

# 2021 Benefits Annual Notices Required by the Federal Government

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## Profit Sharing and Savings Plan Notice on Deferrals

The Profit Sharing and Savings Plan (“PSSP,” also known as the “401(k) Plan”) includes an automatic-increase arrangement (commonly known as “Bump It”). Under the default election for Bump It, each January 1 your current 401(k) savings rate will increase by 1%.

If you do not want the default election for Bump It, you can elect to 1) decline Bump It, or 2) change your maximum Bump It rate to a different percentage (up to 50%, subject to IRS limits). Your election will remain in effect from year to year, until you make a new election. To make an election:

- Submit an **Automatic Enrollment and Override Election Form** to your HR representative,
- Make the election online: visit **www.CoalBenefits.com**, click on “Access your account” RETIREMENT 401(K), or
- Call the PSSP Benefits Center at **1-866-412-9026**.

Your 401(k) savings rate will not automatically increase by 1% on January 1 if: 1) you elect to decline Bump It, 2) your rate is already at your Bump It maximum, or 3) your rate is 0%.

## Reminder: COBRA Notices by Employees and Beneficiaries

For more information about continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), please review the Health Care Program section of your benefits handbook. To view the handbook online, go to **CoalBenefits.com** and log in with the username and password provided by your HR representative.

Covered employees or qualified beneficiaries must provide written notice to the Plan Administrator within 60 days\* of a divorce, or the date a child reaches age 26 or otherwise ceases to be an eligible dependent under the Alliance Health Care Program.

The written notice must describe the event and provide the date of the event. In addition, an Election Form must be completed and supporting documentation (e.g., divorce decree) must be provided upon request of the Plan Administrator.

A disabled employee or qualified beneficiary must provide notice of a disability within the first 18 months of COBRA and within 60 days\* of the latest of:

1. The date of Social Security Administration’s disability determination,
2. The date of the qualifying event, or
3. The date on which the qualified beneficiary would lose coverage under the Health Care Program.

If a required notice is not provided within the required timeframe to the Plan Administrator, COBRA coverage will not be provided (or extended, in the case of disability).

Your written notice will be treated as given when faxed to 844-230-8727, or when hand-delivered or mailed (the postmark date) to:

**Alliance Coal Health Plan  
COBRA Administration  
PO Box 1950  
Tulsa, OK 74101-1950**

\* These 60-day deadlines were extended effective March 1, 2020, due to the COVID-19 national emergency. The new deadline is 60 days after the national emergency declaration expires.

If you have any questions about this notice or the deadline extension during the national emergency period, please contact your local HR representative or the COBRA Administrator (Navia Benefit Solutions) at **877-920-9675**.

## Important Notice About Prescription Drug Coverage and Medicare

If you or a dependent have Medicare or will become eligible for Medicare in the next 12 months, please read the following notice. It highlights the options you have under Medicare prescription drug coverage, and it can help you decide whether or not you want to enroll.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare drug plan or join a Medicare Advantage Plan (like an HMO or a 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.

**CREDITABLE COVERAGE INFORMATION:** Alliance Coal has determined that the prescription drug coverage offered under the Alliance Health Care Program (the “Plan”) is, on average for all Plan participants, expected to pay out as much as standard Medicare 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.

**GENERAL INFORMATION:** Individuals can enroll in a Medicare drug plan when they first become eligible for Medicare and each year from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

You should compare this Plan’s coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare drug coverage in your area. Be aware that this Plan’s prescription drug coverage is provided in a package with medical coverage, and you may not drop this Plan’s prescription drug coverage without also dropping the medical coverage. If you decide to enroll in a Medicare drug plan and drop medical and prescription drug coverage under this Plan, you may not be able to get this Plan’s coverage back later.

You may contact us for more information about what happens to your coverage if you enroll in a Medicare drug plan.

**PENALTY FOR LATE ENROLLMENT:** You should also know that if you drop or lose this Plan’s Creditable Coverage 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 enroll in a Medicare drug plan later. Specifically, if you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium for Medicare drug coverage 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 19% higher than the Medicare base beneficiary premium. You may have to pay the higher premium (a penalty) as long as you have Medicare drug coverage. In addition, you may have to wait until the following October to enroll.

