-852-3345, ext. 5218  Por correo electrónico: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov) | |

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| **NUEVA JERSEY – Medicaid y CHIP** | **NUEVA YORK – Medicaid** |
| Sitio web de Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  Teléfono: 1-800-356-1561  Teléfono de asistencia de prima de CHIP: 609-631-2392  Sitio web de CHIP:  <http://www.njfamilycare.org/index.html>  Teléfono de CHIP: 1-800-701-0710 (TTY:711) | Sitio web: <https://www.health.ny.gov/health_care/medicaid/> Teléfono: 1-800-541-2831 |
| **CAROLINA DEL NORTE – Medicaid** | **DAKOTA DEL NORTE – Medicaid** |
| Sitio web: <https://medicaid.ncdhhs.gov>  Teléfono: 919-855-4100 | Sitio web: <http://www.hhs.nd.gov/healthcare>  Teléfono: 1-844-854-4825 |
| **OKLAHOMA – Medicaid y CHIP** | **OREGON – Medicaid y CHIP** |
| Sitio web: <http://www.insureoklahoma.org>  Teléfono – 1-888-365-3742 | Sitio web: <https://cuidadodesalud.oregon.gov/Pages/index.aspx>  Teléfono: 1-800-699-9075 |
| **PENSILVANIA – Medicaid y CHIP** | **RHODE ISLAND– Medicaid y CHIP** |
| Sitio web: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  Teléfono: 1-800-692-7462  Sitio web de CHIP: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>  Teléfono de CHIP: 1-800-986-JIDS (5437) | Sitio web: <http://www.eohhs.ri.gov/>  Teléfono: 1-855-697-4347 o 401-462-0311 (Direct RIta Share Line) |
| **CAROLINA DEL SUR – Medicaid** | **DAKOTA DEL SUR – Medicaid y CHIP** |
| Sitio web: <https://www.scdhhs.gov>  Teléfono: 1-888-549-0820 | Sitio web: <http://dss.sd.gov>  Teléfono: 1-888-828-0059 |
| **TEXAS – Medicaid** | **UTAH– Medicaid y CHIP** |
| Sitio web: <https://www.hhs.texas.gov/es/servicios/finanzas/programa-de-pago-de-las-primas-del-seguro-medico>  Teléfono: 1-800-440-0493 | Utah’s Premium Partnership for Health Insurance (UPP)  Sitio web: <https://medicaid.utah.gov/upp/>  Por correo electrónico: [upp@utah.gov](mailto:upp@utah.gov)  Teléfono: 1-888-222-2542  Sitio web de expansión para adultos: <https://medicaid.utah.gov/expansion/>  Sitio web de Programa de compra de Medicaid de Utah: <https://medicaid.utah.gov/buyout>-program/  Sitio web de CHIP: <https://chip.utah.gov/espanol/> |

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| **VERMONT – Medicaid** | **VIRGINIA – Medicaid y CHIP** |
| Sitio web:  [Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access](https://dvha.vermont.gov/members/medicaid/hipp-program)  Teléfono: 1-800-250-8427 | Sitio web: <https://cubrevirginia.dmas.virginia.gov/learn/premium-assistance/famis-select> <https://cubrevirginia.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  Teléfono de Medicaid/CHIP: 1-800-432-5924 |
| **WASHINGTON – Medicaid** | **WEST VIRGINIA – Medicaid y CHIP** |
| Sitio web: [http://www.hca.wa.gov](http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program)  Teléfono: 1-800-562-3022 | Sitio web: <https://dhhr.wv.gov/bms/>  <http://mywvhipp.com/>  Teléfono de Medicaid: 304-558-1700  Teléfono gratuito de CHIP: 1-855-MyWVHIPP (1-855-699-8447) |
| **WISCONSIN – Medicaid y CHIP** | **WYOMING – Medicaid** |
| Sitio web: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  Teléfono: 1-800-362-3002 | Sitio web: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  Teléfono: 1-800-251-1269 |

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

Departamento del Trabajo de EE.UU.

