Important Information



HIPAA Notice of Privacy Practices

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

PURPOSE

This notice is intended to inform you of the privacy practices followed by your employer's Healthcare Flexible Spending Account Plan or Health Reimbursement Account if applicable. It also explains the Federal privacy rights afforded to you and the members of your family as Plan Participants covered under a group health plan.

As a Plan sponsor your employer often needs access to health information in order to perform Plan Administrator functions. We want to assure the Plan Participants covered under our group health plan that we comply with Federal privacy laws and respect your right to privacy. We require all members of our workforce and third parties that are provided access to health information to comply with the privacy practices outlined below.

USES AND DISCLOSURES OF HEALTH INFORMATION

Healthcare Operations. We use and disclose health information about you in order to perform Plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand utilization and to make plan design changes that are intended to control health care costs.

Payment. We may also use or disclose identifiable health information about you without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a healthcare provider that provided treatment to you will provide us with your health information. We use that information to determine whether those services are eligible for payment under our group health plan.

Treatment. Although the law allows use and disclosure of your health information for purposes of treatment, as a Plan Sponsor, we generally do not need to disclose your information for treatment purposes. Your physician or healthcare provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and healthcare operations.

HIPAA Notice of Privacy Practices, continued

As Permitted or Required by Law. We may also use or disclose your health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

We are required by law to maintain the privacy and security of your SUD records and to notify you if a breach of your unsecured records occurs. If we intend to use or disclose your SUD records for fundraising purposes, we will provide you with a clear and conspicuous opportunity to opt out.

You may provide a single written consent that allows us to use and disclose your SUD records for all future treatment, payment, and health care operations. You have the right to revoke this consent at any time in writing, except to the extent that we have already acted in reliance on it. Information disclosed with your consent may be subject to redisclosure by the recipient; however, federal protections under 42 CFR Part 2 may still apply.

SUD records cannot be used in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order that meets strict federal requirements. You also have the right to request a restriction on how these records are shared (including the right to restrict disclosures to the Plan if you pay for a service in full out-of-pocket) and to request an accounting of certain disclosures of your SUD records made over the past three years.

PURSUANT TO YOUR AUTHORIZATION

When required by law, we will ask for your written authorization before using or disclosing your identifiable health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to cease any future uses or disclosures.

YOUR RIGHTS

Right to Inspect and Copy. In most cases, you have a right to inspect and copy the health information we maintain about you. If you request copies, we will charge you $0.05 (5 cents) for each page. Your request to inspect or review your health information must be submitted in writing to the person listed below.

Right to an Accounting of Disclosures. You have a right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, healthcare operations, or pursuant to your written authorization.

HIPAA Notice of Privacy Practices, continued

Right to Amend. If you believe that information within our records is incorrect or missing, you have a right to request that we correct the incorrect or missing information.

Right to Request Restrictions. You may request in writing that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have a right to receive confidential communications containing your health information. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to Receive a Paper Copy of This Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

LEGAL INFORMATION

The Company is required by law to protect the privacy of your information, provide this notice about information practices, and follow the information practices that are described in this notice.

We may change our policies at any time. Before we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our current notice at any time. For more information about our privacy practices, contact the person listed below:

Thermacell Repellents
32 Crosby Drive, Bedford, MASSACHUSETTS 01730
(774) 224-2554
Carol.Thornton@thermacell.net

FILING A COMPLAINT

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights. The person listed above can provide you with the appropriate address upon request, or you may visit www.hhs.gov/ocr for further information.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment now, federal law may let you enroll later when certain life events occur — but only if you request it within the required window.

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 this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact your People Team.

Newborns' and Mothers' Health Protection Act

Protections for mothers and their newborn children relating to the length of their hospital stays following childbirth.

The Newborns' and Mothers' Health Protection Act (the Newborns' Act) provides protections for mothers and their newborn children relating to the length of their hospital stays following childbirth.

Under the Newborns' Act, group health plans may not restrict benefits for mothers or newborns for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. The 48-hour (or 96-hour) period starts at the time of delivery, unless a woman delivers outside of the hospital. In that case, the period begins at the time of the hospital admission.

The attending provider may decide, after consulting with the mother, to discharge the mother and/or her newborn child earlier. The attending provider cannot receive incentives or disincentives to discharge the mother or her child earlier than 48 hours (or 96 hours).

Even if a plan offers benefits for hospital stays in connection with childbirth, the Newborns' Act only applies to certain coverage. Specifically, it depends on whether coverage is "insured" by an insurance company or HMO or "self-insured" by an employment-based plan. (Check the Summary Plan Description, the document that outlines benefits and rights under the plan, or contact the plan administrator to find out if coverage in connection with childbirth is "insured" or "self-insured.")

