DRIV GROUP HEALTH PLANS
NOTICE OF PRIVACY PRACTICES

GROUP HEALTH PLANS MAINTAINED BY DRIV ARE REQUIRED BY LAW TO SEND YOU THIS NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

GENERAL INFORMATION ABOUT THIS NOTICE

This document relates to the use and disclosure of your medical information by the group health plans ("Plans") maintained by DRiV ("Company"). For these purposes, "Plans" means the following plans sponsored by the Company: the DRiV Welfare Benefit Plan (including its component medical, dental, vision, health care FSA and limited purpose FSA programs), the DRiV Retiree Health Reimbursement Account Plan, the Federal Mogul Retiree Medical Benefit Plan, and all other Company retiree health programs available to former employees.

Please note that, depending on the circumstances, the term "Plans" as used in this Notice may mean multiple Plans or a single Plan.

The Plans continue their commitment to maintaining the confidentiality of your medical information for purposes of your Plan coverage. This Notice describes the Plans' legal duties and privacy practices with respect to that information. This Notice also describes your rights and the Plans' obligations regarding the use and disclosure of your medical information. You are entitled to a copy of this Notice.

This Notice applies to:

1. The group health plans sponsored by Company;
2. Any Company employee or other individuals acting on behalf of the Plans, and
3. Third parties performing services for the Plans.

The Plans are required by law to:

1. Make sure that medical information that identifies you is kept private;
2. Give this Notice of the Plans' legal duties and privacy practices with respect to medical information about you;
3. Follow the terms of the Notice that is currently in effect; and
4. Notify you if a reportable breach of your unsecured protected health information occurs.

Plans' Use and Disclosure of your Medical Information: The Plans are required by law to maintain the privacy of your protected health information ("PHI"). PHI is the information that is created or received by or on behalf of the Plans and includes:

1. Information that relates to your past, present, or future physical or mental health or condition;
2. The provision of health care to you;
3. The past, present, or future payment for the provision of health care to you; and
4. The information that either identifies you or with respect to which there is a reasonable basis to believe the information can be used to identify you.

This information may be maintained or transmitted either electronically or in any other form or medium. If the Plans need to amend this Notice due to changes in their operation, then this Notice will be amended, and an updated privacy Notice will be made available to you.

The Plans need to use your PHI in certain ways that are described below in more detail.

Use or Disclosure for Payment: The Plans may use and disclose your PHI so that the Plans can make proper payment for the services provided to you. For example, the Plans may use your PHI to determine your benefit eligibility or coverage level, to pay a health care provider for your medical treatment, or to reimburse you for your direct payment to a health care provider.

Use or Disclosure for Health Care Operations: The Plans may use and disclose your PHI to the extent necessary to administer and maintain the Plans. For example, the Plans may use your PHI in the process of negotiating contracts with third party carriers, such as HMOs and provider networks, or for internal audits. The Plans may also use or disclose your PHI in order to contact you to provide information or reminders about health-related benefits or services. For example, the Plans may send you information regarding disease management. If the Plans use or disclose your PHI for underwriting purposes, however, the Plans are prohibited from using or disclosing your genetic information for such purposes.

Disclosure to DRiV: With respect to your Plan coverage, the Plans may use and disclose your PHI to Company as permitted or required by the Plan documents or as required by law. Certain employees of Company who perform administrative functions for the Plans may use or disclose your PHI for Plan administration purposes. This will include the personnel in the Benefits Department and Human Resources Managers/Representatives. Any PHI disclosed to Company by the Plans for other than payment or health care operations will require your written authorization. At no time will PHI be disclosed to Company for employment-related actions or decisions without your written authorization.

Disclosures to Family or Close Friends: Under certain very limited circumstances (e.g., an emergency), the Plans may release your PHI to either a family member or someone who is involved in your health care or payment for your care. Outside of these limited circumstances, the Plans will require an authorization in order to disclose your health information to any other individuals, including your spouse or other family members. If you would like to designate another individual to handle your health information for you, authorization forms will be available for this purpose. To obtain an authorization, you should contact the Claims

Administrator listed in your summary plan description or contact the HIPAA Privacy Officer by calling the number listed on the last page of this Notice.

Use by or Disclosure to Consultant: The Plans may release your PHI to a consultant providing administrative services to the employer. Such services include, but are not limited to, monitoring eligibility for the Plans, processing enrollment events, producing COBRA notices, directing billings and payments, and entering data.

Your Written Authorization: Generally, the Plans must have your written authorization to use or disclose your PHI in circumstances not covered by this Notice or the laws that apply to the Plans (including uses and disclosures of psychotherapy notes, if applicable). If you provide the Plans with authorization to use or disclose your PHI, you may revoke that permission, in writing, at any time by written notice to the HIPAA Privacy Officer or other individual designated in the authorization you provided. If you revoke your authorization, the Plans will no longer use or disclose your PHI for the reasons covered by your written authorization. However, you understand that the Plans are unable to take back any disclosures already made based on your prior authorization.

