Westmoreland Employer Plan Beneficiaries Important Healthcare Information

Table of Contents

An Important Message from Cecil Roberts

Dear Brothers and Sisters,

The United Mine Workers of America is no stranger to adversity. For the last 125 years we have stood in the face of despair with a level of brass unrivaled by anyone in Organized Labor. Our tremendous faith in God, our Solidarity, our Unity and our love for each other has allowed us to reach prosperity and dignity through struggles that would have brought a lesser Union to its knees. We are fighting right now in Washington to preserve your hard earned and promised Healthcare benefits. We need your help as we make a final push toward passing the life-saving legislation known as House Resolution 934: The Health Benefits For Miners Act of 2019 and Senate Bill S. 27: The American Miners Act.

I strongly urge you to contact your Member of Congress and Senators and ask them to support the retired coal miners that have given so much of their lives to power and energize this nation. Congress must pass these bills before the end of the year. The Congressional switchboard number is 202-224-3121. Please remind of America's promise to the miners Harry Truman made in 1946.

However, as your President, I would not be doing my job if I did not advise you to start taking precautions to secure Healthcare, which is all too often a matter of life and death. Congress may not act before the end of the year, which would mean the Westmoreland Employer Plan will run of funding on December 31, 2019. In most cases the action that you need to take to ensure that you do not see a lapse in coverage will need to be completed no later than December 7, 2019. You should begin the process of getting information and contact numbers for you to begin the process of securing Healthcare. That is why we have put this packet of information together, so that you have the initial resources you need to shop for coverage options.

We will continue our fight in Congress for your health care for as long as is necessary. But we also need to be prepared in case Congress fails to act. We will contact you again well before December 7th with further information about this, including if we a believe you need you to purchase one of the coverage options we are asking you to research. We should have a better idea of the status of our legislation if at that time.

The UMWA will never quit fighting for the benefits you have so rightfully earned. We will last "one day longer" until we get the job done. God Bless You, and the United Mine Workers of America.

In Solidarity,

Cecil Roberts
International President

Questions And Answers

Questions and Answers

Q: I am Medicare eligible (age 65 or older and/ or disabled). What does Medicare Part A pay for?

A: Medicare Part A pays your hospital care, skilled nursing facility care, nursing home care (as long as custodial care isn't the only care you need), Hospice, and home health services.

Q: Does Medicare Part A have a deductible or premium?

A: Yes Medicare Part A has a $1,288 deductible per person for each hospital stay (under 60 days in a row) and for days 1-60 a $0 coinsurance for each hospital stay, for days 61-90 a $322 coinsurance per day of hospital stay, and for days 91 and beyond: $644 coinsurance per each "lifetime reserve day" after day 90.

Q: What does Medicare Part B cover?

A: Medicare Part B covers services (like lab tests, surgeries, and doctor visits) and supplies (like wheelchairs, and walkers) considered medically necessary to treat disease or condition. Part B also covers things like clinical research, ambulance services, durable medical equipment (DME), mental health (Inpatient and Outpatient), partial hospitalization, getting a second opinion before surgery, limited outpatient prescription drugs.

Q: Does Part B have deductibles and premiums?

A: Yes most people pay $104.90 each month. Part B has a deductible of $166 per year. After your deductible is met, you typically pay 20% of the Medicare-approved amount for most doctor services, (including most doctor services while you're a hospital inpatient), outpatient therapy and during durable medical equipment.

Q: What does Medicare A and B NOT cover?

A: Some of the items and services that Medicare doesn't cover include: Prescription drug overage, long term care (also called custodial care), most dental care, eye examinations related to prescribing glasses, dentures, cosmetic surgery, acupuncture, hearing aids and exams for fitting them and routine foot care.

Q: What is a Medicare Advantage Plan?

A: Sometimes called "Part C" includes both Part A (Hospital Insurance) and Part B (Medical Insurance) and most plans include prescription drug coverage. Medicare Advantage Plans are sold by private Insurance companies approved by Medicare. In most Medicare Advantage plans, you need to use Plan doctors, hospitals and other providers you pay more or all the costs or all the costs.

