



Building Service 32BJ Benefit Funds
25 West 18th Street
New York, NY 10011-4676

NOTE: Inside you'll find legal notices regarding various benefit funds.

This booklet also contains an important notice from the Building Service 32BJ Health Fund about your prescription drug coverage and Medicare. Please read this notice carefully. It contains information about your current prescription drug coverage provided by the Building Service 32BJ Health Fund and new prescription drug coverage made available January 1, 2006 for people eligible for Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Para recibir una copia de este paquete en español, llame a Servicios para Afiliados al 1-800-551-3225.

Revised June 10, 2026.

Building Service 32BJ Benefit Funds Legal Notices

This booklet contains the following:

- Women's Health and Cancer Rights Notice
- Health Insurance Portability and Accountability Act Reminder Notice (HIPAA)
- Notice About Your Prescription Drug Coverage and Medicare
- Summary Annual Report for the Building Service 32BJ Health Fund
- Summary Annual Report for the Building Service 32BJ Thomas Shortman Training, Scholarship & Safety Fund
- Summary Annual Report for the Building Service 32BJ Legal Services Fund
- Notice on Medicaid and the Children's Health Insurance Program (CHIP)

Depending on the collective bargaining agreement that covers you at work, you may have been covered by one or more of these funds for the period July 1, 2024 through June 30, 2025. Local 32BJ members who work in commercial or residential buildings in New York City

are usually covered by the three funds listed above. Most members who work in the Bronx are covered by the 32BJ North Health Fund and the 32BJ North Legal Services Fund. The administrators of that plan will send the Summary Annual Report for it separately.

Women's Health and Cancer Rights Act Notice

Coverage for Breast Reconstruction in Connection with a Mastectomy

Under federal law, group health plans, insurers and HMOs that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery. If you are a participant or eligible dependent under this Plan, and are currently receiving, or, in the future, receive benefits under the Plan in connection with a mastectomy, you are entitled to coverage for the following benefits and services (in a manner determined in connection with the attending physician and the patient) in the event that you elect breast reconstruction:

- 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 treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Coverage for the mastectomy-related services or benefits required under this Women's Health and Cancer Rights Act will be subject to the same annual deductibles, coinsurance and co-payment provisions that apply with respect to other medical or surgical benefits provided under your Plan.

If you have any questions about your coverage for mastectomy or breast reconstructive surgery, please contact the Fund office by calling the Health Services Department at 1-866-230-3225.

Health Insurance Portability and Accountability Act Reminder Notice (HIPAA)

In keeping with the requirements of the Health Insurance Portability and Accountability Act (HIPAA), the Building

Service 32BJ Health Fund has a strict privacy policy regarding your health information. To receive a copy of the policy:

Call Member Services at:
1-800-551-3225

Write to us at:
Compliance Department
Building Service 32BJ Health Fund
25 West 18th Street, New York, NY 10011-4676

Important Notice from the Building Service 32BJ Health Fund 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 the Building Service 32BJ Health Fund 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.
2. The Segal Company, the actuary for the Building Service 32BJ Health Fund, has determined that the prescription drug coverage offered by the Building Service 32BJ Health Fund under the following plans: Metropolitan, Suburban, Suburban PA, Tri-State, Basic and Philadelphia School District Pre 65 Retiree Prescription Drug Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is 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. *See page 4 for additional information.*

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: July 2026
Sender/Contact: Building Service 32BJ Health Fund
Address: 25 West 18th Street
New York, NY 10011-4676
Phone Number: 1-800-551-3225

For more information about this notice or your current prescription drug coverage...

Contact Member Services at 800-551-3225. NOTE: You will get this notice every year. You will also get it at other times in the future such as before the next period you can join a Medicare drug plan and if this coverage through the Building Service 32BJ Health Fund changes. You also may request a copy of this notice at any time.

When Can You Join a Medicare Drug Plan?

You can join a Medicare prescription 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 (2) 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 do decide to join a Medicare drug plan and drop your Building Service 32BJ Health Fund prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

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The following benefit option under the Metropolitan, Suburban, Suburban PA, Tri-State, Basic and Philadelphia School District Pre 65 Retiree Prescription Drug Plans meets the CMS Creditable Coverage Guidance:

Retail Coverage provided subject to a co-payment of \$10 per generic prescription and \$30 per brand name prescription. Mail Order coverage provided subject to a co-payment of \$20 per generic prescription and \$60 per brand name prescription. The Plan has no annual maximum for the prescription drug benefit.

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 the Building Service 32BJ Health Fund 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 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 drug coverage. In addition, you may have to wait until the following October to join.

For more information about your options under Medicare drug coverage...

More detailed information about Medicare plans that offer 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 prescription drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see 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).

Summary Annual Report for Building Service 32BJ Health Fund

This is a summary of the annual report of the Building Service 32BJ Health Fund (the "Plan"), EIN 13-2928869, Plan No. 501, a welfare benefit plan, for period July 01, 2024, through June 30, 2025. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Trustees of the Building Service 32BJ Health Fund has committed itself to pay certain health, dental, vision, and disability claims incurred under the terms of the Plan.

