

Annual Notice Information

Effective Beginning January 1, 2024

THIS PACKET CONTAINS THE FOLLOWING IMPORTANT NOTICES REGARDING HEALTH AND WELFARE BENEFIT PLAN COVERAGE SPONSORED BY COLONIAL PIPELINE:

- Medicare Part D Creditable Prescription Drug Coverage Notice;
- The Health Plan's Notice of Privacy Rights required by HIPAA's privacy rules;
- Women's Health and Cancer Rights Act Notice;
- Special Enrollment Rights Notice
- CHIPRA notice regarding premium assistance provided by various States

IMPORTANT NOTICE FROM COLONIAL PIPELINE COMPANY 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 prescription drug coverage provided by the group medical options under the Colonial Pipeline Company Welfare Benefit Plan (the "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. If you are considering joining, you should compare the coverage provided by the Plan, 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 prescription drug coverage under the Plan 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 HMOT 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. Colonial Pipeline Company has determined that the prescription drug coverage offered by the 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 through 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-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 coverage under the Plan will not be affected. A description of the prescription drug coverage offered by the Plan can be found in the Plan's summary plan description.

If you do decide to join a Medicare drug plan and drop your current coverage under the Plan, be aware that you and your dependents may not be able to get this coverage back unless you enroll during annual enrollment, during a HIPAA special enrollment period or you experience another event that would permit you to enroll in this coverage during the plan year.

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 under the Plan and do not 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 prescription drug coverage that is Creditable 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 19 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...

Contact the person listed below for further information. **NOTE:** You will get this notice each year during the Plan's open enrollment period. You will also get it if the prescription drug coverage under the Plan changes. You also may request a copy of this notice at any time.

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. If you are eligible for Medicare, you will 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).

Date:	Beginning October 2023
Name of Entity/Sender:	Colonial Pipeline Company
Contact--Office:	Total Rewards Department
Address:	1000 Lake Street Alpharetta, GA 30009
Phone Number:	Benefits Manager 678-239-5335 Benefits Administrator 678-231-5880

Colonial Pipeline Company

Welfare Benefit Plan

NOTICE OF PRIVACY PRACTICES EFFECTIVE BEGINNING SEPTEMBER 23, 2013 (AND UNTIL AMENDED)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE REPLACES ALL NOTICES WITH A PRIOR EFFECTIVE DATE.

Your group health plan maintains a Notice of Privacy Practices that describes how the plan, and those that administer the plan, can and will use your protected health information ("PHI"). You received a copy of the notice when you first enrolled in the plan. You can access an electronic copy of the notice at <http://colonialhome.colpipe.com/hr> or you can request a paper copy by calling the Benefits Manager 678-239-5335 or Benefits Administrator 678-231-5880.

Why am I Receiving this Notice?

Colonial Pipeline Company (the "Company") sponsors the Colonial Pipeline Company Welfare Benefit Plan (the "Plan"), which offers an array of welfare benefits to certain Colonial Pipeline Company employees, which may include medical (including wellness), prescription drug, dental, vision and health care flexible spending account programs, as well as an EAP ("health benefits"). The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and the rules to carry out this law ("Privacy Rules"), require health plans to notify participants and beneficiaries about the policies and practices the Plan has adopted to protect the confidentiality of their health information, including health care payment information.

This Notice describes the privacy policies of the portion of the Plan that provides the health benefits. These policies protect medical information relating to your past, present and future medical conditions, health care treatment and payment for that treatment that is created, received by, or maintained by the Plan ("Protected Health Information" or "PHI").

This Notice does not cover:

- Health information that does not identify you and for which there is no reasonable basis to believe that the information could be used to identify you; or
- Health information that is not maintained by or on behalf of the group health plan such as information collected and kept as part of your employment records (e.g., pre-employment physicals, drug testing, fitness for duty examinations, etc.).

