



2021 Annual Benefits Election

October 2020

Dear CITGO Plan Participant:

At CITGO, we take great pride in our employees which is why our goal is to provide competitive benefits every year that help meet the healthcare needs of our employees and their families. The Annual Benefits Election period provides an opportunity for eligible employees to review their current benefit elections and make any necessary changes or updates for the upcoming plan year.

Annual Election will begin Monday, November 2, 2020 and will end Friday, November 13, 2020.

This letter contains valuable benefits plan information and should be read in its entirety. All changes are effective January 1, 2021, and it is the responsibility of each employee to make changes according to their individual and/or family needs.

ANNUAL BENEFITS ELECTION ENROLLMENT INFORMATION

Eligible active employees will be able to access the 2021 Annual Election materials, including the Benefits Brochure and rates, via the CITGO intranet and www.hr.citgo.com. Information will be posted online on Monday November 2, 2020.

If no changes are made during the Annual Election period, all current elections will rollover to the next plan year with the exception of Flexible Spending Account and Health Savings Account elections.

MAKING YOUR ELECTIONS

If you wish to make changes to your benefit elections for 2021, eligible active employees should utilize the Employee Self Service portal (ESS) accessible through the CITGO intranet. You may also contact the Benefits Helpline during Annual Election beginning on Monday, November 2, 2020 at 1-888-443-5707 or via e-mail at benefits@CITGO.com. The voicemail system is available 24 hours / 7 days a week.

Need help using ESS? The ESS Open Enrollment Tutorial is available on the *Benefit Connections* website (www.hr.citgo.com) under the Benefit Resources tab.

VERIFICATION OF DEPENDENT ELIGIBILITY

If you are enrolling a spouse or child for 2021 who is not currently a covered dependent, you must also submit documentation of their eligibility. The Dependent Eligibility Verification Form can be found on the Benefit Connections website at www.hr.citgo.com under the Annual Election Resources tab. The form outlines the types of documentation that are acceptable as proof of your dependent's eligibility.

2021 PLAN UPDATES AND HIGHLIGHTS

2021 HEALTHY REWARDS PROGRAM – New Program Deadline



The Healthy Rewards Program will continue in 2021, however there is a new deadline date to complete all Healthy Reward activities. All active employees enrolled in one of the CITGO medical plan options are eligible to participate in the program and access Rally. An employee's spouse who is enrolled in one of the medical plan options may also participate and earn incentives. **For the 2021 plan year, all Healthy Rewards program activities must be completed by September 30, 2021.**

FLEXIBLE SPENDING ACCOUNTS



*A new Flexible Spending Account (FSA) election **must** be made each year.* The limit for Health Care FSAs is per eligible employee, not household, and does not include employer contributions. FSA annual maximums for 2021 will be as follows:

- \$2,750 - Regular Health Care FSA
- \$2,750 - Limited Health Care FSA
- \$5,000 - Dependent Care FSA, per household, subject to certain other limitations related to spousal income and tax filing status

HEALTH SAVINGS ACCOUNTS



*You **must** elect the amount to be deducted from payroll every year.* Elections can be made at any time through the Employee Self-Service Portal (ESS). For employees without access to ESS, elections can be made by email at Benefits@CITGO.com or by phone 1-888-443-5707.

Health Savings Account (HSA) annual contribution limits for 2021 will be as follow (includes employee and employer contributions):

- \$3,600 – Single/Employee Only IRS Limit
- \$7,200 – Family/Employee + One or more IRS limit

Also, if you are age 55 and older, “catch-up” contributions of \$1,000 per year are available above these annual limits.

2021 PLAN UPDATES AND HIGHLIGHTS

SDHP MEDICAL PLAN PARTICIPANTS:

When calculating your contributions to your HSA, it is very important to include the amount of the SDHP annual enrollment incentive plus the amount of Healthy Rewards incentives you plan to earn in your calculations.

For example, if you want to make the maximum contribution to your HSA for Single Coverage in 2021, and you plan to earn Healthy Rewards incentives totaling \$500, your total annual contribution to your HSA will be \$2,600 for the plan year.

