

MICHIGAN CARPENTERS' FRINGE BENEFIT FUNDS

Michigan Carpenters' Health Care Fund
Michigan Carpenters' Pension Fund

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

August 2023

To: **ALL PLAN PARTICIPANTS AND THEIR COVERED DEPENDENTS**
MICHIGAN CARPENTERS' HEALTH CARE FUND

Dear Plan Participant:

We have attached the following Important Notices and Annual Report for your review. These Notices and Report are required to be mailed to each Plan Participant annually as provided by the Employee Retirement Income Security Act of 1974 (ERISA):

- Summary Annual Report for the Health Care Fund Pages 2 – 3
- Important Notice regarding Motor Vehicle Accident
Coordination of Benefits Page 4
- Notice of Privacy Policy Page 5
- Important Information for all Medicare Beneficiaries who are also
Participants of the Health Care Plan Pages 6 – 8
- Women's Health and Cancer Rights/Newborns' And Mothers'
Health Protection Notice Page 9
- Premium Assistance Under Medicaid and the Children's Health Insurance
Program (CHIP) Pages 10 – 14

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 6-8 for more details.

If you have any questions, please contact your Local Union office or the Fund Office.

Sincerely,

Board of Trustees
Michigan Carpenters' Health Care Fund

SUMMARY ANNUAL REPORT

This is a summary of the Annual Report of the Michigan Carpenters' Health Care Fund, Employer Number 38-6058383, Plan No. 501, for the period September 1, 2021 through August 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).

The Board of Trustees has committed itself to pay certain medical, surgical and other health care claims incurred under the terms of the Plan.

INSURANCE INFORMATION

The Plan has a Stop Loss Insurance contract with Blue Cross Blue Shield of Michigan to pay claims incurred under the terms of the Plan. The total premiums paid for the Plan Year ending August 31, 2022 were \$341,757.

BASIC FINANCIAL STATEMENT

The value of Plan Assets, after subtracting Liabilities of the Plan, was \$6,093,341 as of August 31, 2022, compared to \$4,355,495 as of September 1, 2021. During the Plan Year, the Plan experienced an increase in its Net Assets of \$1,737,846. This increase includes unrealized appreciation in the value of Plan Assets; that is, the difference between the value of the Plan's Assets at the end of the year and the value of the Assets at the beginning of the year or the cost of the Assets acquired during the year. During the current Plan Year, the Plan had Total Income of \$24,255,287, including Employer Contributions of \$20,491,744, Employee Contributions of \$4,576,915, realized loss of \$129,701 from the sale of assets and Losses from Investments of \$688,914 and Other Income of \$5,243.

Plan expenses were \$22,517,441. These expenses included \$2,351,149 in Administrative Expenses (*see Schedule A*) and \$20,166,292 in benefits paid or incurred on behalf of Participants and Beneficiaries.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full Annual Report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Financial information and information on payments to service providers;
3. Assets held for investment;
4. Transactions in excess of 5% of plan assets; and
5. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full Annual Report, or any part thereof, write or call the office of the Board of Trustees, Michigan Carpenters' Health Care Fund, 6525 Centurion Drive; Lansing, MI 48917 or at Toll Free (800) 273-5739 or (517) 321-7502. The charge to cover copying costs will be \$5.00 for the full Annual Report or twenty-five cents per page for any part thereof.

You also have the right to receive from the Plan Administrative Manager, on request and at no charge, a statement of the Assets and Liabilities of the Plan and accompanying notes, or a statement of Income and Expenses of the Plan and accompanying notes, or both. If you request a copy of the full Annual Report from the Plan Administrative Manager, these two statements and accompanying notes will be included as part of that Report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the Report because these portions are furnished without charge.