Q: What are the costs associated with Medicare Advantage Plans?

A: You usually pay a monthly premium for a Medicare Advantage Plan (in addition to your monthly Part B premium). You will pay a copayment or coinsurance for covered services. Costs, extra coverage, and rules vary by plan.

Q: What is a Medicare Part D Plan?

A: Medicare Prescription Drug Plan (Part D). These plans (sometimes called "PDPs") add drug coverage to Medicare.

Each Medicare Prescription Drug Plan has its own list of covered drugs (called a formulary). Many Medicare drug plans place drugs into different "tiers:" on their formularies. Drugs in each tier have a different cost.

Q: What is Medigap Plan?

A: A Medigap Supplement Insurance (Medigap) policy, sold by private companies, can help pay some of the health care costs that Medicare doesn't cover, like copayments, coinsurance, and deductibles.

If you have Medicare and you buy a Medigap policy, Medicare will pay its share of the covered health care costs. Then your Medigap policy pays its share. Medigap policies generally don't cover: prescription drugs, long-term care, vision, dental care, hearing aids, eyeglasses, or private-duty nursing.

Q: What is Medicaid?

A: Medicaid is a joint federal and state program that helps with medical costs for some people with limited income and resources. Medicaid also offers benefits not normally covered by Medicare, like prescription drugs, nursing home care and personal care services.

Each state has different rules about eligibility and applying for Medicaid. Call your state Medicaid program to see if you qualify and learn how to apply.

Q: What is the Affordable Care Act (ACA)?

A: The Affordable Care Act was passed by Congress and then signed into law by the President on March 23, 2010. The ACA provides various plans through private insurers with a wide variety of co-payments, deductibles and maximum out of pockets. You should only search for these plans from the healthcare.gov website due to a considerable amount of fraud currently being reported by state agencies. These plans are open to pre-Medicare retirees and those without insurance.

Medicare Eligible Members

Medicare Advantage Plans

What is Medicare Advantage Plan and who can join?

A **Medicare Advantage Plan** (sometimes called a "Part C" or "MA" Plan) is a Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. A Medicare Advantage Plan covers all Medicare services. Each Medicare Advantage Plan can charge different out-of-pocket costs and have different rules for how you get services. You generally get your services from a Plan's network of providers. **Most Medicare Advantage Plans include Part D prescription drug coverage.** You can join a Medicare Advantage Plan if you live in the service area of the plan you want to join, and you have Medicare Part A and Part B. the Medicare Advantage Plan can give you more information about its services area. Below are contacts for agencies that can assist you in finding a Medicare Advantage Plan that meets your needs.

State	SHIP Contact Information
Alabama	1-800-AGE-LINE (1-800-243-5463) http://www.alabamaageline.gov
Colorado	1-888-696-7213 https://www.colorado.gov/dora/senior-healthcare-medicare
North Dakota	(888) 575-6611 https://www.nd.gov/ndins/shic-medicare
Utah	1-800-541-7735 www.daas.utah.gov
Virginia	804-662-9333 https://www.vda.virginia.gov/vicap.htm
West Virginia	1-877-987-4463 www.wvship.org
Wyoming	1-800-856-4398 https://www.wyomingseniors.com/services/wyoming-state-health-insurance-information-program

When can you join a Medicare Advantage Plan and how much does it cost?

Between October 15th and December 7th, anyone with Medicare can join, switch, or drop a Medicare Advantage Plan. In that case, your coverage would begin on January 1st, as long as the Medicare Advantage Plan gets your request by December 7th. However, you may qualify for a Special Enrollment Period, because individuals have the chance to join a prescription drug Medicare Advantage Plan for 2 full months after the month in which the individual involuntarily lost his creditable coverage. For example, if you lose your Westmoreland Employer Plan coverage on December 31, 2019, you will have until February 28, 2020 to enroll in a prescription drug Medicare Advantage Plan (**however to avoid a break in coverage you should sign up by December 7, 2019)**. Costs vary based on each Medicare Advantage Plan. In addition to your Medicare Part B premium, you usually pay a monthly premium for the Medicare Advantage Plan.