**HOW TO OBTAIN ADDITIONAL INFORMATION:** More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You should get a copy of the handbook in the mail every year from Medicare if you are eligible. You may be contacted directly by Medicare drug plans. For more information about Medicare prescription drug plans, visit [www.medicare.gov](http://www.medicare.gov) or call your State Health Insurance Assistance Program (see your copy of the “Medicare & You” handbook for the telephone number). For personalized help 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 drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call SSA at **1-800-772-1213** (TTY 1-800-325-0778).

Remember to keep this notice. If you enroll in one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount (a penalty).

You will receive this notice each year and at other times in the future, such as if this Plan's coverage changes. You may also request a copy. You may contact Member Services toll-free at 1-855-979-5192 for further information about this notice or this Plan's prescription drug coverage.

## **Women's Health and Cancer Rights Act Notice**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (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:

- 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,
- Prosthesis, and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance and other Plan requirements applicable to other medical and surgical benefits provided under this Plan. If you would like more information on WHCRA benefits, call Member Services toll-free at **1-855-979-5192**.

## **Notice of Privacy Practices for Protected Health Information**

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.

**Effective Date of Notice:** February 14, 2020

In this Notice, we sometimes refer to the Plan as "we" and sometimes as "the Plan." When we say "you" or "your" in this Notice, we mean any person entitled to benefits under the Plan.

Alliance Coal, LLC ("Plan Sponsor") sponsors the Alliance Coal Health Plan and the Alliance Coal Dental, Vision, and Flexible Benefits Plan ("Plans," and individually the "Plan") that are covered entities under the Health Insurance Portability and Accountability Act's ("HIPAA's") privacy regulation ("Privacy Rule"). Together the Plans constitute an organized health care arrangement ("Arrangement") under the Privacy Rule. The Privacy Rule regulates each Plan's use and disclosure of Protected Health Information ("PHI") about you. This Notice describes how we may use and disclose your PHI, as permitted by the Privacy Rule. This Notice also describes your individual rights concerning your PHI.

Under the Privacy Rule, PHI generally means information that: (i) relates to your past, present, or future physical or mental health condition or health plan coverage and (ii) may identify you.

### **SECTION 1. PLAN DUTIES**

Federal law says that we must maintain the privacy of your PHI, give you notice of our legal duties and privacy practices concerning your PHI, and notify you of a breach (as defined in the Privacy Rule) of your unsecured PHI. We must follow the terms of this Notice, as currently in effect. However, we have the right to change the terms of this Notice at any time and to make the new Notice provisions effective for all PHI that we have then or will later have. We will provide you with a revised Notice at work or by mail if we make material changes to our privacy practices.

## **SECTION 2. HOW AND WHEN THE PLAN MAY USE OR DISCLOSE PHI**

Sections A and B below describe the different ways in which we may use or disclose your PHI without your written authorization. We must have your written authorization for any other uses and disclosures. For example, subject to certain exceptions described in the Privacy Rule, we must obtain your authorization for: (i) a use or disclosure of your psychotherapy notes, (ii) a use or disclosure of your PHI for marketing, and (iii) any sale of your PHI. You may revoke your authorization at any time, but only if you make the request to revoke in writing and give or send it to the Plan's Privacy Contact at the address below. Your revocation of an authorization will not apply to any action the Plan has already taken in reliance on such authorization.

### **A. Primary Uses and Disclosures of PHI**

*Required Disclosures.* The Privacy Rule says we must disclose your PHI to you when you ask to inspect or amend it, or if you ask for an accounting of certain types of disclosures. We must also disclose your PHI to the Secretary of the Department of Health and Human Services without your authorization for an investigation of our compliance with the Privacy Rule.

*Treatment.* We may disclose PHI about you for the treatment activities of a health care provider, as permitted by the Privacy Rule. These activities include a health care provider's providing, coordinating, or managing your health care and related services, health care providers' consulting with one another about you, and referrals by one provider to another. For example, we may disclose your Plan enrollment status to a hospital in connection with a planned admission without your authorization.

*Payment.* We may use or disclose your PHI for our payment activities and those of other covered entities and health care providers, as permitted by the Privacy Rule. For example, without your authorization, we may disclose your PHI in order to collect your premiums or reimbursement for providing health care to you. In the same way, we may also disclose your PHI to another covered entity or a health care provider for its payment activities. For example, without your authorization, we may disclose your PHI to a health care provider who has filed a claim for payment for health care services provided to you.