You also have the legally protected right to examine the Annual Report at the main office of the Plan (Board of Trustees, Michigan Carpenters' Health Care Fund, 6525 Centurion Drive; Lansing, MI 48917), at any other location where the report is available for examination, 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, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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 ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

Schedule A: Administrative Expenses

Administrative manager's fee: *			
Basic	\$500,070	Audit fee	\$28,250
Supplement to Medicare	79,000	Member communications	39,346
Flex benefits	57,600	Bank service charges	22,528
Other	<u>7,554</u>	Actuarial fee	13,000
	644,224	Trustee and fiduciary liability	
Claims administration fee	1,225,126	insurance and bonding	15,965
Payroll audit fees	106,743	Conference and meetings	6,826
Legal fees	37,832	Notice to participants	4,662
Printing and miscellaneous	76,926	Forms 5500 & 990 preparation fee	2,000
Computer processing costs	49,576	Educational foundation dues	1,520
Collection fees and expenses	45,748	ERISA reporting costs	1,320
Investment expense	28,768	Telephone	<u>789</u>
			<u>\$2,351,149</u>

*Includes rent, equipment, staffing, regular postage, computer services, etc.

**IMPORTANT NOTICE REGARDING
MOTOR VEHICLE ACCIDENT COORDINATION OF BENEFITS**

As a reminder, the Michigan Carpenters' Health Care Fund *does not provide for any coverage for Motor Vehicle related accidents or incidents*. The Fund will totally and completely exclude coverage for any claim arising out of an auto or other vehicular related accident or incident.

To make certain that you have health care coverage if you have a vehicular accident/incident, you should check with your automobile insurance agent and/or insurance carrier to make sure that you are covered under your automobile policy "first and completely" for any claim arising out of a vehicular related accident or incident. You should make it perfectly clear to your agent or carrier that the Fund excludes such coverage from its Schedule of Benefits. Thus it is imperative that your policy has the proper coverage to protect you and your dependents.

In addition to the coverage noted above, the following also applies. The Michigan Carpenters' Health Care Fund will be secondary to motorcycle insurance when services are provided to treat an injury or condition that is a result of a motorcycle accident or incident that is not a motor vehicle accident when the Participant carries motorcycle insurance, regardless of whether a helmet was worn by the driver and/or passenger.

In no event will benefits be covered for an injury or condition of a Participant who rides without a helmet and is injured in a non-motor vehicle accident until after the first \$20,000 of expenses is paid by the motorcycle insurance carrier with respect to Participant riders who are required by Public Act 98 to carry motorcycle insurance.

This modification applies whether or not the member has "no-fault automobile insurance". Claims for injuries or conditions of any kind resulting out of a motor vehicle accident, including but not limited to, such claims by members riding motorcycles, remain, excluded by the group health plan. This modification does not change or alter that exclusion.

If you have any questions regarding these changes, please do not hesitate to contact the Fund Office.

NOTICE OF HIPAA PRIVACY POLICY

This Notice is intended to confirm that the Fund complies with the Privacy Regulations issued under the Health Insurance Portability and Accountability Act (HIPAA). The law restricts the use and disclosure of the non-public "protected health information" of the Participant and the Participant's covered dependents, if any, with regard to benefits provided under the Fund's group health plan. That protected health information can generally be disclosed only by the Fund, its vendors and the Participant's/dependent's health care provider(s) only if necessary for the payment of claims, treatment of illness or other health care operations, including the administration of health care benefits, as permitted by law and the HIPAA Privacy Regulations.

Blue Cross Blue Shield of Michigan and Blue Care Network may issue separate Notices of Privacy Policies and Practices.

For a complete copy of the Fund's Notice of Privacy Policy, write or call the Fund Office at the address and telephone number and listed below:

Michigan Carpenters' Health Care Fund

6525 Centurion Drive
Lansing, MI 48917-9275

Telephone (517)321-7502
Toll Free (877)876-9357
Fax 517-321-7508

**IMPORTANT INFORMATION FOR ALL
MEDICARE BENEFICIARIES WHO ARE ALSO PARTICIPANTS OF THE
MICHIGAN CARPENTERS' HEALTH CARE FUND**

As you know, on January 1, 2006, the new Medicare Part D Prescription Drug Coverage became effective for those eligible for Medicare.