The Plan is required to maintain the privacy of PHI in accordance with HIPAA (as summarized herein), provide this Notice to covered individuals, and notify affected individuals following a "breach" of unsecured PHI (as defined by HIPAA). In general, the Plan may only use and/or disclose your PHI where required or permitted by law or when you authorize the use or disclosure. The Plan may also only use the minimum amount of your PHI that is necessary to accomplish the intended purpose of the use or disclosure as permitted by HIPAA. The privacy laws of a particular state or other federal laws might impose a stricter privacy standard than HIPAA. If these stricter laws apply, the Plan will comply with the stricter law to the extent such laws are not otherwise preempted.

Some health benefits are provided through insurance issued by an insurance carrier. If you are enrolled in any insured arrangement, including any insured HMO option under the Plan, you will receive a separate privacy notice from your insurer or HMO. That notice applies to the insurer's privacy practices under that option.

When Can and Will the Plans Use or Disclose My PHI without my authorization?

The Plans must:

- Give your PHI to you or your personal representative (as contemplated by HIPAA) when you ask for information;
- Give your PHI to the U.S. Department of Health and Human Services ("DHHS"), if necessary, to make sure your privacy is protected; and
- Use or give out your PHI where otherwise required by applicable law.

The Plan and the individuals who administer them may use, receive, or disclose your PHI for the following purposes:

- **Treatment.** The Plan does not provide medical treatment directly, but it may disclose your PHI to a health care provider

who is giving treatment. For example, the Plan may disclose the types of prescription drugs you currently take to an emergency room physician, if you are unable to provide your medical history due to an accident.

- **Payment.** The Plan may disclose your PHI, as needed, to pay for your health benefits. For example, receiving claims or bills from your health care providers, processing payments, sending explanations of benefits (“EOBs”), precertifying hospital admissions or otherwise reviewing the medical necessity of services, conducting claims appeals and coordinating benefit payments under the Plan.
- **Health Care Operations.** The Plan may use and disclose your PHI to make sure the Plan is well run, administered properly, and does not waste money. For example, the Plan may use information about your claims to project future benefit costs or audit the accuracy of its claims processing functions. The Plan may also disclose your PHI for a claim under a stop-loss or re-insurance policy. Among other things, the Plan may also use your PHI to undertake underwriting, premium rating and other insurance activities relating to changing health insurance contracts or health benefits. However, federal law prohibits the Plan from using or disclosing PHI that is genetic information (e.g. family medical history) for underwriting purposes which include eligibility determinations, calculating premiums, application of any pre-existing conditions, exclusions and any other activities related to the creation, renewal, or replacement of a health insurance contract or health benefits. NOTE: The Plan will not use or disclose “genetic information” (as defined in 45 C.F.R. 160.103) for purposes of underwriting.
- **Treatment Alternatives of Health-Related Benefits and Services.** The Plan may use and disclose your PHI to provide you with appointment (or treatment) reminders, information about treatment alternatives, or information about other health-related benefits and services that may be of interest to you.
- **Business Associates.** Our Plan contracts with other businesses for certain administrative services. These “business associates” maintain and use most of the PHI under the Plan and must agree in writing to protect the privacy of your information. In addition to performing services for the Plan, business associates may use PHI for their own management and legal responsibilities, for purposes of aggregating data for Plan design and for other health care operations.
- **To the Company.** In certain cases, the Plan, insurers, or HMOs may disclose your PHI to the Company.
 - Some of the people who administer the Plan work for the Company. Before your PHI (other than Summary Health and Enrollment Information) can be used by or disclosed to these Company employees, the Company must certify that it has: (1) amended the Plan documents to explain how your PHI will be protected; (2) identified the Company employees who need your PHI to carry out their duties to administer the Plan; and (3) separated the work of these employees from the rest of the workforce so that the Company cannot use your PHI for employment-related purposes or to administer other benefit plans. For example, these designated employees will be able to contact an insurer or third-party administrator to find out about the status of your benefit claims without your specific authorization.
 - The Plan may disclose information to the Company that summarizes the claims experience of Plan participants as a group, but without identifying specific individuals, to get new benefit insurance or to change or terminate the Plan (Summary Health Information). For example, if the Company wants to consider adding or changing organ transplant benefits, it may receive this summary health information to assess the costs of those services.
 - The Plan may also disclose limited health information to the Company in connection with the enrollment or disenrollment of individuals into or out of the Plan (“Enrollment Information”). In addition, Enrollment Information maintained by the Company in connection with enrollment is not considered PHI.
- **Other Covered Entities.** The Plan and their business associates may disclose PHI to certain other entities (including other health plans and health care providers) for the other entity’s treatment, payment, or health care operations purposes.
- **To Individuals Involved with Your Care or Payment for Your Care.** The Plan may disclose your PHI to adult members of your family or another person identified by you who is involved with your care or payment for your care if: (1) you authorize the Plan to do so; (2) the Plan informs you that it intends to do so and you do not object; or (3) the Plan infers from the circumstances, based upon professional judgment, that you do not object to the disclosure. The Plan will, whenever possible, try to get your written objection to these disclosures (if you wish to object), but in certain circumstances it may rely on your oral agreement or disagreement to disclosures to family members.
- **To Personal Representatives.** The Plan may disclose your PHI to someone who is your personal representative. Before the Plan will give that person access to your PHI or allow that person to take any action on your behalf, it will require him/her to give proof that he/she may act on your behalf; for example, a court order or power of attorney granting that person such power. Generally, the parent of a minor child will be the child’s personal representative. In some cases, however, state law allows minors to obtain treatment (e.g., sometimes for -pregnancy or -substance abuse) without parental consent, and in those cases the Plan may not disclose certain information to the parents. The Plan may also deny a personal representative access to PHI to protect people, including minors, who may be subject to abuse or neglect.