Administración de Seguridad de Beneficios de los Empleados

**[www.dol.gov/agencies/ebsa/es/about-ebsa/our-activities/informacion-en-espanol](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. 6156

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)

Genetic Information Nondiscrimination Act (GINA) Disclosures

Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Health Insurance Exchange Notice

For Employers Who Offer a Health Plan to Some or All Employees

New Health Insurance Marketplace Coverage Options and Your Health Coverage

### PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace (“Marketplace”). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn’t meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[[1]](#footnote-1) of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee’s cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee’s household income..[1](file:///C:\Users\pagels\Downloads\model-notice-for-employers-who-offer-a-health-plan-to-some-or-all-employees.doc#_bookmark0)[[2]](#footnote-2)

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you’ve had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children’s Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact your employer.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://www.healthcare.gov/) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|  |  |  |
| --- | --- | --- |
| 3. Employer name | 4. Employer Identification Number (EIN) | |
| 5. Employer address | 6. Employer phone number | |
| 7. City | 8. State | 9. ZIP code |
| 10. Who can we contact about employee health coverage at this job? | | |
| 11. Phone number | 12. Email address | |

Here is some basic information about health coverage offered by this employer:

* As your employer, we offer a health plan to:

☑

All employees

* With respect to dependents:

☑

We do offer coverage. Eligible dependents are: dependents

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Note: Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

Aviso de Intercambio de Seguros de Salud

Para los empleadores que ofrecen un plan de salud a algunos o a todos los empleados

Cobertura del Mercado de Seguros Médicos Opciones y su cobertura de salud

PART***E A: Información general***

Incluso si le ofrecen cobertura de salud a través de su empleo, es posible que tenga otras opciones de cobertura a través del Mercado de Seguros Médicos (“Mercado”). Para ayudarlo a evaluar las opciones para usted y su familia, este aviso proporciona cierta información básica sobre el Mercado de Seguros Médicos y la cobertura de salud ofrecida a través de su empleo.

¿Qué es el Mercado de Seguros Médicos?

El Mercado está diseñado para ayudarle a encontrar un seguro médico que satisfaga sus necesidades y se ajuste a su presupuesto. El Mercado ofrece un “punto único de compra” para encontrar y comparar opciones de seguros médicos privados en su área geográfica.

***¿Puedo ahorrar dinero en las primas de mi seguro médico en el Mercado?***

Es posible que califique para ahorrar dinero y reducir su prima mensual y otros costos de bolsillo, pero solo si su empleador no ofrece cobertura o si ofrece cobertura que no se considera asequible para usted y no cumple con ciertas normas de valor mínimo (que se analizan a continuación). Los ahorros para los que es elegible dependen de los ingresos de su hogar. También puede ser elegible para un crédito fiscal que reduzca sus costos.

***¿La cobertura de salud basada en el empleo afecta la elegibilidad para recibir ahorros en primas a través del Mercado?***

Sí. Si tiene una oferta de cobertura de salud de su empleador que se considera asequible para usted y cumple con ciertas normas de valor mínimo, no será elegible para un crédito fiscal o pago por adelantado del crédito fiscal para su cobertura del Mercado y es posible que desee inscribirse en su plan de salud basado en el empleo. Sin embargo, usted puede ser elegible para un crédito fiscal y pagos por adelantado del crédito, que reducen su prima mensual, o una reducción en ciertos costos compartidos, si su empleador no le ofrece cobertura alguna o no le ofrece cobertura que se considera asequible para usted o cumple con las normas de valor mínimo. Si su participación del costo de la prima de todos los planes que se le ofrecen a través de su empleo es más del 9.12 %[[3]](#footnote-3) de su ingreso familiar anual, o si la cobertura a través de su empleo no cumple con la norma de “valor mínimo” establecida por la Ley de Cuidado de la Salud a Bajo Precio, puede ser elegible para un crédito fiscal y el pago por adelantado del crédito, si no se inscribe en la cobertura de salud basada en el empleo. Para los miembros de la familia del empleado, la cobertura se considera asequible si el costo de las primas del plan de menor costo que cubriría a todos los miembros de la familia no excede el 9.12 % de los ingresos del hogar del empleado..[1](#_bookmark0)[[4]](#footnote-4)

Nota: si compra un plan de salud a través del Mercado, en lugar de aceptar la cobertura de salud ofrecida a través de su empleo, entonces puede perder el acceso a todo lo que el empleador contribuya a la cobertura basada en el empleo. Además, esta contribución del empleador, así como la contribución de su empleado a la cobertura basada en el empleo, generalmente se excluye de los ingresos para efectos del impuesto sobre la renta federal y estatal. Sus pagos de cobertura a través del Mercado se realizan después de impuestos. Además, tenga en cuenta que, si la cobertura de salud ofrecida a través de su empleo no cumple con las normas de asequibilidad o valor mínimo, pero acepta esa cobertura de todos modos, no será elegible para un crédito fiscal. Debe considerar todos estos factores al determinar si debe comprar un plan de salud a través del Mercado.