How do I get more information about MA Plans?

To help you select a Medicare Advantage Plan, you can get information about the plans that are sold in you area form the Medicare.gov website at https://medicare.gov/find-a-plan/questions/home.aspx. You can also call Medicare for more information at 1-800-MEDICARE.

Medicare Supplement Insurance (Medigap)

What is Medigap?

A Medicare Supplement Insurance (Medigap) policy, sold by private companies, can help pay some of the health care costs that Medicare doesn't cover, like co-payments, coinsurance and deductibles. If you lose Westmoreland Employer Plan coverage on December 31, 2019, these costs will no longer be covered on your Westmoreland card. Medigap policies generally don't cover long-term care, vision, dental care, hearing aids, eyeglasses, non-emergency medical transportation or private-duty nursing. If you have Medicare and you buy a Medigap policy, Medicare will pay its share of the Medicare approved amount for covered health care costs. Then, your Medigap policy pays its share. Medigap plans come in ten standardized policies, lettered A, B and C, all the way up to N. Each Plan A has the same features, Each Plan B has the same features, and so on. **Medigap policies do not include prescription drug coverage. Therefore you should join a Medicare Prescription Drug Plan (part D)**

Who is Eligible?

You must have Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) in order to purchase a Medigap plan.

When should you apply?

You can apply for a Medigap policy no later than 63 calendar days after your Westmoreland Employer Plan coverage ends. **However you will need to be enrolled in a Medigap policy before January 1, 2020** in order to avoid any gap in coverage.

What will it cost to pay for coverage?

You pay the private insurance company a monthly premium for your Medigap policy in addition to the monthly Part B premium that you pay to Medicare. The cost of Medigap policies can vary widely. There can be big differences in premiums that insurance companies charge for exactly the same coverage.

How do I get information about Medigap policies and purchase a Medigap policy?

Medigap plans are purchased from the companies that issue the policies. To help you select a Medigap policy, you can get information about the plans that are sold in your area from the Medicare.gov website at http://www.Medicare.gov/find-a-plan/questions/medigap-home.aspx. You can also call your State Health Insurance Assistance Program (SHIP), and they can give you free help choosing a policy. Contact information for certain states is below and can also be found on the SHIP national website at https://www.shiptacenter.org/about-us/about-ships/.

State	SHIP Contact Information
Alabama	1-800-AGE-LINE (1-800-243-5463) http://www.alabamaageline.gov
Colorado	1-888-696-7213 https://www.colorado.gov/dora/senior-healthcare-medicare
North Dakota	(888) 575-6611 https://www.nd.gov/ndins/shic-medicare
Utah	1-800-541-7735

	www.daas.utah.gov
Virginia	804-662-9333 https://www.vda.virginia.gov/vicap.htm
West Virginia	1-877-987-4463 www.wvship.org
Wyoming	1-800-856-4398 https://www.wyomingseniors.com/services/wyoming-state-health-insurance-information-program

Medicare Part D Prescription Drug Coverage

What is a Medicare Part D Prescription Drug Plan?

Medicare Part D is a prescription drug benefit for all people on Medicare ages 65 and older and those under 65 with permanent disabilities. You can get Medicare Prescription drug coverage either from a stand-alone prescription drug plan (PDP) or a Medicare Advantage Plan offering prescription drug coverage (MA-PDP).

When should you apply?