*Health Care Operations.* We may use or disclose your PHI for our own health care operations activities, as permitted by the Privacy Rule. We may also disclose your PHI to another covered entity for its own health care operations activities. If we participate in an organized health care arrangement, we may also disclose PHI about an individual to another covered entity that participates in the organized health care arrangement for any health care operations activities of the organized health care arrangement. Health care operations activities for this purpose include: (i) quality assessment and improvement activities, (ii) population-based activities relating to reducing health care costs, (iii) case management and Care Coordination, (iv) evaluating health plan performance, (v) underwriting, enrollment, premium rating, and similar activities, and (vi) the general business management and general administrative activities of the entity for whom the health care operations activities are performed. For example, without your authorization, we may use or disclose information about your claims to project future benefit costs or audit the claims processing functions. We will not use or disclose your genetic information for underwriting purposes.

*To the Plan Sponsor.* For the purpose of administering the Plan, including claims administration, certain employees of the Plan Sponsor have access to your PHI. However, those employees are permitted to use or disclose your information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your Protected Health Information cannot be used for employment purposes without your specific authorization. We may also disclose your PHI to the Plan Sponsor for other purposes permitted by the Privacy Rules, such as evaluation of plan design changes.

*Within the Arrangement.* Each Plan may share PHI with the other Plans that make up the Arrangement, as necessary to carry out the treatment, payment, and health care operations activities (as described above) relating to the Arrangement. For example, we may share your PHI with the Arrangement for general administrative activities such as auditing or cost analysis of the Arrangement as a whole.

## **B. Other Uses and Disclosures of PHI**

*Disclosures Required by Law.* We may use or disclose your PHI when required by law, as permitted by the Privacy Rule, without your authorization.

*For Public Health Activities.* We may disclose your PHI without your authorization for certain public health activities, as permitted by the Privacy Rule. Examples of public health activities include: (i) activities to prevent or control disease, injury, or disability (including reporting a disease), (ii) the conduct of public health surveillance, public health investigations, and (iii) public health interventions.

*About Victims of Abuse, Neglect, or Domestic Violence.* We may disclose your PHI if we reasonably believe that you are a victim of abuse, neglect, or domestic violence. We may only make this disclosure to a government authority (including a social service or protective services agency) authorized by law to receive reports of such abuse, neglect, or domestic violence, as permitted by the Privacy Rule. We will make this type of disclosure only if you agree to the disclosure or if the disclosure is otherwise required or authorized by law.

*For Health Oversight Activities.* We may disclose your PHI without your authorization to a public health oversight agency for certain oversight activities authorized by law, as permitted by the Privacy Rule. Examples of oversight activities include: (i) audits, (ii) investigations, (iii) inspections, (iv) licensure, and (v) other activities generally necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

*For Judicial and Administrative Proceedings.* We may disclose your PHI without your authorization in response to a court or administrative order issued in any judicial or administrative proceeding, as permitted by the Privacy Rule. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful purpose, without a court or administrative order, but only: (i) if we obtain an order protecting the information requested, or (ii) if efforts have been made to tell you about the request for your PHI.

*For Law Enforcement Purposes.* We may disclose your PHI without your authorization to a law enforcement official for certain law enforcement purposes, as permitted by the Privacy Rule. Examples of this type of disclosure include: (i) disclosure in response to a court order, subpoena, warrant, summons, or similar process, and (ii) disclosure made in emergency circumstances to prevent a crime.

*To Coroners, Medical Examiners, and Funeral Directors.* We may disclose your PHI without your authorization to a coroner or medical examiner for the purpose of: (i) identifying a deceased person, (ii) determining a cause of death, or (iii) other duties as authorized by law, as permitted by the Privacy Rule. Also, we may disclose your PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties regarding the decedent.

*For Organ and Tissue Donation Purposes.* We may use or disclose your PHI without your authorization to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation, as permitted by the Privacy Rule.

*For Research.* We may use or disclose your PHI for research without your authorization, as permitted by the Privacy Rule. A number of conditions must be met before we use or disclose your PHI for research.

*To Avert a Serious Threat to Health or Safety.* We may use or disclose your PHI without your authorization when necessary to prevent a serious threat to someone's health and safety, as permitted by the Privacy Rule. We may only make that kind of disclosure, however, to someone able to lessen or prevent the threat.

*For Specialized Governmental Functions.* We may use or disclose your PHI without your authorization for specialized governmental functions, as permitted by the Privacy Rule. Examples of this kind of disclosure are: (i) disclosure of PHI of military personnel for activities deemed necessary by military command authorities, and (ii) disclosure to authorized federal officials for lawful national security activities.