Under What Other Circumstances Will my PHI be Used or Disclosed Without my Authorization?

The Plan is also permitted to use or disclose your PHI in the following circumstances:

- For certain required public health activities (such as reporting disease outbreaks);
- To prevent serious harm to you or other potential victims, where abuse, neglect or domestic violence is involved;
- To a health oversight agency for oversight activities authorized by law;
- For judicial or administrative proceedings (such as in response to a court order or subpoena and discovery request, but only if the Plan has received adequate assurances that the information to be disclosed will be protected);
- For a law enforcement purpose to a law enforcement official (such as providing limited information to locate a missing person);
- To a coroner, medical examiner, or funeral director;
- For certain organ, eye, or tissue donations;
- For research studies (such as research related to the prevention of disease or disability) that meet all privacy law requirements;
- To avert a serious threat to the health or safety of you or any other person;
- For specified government functions, such as intelligence activities;
- To the extent necessary to comply with laws and regulations related to workers' compensation or similar programs;
- To organizations engaged in emergency and disaster relief efforts for emergencies or disaster relief; and
- When otherwise required by law.

These uses and disclosures may be subject to special legal requirements.

What if the Circumstances Described Above do not Apply?

If the circumstances described above do not apply, the Plan may not use or disclose your PHI unless you authorize the use or disclosure in writing on a prescribed form. For example, an authorization is required in the following instances: (i) any use or disclosure of psychotherapy notes except as otherwise permitted in 45 C.F.R. 164.508(a)(2); (ii) any use or disclosure for "marketing" except as otherwise permitted in 45 C.F.R. 164.508(a)(3); (iii) any disclosure which constitutes a sale of PHI. You may take back your written authorization at any time, except if the Plan has already acted based on your authorization. You may not, however, cancel your authorization if it was obtained as a condition for obtaining insurance coverage and if your cancellation will interfere with the insurer's right to contest your claims for benefits under the insurance policy. You may obtain an authorization form by contacting the Plan's Information Contact or your local Human Resources representative.