Because your prescription drugs will no longer be paid on your Westmoreland Employer Plan card, you may want to enroll in a Medicare Part D plan. The annual open enrollment period is October 15th- December 7th. If you are seeking coverage effective January 1, 2020, you should enroll by December 7, 2019. **If you miss this deadline there is a Special Enrollment Period but your coverage will not be effective on January 1st.**

Special Enrollment Period

Individuals have the chance to join a prescription drug plan (PDP) or Medicare Advantage prescription drug plan (MA-PDP) for 2 full months after the month in which you lose your Westmoreland Employer Plan coverage. For example, if you lose your Westmoreland drug coverage on December 31, 2019, you will have until February 28, 2020 to enroll in the Medicare Part D plan. If you are an individual eligible for both Medicare and Medicaid you may join, switch or drop PDP or MA-PDP coverage anytime.

What will it cost to Pay for Coverage?

Premiums will vary across plans and regions.

Is there Financial Assistance to help me pay Premiums?

Medicare Part D provides different levels of financial assistance based on income and asset limits. You automatically qualify for Extra Help if you have Medicare and:

- Have full Medicaid coverage; or
- Get help from your state Medicaid program paying your Part B premiums; or
- Get supplemental security income (SSI) benefits

There is no cost or obligation to apply. You, a family member, trusted counselor, or caregiver can apply online at www.socialsecurity.gov or call Social Security at 1-800-772-1213. If you don't quality for *Extra Help*, your state may have programs that can help pay your prescription drug costs. You should contact your state Medicaid office or your state Health Insurance Assistance Program (SHIP) for more information.

How do You Enroll?

To get Medicare drug coverage, you must join a PDP or MA-PD plan run by an insurance company or other private company approved by Medicare. **(You must have Medicare Part A and Part B to join a Medicare Advantage Plan.)**

To join a Medicare PDP or MA-PD:

- Enroll on the Medicare Plan Finder found on www.medicare.gov or on the website of the Medicare PDP or Medicare MA-PD that you want to join.
- Complete a paper enrollment form
- Call the Medicare PDP or MA-PD

- Call 1-800-MEDICARE (1-800-633-4227)

When you join, you will need your Medicare number and the date that your Medicare Part A and/ or Part B coverage started. You can find this information on your Medicare card.

Non-Medicare Eligible Members

Health Insurance Marketplace (Affordable Care Act) Coverage

Who is Eligible?

In general Pre-Medicare retirees are eligible for this coverage. You **are not eligible** to enroll in a health care plan through the Health Insurance Marketplace if you have health insurance through an employer, Medicare, Medicaid, the Children's Health Insurance Program (CHIP), or another source that provides qualifying coverage.

When Should You Apply?

The open enrollment period for 2020 coverage is November 1, 2019 to January 31, 2020. If you are seeking coverage effective January 1, 2020, you must enroll by December 15, 2019.

Special Enrollment Period (SEP)

If your benefits are terminated you will have a Special Enrollment Period. The Special Enrollment Period will allow you to obtain coverage through the Health Insurance Marketplace during the 60-day period following the qualifying life event. For example, if you lose your WESTMORELAND EMPLOYER PLAN coverage on December 31, 2019, you will have until March 1, 2020 to enroll in a health care plan through the Health Insurance Marketplace.

What Will It Cost to Pay For Coverage?

There are different types of insurance plans available on the Health Insurance Marketplace at the Bronze, Silver, Gold, and Platinum levels. Actual premiums will vary across plans and regions. Plans and prices for all types of plans available in 2020 will be available to preview on the healthcare.gov website.

Is There Financial Assistance to Help Me Pay Premiums?

Yes. Depending on your household income you may qualify for premium tax credits and cost-sharing subsidies.

Premium Tax Credit

If your previous benefits are terminated completely, you may be eligible to receive a premium tax credit if your household income falls within a certain range of the Federal poverty level.

For 2019 that income will be:

- $12,140 (100%) up to $48,560 (400%) for one individual
- $16,460 (100%) up to $65,840 (400%) for a family of two
- $20,780 (100%) up to $83,120 (400%) for a family of three
- $25,100 (100%) up to $100,400 (400%) for a family of four

Cost-Sharing Subsidies

Cost-sharing subsidies work by reducing an individual's or a family's out-of-pocket cost for health care services, such as deductibles, copayments, and coinsurance. Cost-sharing subsidies may only be applied toward a Silver plan. If you qualify for a premium tax credit and have household income from 100% to 250% of the Federal poverty level, you may be eligible for cost-sharing subsidies. The amount of the subsidy depends on your household income and is automatically applied when you enroll in a Silver plan and is paid directly to the insurance company by the federal government.