*For Workers' Compensation.* We may use or disclose your PHI without your authorization when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault, as permitted by the Privacy Rule.

*For Care and Notification.* We may use or disclose your PHI without your authorization to your family member, other relative, or a close personal friend or other person you identify. Our disclosure will be limited to PHI that is directly relevant to your care or payment related to your care. This includes information about your location, general condition, or death, as permitted by the Privacy Rule.

*Incidental to a Use or Disclosure Permitted by the Privacy Rule.* We may make a use or disclosure of your PHI without your authorization if the use or disclosure is incidental to a use or disclosure otherwise permitted by the Privacy Rule. We will make reasonable efforts to limit PHI used and/or disclosed to the minimum necessary to accomplish the intended purpose of the use and/or disclosure. We have in place appropriate administrative, technical, and physical safeguards to protect the privacy of your PHI.

### **SECTION 3. YOUR RIGHTS**

#### **Right to Request Restrictions on PHI Uses and Disclosures**

You have the right to request that we restrict uses and disclosures of your PHI to carry out treatment, payment, or health care operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or in payment for your care, as permitted by the Privacy Rule. However, we are not required to agree to your request.

Your request for restrictions must be in writing to the Plan's Privacy Contact at the address below.

#### **Right to Receive Confidential Communications**

You have the right to request that we make certain communications of your PHI to you by alternative means or to alternative locations, if the Plan's traditional means of communication could endanger you.

Your request for confidential communications of PHI must be in writing to the Plan's Privacy Contact or Office at the address below. Your request must include a statement that the disclosure of all or part of the information could endanger you.

#### **Right to Inspect and Copy PHI**

You have the right to request access to inspect or obtain a copy of certain types of PHI that the Plan has about you.

Your request for access must be in writing to the Plan's Privacy Contact or Office at the address below. If you ask for a copy of the information, we may charge a fee for the costs of copying, mailing, or other charges related to fulfilling your request.

We may deny your request for access to inspect or obtain a copy of your PHI in certain circumstances, as permitted by the Privacy Rule.

**Right to Amend PHI**

If you feel that your PHI we have is incorrect or incomplete, you may ask us to amend your information.

Your request for an amendment must be in writing to the Plan's Privacy Contact or Office at the address below. Your written request must also specify the basis for the amendment.

We may deny your request for an amendment in certain circumstances, as permitted by the Privacy Rule.

**Right to Receive an Accounting of PHI Disclosures**

You have the right to receive an accounting of certain disclosures of your PHI that we have made.

Your request for an accounting of disclosures must be in writing to the Plan's Privacy Contact or Office at the address below. Your written request must specify the time period for which you are requesting an accounting. That time period may not be longer than six years from the date of your request. Your written request should state the format (paper, electronic, etc.) in which you want to receive your accounting. We may charge a fee for the costs of responding to more than one accounting request in a 12-month period.

We may deny your request for an accounting in certain circumstances, as permitted by the Privacy Rule.

**Right to Obtain a Paper Copy of Notice**

You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please make your request in writing to the Plan's Privacy Contact or Office at the address below.

**SECTION 4. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, write to the Plan's Privacy Contact or Office at the address below. Your complaint must be submitted in writing. You will not be retaliated against for filing a complaint.

**SECTION 5. ADDRESS**

If you have any questions about the Plan's privacy practices or the information contained in this Notice, please contact the Plan's Privacy Contact or Office at:

**Alliance Coal, LLC**  
**ATTN: Privacy Contact**  
**PO Box 1950**  
**Tulsa, OK 74101-1950**  
**539-424-6812**

## Special Enrollment Notice

If you are declining enrollment in the Alliance Health Care Program for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may in the future be able to enroll yourself and your dependents in the Alliance Health Care Program if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days following the date\* your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days following the date\* of the marriage, birth, adoption, or placement for adoption, and you must also submit any other required documentation within the same 31-day period\*. (Please refer to the Summary Plan Description for a special rule relating to newborns and newly adopted children.)

