ANNUAL NOTICE GUIDE & OTHER IMPORTANT NOTICES

Brought to you by Kapnick Insurance

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 2 and 3 for more details.

Kapnick

MEDICARE PART D NOTICE OVERVIEW

NOTICE OF YOUR MEDICARE PART D CREDITABLE COVERAGE STATUS

Under the Medicare Part D program, group health plans - like this Plan - are required to provide, or arrange for providing, a notice of creditable prescription drug coverage at least annually to those Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the Plan. You will also be provided with your creditable coverage status at the following times:

- Prior to your initial enrollment period;
- Prior to your effective date of coverage if you are a Medicare Part D eligible individual who enrolls in your employer's group health plan prescription drug coverage;
- Whenever your prescription drug coverage ends or changes so that it is no longer creditable or becomes creditable; and
- Upon your request.

Please disregard this notice if you and/or your dependents are not Medicare eligible.

MEDICARE PART D CREDITABLE COVERAGE

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your employer and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Your employer has determined that the prescription drug coverage offered by the group health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. **Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current employer coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current employer coverage, be aware that you and your dependents may not be able to get this coverage back.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with your employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE…

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your employer changes. You also may request a copy of this notice at any time.
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227) - TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

REMEMBER: KEEP THIS CREDITABLE COVERAGE NOTICE. IF YOU DECIDE TO JOIN ONE OF THE MEDICARE DRUG PLANS, YOU MAY BE REQUIRED TO PROVIDE A COPY OF THIS NOTICE WHEN YOU JOIN TO SHOW WHETHER OR NOT YOU HAVE MAINTAINED CREDITABLE COVERAGE AND, THEREFORE, WHETHER OR NOT YOU ARE REQUIRED TO PAY A HIGHER PREMIUM (A PENALTY).

WOMEN'S HEALTH & CANCER RIGHTS ACT NOTICE

On October 21, 1998, Congress enacted the Women's Health & Cancer Rights Act (WHCRA) of 1998. WHCRA requires all health plans that provide medical and surgical benefits for a mastectomy to also cover breast reconstruction. As required by law, annual notice of the mandated post-mastectomy benefits must be provided to all covered persons.

Please review this information carefully. If your spouse is also covered under this sponsored health plan, please make sure that he/she also has had the opportunity to review this information.

The Women's Health & Cancer Rights Act of 1998 requires that all group health plans that provide medical and surgical benefits for a mastectomy also must provide coverage for:

- **All stages of reconstruction of the breast on which the mastectomy has been performed;**
- **Surgery and reconstruction of the other breast to produce a symmetrical appearance;**
- **External breast prostheses (breast forms that fit into a bra) that are needed before or during the reconstruction;**
- **Treatment of physical complications in all states of mastectomy, including lymphedema.**

The Act requires that coverage be provided in a manner that is consistent with other benefits provided under the Plan. The coverage may be subject to annual deductibles and coinsurance provisions.

Please keep this information with your other group health plan documents. If you have any questions about this Plan's coverage of mastectomies and reconstructive surgeries, please speak with the Human Resources Department.

AFFORDABLE CARE ACT (ACA) PATIENT PROTECTION NOTICE

The Affordable Care Act requires plans and issuers to provide a notice to participants of their right to:

A. Choose a primary care provider or a pediatrician when a plan requires designation of a primary care physician; or

B. Obtain obstetrical or gynecological care without prior authorization.

- **PRIMARY CARE PROVIDER:** If the Plan requires or allows you to designate a primary care physician, you have the right to designate any primary care provider who participates in-network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator.

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

- **OBSTETRICAL OR GYNECOLOGICAL CARE:** You do not need prior authorization from the Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in-network 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, contact the plan administrator.

HIPAA NOTICE OF PRIVACY PRACTICIES

IMPORTANT NOTE: FOR THE EFFECTIVE DATE OF THIS HIPAA NOTICE OF PRIVACY PRACTICES AND THE PRIVACY OFFICIAL'S CONTACT INFORMATION, PLEASE REFER TO THE MEMORANDUM ATTACHED TO THIS ANNUAL NOTICE GUIDE.

YOUR INFORMATION. YOUR RIGHTS. YOUR EMPLOYER'S RESPONSIBILITIES.