\$500 SDHP annual enrollment incentive
+
\$500 CITGO Healthy Rewards incentives contribution
+
\$2,600 Individual annual payroll contribution

\$3,600 HSA annual limit

Remember, once the annual limit is reached, employee and employer contributions will cease.

RETIREE POST-65 COVERAGE

If you retire from active employment during the 2021 plan year, and you (or your spouse) are eligible for Medicare by reason of age, your health care coverage will change. Upon your Medicare eligibility date, your retiree health care coverage is available only through UnitedHealthcare Medicare Supplement and Advantage Plans (AARP). CITGO assists by subsidizing the cost of individual coverage purchased from UnitedHealthcare Medicare Solutions. We are pleased to have UnitedHealthcare Medicare Solutions provide various coverage choices to our post-65 retirees and post-65 spouses of CITGO retirees.

In 2021, the Retiree Reimbursement Account Program (RRA) will continue to offer a subsidy of \$202 per month per eligible post-65 retiree and post-65 spouse enrolled in a qualified UnitedHealthcare Supplemental or Medicare Advantage plan. For additional eligibility information, refer to the Summary Plan Description available at www.hr.citgo.com.

VOLUNTARY BENEFIT PROGRAMS

Active employees may enroll for the following voluntary benefits as of January 1, 2021 with premiums to be paid in full by the employee through payroll deductions.

- Critical Illness insurance offered by TransAmerica and managed by Mercer
- Accident insurance offered by TransAmerica and managed by Mercer
- Pre-Paid Legal Services offered by Hyatt/MetLaw and managed by Mercer
 - ❖ Identity Theft Coverage is included at no additional cost for participants.

Additional information regarding enrollment in these voluntary benefits will be available on the company's intranet. If you are already enrolled in these voluntary benefits, your coverage will continue in 2021 unless you cancel the coverage.

2021 MEDICAL, DENTAL, AND VISION MONTHLY CONTRIBUTIONS

MEDICAL, DENTAL AND VISION MONTHLY CONTRIBUTIONS JANUARY 2021 - DECEMBER 2021								
LEVEL OF COVERAGE	MEDICAL				DENTAL		VISION	
	SDHP	PPO	EPO	NON-NETWORK	BASIC	PLUS	BASIC	PLUS
EMPLOYEE								
Employee Only	\$8.00	\$102.00	\$129.00	\$102.00	\$9.00	\$16.00	\$6.38	\$16.16
Employee and Spouse	\$23.00	\$260.00	\$329.00	\$260.00	\$16.00	\$28.00	\$12.24	\$30.94
Employee and Child(ren)	\$21.00	\$242.00	\$308.00	\$242.00	\$17.00	\$32.00	\$12.78	\$32.32
Employee and Family	\$36.00	\$401.00	\$509.00	\$401.00	\$27.00	\$34.00	\$19.72	\$49.86
RETIREE/SURVIVING SPOUSE NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Surviving Spouse Only or Surviving Child Only	\$32.00	\$214.00	\$313.00	\$214.00	\$43.00	\$47.00	\$6.38	\$16.16
Retiree and Spouse	\$64.00	\$427.00	\$629.00	\$427.00	\$75.00	\$88.00	\$12.24	\$30.94
Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only	\$54.00	\$364.00	\$536.00	\$364.00	\$76.00	\$89.00	\$12.78	\$32.32
Retiree and Family	\$75.00	\$512.00	\$754.00	\$512.00	\$110.00	\$123.00	\$19.72	\$49.86
DISABILITY RETIREE ELIGIBLE FOR MEDICARE								
Retiree on Medicare Only or Surviving Spouse on Medicare Only	N/A	N/A	N/A	\$148.00	\$43.00	\$47.00	\$6.38	\$16.16
Retiree on Medicare and Spouse	N/A	N/A	N/A	\$240.00	\$75.00	\$88.00	\$12.24	\$30.94
Retiree on Medicare and Child(ren) or Surviving Spouse on Medicare and Child(ren)	N/A	N/A	N/A	\$229.00	\$76.00	\$89.00	\$12.78	\$32.32
Retiree on Medicare and Family	N/A	N/A	N/A	\$321.00	\$110.00	\$123.00	\$19.72	\$49.86
CONNECTOR MODEL RETIREE/DEPENDENTS NOT ELIGIBLE FOR MEDICARE								
Retiree Only or Spouse Only	\$26.00	\$227.00	\$272.00	\$227.00	\$43.00	\$47.00	\$6.38	\$16.16
Child(ren) Only	\$18.00	\$116.00	\$131.00	\$116.00	\$33.00	\$42.00	\$6.38	\$16.16
Retiree and Child(ren) or Spouse and Child(ren)	\$43.00	\$347.00	\$402.00	\$347.00	\$76.00	\$89.00	\$12.78	\$32.32

