



State of California—Health and Human Services Agency
California Department of Public Health



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

GAVIN NEWSOM
Governor

EMPLOYER BASED HEALTH INSURANCE PREMIUM PAYMENT (EB-HIPP) PROGRAM CLIENT CHECKLIST

The Employer Based Health Insurance Premium Payment (EB-HIPP) Program is a subsidy program that provides premium assistance for an ADAP client's portion of their employer-based insurance premiums. Individuals that are enrolled in EB-HIPP are also eligible for the Medical Out-of-Pocket Cost benefit, which covers outpatient medical out-of-pocket costs that count towards the client's health insurance policy's annual out of pocket maximum.

This checklist provides all the necessary information for potential clients to apply to the EB-HIPP Program.

Program Eligibility

- Be actively enrolled in ADAP
- Enrolled in employer-based insurance
- Client is employed by the employer (i.e. client cannot be on a spouse's employer based health insurance plan)
- Employer must agree to participate in the EB-HIPP program
- Submit all required EB-HIPP program documentation

Required Documents

- Signed ADAP Client Attestation Form (CDPH Form 8723)
- Signed and completed Participation Agreement Form by client and their employer
- Please Note:** *if the employer does not consent to this program by filling out the Participation Agreement Form, the client will not be eligible to enroll in EB-HIPP*
- A full month's worth of paystubs, confirming premium amount (must be within the last 3 months). If a new premium is not reflected yet on the paystubs, then a benefit enrollment form or benefit summary letter can be submitted in addition to confirm the premium amount. Clients who are paid bi-weekly (i.e., every other Friday) are required to submit two concurrent paystubs.
- For retirees, in lieu of paystubs, a benefit enrollment form, benefit statement, or benefit summary letter

Application Process to Enroll in EB-HIPP

1. Go to Enrollment Site to retrieve the Participation Agreement Form.
2. Client and their employer must complete the Participation Agreement Form in order for the client to enroll in OA's EB-HIPP.
3. Client will submit all required documents to an ADAP Enrollment Worker or to CDPH directly.

4. CDPH will enroll the client into EB-HIPP.

Please Note: *With the first successful payment, the employer will receive a letter stating that the client has successfully enrolled in the Program.*

Re-Enrollment in EB-HIPP

- In order for ADAP to continue paying premiums towards the client's health plans, clients are required to re-enroll into ADAP and EB-HIPP annually on their birthday.
- If re-enrolling into EB-HIPP without changes to the client's premium amount, health plan, and employer, please submit the following documents:
 - One paystub from the last 3 months
 - Signed ADAP Attestation Form.

Please Note: *If the client's premium or employer has changed, client will need to submit a new Participation Agreement Form, a new Client Attestation Form, and a full month's paystubs and/or a benefit enrollment form before client's EB-HIPP eligibility is extended.*

Changes in Premium, Employer, Health Insurance Policies

EB-HIPP clients must report changes to their employer, employer's information, employment status, health plan, and premium amount at any time during the year to their ADAP Enrollment Worker. The client will need to provide the following documentation to an ADAP Enrollment Worker:

- New Client Attestation Form (CDPH Form 8723) *(required)*
- New Participation Agreement Form *(required)*

In addition, clients will need to also submit the following as applicable:

For changes to the employer: a full months' worth of paystubs from the new employer (must be dated within 3 months).

For updated premium or plan: a full months' of paystubs OR a benefit enrollment form or benefit summary letter showing the updated premium amount

For updated plan or premium for retirees: a benefit enrollment form, benefit statement, or benefit summary letter in lieu of paystubs (in order to verify premium amount).

Family Plans

A family plan is defined as a married couple or registered domestic partnership, and any dependent children who are included on the health insurance policy along with the ADAP client. Clients who have a family plan are not required to submit any additional supporting documentation when enrolling or re-enrolling in EB-HIPP. For clients who have a family plan, EB-HIPP will pay family premiums for medical, dental and bundled vision plans. However, the client's spouse and/or dependents will not have access to MOOP benefits as part of EB-HIPP. **Please Note:** if the client's spouse and/or dependents are enrolled in OA's Spousal / Dependent Program, they will have access to MOOP benefits through the Spousal / Dependent program. For more information on the Spousal / Dependent program, please contact your Enrollment Worker or ADAP Advisor.

Communication with Employer

Client should be aware that Pool Administrators Inc. (PAI) is the contracted vendor for the State of California and may contact the client's employer to get updated premium and payment information. The information will be considered confidential, but may be exchanged with the employer as necessary to determine client's eligibility and for purposes of administering the program.