An employee or dependent who is eligible, but not enrolled, for coverage under the Alliance Health Care Program may enroll for coverage under the terms of the Plan if either of the following conditions is met:

- The employee or dependent loses Medicaid or Children's Health Insurance Plan (CHIP) coverage due to a loss of eligibility for such coverage. The employee must request coverage under the Alliance Health Care Program within 60 days following the date\* of termination of such coverage.
- The employee or dependent becomes eligible for premium assistance under Medicaid or CHIP with respect to coverage under the Alliance Health Care Program. The employee must request coverage under the Alliance Health Care Program within 60 days following the date\* the employee or dependent is determined to be eligible for such assistance.

\* These deadlines were extended effective March 1, 2020, due to the COVID-19 national emergency. The new deadline is 60 days after the national emergency declaration expires.

To request special enrollment or obtain more information, call Member Services toll-free at **1-855-979-5192**.

## Notice Regarding HealthCheck

The HealthCheck is a voluntary wellness program available to all employees and covered family members (subject to certain age limits). The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the HealthCheck, you will be asked to complete a voluntary health risk assessment, or "HRA," that asks a series of questions about your health-related activities and behaviors (e.g., whether you smoke or use smokeless tobacco) and whether you have or had certain medical conditions (e.g., high cholesterol, high blood pressure, or diabetes). You will also be asked to complete a biometric screening, which will include a blood test that primarily focuses on the risk factors for cardiovascular issues. You are not required to complete the HealthCheck or to participate in the blood test or other medical examinations.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

**PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION:** Health care providers and group health plans are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Alliance Coal may use aggregate information they collect to design a program based on identified health risks in the workplace, Raymond D. Wells, PSC (which performs the HealthCheck); Trajectory HealthCare, LLC (which provides certain data analysis services); and the Alliance Coal Health Care Program will not disclose any of your personal information either publicly or to the employer, except as necessary to administer the Alliance Coal Health Care Program or to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and will not be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The personally identifiable health information from your HRA and biometric screening will be received by employees of Raymond D. Wells, PSC, to provide you with services under the wellness program; by employees of Trajectory HealthCare, LLC, to provide data analysis; and by certain employees of Alliance Coal who work with the Alliance Coal Health Care Program, to administer the Alliance Coal Health Care Program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and encrypted if stored electronically. No information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you as soon as possible.

You will not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor will you be subjected to retaliation if you choose not to participate.

By completing the HealthCheck form, you are providing your authorization to the collection of this information and you are confirming that you have received this notice regarding the type of health information that will be obtained, the purposes for which it is used, and the restrictions on disclosure of this information.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Member Services at **1-855-979-5192**.

## **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](http://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 (543-7669)** or visit **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

\* This 60-day deadline was extended effective March 1, 2020, due to the COVID-19 national emergency. The new deadline is 60 days after the national emergency declaration expires.

**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

**Website:** <http://www.myalhipp.com>

**Phone:** 1-855-692-5447

**ALASKA** – Medicaid

**The AK Health Insurance Premium Payment Program**

**Website:** <http://myakhipp.com>

**Phone:** 1-866-251-4861

**Email:** [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

**Medicaid Eligibility:** <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

**ARKANSAS** – Medicaid

**Website:** <http://myarhipp.com>

**Phone:** 1-855-MyARHIPP (1-855-692-7447)

**CALIFORNIA** – Medicaid

**Website:** [https://www.dhcs.ca.gov/services/Pages/TPLRD\\_CAU\\_cont.aspx](https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx)

**Fax:** 916-440-5676

**COLORADO** – Health First Colorado (Colorado's Medicaid Program) and Child Health Plan *Plus*

**Health First Colorado Website:**

<https://www.healthfirstcolorado.com>

**Health First Colorado Member Contact Center:**

1-800-221-3943 / State Relay 711

**CHP+ Website:** <https://www.colorado.gov/pacific/HCPF/Child-Health-Plan-Plus>

**CHP+ Phone:** 1-800-359-1991 / State Relay 711

**Health Insurance Buy-In Program (HIBI):** <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

**HIBI Phone:** 1-855-692-6442

**FLORIDA** – Medicaid

**Website:** <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>

**Phone:** 1-877-357-3268

**GEORGIA** – Medicaid

**Website:** <http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

**Phone:** 678-564-1162 ext. 2131

**INDIANA** – Medicaid

**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

**IOWA** – Medicaid and CHIP (Hawki)

**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

**KANSAS** – Medicaid

**Website:** <http://www.kdheks.gov/hcf/default.htm>

**Phone:** 1-800-792-4884

**KENTUCKY** – Medicaid and CHIP  
**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](mailto:KIHIPPPROGRAM@ky.gov)  
**KCHIP Website:** <https://kidshealth.ky.gov/Pages/index.aspx>  
**Phone:** 1-877-524-4718  
**Kentucky Medicaid Website:** <https://chfs.ky.gov>