ADDITIONAL INFORMATION

VERIFYING YOUR ZIP CODE AND YOUR UHC NETWORK ACCESS

You can verify if your ZIP code is in the network by:

- Website – <https://www.myuhc.com/groups/citgo>
- Contact UnitedHealthcare Customer Service at 1-866-317-6359
- Contact CITGO Benefits Helpline at 1-888-443-5707

YOUR 2021 FINAL CONFIRMATION STATEMENT

Any changes made during Annual Election will be reflected on your Confirmation Statement. Active eligible employees will be able to access their Confirmation Statement via the Employee Self Service portal (ESS), and a copy will also be mailed. **It is important to review your final Confirmation Statement for any administrative errors. CITGO administrative errors must be reported to the Benefits Helpline at 1-888-443-5707 within 31 days of the first payroll deduction or invoice issued.** It is highly recommended that all employees retain a copy of the final Confirmation Statement for their records and review their first 2021 payroll benefit deductions for accuracy.

In order to make changes to your benefits outside of the Annual Election period, you must experience an IRS Qualified Status Change including, but not limited to, the birth or adoption of a child, marriage, divorce or death. **Please contact the Benefits Helpline 1-888-443-5707 or benefits@citgo.com within 31 days of the qualifying event date.**

Upon receipt of your timely request, the Benefits Helpline will advise what type of supporting documentation is required in order to process a change to your health benefits. Requests received after the applicable deadline are not accepted and you will have to wait until the next Annual Benefits Election period to make a change to be effective as of January 1 of the following year.

QUESTIONS

Answers to frequently asked questions (FAQS) will be available via the Internet at www.hr.citgo.com.

REQUIRED NOTICES

Each year, CITGO is required to provide certain annual notices to all eligible participants of the Plan to ensure you are aware of the availability of the benefits that are provided under certain legislative acts. The following notices relate to the group health plan provisions of the CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Hourly Employees (Plan number 518) and for Salaried Employees (Plan number 515):

- HIPAA Privacy Notice
- Women's Health and Cancer Rights Act
- Newborns' and Mothers' Health Protection Act
- Summary of Benefits and Coverage
- Important Notice About Your Prescription Drug Coverage and Medicare
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

HIPAA PRIVACY NOTICE

On April 14, 2003, privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) went into effect. The privacy notice, including information about your privacy rights, is available via the CITGO intranet. You can also find the notice at www.hr.CITGO.com. You may request a copy of the notice by sending your request to HIPAARquest@CITGO.com or by regular mail addressed to:

HIPAA Services Contact
CITGO Petroleum Corporation
P.O. Box 4689
N5063
Houston, Texas 77210-4689
1-888-443-5707

WOMEN'S HEALTH AND CANCER RIGHTS ACT

As required by the Women's Health and Cancer Rights Act of 1998, medically necessary mastectomy-related benefits received under our health 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 all stages of the mastectomy, including lymph-edema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

REQUIRED NOTICES

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours.)