The Newborns' Act provisions always apply to coverage that is self-insured. If the plan provides benefits for hospital stays in connection with childbirth and is insured, whether the plan is subject to the Newborns' Act depends on state law. Many states have enacted their own version of the Newborns' Act for insured coverage. If your state has a law regulating coverage for newborns and mothers that meets specific criteria and coverage is provided by an insurance company or HMO, state law will apply.

All group health plans that provide maternity or newborn infant coverage must include in their Summary Plan Descriptions a statement describing the Federal or state law requirements applicable to the plan (or any health insurance coverage offered under the plan) relating to hospital length of stay in connection with childbirth for the mother or newborn child.

For more information, see the Frequently Asked Questions (FAQs) About the Newborns' and Mothers' Health Protection Act at www.dol.gov/agencies/ebsa.

Women's Health and Cancer Rights Act

Protections for individuals who elect breast reconstruction after a mastectomy.

The Women's Health and Cancer Rights Act of 1998 (WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must provide coverage for certain services relating to the mastectomy, in a manner determined in consultation with the attending physician and the patient.

The required coverage includes:

- 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.

Under WHCRA, mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan or coverage.

Group health plans, health insurance companies and HMOs covered by the law must provide written notification to individuals of the coverage required by WHCRA upon enrollment and annually thereafter.

Additional consumer information on WHCRA is available in the publication *Your Rights After A Mastectomy* . Information for group health plans and employers on WHCRA and other health benefit law requirements is available in the publication *Compliance Assistance Guide – Health Benefits Coverage Under Federal Law* , at www.dol.gov/agencies/ebsa.

Important Notice About Your Prescription Drug Coverage and Medicare

If you (and/or your dependents) have Medicare or will become eligible for Medicare, this notice has information about your current prescription drug coverage and your options under Medicare.

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

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

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

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

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

Medicare Part D Notice, continued

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 Thermacell Repellents coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Thermacell Repellents coverage, be aware that you and your dependents will be able to get this coverage back.

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

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

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

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

Contact your People Team for further information.

Note:

You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Thermacell Repellents changes. You also may request a copy of this notice at any time.

Medicare Part D Notice, continued

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
- 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 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: 11/01/2025 · Carol Thornton: Thermacell Repellents

Contact Carol Thornton – Thermacell Repellents - Address: 32 Crosby Drive, Bedford, MASSACHUSETTS 01730 · Phone Number (774) 224-2554

Your Rights Under USERRA

The Uniformed Services Employment and Reemployment Rights Act protects the job rights of individuals who leave employment to perform military or certain other uniformed service.

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 service and:

- you ensure that your employer receives advance written or verbal notice of your service;
- you have five years or less of cumulative service in the uniformed services while with that particular employer;
- you return to work or apply for reemployment in a timely manner after conclusion of service; and
- you 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 service, have applied for membership in the uniformed service, or are obligated to serve in the uniformed service, 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.

Your Rights Under USERRA, continued

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 1-866-4-USA-DOL (1-866-487-2365) or visit www.dol.gov/agencies/vets/. An interactive online USERRA Advisor can be viewed at www.elaws.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 or the Office of Special Counsel, as applicable, for representation. You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

Premium Assistance Under Medicaid and CHIP

If you or your children are eligible for Medicaid or CHIP, your state may have a program that helps pay for employer coverage.

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, dial 1-877-KIDS NOW, or visit 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).

Premium Assistance Under Medicaid and CHIP, continued

IF YOU LIVE IN ONE OF THE FOLLOWING STATES, YOU MAY BE ELIGIBLE FOR HELP PAYING YOUR EMPLOYER HEALTH PLAN PREMIUMS

The following list of states is current as of January 31, 2024. Contact your state for more information on eligibility.

ALABAMA — MEDICAID
Website: myalhipp.com
Phone: 1-855-692-5447

ALASKA — MEDICAID
The AK Health Insurance Premium Payment Program
Website: myakhipp.com
Phone: 1-866-251-4861 · Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: health.alaska.gov/dpa

ARKANSAS — MEDICAID
Website: myarhipp.com
Phone: 1-855-MyARHIPP (855-692-7447)

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

COLORADO — HEALTH FIRST COLORADO & CHP+
Health First Colorado: healthfirstcolorado.com
Member Contact Center: 1-800-221-3943 / State Relay 711
CHP+: hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991 / State Relay 711
HIBI: mycohibi.com · 1-855-692-6442

FLORIDA — MEDICAID
Website: flmedicaidtplrecovery.com/hipp
Phone: 1-877-357-3268

GEORGIA — MEDICAID
GA HIPP: medicaid.georgia.gov (HIPP program)
Phone: 678-564-1162, Press 1
GA CHIPRA: medicaid.georgia.gov (CHIPRA)
Phone: 678-564-1162, Press 2

INDIANA — MEDICAID
Healthy Indiana Plan (adults 19-64): in.gov/fssa/hip
Phone: 1-877-438-4479
All other Medicaid: in.gov/medicaid · 1-800-457-4584

