



October 31, 2024

Dear Parent/Guardian:

We are writing to tell you about **important** changes to the CHIP program due to guidance from the federal government. These changes are intended to ensure CHIP families maintain access to healthcare.

As of January 1, 2024, children enrolled in free and low-cost CHIP will no longer lose CHIP coverage because families obtain private health insurance or fail to pay monthly premiums.

If there is no private health insurance at the time of application or renewal and your child meets all eligibility criteria, your child will be enrolled after you make the first premium payment. After the first payment, you are responsible for all premium payments until renewal unless you voluntarily withdraw.

PLEASE NOTE: These changes do not affect full cost CHIP. Full Cost CHIP coverage will stop if premium payments are not made during the 12-month eligibility period or if private health insurance is obtained.

To request voluntary withdrawal, you can call your County Assistance Office or the Statewide Customer Service Center at 1-877-395-8930. For the Philadelphia Customer Service Center: 1-215-560-7226.

Obtaining Private Health Insurance

CHIP will continue to deny or terminate coverage at application and renewal if the applicant or enrollee has private health insurance. However, if your child obtains private health insurance while enrolled, your child will remain covered by CHIP until renewal. If you do not want CHIP coverage, you must voluntarily withdraw.

If you choose to maintain private coverage and CHIP, Highmark will coordinate benefits with your private health insurance plan. The private health insurance plan will be your child's primary coverage and CHIP will be secondary.

Failure to Pay Premiums

CHIP enrollees must pay the first premium payment for CHIP coverage to begin. If the first premium payment is not paid, the child will not be enrolled in CHIP.

Once the initial premium is paid, coverage will continue if a premium payment is missed. Current and past-due premiums will continue to be billed each month until payment is received. The CHIP family is responsible for overdue premiums.

Options for Families

If CHIP families are having trouble paying premiums or do not wish to pay premiums for both CHIP and private health insurance coverage during the CHIP Continuous Eligibility period they can:

- Contact Highmark to discuss payment options at 1-800-543-7105 (TTY: 711). Our office is open and available during the following times: Mon-Fri 8:30AM – 5PM.
- Voluntarily withdraw from CHIP coverage at any time and for any reason. CHIP coverage will end on the last day of the month when the withdrawal is requested. A family can reapply at any time after a withdrawal is completed.

To Request Voluntary Withdrawal:

Contact the Statewide Customer Service center at 1-877-395-8930
For the Philadelphia Area: Philadelphia Customer Service Center at 215-560-7226

The Customer Service Center can answer questions about your healthcare application, renewal, and/or any verifications needed.

PLEASE NOTE: These Continuous Eligibility changes don't apply to Full-Cost CHIP. Full-Cost CHIP coverage will end if premium payments are not made on-time during the 12-month eligibility period or if private health insurance begins. If your child moves to free or low-cost CHIP, the new 12-month continuous eligibility rules explained above will apply.

Questions

If you have any other questions about premiums, benefit coverage, or other MCO services, please call us at 1-800-543-7105 (TTY: 711). Our office is open and available during the following times: Mon-Fri 8:30AM – 5PM.

For more information on health care options for children in Pennsylvania, please visit:

www.chipcoverspakids.com

Sincerely,

CHIP - Highmark Healthy Kids

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) IMPORTANT UPDATES

As of January 1, 2024, children enrolled in Free and Low-Cost CHIP will no longer lose coverage for obtaining private health insurance or failing to pay monthly premium payments. As long as the first premium payment is made and there is no private health insurance coverage active when applying, your child will remain enrolled until renewal.

What is changing?

- CHIP enrollees who have private health insurance coverage can now have both insurances until renewal. During renewal, enrollees with private health insurance will be disenrolled.
- In Low-Cost CHIP, enrollees will remain enrolled until the next renewal even if families miss an ongoing premium payment.

NOTE: You will continue to receive bills from your health plan for any unpaid premiums during the time your child was enrolled.

What is not changing?

- There are no changes to CHIP's health insurance benefits.
- You can apply online via COMPASS, in-person at a County Assistance Office (CAO), by phone or mail.
- Families need to make the initial premium payment to enroll in CHIP.
- Applications will be denied if the applicant is enrolled in private health insurance.
- Families have the responsibility to make premium payments and report changes timely (including obtaining other insurance).
- Enrollees in Full-cost CHIP will still be terminated for non-payment of premiums and for obtaining private insurance coverage during their enrollment period.

What do I do?

1. I obtained private insurance for my child, and I do not want to pay for both. What are my options?

- You may voluntarily withdraw from CHIP coverage at any time by contacting the Statewide Customer Service Center at 1-877-395-8930; For the Philadelphia Customer Service Center: 1-215-560-7226.

2. I can't afford my CHIP premiums because I am making less money than I used to. What can I do?

- Report your new income and request a reassessment. The CAO will check to see if you qualify for a lower monthly payment, free CHIP or Medicaid.
- You can call the CAO or the Statewide Customer Service Center at 1-877-395-8930; For the Philadelphia Customer Service Center: 1-215-560-7226 and they will help you.

3. Will I have to pay overdue premiums in order to renew CHIP or to apply again?

No, you are required to make the first payment after your application or renewal is processed to begin your CHIP enrollment. After that, you will receive bills and be responsible for paying ongoing premiums. You will continue to have CHIP coverage until the next renewal.

REMINDER: You may complete a voluntary withdrawal at any time during the 12-month enrollment period to terminate your healthcare coverage. You may voluntarily withdraw from CHIP at any time by contacting the Statewide Customer Service Center at 1-877-395-8930; for the Philadelphia Customer Service Center: 1-215-560-7226.

Nondiscrimination Notice

Highmark Choice Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Highmark does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Highmark Choice Company provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters; and
- Written information in other formats (large print, audio, accessible electronic formats).

Highmark Choice Company provides free language services to people whose primary language is not English, such as:

- Qualified interpreters; and
- Information written in other languages.
- If you need these services, contact Highmark Choice Company at 1-800-543-7105 (TTY 711).

If you believe that Highmark Choice Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

The Bureau of Equal Opportunity,
Room 223, Health and Welfare Building,
P.O. Box 2675,
Harrisburg, PA 17105-2675,

Phone: (717) 787-1127, TTY (800) 654-5484, Fax:
(717) 772-4366, or Email: RA-PWBEOAO@pa.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Bureau of Equal Opportunity is available to help you.

You can also file a civil rights complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone with the U.S. Department of Health and Human Services, Office for Civil Rights at:

U.S. Department of Health and Human Services, 200
Independence Avenue SW.,
Room 509F, HHH Building,
Washington, DC 20201,
1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you.

Call: 1-800-543-7105 (TTY 711)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-543-7105 (TTY 711)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-543-7105 (телетайп: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。
請電 1-800-543-7105 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-543-7105 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-543-7105 (رقم هاتف الصم والبكم: 711).

ध्यान दिनुहोस्: तपाइंले नेपाली बोल्नुहुन्छ भने तपाइंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-543-7105 (टिटीवाइ: 711) ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-543-7105 (TTY: 711)번으로 전화해 주십시오.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អិត គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-543-7105 (TTY: 711) ។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-543-7105 (ATS : 711).

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-800-543-7105 (TTY: 711) သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-543-7105 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-543-7105 (TTY: 711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরষিবো উপলব্ধ আছে। ফোন করুন ১-৮০০-৫৪৩-৭১০৫ (TTY: ৭১১)।

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-543-7105 (TTY: 711).

सुचना: જો તમેગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષાસહાયસેવાઓતમારામાટેઉપલબ્ધછે. ફોન કરો 1-800-543-7105 (TTY: 711).