



IBEW 125 - PGE HEALTH & WELFARE TRUST



October 2026

RE: READ CAREFULLY!! IMPORTANT INFORMATION ENCLOSED

Enclosed with this letter, you will find the following important items regarding the IBEW 125 – PGE Health & Welfare Trust:

- 1) **Protected Health Information Release Form – ACTION REQUESTED**
- 2) HIPAA Notice of Privacy Practices Availability Notice
- 3) Annual Women’s Health Notice
- 4) The Medicare Part D Annual Notice
- 5) Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)

Protected Health Information Release Form

Your privacy is important to us. **If you have never done so, you must return this form if you wish to allow us to speak with another person, such as a spouse about your claims, enrollment, and eligibility.** One form is needed for each adult in the family. If you already sent in a form, you do NOT need to send a new one.

Did you know that the Trust Office offers Eligibility access online?

Register online today! Quickly and securely register using our easy website registration process! Have your personal information at your fingertips 24 hours a day, 7 days a week! Click on “Create an Account” to get started. You will need to know your name, date of birth, SSN or Alternate ID, and zip code as they are recorded in the Trust Office. Go to www.IBEW125PGEbenefits.org. Problems? Click on Contact Us.

HIPAA Notice of Privacy Practices Availability Notice

“The IBEW 125 – PGE Health & Welfare Trust maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) is used or maintained by the Trust. You have the right to request a copy of the Trust’s Notice of Privacy Practices from the Trust Office by submitting a written request to:

BeneSys, Inc. Attn: Privacy Officer
IBEW 125 – PGE Health & Welfare Trust
700 Tower Drive, Suite 300. Troy, MI 48098
Telephone: (248) 813-9800

You may also obtain a copy of this notice on the Plan’s website: www.IBEW125PGEbenefits.org.”

Instructions for completing the

Authorization for Release of Protected Health Information

There is a section for the Member/Retiree, Spouse and if applicable, a section for a dependent child(ren) over the age of 18.

Member Section /Retiree Section

1. Fill in your name and social security number.
2. **If you are married** and you want to give your spouse authority to inquire about your health information, please enter his/her name and relationship (spouse) –or-
If you are not married or you want to give someone other than your spouse authority to inquire about your health information, please enter his/her name and relationship (mother, father, friend, etc.).
3. **If you are giving someone else authority, please sign and date form.**

OR

If you do not want to give anyone other than yourself authority to inquire about your health information, then place an “X” in the box where it says, “I do not want my Health Information released to anyone but myself”. **Please sign and date**

Spouse Section

1. Fill in your name and social security number.
2. **If you want to give your spouse (member/retiree)** authority to inquire about your health information, please enter his/her name and relationship (spouse).
If you want to give someone other than your spouse authority to inquire about your health information, please enter his/her name and relationship (mother, father, friend, etc.), **please sign and date form.**

OR

3. **If you do not want to give anyone other than yourself** authority to inquire about your health information, then place an “X” in the box where it says “I do not want my Health Information released to anyone but myself”. **Please sign and date**
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Dependent(s) over the age of 18 Section

1. Fill in your name and social security number.
2. **If you want to give your parents** authority to inquire about your health information, please enter their name and relationship (father, mother).
If want to give someone other than your parents authority to inquire about your health information, please enter his/her name and relationship (mother, father, friend, etc.) **please sign and date form.**

OR

3. **If you do not want to give anyone other than yourself** authority to inquire about your health information, then place an “X” in the box where it says “I do not want my Health Information released to anyone but myself”. **Please sign and date**

-OVER-

Authorization for Release of Protected Health Information

MEMBER/RETIREE SECTION

I, (print your name and Social Security number) _____ authorize
The IBEW 125 - PGE Health and Welfare Trust (the "Trust"), and its business associates, to disclose claims, payment, eligibility and other related health information about me to the following persons (select 1-2 persons if desired), at the request of such persons:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I understand that this authorization will expire upon termination of my enrollment in the Plan, unless I revoke it sooner. I understand that I have the right to revoke it at any time, except to the extent that it has already been relied upon. I understand that if I decide to revoke this authorization, I must give notice of my decision in writing and send it to:

IBEW 125 - PGE Health & Welfare Trust
PMB#116, 5331 S Macadam Avenue, Suite 258
Portland, OR 97239
Phone 503-224-5906 • Toll Free 877-545-9471

I understand that my health information that is disclosed pursuant to this authorization may be re-disclosed by the persons I have identified above, and the Plan cannot prevent or protect such re-disclosures, AND I understand that I am not required to sign this form to receive my health care benefits (enrollment, treatment or payment).