If you have questions or a problem relating to a claim, a network provider or other health care matter, you will generally be directed to a contact person with the relevant business associate to resolve the matter.

What are my Individual Rights with Respect to my PHI?

You have the right to:

- **Copy or Access Your PHI.** See and get a copy of the PHI held by the Plan; except for information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. Your request should be made in writing. If the Plan or a Business Associate maintains electronic records of your PHI, you may request an electronic copy of your PHI. Certain cost-based fees may apply. The Plan may deny you access to your PHI in the Plan's records. You may, under some circumstances, request a review of that denial.
- **Amend.** Request that the Plan amend your PHI or record if you believe the information is incorrect or incomplete. The Plan may deny your request if the information in its records: (1) was not created by the Plan; (2) is not part of the Plan's records; (3) would not be information to which you would have a right of access; or (4) is deemed by the Plan to be complete and accurate as it then exists.
- **Accounting of Disclosures.** At your request, the Plan must provide you with the Plan's disclosures of your PHI made within the six-year period before your request, except for disclosures made:
 - For purposes of treatment, payment, or health care operations;
 - Directly to you or close family members involved in your care;
 - For purposes of national security;
 - Incidental to otherwise permitted or required disclosures;
 - As part of a limited data set;
 - To correctional institutions or law enforcement officials; and
 - With your express authorization.

You may request one accounting, which the Plan must provide at no charge, within a single 12-month period. If you request more than one within the same 12-month period, the Plan may charge you a reasonable fee.

- **Paper Copy of This Notice.** Get a paper copy of this Notice at any time.
- **Request Restrictions on Uses and Disclosures of Your PHI.** Request the Plan to limit how it uses and gives out your PHI. You will be required to provide specific information as to the disclosures that you wish to restrict and the reasons for your request. Please note that the Plan may not be able to agree to your request. A restriction cannot prevent uses or disclosures that are required by the Secretary of DHHS to determine or investigate the Plan's compliance with the Privacy Rules or that otherwise are required by law. You may also request that your health care provider not disclose your PHI for a health care item or service to the Plan for payment or health care operations if you have paid for the item or service out-of-pocket in full. Please note if your health care provider does not disclose the item or service to the Plan, the amount you paid for the item or service will not count toward your annual deductible or any out-of-pocket maximums under the Plan. The provider may also charge you the out-of-network rate for the item or service.
- **Request Restrictions and Confidential Communications.** Request that the Plan's confidential communications of your PHI be sent to you at another location or by alternative means. The Plan will accommodate your request if it is reasonable, and you state clearly that the Plan's ordinary communication process could endanger you. Any alternative used must still allow for payment information to be effectively communicated and for payments to be made.

As most of your PHI under the Plan is held by a claim administrator or insurance carrier, you may wish to contact that entity directly to exercise your individual rights. To exercise your individual rights with respect to enrollment and other information, you should contact the Plan's Information Contact. Certain administrative or other rules may apply to these individual rights.

How Do I Make a Complaint If I Think My Rights Have Been Violated?

You may file a complaint with the Plan's Information Contact and with the Secretary of DHHS if you believe the Plan has violated your privacy rights. If your complaint is with an insurer, you may file a complaint with the individual named in their Notice of Privacy Practices to receive complaints. If your complaint is with the Plan, you may submit your complaint to the Information Contact at the address at the end of this Notice.

To file a complaint with the Secretary of the DHHS, you must submit your complaint in writing, either on paper or electronically, within 180 days of the date you knew or should have known that the violation occurred. You must state who you are complaining about and the acts or omissions you believe are violations of the Privacy Rules. Complaints sent to the Secretary must be addressed to the regional office of the DHHS' Office of Civil Rights (OCR) for the state in which the alleged violation occurred. For information on which regional office at which you must file your complaint, and the address of that regional office, go to the OCR Web site at <http://www.hhs.gov/ocr/hipaa/>. You will not be retaliated against for filing a complaint.

