Important Notice from Enhance Therapies Healthcare Plan 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 SAMPLE Healthcare Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three 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. **SAMPLE Healthcare Plan has determined that the prescription drug coverage offered by the SAMPLE Healthcare Plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from SAMPLE Healthcare Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.**
3. **You can keep your current coverage from SAMPLE Healthcare Plan. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully – it explains your options.**

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 decide to drop your current coverage with SAMPLE Healthcare Plan, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under SAMPLE Healthcare Plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under SAMPLE Healthcare Plan is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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 SAMPLE Healthcare Plan coverage will not be affected. Your SAMPLE Healthcare Plan coverage will coordinate with your Medicare prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current SAMPLE Healthcare Plan coverage, be aware that you and your dependents will not be able to get this coverage back until the Plan's next open enrollment period, unless you qualify for a special enrollment.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below 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 SAMPLE Healthcare Plan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. 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).

Date: 09/15/2026

Name of Entity/Sender: Enhance Therapies Healthcare Plan

Contact – Position/Office: Plan Administrator

Address: 400 NJ 70, Lakewood NJ 08701

Phone Number: 732-367-3667

ENHANCE THERAPIES HEALTHCARE PLAN

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.

Protected Health Information ("PHI") is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you or your physical or mental health or condition in the past, present or future.

This Notice of Privacy Practices (the "Notice") describes how we may use and disclose your PHI. It also describes our obligations and your rights to access and control your PHI. We are required by law to (i) maintain the privacy and security of PHI; (ii) provide you with this Notice of our legal duties and privacy practices with respect to PHI; (iii) notify you following a breach of your unsecured PHI; and (iv) abide by the terms of the notice currently in effect.

Mandatory Uses and Disclosures

We are required to disclose your PHI to you, at your request, to allow you to exercise your rights regarding your PHI, as described below.

We are also required to disclose your PHI to the Secretary of the Department of Health and Human Services (the "Secretary"), if the Secretary requests such information, to investigate or determine our compliance with federal privacy regulations.

Permitted Uses and Disclosures

The following categories describe different ways that we may use and disclose your PHI without your consent or authorization:

- **Treatment.** We may use or disclose your PHI to facilitate care and treatment. As a group health plan we do not provide treatment.
- **Payment.** We may use and disclose your PHI to facilitate payment. For example, a bill may be sent to you or a third party payer. The information on the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- **Health Care Operations.** We may use and disclose your PHI during the course of running our health business – that is, during operational activities, including, but not limited to, quality assessment and improvement, licensing, accreditation, performance measurement and outcomes assessment, population based activities relating to improving health or reducing health care costs and related functions that do not include treatment, case management and care coordination. For example, we may use information about your claims to project future benefit costs or we may use your PHI to determine the cost impact of benefit design changes.
- **Other Health Care Providers.** We may disclose your PHI to any hospital, nursing home, or other health care facility to which you have been admitted; to an assisted living or personal care facility of which you are a resident; to any physician providing you care; and to licensing or state agencies acting as a representative of the Medicare/Medicaid programs.
- **Emergency Treatment.** We may also use or disclose your PHI for treatment in emergency situations. In such emergencies, we will inform you in advance and provide you the opportunity to either agree or to prohibit or restrict the use or disclosure of your PHI unless you are incapacitated or cannot otherwise agree or object, in which case we may use or disclose your PHI if it is in your best interest, as determined in the exercise of our professional judgment.
- **Others Involved in Your Care.** We may disclose your PHI to family members, other relatives, your close personal friends, and any other person you choose as allowed under federal law if (i) the information is directly relevant to the family or friend's involvement with your care or payment for that care, and (ii) you have agreed to the disclosure, or we can reasonably infer from the circumstances, based on our professional judgment, that you do not object to the disclosure, or you have been given an opportunity to object to the disclosure and have not objected, or, if you are not present or cannot agree or object because you are incapacitated or because of an emergency situation and we, in the exercise of our professional judgment, determine that the disclosure is in your best interest. You have the right to restrict information that is provided to such persons as more fully described below. We also may, under certain circumstances, use or disclose your PHI to notify or assist in the notification of a family member, your personal representative or another person responsible for your care of your location, general condition or death. We also may disclose your PHI to any authorized public or private entities assisting in disaster relief efforts.
- **Your Personal Representatives.** We may disclose your PHI to your personal representative in accordance with applicable state and federal law.