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

YOUR EMPLOYER'S PLEDGE TO YOU

This notice is intended to inform you of the privacy practices followed by your employer. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under the group health plan. They are committed to protecting the privacy of your health information, sometimes referred to as "protected health information" or "PHI".

As a plan sponsor, they often need access to health information in order to perform plan administrator functions. They want to assure the plan participants covered under the group health plan that they comply with federal and state privacy laws and respect your right to privacy. Your employer requires all members of their workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

YOUR RIGHTS

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

- **Get a copy of your health and claims records**. You can ask to see or get a copy of your health and claims records and other health information your employer has about you. Ask them how to do this. They will provide a copy or a summary of your health and claims records, usually within 30 days of your request. They may charge a reasonable, cost-based fee.
- **Ask to correct your health and claims records**. You can ask your employer to correct your health and claims records if you think they are incorrect or incomplete. Ask them how to do this. They may say "no" to your request, but they'll tell you why in writing within 60 days.
- **Request confidential communication**. You can ask your employer to contact you in a specific way (for example, via home or office phone) or to send mail to a different address. They will consider all reasonable requests, and must say "yes" if you tell them you would be in danger if they do not.
- **Ask to limit the information they share**. You can ask your employer not to use or share certain health information for treatment, payment, or their operations. They are not required to agree to your request, and they may say "no" if it would affect your care.
- **Get a list of those with whom they've shared your information**. You can ask for a list (accounting) of the times your employer shared your health information for 6 years prior to the date you ask, who they shared it with, and why. They will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked them to make). They'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 the HIPAA privacy notice at any time, even if you have agreed to receive the notice electronically. Your employer is providing you with a paper copy of the privacy notice annually in this Notice Guide.
- **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. Your employer will make sure the person has this authority and can act for you before they take any action.
- **File a complaint if you feel your rights are violated.** You can complain if you feel your employer has violated your rights by contacting them using the information stated in the Memorandum provided in conjunction with this Annual Notice Guide, or 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/. Your employer will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell your employer your choices about what they share. If you have a clear preference for how they share your information in the situations described below, talk to them. Tell your employer what you want them to do, and they will follow your instructions.

In these cases, you have both the right and choice to tell your employer to:

- Share information with your family, close friends, or others involved in payment for your care; and
- Share information in a disaster relief situation.

If you are unable to tell your employer your preference, for example if you are unconscious, they may go ahead and share your information if they believe it is in your best interest. They may also share your information when needed to lessen a serious and imminent threat to health or safety.

Your employer will never share your information for marketing purposes or sell your information unless you give them written permission.

YOUR EMPLOYER'S USES AND DISCLOSURES

Your employer typically uses or shares your health information in the following ways.

- **As they help manage the health care treatment you receive**. Although the law allows use and disclosure of your health information for purposes of treatment, as a plan sponsor, they generally do not need to disclose your health information for treatment purposes. Your physician or healthcare provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment and healthcare operations.

- **As they pay for your health services.** Your employer can use and disclose your health information for purposes of determining payment for your health services, eligibility for benefits, to seek reimbursement from a third party, and/or to coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide them with your written information. They use that information in order to determine whether those services are eligible for payment under the group health plan.
- **As they run their organization.** Your employer can use and disclose your information to run their organization and contact you when necessary. For example, they can use your health information to develop better services for you. **They are not allowed to use genetic information to decide whether they will give you coverage and the price of that coverage.** This does not apply to long term care plans.
- **As they administer your health plan**. Your employer can use and disclose your health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, they review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.
- **Other ways they use or share your health information.** Your employer is 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. They have to meet many conditions in the law before they can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/index.html.
- **As they help with public health and safety issues.** Your employer can share health information about you for certain situations such as:
    - ◊ Preventing disease
    - ◊ Helping with product recalls
    - ◊ Reporting adverse reactions to medication
    - ◊ Reporting suspected abuse, neglect, or domestic violence
    - ◊ Preventing or reducing a serious threat to anyone's health or safety
- **As they do research.** Your employer can use or share your information for health research.
- **As they comply with the law.** Your employer 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 they're complying with federal privacy law.
- **As they respond to organ and tissue donation requests and work with a medical examiner or funeral director.** Your employer can share health information about you with organ procurement organizations. They can also share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **As they address workers' compensation, law enforcement, and other government requests.** Your employer 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
- **As they respond to lawsuits and legal actions.** Your employer can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **Disclosures that Require Written Authorization**. Your employer will never use or disclose psychotherapy notes, sell your protected health information, or share your health information for marketing purposes, unless you give them written authorization to do so. If you choose to sign an authorization to disclose such information, you can later revoke that authorization to cease any future uses or disclosures.