SUMMARY OF BENEFITS AND COVERAGE

A 2021 Summary of Benefits and Coverage for each medical plan which describes the benefits and coverage under the applicable plan will be available at www.hr.citgo.com under Benefit Resources or at www.myuhc.com. You may also request a printed copy by contacting the CITGO Benefits Helpline at 1-888-443-5707 or by email at benefits@citgo.com. The Glossary of defined terms will also be available at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or www.hr.citgo.com.

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CITGO Petroleum Corporation and prescription drug coverage under Medicare Part D for people eligible for Medicare. This information can help you decide whether or not you want to enroll in a Medicare prescription drug plan.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare under Medicare Part D. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. CITGO Petroleum Corporation has determined that the prescription drug coverage offered under the two plans listed below ("CITGO coverage") is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered creditable coverage.
 - CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Hourly Employees
 - CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Salaried Employees

REQUIRED NOTICES

IF YOU DROP CURRENT COVERAGE WITH THE CITGO PROGRAM

If you decide to enroll in a Medicare prescription drug plan and drop your CITGO coverage, be aware that you may not be able to get this coverage back. If you drop your CITGO coverage and enroll in Medicare prescription drug coverage, you and your covered eligible dependents may not be able to get the CITGO coverage back until the next CITGO Annual Election period, or, in the case of non-payment of your contributions, you can never re-enroll.

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

Because your existing CITGO coverage is, on average, at least as good as standard Medicare prescription drug coverage and is considered to be creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in Medicare prescription drug coverage.

If you lose coverage, through no fault of your own, or decide to leave CITGO coverage, you will be eligible to enroll in Medicare Part D coverage at that time using a two (2) month Employer Group Special Enrollment Period. 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.

IF YOU DELAY ENROLLING IN MEDICARE PART D AFTER YOUR CITGO COVERAGE ENDS

You can enroll in a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. It is important for you to know that if you drop or lose coverage with CITGO and do not enroll in a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to enroll in Medicare prescription drug coverage at a later time.

Medicare rules state that if you go 63 continuous days or longer without creditable prescription drug coverage that is at least as good as Medicare's 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 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may pay more than what most other people pay. You will 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 enroll.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CITGO PRESCRIPTION DRUG PROGRAM

Contact the CITGO Benefits HelpLine at 1-888-443-5707 or email benefits@CITGO.com. You may also contact UnitedHealthcare directly at 1-866-317-6359, option 4 or visit <http://www.myuhc.com> and access the prescription drug link. Note: You may receive this notice at other times in the future through CITGO Petroleum Corporation such as before the next period in which you can enroll in Medicare prescription drug coverage or if this coverage changes. You also may request another copy of this notice from us.

REQUIRED NOTICES

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is available in the “Medicare & You 2021” handbook. You will receive a copy of the handbook in the mail from Medicare every year. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these sources:

- Visit Medicare online at www.medicare.gov or the Centers for Medicare and Medicaid Services (CMS) at www.cms.hhs.gov.
- Call your State Health Insurance Assistance Program for personalized help, (see the inside back cover of your copy of the “Medicare & You 2021” handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you enroll in one of the plans approved by Medicare that offer Medicare Part D Prescription Drug coverage after you initially become eligible for Medicare, you may need to provide a copy of this notice with your Medicare enrollment to confirm you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date	January 1, 2021
Employees and Plan Name	CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Salaried Employees (Plan number 515) and Hourly Employees (Plan number 518)
Name of Entity	CITGO Petroleum Corporation
Contact	Benefit Plans Committee
Address	1293 Eldridge Parkway Houston, Texas 77077
Phone Number	1-888-443-5707
Email	benefits@CITGO.com

REQUIRED NOTICES

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442

ALASKA – Medicaid	FLORIDA – Medicaid
<p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
ARKANSAS – Medicaid	GEORGIA – Medicaid
<p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>
CALIFORNIA – Medicaid	INDIANA – Medicaid
<p>Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CA_U_cont.aspx Phone: 916-440-5676</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)	MONTANA – 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</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>

KANSAS – Medicaid	NEBRASKA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
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: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	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
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
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	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100 12

MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIt Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	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, 2020, 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 ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)