Signature of Member _____ **Date Signed:** _____

-OR- ☐ I do not want my Health Information released to anyone but myself.

Signature of Member _____ **Date Signed:** _____

SPOUSE SECTION

I, the spouse (Name, Please Print) _____, (Spouse's Social Security #) _____ of the above named member, have also read, understand, and authorize the Plan to disclose claims, payment, eligibility and other related health information about me to the following persons (select 1-2 persons if desired) for the reasons and with the explanations listed above, at the request of such persons:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature of Spouse _____ **Date Signed:** _____

-OR- ☐ I do not want my Health Information released to anyone but myself.

Signature of Spouse _____ **Date Signed:** _____

DEPENDENT(S) OVER THE AGE OF 18 SECTION

I, the dependent child(ren) over the age of 18 (Name, Please Print) _____, (Social Security #) _____ have also read, understand, and authorize the Plan to disclose claims, payment, eligibility and other related health information about me to the following persons (select 1-2 persons if desired) for the reasons and with the explanations listed above, except at the request of such persons:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature of Dependent _____ **Date Signed:** _____

OR- ☐ I do not want my Health Information released to anyone but myself.

Signature of Dependent _____ **Date Signed:** _____

NOTE: If there is more than one dependent over the age of 18, please copy, complete and sign the appropriate number of additional Authorization Forms and return to the Benefit Office.



IBEW 125 - PGE HEALTH & WELFARE TRUST



NOTICE OF AVAILABILITY

IBEW 125 – PGE HEALTH AND WELFARE TRUST NOTICE OF PRIVACY PRACTICES

Date of Notice: October 2026

Plan Sponsor: IBEW 125 – PGE HEALTH AND WELFARE TRUST (“Trust”)

The Trust is committed to protecting the privacy and security of your Protected Health Information (“PHI”). The Trust is required by the Health Insurance Portability and Accountability Act (“HIPAA”) to maintain the privacy of your health information and to provide you with a comprehensive description of our legal duties and privacy practices.

Availability of the Notice of Privacy Practices

This is a periodic reminder that the Trust's full HIPAA Notice of Privacy Practices (“NPP”) is available to you upon request. You received a copy when you first became eligible. The NPP details:

- How the Trust may use and disclose your medical information for treatment, payment, and health care operations.
- Your rights to inspect, copy, and request amendments to any health records maintained by the Trust.
- Your right to request restrictions on certain disclosures or receive confidential communications.
- The Trust’s requirement to notify you following a breach of your unsecured health information.
- Procedures for filing a formal privacy complaint with the Trust or the U.S. Department of Health and Human Services (HHS) without fear of retaliation.

How to Obtain a Copy of the Notice

You can access or request a copy of the current NPP at any time through any of the following methods:

1. **Online**: View and download a digital copy directly from our participant portal at www.IBEW125PGEbenefits.org.
2. **By Phone**: Request a paper copy by contacting the Trust Office at the phone numbers provided in the Trust Office contact information at the bottom of this page.
3. **In Person**: Request a paper copy at the Trust Office (see contact information below).
4. **By Mail**: Request a paper copy by contacting the Trust’s Privacy Officer at:

BeneSys, Inc.
Attn: Privacy Officer
IBEW 125 – PGE Health & Welfare Trust
700 Tower Drive, Suite 300. Troy, MI 48098
Telephone: (248) 813-9800



IBEW 125 - PGE HEALTH & WELFARE TRUST



ANNUAL NOTIFICATIONS OCTOBER 2027 PLAN YEAR

WOMEN'S HEALTH AND CANCER-RIGHTS ACT OF 1998 NOTICE (WHCRA)

Your plan covers mastectomies, and reconstructive surgery and other mastectomy related services. This benefit applies to all plan participants, including a member's dependents.