***¿Cuándo puedo inscribirme en una cobertura de seguro médico a través del Mercado?***

Puede inscribirse en un plan de seguro médico del Mercado durante el Período de Inscripción Abierta anual del Mercado. La Inscripción Abierta varía según el estado, pero generalmente comienza el 1 de noviembre y continúa al menos hasta el 15 de diciembre.

Fuera del Período de Inscripción Abierta anual, puede inscribirse en un seguro médico si califica para un Período de Inscripción Especial. En general, usted califica para un Período de Inscripción Especial si ha tenido ciertos eventos de vida calificativos, como casarse, tener un bebé, adoptar un niño o perder la elegibilidad para otra cobertura de salud. Dependiendo de su tipo de Período de Inscripción Especial, es posible que tenga 60 días antes o 60 días después del evento de vida calificativo para inscribirse en un plan del Mercado.

También existe un Período de Inscripción Especial del Mercado para personas y sus familias que pierden la elegibilidad para la cobertura de Medicaid o del Programa de Seguro Médico para Niños (CHIP, por sus siglas en inglés) a partir del 31 de marzo de 2023 hasta el 31 de julio de 2024. Desde el inicio de la emergencia de salud pública del COVID-19 a nivel nacional, las agencias estatales de Medicaid y CHIP generalmente no han cancelado la inscripción de ningún beneficiario de Medicaid o CHIP que estuviera inscrito a partir del 18 de marzo de 2020 hasta el 31 de marzo de 2023. A medida que las agencias estatales de Medicaid y CHIP reanuden las prácticas habituales de elegibilidad e inscripción, es posible que muchas personas ya no sean elegibles para la cobertura de Medicaid o CHIP a partir del 31 de marzo de 2023. El Departamento de Salud y Servicios Humanos de EE. UU. **ofrece un período temporal de Inscripción Especial en el Mercado para permitir que estas personas se inscriban en la cobertura del Mercado.**

Las personas elegibles para el Mercado que viven en estados atendidos por HealthCare.gov y que envían una nueva solicitud o actualizan una solicitud existente en HealthCare.gov entre el 31 de marzo de 2023 y el 31 de julio de 2024, y dan fe de una fecha de terminación de la cobertura de Medicaid o CHIP dentro del mismo período, son elegibles para un Período de Inscripción Especial de 60 días. **Eso significa que, si pierde la cobertura de Medicaid o CHIP entre el 31 de marzo de 2023 y el 31 de julio de 2024, es posible que pueda inscribirse en la cobertura del Mercado dentro de los 60 días posteriores a la pérdida de la cobertura de Medicaid o CHIP.**  Además, si usted o los miembros de su familia están inscritos en la cobertura de Medicaid o CHIP, es importante asegurarse de que su información de contacto esté actualizada para asegurarse de recibir cualquier información sobre los cambios en su elegibilidad. Para obtener más información, visite HealthCare.gov o llame al Centro de llamadas del Mercado al 1-800-318-2596. Los usuarios de TTY pueden llamar al 1-855-889-4325.

***¿Qué pasa con las alternativas a la cobertura de seguro médico del Mercado?***

Si usted o su familia son elegibles para la cobertura de un plan de salud basado en el empleo (como un plan de salud patrocinado por el empleador), usted o su familia también pueden ser elegibles para un Período de Inscripción Especial para inscribirse en ese plan de salud en ciertas circunstancias, incluso si usted o las personas a su cargo estaban inscritos en la cobertura de Medicaid o CHIP y perdieron esa cobertura. Generalmente, tiene 60 días después de la pérdida de la cobertura de Medicaid o CHIP para inscribirse en un plan de salud basado en el empleo, pero si usted y su familia perdieron la elegibilidad para la cobertura de Medicaid o CHIP entre el 31 de marzo de 2023 y el 10 de julio de 2023, puede solicitar esta inscripción especial en el plan de salud basado en el empleo hasta el 8 de septiembre de 2023. Confirme la fecha límite con su empleador o con su plan de salud basado en el empleo.

Alternativamente, puede inscribirse en la cobertura de Medicaid o CHIP en cualquier momento completando una solicitud a través del Mercado o solicitando directamente a través de su agencia estatal de Medicaid. Visite https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ para obtener más detalles.

***¿Cómo puedo obtener más información?***

Para obtener más información sobre la cobertura que ofrece a través de su empleo, consulte el Resumen de la descripción del plan de salud o comuníquese.

El Mercado puede ayudarlo a evaluar sus opciones de cobertura, incluida su elegibilidad para cobertura a través del Mercado y su costo. Visite [HealthCare.gov](https://HealthCare.gov/) para obtener más información, incluida una solicitud en línea para cobertura de seguro médico e información de contacto de un Mercado de Seguros Médicos en su área.