This letter briefly explains the Medicare Part D Prescription Drug Coverage and how it may affect you because as a Supplement to Medicare Retiree Benefits, you currently have **NO** prescription drug benefit under the Michigan Carpenters' Health Care Plan.

This letter also confirms that because you currently have **NO** prescription drug benefit under the Michigan Carpenters' Health Care Plan, the Plan's prescription drug coverage is "non-creditable." This means that it is **NOT** as good as the new Medicare Part D Prescription Drug Coverage.

Below is important information related to Medicare Part D. Please read this material carefully and save this letter.

1. Q. WHO ACTUALLY PROVIDES THE PRESCRIPTION DRUG BENEFIT UNDER MEDICARE PART D?

- A.** Drug benefits under Medicare Part D are provided by private insurers that are approved, subsidized and regulated by Medicare. These private insurers range from national health insurance companies to smaller regional health insurance companies. Many of these private companies will offer several options which will vary considerably in their costs.

2. Q. HOW DOES MY CURRENT PLAN PRESCRIPTION DRUG BENEFIT COMPARE TO THE NEW MEDICARE PART D PRESCRIPTION DRUG COVERAGE?

- A.** The Michigan Carpenters' Health Care Plan does **NOT** offer you any prescription drug coverage. So, the Plan's drug coverage is "**non-creditable.**" In other words, the Plan's coverage is **NOT** as good as the standard Medicare Part D coverage.

3. Q. WHAT DOES "CREDITABLE COVERAGE" AND "NON-CREDITABLE COVERAGE" MEAN?

- A.** "*Creditable Coverage*" means that an insurance plan is expected to pay for prescription drugs, on average for all of that insurance plan's participants, at least as much as a standard Medicare Part D Prescription Drug Coverage will pay. In other words, "Creditable Coverage" means that an insurance plan's prescription drug coverage is, on average, at least as good as the standard Medicare Part D Prescription Drug Coverage.

"*Non-Creditable Coverage*" means that the amount the insurance plan is expected to pay for prescription drugs is, on average for all plan participants, **less than** what the Medicare Part D Prescription Drug Coverage is expected to pay on average.

4. **Q. ARE THERE ANY ADVANTAGES IN MY ENROLLING IN THE MEDICARE PART D PRESCRIPTION DRUG COVERAGE PROGRAM?**
- A. There may be because your Michigan Carpenters' Health Care Plan does *NOT* provide you any prescription drug coverage.
5. **Q. IF I ENROLL IN MEDICARE PART D, CAN I STILL PARTICIPATE IN THE MICHIGAN CARPENTERS' HEALTH CARE PLAN?**
- A. Yes.
6. **Q. WHAT HAPPENS IF I DON'T ENROLL IN THE MEDICARE PART D PRESCRIPTION PROGRAM WHEN I AM ENTITLED TO ENROLL BUT LATER DECIDE TO ENROLL IN THAT PROGRAM?**
- A. In this circumstance, you will be penalized for your late enrollment, because your Michigan Carpenters' Health Care Plan drug coverage is "non-creditable." If you don't enroll during this period, you'll pay a penalty for your late enrollment.
7. **Q. WHAT IS THE PENALTY?**
- A. The penalty for late enrollment in Medicare Part D is an increase in your monthly premium payment. Specifically, your monthly premium will be higher by one percent (1%) per month for every month that you failed to enroll in Medicare Part D. So, for example, if you are six (6) months late in enrolling in Medicare Part D, your monthly premium will be six percent (6%) higher.
8. **Q. HOW LONG DO THE PENALTIES LAST?**
- A. All penalties last for as long as you participate in Medicare Part D program. So, in the example above, you'll pay a 6% higher monthly premium for as long as you're in the Medicare Part D Program.
9. **Q. ARE THERE SPECIFIC TIMES WHEN I CAN ENROLL IN MEDICARE PART D AFTER THE INITIAL ENROLLMENT PERIOD?**
- A. Yes. When you first become entitled to Medicare benefits, there is also an *annual* enrollment period for Medicare Part D. This *annual* period will be October 15th through December 7th of each year. But, remember, if you missed the *first* enrollment period, but later enroll during the annual enrollment period, you will still pay a monthly penalty.
10. **Q. WHERE CAN I GET MORE INFORMATION ABOUT THIS NOTICE OR MY CURRENT PLAN PRESCRIPTION DRUG COVERAGE?**
- A. Contact the Fund office for further information at (800) 273-5739. You may also request a copy of this Notice from the Fund office at 6525 Centurion Drive, Lansing, MI 48917-9275. You will

also receive this Notice in the future, including before the next Medicare Part D enrollment period.