Who is the Plan's Information Contact?

If you have any questions about this Notice, please contact the Information Contact:

Colonial Pipeline Company
Total Rewards Department
 1000 Lake Street
 Alpharetta, GA 30009
Phone: Benefits Manager 678-239-5335 or Benefits Administrator 678-231-5880

How Can This Notice be changed?

The Plan reserves the right to change the terms of this Notice with respect to its privacy and information practices and to make the new provisions effective for all PHI it maintains. Any revisions to the Notice, or an amended Notice, will be provided to you electronically or on paper, as appropriate.

WHCRA Notice

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:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and

- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the deductibles and coinsurance as noted in your Summary Plan Description may apply. If you would like more information on WHCRA benefits, call your plan administrator at Colonial Pipeline Company, Benefits Manager 678-239-5335, or Benefits Administrator 678-231-5880.

Special Enrollment Notice

You and your eligible dependents may enroll in the medical benefit program offered under the Colonial Pipeline Company Welfare Benefit Plan (the “Plan”) under the following circumstances.

- **Individuals Losing Other Coverage.** If you declined coverage under the medical benefit program when it was first available because of other health coverage, and that coverage is later lost on account of:
 - exhaustion of COBRA continuation coverage,
 - Lost Eligibility for Other Coverage, or
 - termination of employer contributions towards the other coverage,

You and your eligible dependents may enroll in the medical benefit program within 31 days of the date you lost that other coverage.

“Lost Eligibility for Other Coverage” includes a loss of other health coverage as a result of your legal separation or divorce, a dependent’s loss of dependent status, death, termination of employment or reduction in number of hours of employment, or you no longer reside, live or work in the service area of a health maintenance organization in which you participated. You must request enrollment within 31 days of the event. If you do, the requested coverage will be effective as described in the Welfare Benefits Plan Summary Plan Description.

- **New Eligible Dependents.** If you initially declined enrollment for yourself or your eligible dependents and you later have a new eligible dependent because of marriage, birth, adoption, or placement for adoption, you may enroll yourself and your new eligible dependents (including an eligible dependent spouse if you have a new eligible dependent child), as long as you request enrollment within 31 days of the marriage, birth, adoption, or placement for adoption. For example, if you and your eligible dependent spouse have a child, you may enroll yourself, your eligible dependent spouse, and your new child in the medical benefit program, even if you were not previously enrolled. You will not, however, be able to enroll existing eligible dependent children for whom coverage has been waived in the past. For birth, adoption, or placement for adoption, your or your eligible dependent’s participation will start as of the date of the birth, adoption, or placement for adoption, as long as you timely requested enrollment. You must request enrollment within 31 days of the event. If you do, the requested coverage will be effective as described in the Welfare Benefits Plan Summary Plan Description. .
- **Medicaid and CHIP.** If you or your eligible dependent children are eligible for, but not enrolled in, the medical benefit program and you or your eligible dependent children:
 - Lose coverage under Medicaid or a State child health plan (“CHIP”), or
 - Become eligible for a premium assistance subsidy through Medicaid or CHIP, you and your eligible dependent children may enroll in the medical benefit program. You must request enrollment within 61 days of the event. If you do, the requested coverage will be effective as described in the Welfare Benefits Plan Summary Plan Description.

These 31-day and 61-day periods are “Special Enrollment Periods.”

To request special enrollment or obtain more information, contact:

Colonial Pipeline Company
Total Rewards Department

1000 Lake Street

Alpharetta, GA 30009

Phone: Benefits Manager 678-239-5335 or Benefits Administrator 678-231-5880

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 are 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 are not eligible for Medicaid or CHIP, you will not 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 are not 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, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid

<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofl/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid

Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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
1-866-444-EBSA (3272)

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)