PARTE B: Información sobre la cobertura de salud ofrecida por su empleador

Esta sección contiene información sobre cualquier cobertura de salud ofrecida por su empleador. Si decide completar una solicitud de cobertura en el Mercado, se le pedirá que proporcione esta información. Esta información está numerada según la solicitud del Mercado.

|  |  |  |
| --- | --- | --- |
| 3. Nombre del empleador | 4. Número de identificación patronal (EIN) | |
| 5. Dirección del empleador | 6. Número de teléfono del empleador | |
| 7. Cuidad | 8. Estado | 9. Código postal |
| 10. ¿A quién podemos contactar sobre la cobertura de salud de los empleados en este trabajo? | | |
| 11. Número de teléfono (si es diferente al anterior) | 12. Dirección de correo electrónico | |

A continuación, se ofrece información básica sobre la cobertura de salud que ofrece este empleador:

* Como su empleador, ofrecemos un plan de salud para:

☑

All employees

* Respecto a los dependientes:

☑

We do offer coverage. Eligible dependents are: dependents

☑ Si se marca, esta cobertura cumple con la norma de valor mínimo y el costo de esta cobertura para usted debe ser asequible, según los salarios de los empleados.

Nota: Incluso si su empleador tiene la intención de que su cobertura sea asequible, aún puede ser elegible para un descuento en la prima a través del Mercado. El Mercado utilizará los ingresos de su hogar, junto con otros factores, para determinar si puede ser elegible para un descuento en la prima. Si, por ejemplo, sus salarios varían de una semana a otra (quizás es un empleado por horas o trabaja por comisión), si es nuevo empleado a mitad de año o si tiene otras pérdidas de ingresos, aún puede calificar para un descuento en la prima.

Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the plan with respect to mental health or substance use disorder benefits, please contact your plan administrator.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn’t be charged more than your plan’s copayments, coinsurance and/or deductible.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain [out-of-pocket costs](https://www.healthcare.gov/glossary/out-of-pocket-costs/), like a [copayment](https://www.healthcare.gov/glossary/co-payment/), [coinsurance](https://www.healthcare.gov/glossary/co-insurance/), or [deductible](https://www.healthcare.gov/glossary/deductible/). You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn’t in your health plan’s network.

“Out-of-network” means providers and facilities that haven’t signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your plan’s deductible or annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can’t control who is involved in your care—like when you have an emergency or when you schedule a visit at an in- network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You’re protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of- network provider or facility, the most they can bill you is your plan’s in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can’t** be balance billed for these emergency services. This includes services you may get after you’re in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan’s in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can’t** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers **can’t**

balance bill you, unless you give written consent and give up your protections.

**You’re never required to give up your protections from balance billing. You also aren’t required to get out-of-network care. You can choose a provider or facility in your plan’s network.**

When balance billing isn’t allowed, you also have these protections:

* You’re only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
* Generally, your health plan must:
  + Cover emergency services without requiring you to get approval for services in advance (also known as “prior authorization”).
  + Cover emergency services by out-of-network providers.
  + Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  + Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

**If you think you’ve been wrongly billed**, contact the No Surprises Help Desk, operated by the U.S. Department of Health and Human Services, at 1-800-985-3059.

Visit [*www.cms.gov/nosurprises/consumers*](http://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law.

Notice of Patient Protections

Generally, HMO plans and some EPO plans require you to designate any primary care provider (PCP) who participates in the network and who is available to accept you or your family members. If you’ve chosen to enroll in a plan that requires the designation of a PCP, and if you do not designate a PCP, we will auto assign one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers available within your plan, consult your insurance carrier.

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

You do not need prior authorization to obtain access to obstetrical or gynecological care from a health care professional who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, please consults your insurance carrier.

USERRA Notice

Your Rights Under USERRA

A. The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

B. Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

* You ensure that your employer receives advance written or verbal notice of your service;
* You have five years or less of cumulative service in the uniformed services while with that particular employer;
* You return to work or apply for reemployment in a timely manner after conclusion of service; and
* You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

C. Right to Be Free from Discrimination and Retaliation

If you:

* Are a past or present member of the uniformed service;
* Have applied for membership in the uniformed service; or
* Are obligated to serve in the uniformed service; then an employer may not deny you
  + Initial employment;
  + Reemployment;
  + Retention in employment;
  + Promotion; or
  + Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

D. Health Insurance Protection

* If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
* Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

E. Enforcement

* The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at *http://www.dol.gov/vets.* An interactive online USERRA Advisor can be viewed at *http://www.dol.gov/elaws/userra.htm.*

* If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
* You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address: *http://www.dol.gov/vets/programs/userra/poster.htm.* Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.