- **Business Associates.** We may disclose your PHI to our business associates and may allow our business associates to create or receive PHI on our behalf.
- **As Required By Law.** We may use or disclose PHI when required to do so by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- **To Plan Sponsor.** We may disclose your PHI to the sponsor of the Plan for plan administration functions, as permitted by the Plan documents and federal law.
- **Public Health Activities.** We may disclose your PHI for public health activities. These activities may include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with medical products; notifying you of recalls of products you may be using; notifying you or another person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and evaluating work-related illness or injury and carrying out workplace medical surveillance. In the case of work-related illness and workplace surveillance, we will provide you with written notice that your PHI will be disclosed to your employer.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose your PHI to an appropriate government authority if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will only make such disclosures if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for oversight activities authorized by law. Oversight activities may include audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary actions and civil, administrative or criminal proceedings or actions.
- **Judicial or Administrative Proceedings.** We may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if we receive satisfactory assurance that reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may disclose PHI if asked to do so by a law enforcement official (i) in response to a court order, subpoena, warrant, summons or similar process or as otherwise required by law, for example in relation to a legitimate law enforcement inquiry; (ii) to identify or locate a suspect, fugitive, material witness or missing person; (iii) about an individual who is or is suspected to be a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (iv) about an individual who has died if we have a suspicion that such death may have occurred as a result of criminal conduct; and (v) about criminal conduct occurring on our premises.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties authorized by law. We may also disclose your PHI to funeral directors, as necessary to carry out their duties.
- **Organ, Eye and Tissue Donation.** Consistent with your wishes, we may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue to facilitate organ or tissue donation and transplantation.
- **Research.** We may use or disclose your PHI for research purposes under certain circumstances.
- **To Avert a Serious Risk to Health or Safety.** Consistent with applicable law and standards of ethical conduct, we may use or disclose your PHI if we believe such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the public or another person.
- **Military.** If you are a member of the armed forces, we may use and disclose your PHI when required by military command authorities, as may be applicable. We may also release the PHI of individuals who are foreign military personnel to the appropriate foreign military authorities.
- **National Security and Intelligence Activities.** We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose your PHI to authorized federal officials for the protection of the President or foreign heads of state or other authorized persons.
- **Workers' Compensation.** We may disclose your PHI to the extent necessary to comply with laws relating to workers' compensation and other similar programs created by law that provide benefits for work-related injuries or illness without regard to fault.
- **Inmates.** If you are an inmate of a correctional facility or under the custody of a law enforcement officer, we may disclose your PHI to the correctional institution or the law enforcement officer.

Generally, we will make every reasonable effort to disclose only the minimum necessary amount of PHI to achieve the purpose of the use or disclosure.

Note: HIV-related information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

Uses and Disclosures That Require Your Written Authorization

Other uses and disclosures of your PHI not covered by this Notice will be made only with your written authorization. In particular, we will obtain your written authorization before (i) using or disclosing psychotherapy notes, except as permitted by law; (ii) using or disclosing your PHI for marketing purposes; and (iii) selling your PHI. If you authorize us to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use your PHI for the reasons covered by your written authorization; however, we will not reverse any uses or disclosures already made in reliance on your prior authorization.

Genetic Information

We will not use or disclose your genetic information for underwriting purposes.