How Do You Enroll?

There are 4 ways to apply for coverage through the Health Insurance Marketplace. You can:

- Apply online at **www.healthcare.gov** and select your state to get started.
- Apply by phone: Call 1-800-318-2596 (TTY:1-855-889-4325). The Marketplace Call Center is open 24 hours a day, 7 days a week.
- Apply in person: Speak to trained people in your community like Navigators, assisters, agents, and brokers. Go to **https://localhelp.healthcare.gov** and enter your zip code to see a list of groups and people near you.
- Apply by mail: Complete a paper application and mail it in. To get an application call the Marketplace Call Center number above.

Medicaid Eligibility

Medicaid Coverage

This paper is for informational purposes only. The best way to determine if you are eligible for Medicaid is to contact the applicable Medicaid office or to apply.

Who is eligible for Medicaid?

The eligibility requirements for Medicaid are not the same in every state and may depend on your age. Generally, your income has to be below a certain amount in order to be eligible for Medicaid. Below are two charts that give general information about eligibility for Medicaid. There may be other programs available with different requirements that vary by state.

Medicaid Eligibility for Adults *under* Age 65	
State of Residence	**Yearly Income Limit** *In general your yearly income must be at or below this amount to be eligible. *
Illinois, Indiana, Kentucky, Ohio, Pennsylvania, Colorado, North Dakota, Utah, Virginia & West Virginia	• One Individual: $16,612 • Family of two: $22,491 • Family of three: $28,369 • Family of four: $34,248 If an individual is pregnant or a related caretaker of a child, then more generous income limits may apply. *Income amounts very slightly by state.*
Alabama, Tennessee and Wyoming	Adults under Age 65 are generally not eligible unless they are pregnant, a related caretaker of a child, disabled, and/or blind (as well as have income under a certain amount that varies by state). However, other state programs may apply.

Medicaid Eligibility for Adults *over* Age 65		
State of Residence	**Monthly Income Limit** *In general your monthly income must be at or below this amount to be eligible. * ***Amounts very by state.***	**Resource Limit** *Resources are generally things you own that can be turned into cash. However, there are some things you may exclude, such as your home, life insurance policy, and burial plot.*
Alabama, Kentucky, Tennessee & West Virginia	• One Individual: $771 • Couple: $1,157	• One Individual: $2,000 • Couple: $3,000
Illinois, Indiana, Pennsylvania, Utah	• One Individual: $1,041 • Couple: $1,409	• One Individual: $2,000 • Couple: $3,000
North Dakota	• One Individual: $517 • Couple: $694	• One Individual: $3,000 • Couple: $6,000
Virginia	• One Individual: $833 • Couple: 1,068	• One Individual: $2,000 • Couple: $3,000

* There are also other Medicaid programs that may be available to individuals in some states, such as nursing home programs, long-term care programs, breast and cervical cancer treatment programs, and certain Medicare Savings Programs (which can provide assistance with Medicare premiums or cost-sharing).

How do you apply for Medicaid?

You can apply for Medicaid at any time (there is no requirement to wait for an open enrollment or special enrollment period). The effective date for coverage is generally either the date of application or the first day of the month of the application.

An individual who is not enrolled in Medicare can apply for Medicaid by filling out an application on the health insurance marketplace online at www.healthcare.gov. You can also apply for Medicaid by contacting their state's Medicaid office directly. Below is contact information for various states' Medicaid offices.