IOWA — MEDICAID & CHIP (HAWKI)
Medicaid: dhs.iowa.gov/ime/members · 1-800-338-8366
Hawki: dhs.iowa.gov/Hawki · 1-800-257-8563
HIPP: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS — MEDICAID
Website: kancare.ks.gov
Phone: 1-800-792-4884 · HIPP Phone: 1-800-967-4660

KENTUCKY — MEDICAID
KI-HIPP: chfs.ky.gov/agencies/dms (kihipp)
Phone: 1-855-459-6328 · Email: KIHIPP.PROGRAM@ky.gov
KCHIP: kynect.ky.gov · 1-877-524-4718
Kentucky Medicaid: chfs.ky.gov/agencies/dms

LOUISIANA — MEDICAID
Website: medicaid.la.gov or ldh.la.gov/lahipp
Phone: 1-888-342-6207 (hotline) or 1-855-618-5488 (LaHIPP)

MAINE — MEDICAID
Enrollment: mymaineconnection.gov · 1-800-442-6003 · TTY 711
Private Insurance Premium: maine.gov/dhhs/ofi
Phone: 1-800-977-6740 · TTY: Maine relay 711

MASSACHUSETTS — MEDICAID & CHIP
Website: mass.gov/masshealth/pa
Phone: 1-800-862-4840 · TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA — MEDICAID
Website: mn.gov/dhs (other-insurance)
Phone: 1-800-657-3739

Premium Assistance Under Medicaid and CHIP, continued

State Medicaid & CHIP premium-assistance contacts, continued.

MISSOURI — MEDICAID
Website: dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA — MEDICAID
Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084 · Email: HHSHIPPProgram@mt.gov

NEBRASKA — MEDICAID
Website: ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000 · Omaha: 402-595-1178

NEVADA — MEDICAID
Website: dhcfp.nv.gov
Phone: 1-800-992-0900

NEW HAMPSHIRE — MEDICAID
Website: dhhs.nh.gov (health-insurance-premium-program)
Phone: 603-271-5218
HIPP toll-free: 1-800-852-3345, ext. 5218

NEW JERSEY — MEDICAID & CHIP
Medicaid: state.nj.us/humanservices/dmahs · 609-631-2392
CHIP: njfamilycare.org · 1-800-701-0710

NEW YORK — MEDICAID
Website: health.ny.gov/health_care/medicaid
Phone: 1-800-541-2831

NORTH CAROLINA — MEDICAID
Website: medicaid.ncdhhs.gov
Phone: 919-855-4100

NORTH DAKOTA — MEDICAID
Website: hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA — MEDICAID & CHIP
Website: insureoklahoma.org
Phone: 1-888-365-3742

OREGON — MEDICAID & CHIP
Website: healthcare.oregon.gov
Phone: 1-800-699-9075

PENNSYLVANIA — MEDICAID & CHIP
Website: dhs.pa.gov (HIPP-Program)
Phone: 1-800-692-7462
CHIP: pa.gov (CHIP) · 1-800-986-KIDS (5437)

RHODE ISLAND — MEDICAID & CHIP
Website: eohhs.ri.gov
Phone: 1-855-697-4347 or 401-462-0311 (Direct RIte Share)

SOUTH CAROLINA — MEDICAID
Website: scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA — MEDICAID
Website: dss.sd.gov
Phone: 1-888-828-0059

TEXAS — MEDICAID
Website: Health Insurance Premium Payment (HIPP) Program | Texas HHS
Phone: 1-800-440-0493

UTAH — MEDICAID & CHIP
Medicaid: medicaid.utah.gov · CHIP: health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT — MEDICAID
Website: HIPP Program | Department of Vermont Health Access
Phone: 1-800-250-8427

Premium Assistance Under Medicaid and CHIP, continued

VIRGINIA — MEDICAID & CHIP
Website: coverva.dmas.virginia.gov (famis-select & health-insurance-premium-payment-hipp-programs)
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON — MEDICAID
Website: hca.wa.gov
Phone: 1-800-562-3022

WEST VIRGINIA — MEDICAID & CHIP
Website: dhhr.wv.gov/bms · mywvhipp.com
Medicaid Phone: 304-558-1700
CHIP: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN — MEDICAID & CHIP
Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING — MEDICAID
Website: health.wyo.gov/healthcarefin/medicaid
Phone: 1-800-251-1269

TO ADD OR CONFIRM A STATE PROGRAM
To see if any other states have added a premium assistance program since January 31, 2024, 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, no persons are required to respond to a collection of information unless it displays a valid 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 unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Send comments regarding the burden estimate or any other aspect of this collection, 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 OMB Control Number 1210-0137. OMB Control Number 1210-0137 (expires 1/31/2026).