

## Legal Notices About Your Benefits

### You do not need to take action on these notices.

CommonSpirit Health<sup>®</sup> is required by law to provide the following about your benefits. It's provided for informational purposes only. We recommend you carefully read this document and file it in a safe place for future use, if needed. *If you have any questions or would like additional information about the benefit plans, contact your local HR representative.*

### Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

For congregations, the SBC is available at <http://chibenefitplans.net>. A paper copy is also available, free of charge, by contacting your local HR representative.

For COBRA participants, the SBC is available at <https://cobra.ehr.com>. You may request a paper copy by contacting BenefitConnect | COBRA at 1.877.292.6272.

### Important Information about the Notice on Health Insurance Marketplace Coverage Options

The Patient Protection and Affordable Care Act ("Affordable Care Act"), also known as health care reform, was enacted in March 2010. One of the provisions of the Affordable Care Act is the Marketplace options.

The Marketplace notice provides you with instructions on how to access information about the Marketplace options.

For congregations, the Marketplace notice is available online at <http://chibenefitplans.net>. A paper copy is also available, free of charge, by contacting your local HR representative.

For COBRA participants, the Marketplace notice is available at <https://cobra.ehr.com>. You may request a paper copy by contacting BenefitConnect | COBRA at 1.877.292.6272.

You are encouraged to visit [www.healthcare.gov](http://www.healthcare.gov) to obtain important information that could apply to you regarding the Affordable Care Act and the Marketplace options where consumers can shop for insurance.

Keep in mind, if you decide to enroll in one of the Marketplace options, you will pay the full cost. CommonSpirit Health will not contribute toward your coverage through the Marketplace.

If you have questions, call 800.318.2596 (TTY: 855.889.4325) or visit [www.healthcare.gov](http://www.healthcare.gov).

*See inside for additional legal notices.*

## **Important Notice from CommonSpirit Health About Your Prescription Coverage and Medicare**

If you qualify for Medicare, please read and keep this important notice. This notice has information about your current prescription drug coverage under the CommonSpirit Health Medical Plan 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. 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. CommonSpirit Health has determined that the prescription drug coverage offered by the CommonSpirit Health Medical Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage. Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep your existing coverage and will not pay extra if you later decide to enroll in Medicare prescription drug coverage. Read this notice carefully – it explains your options.

### **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 15 through December 7. 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 to join a Medicare drug plan. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans will provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

### **What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?**

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. In addition, your current coverage pays for other health expenses, in addition to prescriptions, and you will still be eligible to receive all your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

However, if you decide to join a Medicare drug plan, and you are enrolled in the CommonSpirit Health High Deductible Health Plan with HSA (if eligible), when you begin receiving Medicare benefits, you will no longer be eligible to contribute to your health savings account.

If you do decide to join a Medicare drug plan and drop your current CommonSpirit Health coverage, be aware that you and your dependents will not be able to change your election until the next annual enrollment period unless you experience a change in status as defined by the Internal Revenue Service.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You can choose to join a Medicare prescription drug plan later without paying a penalty as long as you don't go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage.

Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (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 Your Current Prescription Drug Coverage...**

Please contact the Capital Rx Customer Service Team at 844.306.6254.

### **For More Information About This Notice...**

See your local Human Resources representative. You may receive this notice at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage or if this coverage changes.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

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](http://www.medicare.gov) or 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; or
- 800-MEDICARE (800.633.4227). TTY users should call 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](http://www.socialsecurity.gov), or call 800.772.1213 (TTY 800-325-0778).

Date: October 2023

Name of Entity/Sender: CommonSpirit Health  
3900 Olympic Boulevard, Suite 300  
Erlanger, KY 41018-1099

### **Special Enrollment Rights**

If you are declining enrollment 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 the CommonSpirit Health ERISA Welfare Benefit Plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards your or your dependents' other coverage). However, you must request enrollment 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within the following timeframes:

- 31 days of the wedding date
- 60 days of the birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your local HR representative.