State	Contact Information
Alabama	1-800-362-1504 http://medicaid.alabama.gov/
Illinois	1-800-843-6154 https://abe.illinois.gov
Colorado	1-800-221-3943 Colorado.gov/PEAK
Indiana	1-800-457-4584 http://member.indianamedicaid.com
Kentucky	1-855-459-6328 http://www.chfs.ky.gov/dms
North Dakota	1-800-755-2604 dhsmed@nd.gov
Ohio	1-800-324-8680 https://benefits.ohio.gov
Pennsylvania	1-866-550-4355 http://www.dhs.pa.gov/citizens/healthcaremedicalassistance
Tennessee	1-800-318-2596 https://www.tn.gov/tenncare/article/tenncare-medicaid
Utah	1-800-662-9651 https://medicaid.utah.gov
Virginia	1-855-242-8282 http://www.coverva.org
West Virginia	1-877-716-1212 https://www.wvinroads.org
Wyoming	1-855-294-2127 https://health.wyo.gov/healthcarefin/medicaid/

Health Benefits for Veterans

Veterans Administration Information

The US Department of Veterans Affairs (VA) provides health benefits to many Veterans for service-connected conditions and general health care. When certain qualifying factors are present, many benefits may result in no cost to the Veteran.

Veteran Health Benefits:

- VA Benefits are not Health Insurance
- VA Benefits do not normally cover a Veterans Family
- Having or not having Health Insurance does not affect eligibility
- VA Benefits require use of a VA approved facility or prior authorization to use a non-VA facility
- Using VA Benefits, Veterans may receive health care for service-connected and non-service-connected conditions
- VA Benefits will not pay a portion of services charged to Medicare and vice versa

Eligibility:

- The VA will make the final determination of eligibility for VA Benefits
- A Veteran must meet the minimum length of service requirement of 2 years unless special circumstances exist.
- The character of a Veterans discharge may affect eligibility

Cost:

1) Many Veterans can receive cost-free health care services and prescriptions based on the following:
   a) Income[1]:
      i) Kentucky- A Veteran with one dependent with a total household income up to $51,315.00 may qualify for cost free health care.
      ii) Illinois- A Veteran with one dependent with a total household income up to $57,915.00 may qualify for cost-free health care.
      iii) Indiana- A Veteran with one dependent with a total household income up to $50,160.00 may qualify for cost-free health care.
      iv) Ohio- A Veteran with one dependent with a total household income up to $57,530.00 may qualify for cost-free health care.
      v) Pennsylvania- A Veteran with one dependent with a total household income up to $57,145.00 may qualify for cost-free health care.
      vi) Virginia- A Veteran with one dependent with a total household income up to $59,840.00 may qualify for cost-free health care.
      vii) West Virginia- A Veteran with one dependent with a total household income up to $56,760.00 may qualify for cost-free health care.
   b) POW Status
   c) VA Deemed "catastrophically disabled" Veterans
   d) Treatment for conditions considered more than 50% service connected.

[1] The actual numbers vary by the county in which the veteran lives, so the VA to make the final income determination.

2) In order to qualify for cost-free health services, the VA may, by law, require income verification.

3) In the event that a Veteran does not qualify for cost-free health care, he/she may be expected to pay a portion of covered VA health services provided.
- *a)* Some of the services upon which the VA allows a copay include:
  - *i)* Primary Care Services
  - *ii)* Specialty Care Services
  - *iii)* Prescriptions
  - *iv)* Inpatient Care Services
  - *v)* Geriatric and Extended Care Services
- *b)* Some of the services on which the VA does not charge a copay include:
  - *i)* Readjustment Counseling
  - *ii)* Smoking Cessation
  - *iii)* Lab Work
  - *iv)* Electrocardiograms
  - *v)* Hospice Care

4) There are Services that are not covered by VA Benefits. Some of them are:
- a) Cosmetic Surgery
- *b)* In-vitro Fertilization
- *c)* Drugs and Medical Devices not approved by the FDA

Emergency Care:

VA Benefits cover Emergency Services in non-Va health care facilities under the following conditions:
- a) The VA facility cannot furnish economical care due to distance from facility.
- b) The VA facility cannot provide the services necessary