In addition, your plan provides reconstructive surgery. Reconstructive surgery is determined in consultation with the patient and the patient's attending physician.

The benefit includes:

- all stages of reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prosthesis and physical complications in all stages of the mastectomy, including lymph edemas.

These benefits are subject to annual plan deductibles and co-insurance provisions.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

Your plan generally does not restrict the length of a hospital stay in connection with childbirth, as explained below. These federal rules apply to the mother and/or the newborn child.

- The mother's hospital stay in connection with childbirth generally cannot be less than 48 hours (vaginal delivery) or 96 hours (cesarean).
- The mother's and/or newborn's attending provider, after consulting with the mother, may discharge the mother and/or her newborn earlier than 48 hours (vaginal delivery) or 96 hours (cesarean).
- Your plan may not require your provider to obtain prior authorization for prescribing a length of stay not in excess of 48 hours (vaginal delivery) or 96 hours (cesarean).

These benefits are subject to annual plan deductibles and co-insurance provisions.



IBEW 125 - PGE HEALTH & WELFARE TRUST



October 2026

Important Notice from IBEW 125 – PGE Health and Welfare Trust (“Trust”) About Your Prescription Drug Coverage and Medicare (No action is required on your part)

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 Trust 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. **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).**

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. The Medicare Part D prescription drug program is ***NOT a benefit paid through plans sponsored by the Trust.***
2. The Trust has determined that the prescription drug coverage offered by Trust sponsored plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

When you first become eligible for Medicare¹, you will have the option to independently enroll in a Medicare Part D prescription drug plan.

- You may keep your prescription drug coverage under a Trust sponsored plan and decline Medicare Part D. No action is required on your part.
- If you are considering enrollment in a Medicare Part D prescription drug plan, please contact the Trust Office to determine if whether obtaining Medicare Part D coverage may affect your Plan benefits.

¹ Your Medicare Initial Enrollment Period will be the month in which you become age 65, plus the preceding three months and the succeeding three months.

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

If you ever drop or lose your current coverage under a Trust sponsored plan, 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. In the unlikely event that Trust coverage becomes non-creditable, having this notice will allow you to immediately enroll in a Part D plan without having to pay a late enrollment penalty. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Review your "Medicare & You" handbook mailed by Medicare. You may be contacted directly by Medicare drug plans.
- 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).

This notice is to inform you that your current prescription drug benefit program through a plan sponsored by Trust is "creditable coverage". If you lose this notice and need another copy, please call the Trust Office at (503) 224-5906, or request a copy in writing from BeneSys, Inc., PMB #116, 5331 S Macadam Avenue, Suite 258, Portland, OR 97239-3871.

CERTIFICATE OF CREDITABLE PERSCRIPTION DRUG COVERAGE

The Trust hereby certifies that the prescription drug coverage provided under Trust sponsored plans to Medicare-eligibles is expected to pay out, on average for all such participants, at least as much as the standard Part D coverage would pay in calendar year. It is designated as providing "creditable coverage", meaning that any participant who later enrolls in a Part D plan will not be charged a late enrollment penalty for the time you are enrolled in this Plan.

Date: October 2026
Plan Sponsor: IBEW 125 - PGE Health & Welfare Trust
Administrator: BeneSys, Inc.
Address: PMB 116, 5331 S Macadam Avenue, Suite 258
Portland, OR 97239-3871
Telephone: (503) 224-5906

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://myalh Hipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myak Hipp.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://myar Hipp.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: h 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.flmedicaidprecovery.com/flmedicaidprecovery.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 All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	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
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: KIHIPPI.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
<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>	<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>
MASSACHUSETTS – Medicaid and CHIP	MINNESOTA – Medicaid
<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>	<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>
MISSOURI – Medicaid	MONTANA – Medicaid
<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov</p>
NEBRASKA – Medicaid	NEVADA – Medicaid
<p>Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>	<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
NEW HAMPSHIRE – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>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</p>	<p>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)</p>
NEW YORK – Medicaid	NORTH CAROLINA – Medicaid
<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>

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: Children's Health Insurance Program (CHIP) (pa.gov) 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	Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services 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/	Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access 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

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 5/31/2029)