Insurance Information

The Plan has contracts with the Guardian Life Insurance Company of America to pay temporary and long-term disability claims incurred under the terms of the Plan. The total premiums paid for the plan year ending June 30, 2025, were \$603,847.

The Plan has contracts with the Kaiser Foundation Health Plan of the Mid-Atlantic to pay health claims incurred under the terms of the Plan. The total premiums paid for the plan year ending June 30, 2025, were \$64,910,777.

The Plan has a contract with Metropolitan Life Insurance Company to pay accidental death and dismemberment claims incurred under the terms of the Plan. Because this is a so called "experience-rated" contract, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending June 30, 2025, the premiums paid under such "experience rated" contracts were \$12,017,474 and the total of all benefit claims paid under these contracts during the plan year was \$7,316,585.

Basic Financial Statement

The value of Plan assets, after subtracting liabilities of the Plan, was \$2,994,445,095 as of June 30, 2025, compared to \$2,775,232,837 as of July 1, 2024. During the plan year, the Plan experienced an increase in its net assets of \$219,212,258. This increase includes unrealized appreciation and depreciation 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 assets acquired during the year. During the plan year, the Plan had total income of \$2,136,256,382 including employer contributions of \$1,908,452,694, realized gains of \$122,819 from the sale of assets, earnings from investments of \$29,538,788, net investment gains of \$192,038,677, and other income of \$6,103,404. Plan expenses were \$1,917,044,124. These expenses included \$75,425,168 in administrative expenses, and \$1,841,618,956 in benefits paid to 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 percent of the Plan assets;

To obtain a copy of the full annual report, or any part thereof, write or call the Compliance Office, Building Service 32BJ Benefit Funds, 25 West 18th Street, New York, NY 10011-4676; or by telephone at (212) 539-2778. The charge to cover copying costs will be \$48.75 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the Plan administrator, 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 administrator, 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, 25 West 18th Street, New York, NY 10011-4676, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Summary Annual Report for Thomas Shortman Training, Scholarship and Safety Fund

This is a summary of the annual report of the Thomas Shortman Training, Scholarship and Safety Fund (the "Plan"), EIN 23-7424757, Plan No. 501, a welfare benefit plan, for period July 01, 2024, through June 30, 2025. 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 of the Thomas Shortman Training, Scholarship and Safety Fund, has committed itself to pay training and scholarship claims incurred under the terms of the Plan.

Basic Financial Statement

The value of Plan assets, after subtracting liabilities of the Plan, was \$21,038,947 as of June 30, 2025, compared to \$21,684,816 as of July 1, 2024. During the plan year, the Plan experienced a decrease in its net assets of \$645,869. This decrease includes unrealized appreciation and depreciation 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 assets acquired during the year. During the plan year, the plan had total income of \$24,187,104, including employer contributions of \$22,548,787, earnings from investments of \$539,655, gain from investments of \$878,183, and other income of \$220,479. Plan expenses were \$24,832,973. These expenses included \$2,401,308 in administrative expenses, and \$22,431,665 in benefits paid to 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; and
3. assets held for investment.

To obtain a copy of the full annual report, or any part thereof, write or call the Compliance Office, Building Service 32BJ Benefit Funds, 25 West 18th Street, New York, NY 10011-4676; or by telephone at 212-539-2778. The charge to cover copying costs will be \$13.75 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the Plan administrator, 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 administrator, 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, 25 West 18th Street, New York, NY 10011-4676, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Summary Annual Report for Building Service 32BJ Legal Services Fund

This is a summary of the annual report of the Building Service 32BJ Legal Services Fund (“the Plan”), EIN 13-6841620, Plan No. 501, welfare benefit plan, for period July 01, 2024, through June 30, 2025. 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 of the Building Service 32BJ Legal Services Fund has committed itself to pay legal claims incurred under the terms of the Plan.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the Plan, was \$30,328,973 as of June 30, 2025, compared to \$36,563,607 as of July 1, 2024. During the plan year, the Plan experienced a decrease in its net assets of \$6,234,634. This decrease includes unrealized appreciation and depreciation 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 assets acquired during the year. During the plan year, the Plan had total income of \$14,617,728, including employer contributions of \$11,647,876 earnings from investments of \$1,011,106, net investment gains of \$1,847,073, and other income of \$111,673. Plan expenses were \$20,852,362. These expenses included \$1,968,202 in administrative expenses, and \$18,884,160 in benefits paid to 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; and
4. transactions in excess of 5 percent of the Plan assets.

To obtain a copy of the full annual report, or any part thereof, write or call the Compliance Office, Building Service 32BJ Benefit Funds, 25 West 18th Street, New York, NY 10011-4676; or call 212-539-2778. The charge to cover copying costs will be \$16.00 for the full annual report, or \$0.25 per page for any part thereof.

You also have the right to receive from the Plan administrator, 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 administrator, 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, 25 West 18th Street, New York, NY 10011-4676, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room,

Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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, 2026. 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.flmedicaidtplrecovery.com/flmedicaidtplrecovery.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>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfir/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) 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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084</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/ofi/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/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@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://dhcfnv.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. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	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 and CHIP
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.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html 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: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
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 January 31, 2026, 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 4/30/2026)