Locations:

1) The VA has an extensive network of over 1700 hospitals and clinics. The breakdown of the facilities based on where our UMWA members live is as follows:
- a) **Kentucky**
  - i) 3 Hospitals
  - ii) 19 Clinics
- b) **Illinois**
  - i) 5 Hospitals
  - ii) 30 Clinics
- c) **Indiana**
  - i) 3 Hospitals
  - ii) 16 Clinics
- d) **Ohio**
  - i) 5 Hospitals
  - ii) 33 Clinics
- e) **Pennsylvania**
  - i) 9 Hospitals
  - ii) 36 Clinics
- f) **Virginia**
  - i) 3 Hospitals
  - ii) 19 Clinics

g) **West Virginia**
   i) 4 Hospitals
   ii) 10 Clinics

- If a Veteran lives near a state line, the Veteran may attend a VA facility in a neighboring state without any changes in benefits.

Coordination:

- Having health insurance may reduce or eliminate VA copays, if applicable.
- Veterans may supplement their VA Benefits with private insurance.

For more information or to apply for VA Benefits, please use the following:

Phone: (877) 222-8387

Website: www.va.gov

In Person: At Vet Centers and Regional Benefits Offices Nationwide

Healthcare Navigators and State Health Insurance Assistance Program (SHIP)

Navigators and SHIPS

Navigator: An individual or organization that's trained and able to help consumers, small businesses, and their employees as they look for health coverage options through the Marketplace, including competing eligibility and enrollment forms. These individuals and organizations are required to be unbiased. Their services are free to consumers.

Information on local Navigators can be obtained 2 different ways:

Phone: (800) 318-2596
Online: https://localhelp.healthcare.gov

SHIP (State Health Insurance Assistance Program): A state program that gets funding from the federal government to provide free local health coverage counseling to people with Medicare.

Alabama

Alabama Department of Senior Services
Address: 201 Monroe Street, Suite 350,
Montgomery, AL 36104
Phone: 1.800.AGE-LINE (1.800.243.5463)
Email: mail@adss.alabama.gov

Colorado

SHIP, Division of Insurance, Colorado Department of Regulatory Agencies
1560 Broadway, Suite 850
Denver, CO 80202
1-888-696-7213
https://www.colorado.gov/dora/senior-healthcare-medicare

North Dakota

North Dakota Insurance Department
State Health Insurance Counseling Program
insurance@nd.gov
600 E Boulevard Ave.
Bismarck, ND 58505-0320
(701) 328-2440
(888) 575-6611 SHIC Hotline
https://www.nd.gov/ndins/shic-medicare

Utah

Utah Insurance Department
350 N. State St.
State Office Building Rm. 3110
Salt Lake City, UT 84114
(801) 538-3800
1-800-439-3805
1-800-541-7735
www.daas.utah.gov

Virginia

Virginia Insurance Counseling and Assistance Program
Commonwealth of Virginia Department of Aging
1610 Forest Ave., Suite 100
Richmond, VA 23229
(800) 552-3402
8:30am-5:00pm, Monday-Friday
www.vda.virginia.gov
aging@vda.virginia.gov

West Virginia

West Virginia State Health Insurance Assistance Program (WV SHIP)
WV Bureau if Senior Services
1900 Kanawha Blvd. East
Charleston, WV 25305
1-877-987-4463
8:30am-5:00pm, Monday-Friday
www.wvship.org

Wyoming

RIVERTON, WY
106 West Adams Avenue
Riverton, WY 82501
Office: 1-307-856-6880
Toll Free: 1-800-856-4398

CASPER, WY
951 Werner Court, Suite 295
Casper, WY 82601
Office: 1-307-235-5959
Toll Free: 1-877-634-1006

CHEYENNE, WY
3120 Old Faithful Road, Suite 200
Cheyenne, WY 82001
Office: 1-307-634-1010
Toll Free: 1-877-634-1005