

[Head of Household First Name] [Head  
of Household Last Name]  
[Street Address]  
[City], [State] [ZIP Code]

Letter Date: [Month] [Day], [Year]  
Record #: [County/Record #]

Dear [Head of Household First Name]:

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 premiums 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, GHP Kids 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 GHP Kids to discuss payment options at 866-621-5235 (PA Relay: 711), Our office is open and available during the following times: Monday through Friday, 7 a.m. – 7 p.m., or Saturday, 8 a.m. – 2 p.m.
- 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 866-621-5235 (PA Relay: 711). Our office is open and available during the following times: Monday through Friday, 7 a.m. – 7 p.m., or Saturday, 8 a.m. – 2 p.m.,

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

**[www.chipcoverspakids.com](http://www.chipcoverspakids.com)**

Sincerely,

GHP Kids

# Discrimination is against the law

Geisinger Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

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

Geisinger Health Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Geisinger Health Plan at 800-447-4000.

If you believe that Geisinger Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Civil Rights Grievance Coordinator  
Geisinger Health Plan Appeals Department  
100 North Academy Avenue  
Danville, PA 17822-3220  
Phone: (866) 577-7733, PA Relay 711  
Fax: (570) 271-7225, or  
Email: GHPCivilRights@thehealthplan.com

The Bureau of Equal Opportunity  
Room 223, Health and Welfare Building,  
P.O. Box 2675  
Harrisburg, PA 17105-2675  
Phone: (717) 787-1127, PA Relay 711  
Fax: (717) 772-4366, or  
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Geisinger Health Plan and the Bureau of Equal Opportunity are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone 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 English, language assistance services, free of charge, are available to you. Call: 800-447-4000 (PA RELAY 711).

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (PA RELAY: 711).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (PA RELAY: 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。請致電 800-447-4000 (PA RELAY: 711)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (PA RELAY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711: PA RELAY).

**ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ ।  
**फोन गर्नुहोस्** 800-447-4000 (PA RELAY: 711) ।

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (PA RELAY: 711). 번으로 전화해 주십시오.

**ប្រយ័ត្ន៖** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (PA RELAY: 711)។

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (PA RELAY: 711).

**သတိပြုရန် -** အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 800-447-4000 (PA RELAY: 711) သို့ ခေါ်ဆိုပါ။

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (PA RELAY: 711).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (PA RELAY: 711).

**লক্ষ্য করুন:** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 800-447-4000 (PA RELAY: 711)।

**KUJDES:** Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-447-4000 (PA RELAY: 711).

**सुचना:** જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (PA RELAY: 711).