Your Rights With Respect to Protected Health Information

You have the following rights regarding your PHI:

- **Right to Inspect and Copy.** Generally, you may inspect and/or obtain a copy of your PHI for as long as the PHI is kept by or for us. If you request a copy of your PHI, we may charge a reasonable, cost-based fee for the costs of copying, mailing or other supplies associated with your request. If we maintain your PHI electronically, you may request an electronic copy. We may deny your request to inspect and/or obtain a copy of your PHI in very limited circumstances. If we deny your request to inspect and/or obtain a copy of your PHI, you may have a right to have that decision reviewed.
- **Right to Request Amendment.** If you feel that your PHI is inaccurate or incomplete, you have the right to request that we amend it for as long as the PHI is kept by or for us. You must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that (i) was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment; (ii) is not part of the PHI kept by or for us; (iii) is not part of the information that you would be permitted to inspect and copy; or (iv) is accurate and complete. If we deny your request for amendment, you have the right to have a statement of disagreement included with the PHI and we have a right to include a rebuttal to your statement, a copy of which will be provided to you.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that we have made to others. This list will not include disclosures made for the purpose of treatment, payment, or health care operations, disclosures made to you or other disclosures exempted from the disclosure accounting requirements by the federal rules governing such disclosures. Your request must state a time period, which may not be longer than six years. The first list that you request within a 12 month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a restriction on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or a friend. Your request must state (i) what information you want to restrict; (ii) whether you want to restrict our use, disclosure or both; and (iii) to whom you want the restriction to apply. We are not required to agree to a restriction that you request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you regarding PHI in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- **Right to Be Notified of a Breach.** You have the right to be notified in the event that we (or one of our business associates) discover a breach of your unsecured PHI.
- **Right to Receive a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically.

You may make any of the requests described above by calling the Plan Administrator at 732-367-3667 or writing to the Plan Administrator at Enhance Therapies Healthcare Plan, 400 NJ 70, Lakewood NJ 08701

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Plan Administrator. To file a complaint with the Secretary, contact the Office for Civil Rights, U.S. Department of Health and Human Services, Jacob K. Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, New York 10278, or online at www.hhs.gov/ocr/complaints. All complaints must be submitted in writing. We will not retaliate against you for filing a complaint.

For More Information

If you have any questions regarding this Notice or the subjects addressed in it, you may call or write to the Plan Administrator.

Changes to this Notice

We reserve the right to revise the terms of this Notice and to make the revised notice applicable to PHI that we already have as well as PHI that we receive in the future. If we make a material change to this Notice, we will provide you with a copy of the revised Notice by first class mail or, if you have agreed to electronic delivery, electronically. A copy of the current Notice is available from the Plan Administrator at any time upon request.

Effective Date

This Notice is effective [09/15/2026].

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, 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: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ 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	ILLINOIS – Medicaid
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	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: mhfs.boc.hipp@illinois.gov
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
Health Insurance Premium Payment Program Website: https://www.in.gov/medicaid/ Phone: 1-800-403-0864 All other Medicaid Website: http://www.in.gov/fssa/dfr/ Family and Social Services Administration Member Services Phone: 1-800-457-4584	Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid Medicaid Phone: 1-800-338-8366 Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-programs/hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid	**MAINE – Medicaid**
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	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
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid	NEVADA – Medicaid
Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
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	Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/ 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)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	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: https://www.pa.gov/en/services/dhs/apply-for-childrens-health-insurance-program-chip.html CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Health Insurance Premium Payment (HIPP) Program Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT – Medicaid**
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/	Health Insurance Premium Payment (HIPP) Program Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP	WASHINGTON – Medicaid
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	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: https://bms.wv.gov/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
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, 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

WOMEN'S HEALTH AND CANCER RIGHTS ACT ANNUAL NOTICE

On October 21, 1998 the federal government passed the Women's Health and Cancer Rights Act of 1998 (WHCRA). As part of our plan's compliance with this Act, we are required to provide you with this annual notice outlining the coverage that this law requires our plan to provide.

Our group health plan provides coverage for medically necessary mastectomies. If you have had or are going to have a mastectomy, you may be entitled to certain benefits under WHCRA. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

4. All stages of reconstruction of the breast on which the mastectomy was performed;

5. Surgery and reconstruction of the other breast to produce a symmetrical appearance;

6. Prostheses; and

7. Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles, copayments and coinsurance that apply to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, please contact your human resources director or American Plan Administrators at the phone number on your health plan ID card.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification (sometimes referred to as preauthorization). For information on precertification, please call us at the toll-free phone number on your health plan ID card.