11. Q. WHERE CAN I GET MORE INFORMATION ABOUT MY OPTIONS UNDER MEDICARE PART D?

A. The *Medicare & You* handbook will provide you more detailed information about Medicare-approved plans that offer prescription drug coverage. You will get a copy of it from Medicare in the mail. Or, you may be contacted directly by the Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

- www.medicare.gov for personalized help in comparing your Plan benefits with Medicare Part D;
- your State Health Insurance Assistance Program (see your copy of *Medicare & You* handbook for their telephone number);
- call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

12. Q. I HAVE EXTREMELY LIMITED INCOME, IS THERE ANY EXTRA HELP AVAILABLE FOR ME?

A. Yes, for people with limited income and resources, there is extra help to pay for the Medicare Prescription Drug Plan. Information for this extra help is available from the Social Security Administration office (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call them at 1-800-772-1213. (TTY users should call 1-800-325-0778).

WOMEN'S HEALTH AND CANCER RIGHTS/NEWBORNS' AND MOTHERS' HEALTH PROTECTION NOTICE

The **Women's Health and Cancer Rights Act of 1998** requires that all health care plans that provide medical and surgical benefits for mastectomies provide participants and beneficiaries receiving mastectomy benefits and who elect mastectomy related breast reconstruction with benefits coverage for the following:

- **Reconstruction of the breast on which the mastectomy has been performed;**
- **Surgery and reconstruction of the other breast to produce a symmetrical appearance; and**
- **Prostheses and physical complications of all stages of mastectomy, including lymph edemas, in a manner determined in consultation with the attending physician and the patient.**

Such coverage may be subject to annual deductibles and coinsurance provisions **as may be deemed appropriate and as are** consistent with those established for other benefits under the plan or coverage.

The Fund has provided coverage for mastectomies for a number of years. As part of this coverage, the Plan also covered the procedures necessary to effect reconstruction of the breast on which the mastectomy was performed, as well as the cost of prostheses and physical complications of all stages of mastectomy, including lymph edemas, as recommended by the attending physician of any patient receiving Plan benefits in connection with the mastectomy and in consultation with the patient. The Plan also covers any surgery and reconstruction of the other breast to achieve a symmetrical appearance.

Also, the **Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)** generally prohibits group health plans from limiting hospital stays for childbirth to less than 48 hours for normal deliveries and 96 hours for cesarean section deliveries for a mother and her newborn child, except with consent of the mother and approval of her physician, or from requiring that a provider obtain authorization from the Plan for prescribing a length of stay not in excess of the above.

Please keep this notice with your Summary Plan Description. If you have any questions regarding these federal requirements, please contact the Medical Claims Department at the Fund Office.

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 January 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)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

<p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p>	<p>FLORIDA – Medicaid</p>
<p>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</p>	<p>Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
<p>GEORGIA – Medicaid</p>	<p>INDIANA – Medicaid</p>
<p>GA HIPP Website: https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorizationact-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>
<p>IOWA – Medicaid and CHIP (Hawki)</p>	<p>KANSAS – Medicaid</p>
<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/medicaida-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
<p>KENTUCKY – Medicaid</p>	<p>LOUISIANA – Medicaid</p>
<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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>

MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
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/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
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: http://www.nd.gov/dhs/services/medicalserv/medicaid/ 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 http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.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 RIte 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: http://gethipptexas.com/ 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://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp 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-andeligibility/ Phone: 1-800-251-1269

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

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

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

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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 ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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