YOUR EMPLOYER'S RESPONSIBILITIES

- They are required by law to maintain the privacy and security of your protected health information.
- They will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- They must follow the duties and privacy practices described in this notice and give you a copy of it.
- They will not use or share your information, except as described in this notice, unless you provide written authorization for them to do so. If you tell them they can, you may change your mind at any time. Let them know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/index.html.

CHANGES TO THE TERMS OF THIS NOTICE

Your employer can change the terms of this notice and the changes will apply to all information they have about you. A revised notice will be provided to you within 60 days of any material revision of this notice.

This HIPAA Notice of Privacy Practices (or Privacy Notice) is not an annual notice. It must be distributed at least once every three years. It must also be provided to new enrollees at the time of enrollment; within 60 days of a material change to the notice and any time upon a participant's request. If the plan sends out a revised notice due to a material change to the notice, it will reset the 3-year notice requirement.

HIPAA SPECIAL ENROLLMENT RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) requires special enrollment opportunities to be provided in certain situations. This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

If your employer is subject to HIPAA, special enrollment must be made available to you under this Plan in the following three situations:

1. A loss of eligibility for other health coverage (examples of reasons for loss of eligibility include legal separation, divorce, death of an employee, voluntary or involuntary termination or reduction in the number of hours of employment (with or without electing COBRA), exhaustion of COBRA, reduction in hours, "aging out" under other parent's coverage, and moving out of an HMO's service area);
2. The acquisition of a new spouse or dependent by marriage, birth, adoption or placement for adoption; and
3. Becoming eligible for a premium assistance subsidy under Medicaid or State Children's Health Insurance Program (CHIP), as required under the Children's Health Insurance Program Reauthorization Act (CHIPRA).

LOSS OF OTHER COVERAGE

If you are declining coverage 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).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

MARRIAGE, BIRTH OR ADOPTION

If you have a new dependent as a result of a 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, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

MEDICAID OR CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

FOR ALL SPECIAL ENROLLMENT RIGHTS

For any of these changes, it is the employee's responsibility to notify the Human Resources Department of any change in status within 30 (or 60 for Medicaid or CHIP, if applicable) days of the event. Requests for change which are submitted more than 30 (or 60 for Medicaid or CHIP, if applicable) days after the event will not be processed until the next open enrollment period.

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**. 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** 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** 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, 2025. Contact your state for more information on eligibility.

ALABAMA - MEDICAID
myalhipp.com/, 855-692-5447

ALASKA - MEDICAID
HIPP: myakhipp.com/, 866-251-4861, CustomerService@MyAKHIPP.com, Medicaid Eligibility: health.alaska.gov/dpa/

ARKANSAS - MEDICAID
myarhipp.com/, 855-MyARHIPP (855-692-7447)

CALIFORNIA - MEDICAID
HIPP: dhcs.ca.gov/hipp, 916-445-8322,

COLORADO - HEALTH FIRST COLORADO (COLORADO'S MEDICAID PROGRAM) & CHILD HEALTH PLAN PLUS (CHP+)
Health First: healthfirstcolorado.com/, 800-221-3943/State Relay 711, CHP+: hcpf.colorado.gov/child-health-plan-plus, 800-359-1991/State Relay

FLORIDA - MEDICAID
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html, 877-357-3268

GEORGIA - MEDICAID
HIPP: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp, 678-564-1162, Press 1, CHIPRA: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-

INDIANA - MEDICAID
HIPP: www.in.gov/fssa/dfr/, 800-403-0864, All other Medicaid: in.gov/medicaid/, 800-457-4584

IOWA - MEDICAID AND CHIP (HAWKI)
Medicaid: dhs.iowa.gov/ime/members, 800-338-8366, Hawki: dhs.iowa.gov/Hawki, 800-257-8563, HIPP: dhs.iowa.gov/ime/members/medicaid-a-to