### **Health Insurance Portability and Accountability Act of 1996**

HIPAA provides for protection of personal health information and stipulates who may have access to the information. Protected health information includes identifiable information about you and your covered dependents, and your patient records.

Protected health information can only be used or disclosed for purposes of Plan operation or benefits delivery or with the consent or authorization of the individual. The Plan administrator may grant access to protected health information only as necessary to fulfill its obligations to the Plan. In no way may protected health information be disclosed for employment purposes. In addition, you have the right to request a copy of your health information and may make changes to correct errors. You may also request an accounting of all disclosures of your protected health information.

For anyone outside of the congregations, contact your local HR representative for a copy of the CommonSpirit Health Notice of Health Information Privacy Practices. For congregations, the HIPAA notice is available at <http://chibenefitplans.net>.

The CommonSpirit Health Notice of Health Information Privacy Practices is also available to you upon your request and may be obtained by writing to your local HR office.

For COBRA participants, the Notice of Health Information Privacy Practices is available at <https://cobra.ehr.com>. You may request a paper copy by contacting by contacting BenefitConnect | COBRA at 1.877.292.6272.

### **Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994**

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

### **Reemployment Rights**

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed services and you:

- Ensure your employer receives advance written or verbal notice of your service;
- Have five years or less of cumulative service in the uniformed services while with your employer;
- Return to work or apply for reemployment in a timely manner after conclusion of service; and
- Have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

### **Right to be Free From Discrimination and Retaliation,**

If you:

- Are a past or present member of the uniformed services;
- Have applied for membership in the uniformed services; or
- Are obligated to serve in the uniformed services, then an employer may not deny you initial employment; reemployment; retention in employment; promotion; or any benefit of employment, because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

### **Health Insurance Protection**

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

### **Enforcement**

The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 866-4-USA-DOL or visit its Web site at [www.dol.gov/vets](http://www.dol.gov/vets). An interactive online USERRA advisor can be viewed at <https://webapps.dol.gov/elaws/vets/userra/>. If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice for representation. You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA. The rights listed here may vary depending on the circumstances. This notice was prepared by VETS, and may be viewed on the Internet at [www.dol.gov/vets/programs/userra/poster.htm](http://www.dol.gov/vets/programs/userra/poster.htm).

### **Women's Health and Cancer Rights Act of 1998 (WHCRA)**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. all stages of reconstruction of the breast on which the mastectomy was performed;
2. surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. prostheses, and
4. treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on your benefits, please contact the CommonSpirit Health Medical Plan Customer Service Team. The toll-free phone number can be found on your CommonSpirit Health Medical Plan ID card.

### **Summary Annual Report for the CommonSpirit Health ERISA Welfare Plan**

This is a summary annual report of the CommonSpirit Health ERISA Welfare Benefit Plan (the "Plan"), EIN 47-0617373, a single-employer welfare benefit plan, for the Plan year ending December 31, 2022. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 ("ERISA"). CommonSpirit Health has committed to pay all health (excluding vision) claims incurred under the terms of the Plan. CommonSpirit Health sponsors a long-term disability program that during 2022 was insured through Lincoln Financial Group. For the year ending December 31, 2022, CommonSpirit Health paid \$13,152,305 in premiums to Lincoln Financial Group.

### **Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. Financial information and information on payments to service providers are included in the full annual report. To obtain a copy of the full annual report, or any part thereof, write or call the office of the

Director of Health and Welfare Plans, 3900 Olympic Boulevard, Suite 300, Erlanger, Kentucky 41018- 1099, 859.594.3000. The charge to cover copying costs will be \$1.50 for the full annual report, or \$.25 per page for any part thereof. You also have the legally protected right to examine the annual report at the main office of the Plan, CommonSpirit Health, 198 Inverness Drive West, Englewood, CO 80112, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to Public Disclosure Room, Room N5638, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

### Medicaid and the Children’s Health Insurance Program (CHIP)

#### *Offer Free or Low-Cost Health Coverage to Children and Families*

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](http://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](http://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](http://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, 2023. Contact your state for more information on eligibility.