**LOUISIANA** – Medicaid  
**Website:** [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/la hipp](http://www.ldh.la.gov/la hipp)  
**Phone:** 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

**MAINE** – Medicaid  
**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:** 1-800-977-6740  
**TTY:** Maine relay 711

**MASSACHUSETTS** – Medicaid and CHIP  
**Website:** <http://www.mass.gov/eohhs/gov/departments/masshealth>  
**Phone:** 1-800-862-4840

**MINNESOTA** – 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

**MISSOURI** – Medicaid  
**Website:** <https://dss.mo.gov/mhd/participants/pages/hipp.htm>  
**Phone:** 573-751-2005

**MONTANA** – Medicaid  
**Website:** <https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
**Phone:** 1-800-694-3084

**NEBRASKA** – Medicaid  
**Website:** <http://www.AccessNebraska.ne.gov>  
**Phone:** 1-855-632-7633  
**Lincoln:** 402-473-7000  
**Omaha:** 402-595-1178

**NEVADA** – Medicaid  
**Website:** <http://dhcfp.nv.gov>  
**Phone:** 1-800-992-0900

**NEW HAMPSHIRE** – Medicaid  
**Website:** <https://www.dhhs.nh.gov/oi/hipp.htm>  
**Phone:** 603-271-5218  
**Toll-free for HIPP at:** 800-852-3345 ext. 5218

**NEW JERSEY** – Medicaid and CHIP  
**Medicaid Website:** <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>  
**Medicaid Phone:** 609-631-2392  
**CHIP Website:** <http://www.njfamilycare.org>  
**CHIP Phone:** 1-800-701-0710

**NEW YORK** – Medicaid  
**Website:** [https://www.health.ny.gov/health\\_care/medicaid](https://www.health.ny.gov/health_care/medicaid)  
**Phone:** 1-800-541-2831

**NORTH CAROLINA** – Medicaid  
**Website:** <https://medicaid.ncdhhs.gov>  
**Phone:** 919-855-4100

**NORTH DAKOTA** – Medicaid  
**Website:** <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
**Phone:** 1-844-854-4825

**OKLAHOMA** – Medicaid and CHIP  
**Website:** <http://www.insureoklahoma.org>  
**Phone:** 1-888-365-3742

**OREGON** – Medicaid  
**Website:** <http://healthcare.oregon.gov/Pages/index.aspx>  
**Phone:** 1-800-699-9075

**PENNSYLVANIA** – Medicaid  
**Website:** <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>  
**Phone:** 1-800-692-7462

**RHODE ISLAND** – Medicaid and CHIP  
**Website:** <http://www.eohhs.ri.gov>  
**Phone:** 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

**SOUTH CAROLINA** – Medicaid  
**Website:** <https://www.scdhhs.gov>  
**Phone:** 1-888-549-0820

**SOUTH DAKOTA** – Medicaid  
**Website:** <http://dss.sd.gov>  
**Phone:** 1-605-773-4678

**TEXAS** – Medicaid  
**Website:** <http://www.gethipptexas.com>  
**Phone:** 1-800-440-0493

**UTAH** – Medicaid and CHIP  
**Medicaid Website:** <https://medicaid.utah.gov>  
**CHIP Website:** <http://health.utah.gov/chip>  
**Phone:** 1-877-543-7669

**VERMONT** – Medicaid  
**Website:** <http://www.greenmountaincare.org>  
**Phone:** 1-800-250-8427

**VIRGINIA** – Medicaid and CHIP  
**Medicaid Website:** <https://www.coverva.org/hipp/>  
**Medicaid Phone:** 1-800-432-5924  
**CHIP Phone:** 1-855-242-8282

**WASHINGTON** – Medicaid  
**Website:** <https://www.hca.wa.gov>  
**Phone:** 1-800-562-3022

**WEST VIRGINIA** – Medicaid  
**Website:** <http://mywvhipp.com>  
**Phone:** 1-855-MyWVHIPP  
(1-855-699-8447)

**WISCONSIN** – Medicaid and CHIP  
**Website:** <https://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, 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](http://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](http://www.cms.hhs.gov)  
1-877-267-2323,  
Menu Option 4, Ext. 61565