KANSAS - MEDICAID
kancare.ks.gov/, 800-792-4884, HIPP: 800-967-4660

KENTUCKY - MEDICAID
KI-HIPP: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx, 855-459-6328, KIHIPP.PROGRAM@ky.gov, KCHIP: kynect.ky.gov, 877-524-4718, Medicaid: chfs.ky.gov/agencies/

LOUISIANA - MEDICAID
medicaid.la.gov or ldh.la.gov/lahipp, 888-342-6207 (Medicaid hotline) or 855-618-5488 (LaHIPP)

MAINE - MEDICAID
mymaineconnection.gov/benefits, 800-442-6003, TTY: Maine relay 711, Private Health Insurance Premium: maine.gov/dhhs/ofi/applications-forms, 800-977-6740, TTY: Maine relay 711

MASSACHUSETTS - MEDICAID AND CHIP
mass.gov/masshealth/pa, 800-862-4840, TTY: 711, masspremassistance@accenture.com

MINNESOTA - MEDICAID
https://mn.gov/dhs/health-care-coverage/, 800-657-3672

MISSOURI - MEDICAID
dss.mo.gov/mhd/participants/pages/hipp.htm, 573-751-2005

MONTANA - MEDICAID
dphhs.mt.gov/MontanaHealthcarePrograms/HIPP, 800-694-3084, HHSHIPPProgram@mt.gov

NEBRASKA - MEDICAID
ACCESSNebraska.ne.gov, 855-632-7633, Lincoln: 402-473-7000, Omaha: 402-595-1178

NEVADA - MEDICAID
dhcfp.nv.gov, 800-992-0900

NEW HAMPSHIRE - MEDICAID
dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program, 603-271-5218, HIPP: 800-852-3345, ext. 15218, DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY - MEDICAID AND CHIP
Medicaid: state.nj.us/humanservices/dmahs/clients/medicaid/, 800-356-1561
CHIP: njfamilycare.org/index.html
Premium Assistance Phone: 609-631-2392, CHIP Phone: 800-701-0710 (TTY: 711)

NEW YORK - MEDICAID
health.ny.gov/health_care/medicaid/, 800-541-2831

NORTH CAROLINA - MEDICAID
medicaid.ncdhhs.gov/, 919-855-4100

NORTH DAKOTA - MEDICAID
hhs.nd.gov/healthcare, 844-854-4825

OKLAHOMA - MEDICAID AND CHIP
insureoklahoma.org, 888-365-3742

OREGON - MEDICAID AND CHIP
healthcare.oregon.gov/Pages/index.aspx, 800-699-9075

PENNSYLVANIA - MEDICAID AND CHIP
pa.gov/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp, 800-692-7462, CHIP: pa.gov/agencies/dhs/resources/chip, 800-986-KIDS (5437)

RHODE ISLAND - MEDICAID AND CHIP
eohhs.ri.gov/, 855-697-4347 or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA - MEDICAID
scdhhs.gov, 888-549-0820

SOUTH DAKOTA - MEDICAID
dss.sd.gov, 888-828-0059

TEXAS - MEDICAID
hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program, 800-440-0493

UTAH - MEDICAID AND CHIP
UPP: upp@utah.gov, 888-222-2542, upp@utah.gov
Adult Expansion: medicaid.utah.gov/expansion/
Medicaid Buyout Program: medicaid.utah.gov/buyout-program/
CHIP: chip.utah.gov/

VERMONT - MEDICAID
dvha.vermont.gov/members/medicaid/hipp-program, 800-250-8427

VIRGINIA - MEDICAID AND CHIP
coverva.dmas.virginia.gov/learn/premium-assistance/famis-select, coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs, 800-432-5924

WASHINGTON - MEDICAID
hca.wa.gov/, 800-562-3022

WEST VIRGINIA - MEDICAID AND CHIP
dhhr.wv.gov/bms/, mywvhipp.com/
Medicaid: 304-558-1700, CHIP: 855-MyWVHIPP (855-699-8447)

WISCONSIN - MEDICAID AND CHIP
dhs.wisconsin.gov/badgercareplus/p-10095.htm, 800-362-3002

WYOMING - MEDICAID
health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/, 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
1-877-267-2323, Option 4, ext. 61565