State	Phone	Website
Alabama – Medicaid	1.855.692.5447	Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>
Alaska – Medicaid	1.866.251.4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
Arkansas – Medicaid	1.855.MyARHIPP (1.855.692.7447)	Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>
California – Medicaid	Phone: 916.445.8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a>
Colorado – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	Health First Colorado Member Contact Center: 1.800.221.3943 /State Relay 711 CHP+ Customer Service: 1.800.359.1991 /State Relay 711 HIBI Customer Service: 1.855.692.6442	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>

State	Phone	Website
Florida – Medicaid	1.877.357.3268	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a>
Georgia – Medicaid	A HIPP 1.678.564.1162, Press 1  GA CHIPRA 1.678.564.1162, Press 2	GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>
Indiana – Medicaid	Healthy Indiana Plan for low-income adults 19-64: 1.877.438.4479  All other Medicaid: 1.800.457.4584	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>
Iowa – Medicaid and CHIP (Hawki)	Medicaid: 1.800.338.8366  Hawki: 1.800.257.8563  HIPP: 1.888.346.9562	Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>
Kansas – Medicaid	Phone: 1.800.792.4884 HIPP Phone: 1.800.967.4660	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>
Kentucky – Medicaid	Phone: 1.855.459.6328  Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a>  Phone: 1.877.524.4718	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihhip.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihhip.aspx</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>
Louisiana – Medicaid	Phone: 1.888.342.6207 (Medicaid hotline) or Phone: 1.855.618.5488 (LaHIPP)	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>
Maine – Medicaid	Enrollment: 1.800.442.6003 TTY: Maine relay 711  Private Health Insurance Premium: 1.800.977.6740 TTY: Maine relay 711	Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>
Massachusetts – Medicaid and CHIP	Phone: 1.800.862.4840 TTY: 711  Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>

State	Phone	Website
Minnesota – Medicaid	1.800.657.3739	Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>
Missouri – Medicaid	1.573.751.2005	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>
Montana – Medicaid	Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>
Nebraska – Medicaid	Phone: 1.855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>
Nevada – Medicaid	Phone: 1.800.992.0900	Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>
New Hampshire – Medicaid	Phone: 1.603.271.5218 Toll free number for the HIPP program: 1.800.852.3345, ext. 5218	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>
New Jersey – Medicaid and CHIP	Medicaid Phone: 1.609.631.2392  CHIP Phone: 1.800.701.0710	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>
New York – Medicaid	Phone: 1.800.541.2831	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>
North Carolina – Medicaid	Phone: 1.919.855.4100	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>
North Dakota – Medicaid	1.844.854.4825	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>
Oklahoma – Medicaid and CHIP	1.888.365.3742	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>
Oregon – Medicaid	1.800.699.9075	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>
Pennsylvania – Medicaid	Phone: 1.800.692.7462  CHIP Phone: 1.800.986.KIDS (5437)	Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>  CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
Rhode Island – Medicaid and CHIP	Phone: 1.855.697.4347, or Phone: 401.462.0311 (Direct RlTe Share Line)	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>
South Carolina Medicaid	Phone: 1.+888.549.0820	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>

State	Phone	Website
South Dakota – Medicaid	Phone: 1.888.828.0059	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>
Texas – Medicaid	1.800.440.0493	Website: Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services
Utah – Medicaid and CHIP	1.877.543.7669	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>
Vermont – Medicaid	1.800.250.8427	Website: Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access  <a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a>
Virginia – Medicaid and CHIP	Medicaid: 1. 833.522.5582  CHIP: 1. 833.522.5582	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>  Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>
Washington – Medicaid	1.800.562.3022	<a href="https://www.hca.wa.gov">https://www.hca.wa.gov</a>
West Virginia – Medicaid	Medicaid: 304.558.1700  CHIP Toll.free phone: 1.855.MyWVHIPP (1.855.699.8447)	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>
Wisconsin – Medicaid and CHIP	Phone: 1.800.362.3002	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>
Wyoming – Medicaid	Phone: 1.800.251.1269	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services [www.cms.hhs.gov](http://www.cms.hhs.gov)  
1.877.267.2323, Menu Option 4, Ext. 61565