Women's Health and Cancer Rights Act (WHCRA) Notices

Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

* All stages of reconstruction of the breast on which the mastectomy was performed;
* Surgery and reconstruction of the other breast to produce a symmetrical appearance;
* Prostheses; and
* Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

Annual Notice

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other

health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in

this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops

contributing toward your or your dependents’ other coverage). However, you must request enrollment

within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing

toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be

able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the

marriage, birth, adoption, or placement for adoption.

If you or your dependent(s) lose coverage under a state Children’s Health Insurance Program (CHIP) or

Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment

within 60 days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid,

you may be able to enroll yourself and your dependents. However, you must request enrollment within 60

days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

To request special enrollment or obtain more information, contact your HR Administrator.

Notice of Privacy Practices

**Your Information. Your Rights. Our Responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

**Your Rights**

You have the right to:

* Get a copy of your health and claims records
* Correct your health and claims records
* Request confidential communication
* Ask us to limit the information we share
* Get a list of those with whom we’ve shared your information
* Get a copy of this privacy notice
* Choose someone to act for you
* File a complaint if you believe your privacy rights have been violated

**Your Choices**

You have some choices in the way that we use and share information as we:

* Answer coverage questions from your family and friends
* Provide disaster relief
* Market our services and sell your information

**Our Uses and Disclosures**

We may use and share your information as we:

* Help manage the health care treatment you receive
* Run our organization
* Pay for your health services
* Administer your health plan
* Help with public health and safety issues
* Do research
* Comply with the law
* Respond to organ and tissue donation requests and work with a medical examiner or funeral director
* Address workers’ compensation, law enforcement, and other government requests
* Respond to lawsuits and legal actions

**Your Rights**

**When it comes to your health information, you have certain rights**. This section explains your rights and some of our responsibilities to help you.

**Get a copy of health and claims records**

* You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
* We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct health and claims records**

* You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
* We may say “no” to your request, but we’ll tell you why in writing within 60 days.

**Request confidential communications**

* You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
* We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

**Ask us to limit what we use or share**

* You can ask us not to use or share certain health information for treatment, payment, or our operations.
* We are not required to agree to your request, and we may say “no” if it would affect your care.

**Get a list of those with whom we’ve shared information**

* You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
* We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

* If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
* We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

* You can complain if you feel we have violated your rights by contacting your HR Administrator.
* You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
* We will not retaliate against you for filing a complaint.

**Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

* Share information with your family, close friends, or others involved in payment for your care
* Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

* Marketing purposes
* Sale of your information

**Our Uses and Disclosures**

How do we typically use or share your health information?

We typically use or share your health information in the following ways. Help manage the health care treatment you receive We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

* We can use and share your information to run our organization and contact you when necessary.
* We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

**Pay for your health services**

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

**Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Help with public health and safety issues**

We can share health information about you for certain situations such as:

* Preventing disease
* Helping with product recalls
* Reporting adverse reactions to medications
* Reporting suspected abuse, neglect, or domestic violence
* Preventing or reducing a serious threat to anyone’s health or safety

**Do research**

We can use or share your information for health research.

**Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

* We can share health information about you with organ procurement organizations.
* We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

* For workers’ compensation claims
* For law enforcement purposes or with a law enforcement official
* With health oversight agencies for activities authorized by law
* For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities**

* We are required by law to maintain the privacy and security of your protected health information.
* We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
* We must follow the duties and privacy practices described in this notice and give you a copy of it.
* We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

1. Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023. [↑](#footnote-ref-1)
2. An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the “minimum value standard,” the health plan must also provide substantial coverage of both inpatient hospital services and physician services. [↑](#footnote-ref-2)
3. Indexado anualmente; consulte <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> para 2023. [↑](#footnote-ref-3)
4. Un plan de salud patrocinado por el empleador o basado en el empleo cumple con la “norma de valor mínimo” si la participación del plan en los costos totales de beneficios permitidos cubiertos por el plan no es inferior al 60 por ciento de dichos costos. A los efectos de la elegibilidad para el crédito fiscal para la prima, para cumplir con la “norma de valor mínimo”, el plan de salud también debe proporcionar una cobertura sustancial tanto de los servicios hospitalarios como de los servicios médicos para pacientes hospitalizados. [↑](#footnote-ref-4)