Special Situations: The following are examples of when the Plans may disclose your PHI without your authorization:
1. Required by Law: The Plans may use or disclose your PHI to the extent required by law.

2. Public Health Reasons: The Plans may disclose your PHI for public health reasons. These reasons may include but not limited to the following:
a. Prevention or control of disease, injury or disability.
b. To report child abuse or neglect;
c. To report reactions to medications or problems with products;
d. To notify individuals of recalls of medication or products they may be using; and
e. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

3. Victims of Abuse, Neglect or Domestic Violence: As permitted or required by law, the Plans may disclose your PHI to an appropriate government authority if the Plans reasonably believe you are the victim of abuse, neglect or domestic violence.

4. Health Oversight Activities: As required by law, the Plans may disclose your PHI to health oversight agencies. Such disclosure will occur during audits, investigations, inspections, licensure, and other government monitoring and activities related to health care provision or public benefits or services.

5. Judicial Proceedings, Lawsuits and Disputes: The Plans may disclose your PHI in response to an order of a court or administrative tribunal, provided that the Plans disclose only the PHI expressly authorized by such order.

If you are involved in a lawsuit or a dispute, the Plans may disclose your PHI when responding to a subpoena, discovery request, or other lawful process where there is no court order or administrative tribunal. Under these circumstances, the Plans will require satisfactory assurance from the party seeking your PHI that such party has made reasonable efforts either to ensure that you have been given notice of the request or to secure a qualified protective order.

6. Law Enforcement: In response to a court order, subpoena, warrant, summons or other legal request, or upon a law enforcement official's request, the Plans may release your PHI to a law enforcement official. The Plans may also release medical information about you to authorized government officials for purposes of public and national security.

7. Coroners, Medical Examiners and Funeral Directors: Upon your death, the Plans may release your PHI to a coroner or medical examiner for purposes of identifying you or determining a cause of death, and to funeral directors as necessary to carry out their duties.

8. National Security and Intelligence Activities: The Plans may release medical information about you to authorized federal officials for intelligence, counterintelligence, and any other national security activities authorized by law.

9. Military and Veterans: If you are or were a member of the armed forces, the Plans may release your PHI as required by military command authorities. The Plans may also release PHI about foreign military personnel to the appropriate authority.

10. Workers' Compensation: The Plans may release your PHI to comply with workers' compensation or similar programs.

Your Rights:
You have a number of rights regarding your PHI maintained by the Plans. PHI maintained by the Plans is primarily maintained by the Claims Administrators. For that reason, if you wish to exercise any of the rights listed below, you should first contact the Claims Administrator for the applicable program (for example, the dental program to access your PHI relating to the dental plan).

Contact information for the Claims Administrators is located in your summary plan description (benefits booklet). If your rights are not resolved by contacting the Claims Administrator, you should contact the HIPAA Privacy Officer, at the address and phone number listed on the last page of this Notice. When exercising any of the rights listed below, you should follow the particular procedures listed under each of the rights in this Notice.
Your rights regarding your PHI maintained by the Plans are as follows:

1. Right to request restrictions: You have the right to request a restriction or limitation on the Plans' use or disclosure of your PHI for payment or health care operations purposes as set forth above. You also have the right to request a limit on the PHI the Plans disclose about you to

someone who is involved in your care or the payment of your care. In general, the Plans are not required to agree to your request.

If the Plans do agree (or are required to), the Plans will comply with your request unless the information is needed to provide you with emergency treatment or to comply with one of the "Special Situations" described earlier in this Notice.
To request restrictions on the use and disclosure of your PHI, you must make a written request which includes: (1) the information you want to limit; (2) whether you want the Plans to limit the use, disclosure, or both; and (3) to whom you want the restrictions to apply.

The Plans may terminate their agreement to a restriction by notifying you of the termination.

2. Right to receive confidential communications: You have the right to request the Plans to communicate with you about your PHI in a certain manner or at a certain location. For example, you may request that the Plans contact you only at home and not at work.

The Plans will accommodate all reasonable written requests if you clearly state that you are requesting the confidential communication because you feel that disclosure could endanger your life. You must make sure your request specifies how or where you wish to be contacted.

3. Right to inspect and copy your PHI: You have the right to inspect and copy your PHI that is contained in records maintained, used, collected or disseminated by the Plans. Usually, this includes the medical and billing records maintained by the Plans but does not include psychotherapy notes, if any, to which the Plans have access. Requests for inspection and copying must be made in writing. a. The access is reasonably likely to endanger the life or physical safety of you or another individual; or b. Your PHI makes references to another person, and the Plans believe that the requested access would likely cause substantial harm to the other person.

The Plans may charge you fees for the costs of copying, mailing or other supplies directly associated with your request.

If the Plans deny your request, you will have an opportunity to have the denial reviewed if the denial was based on a licensed health care professional's opinion that:

If this occurs, a licensed health care professional chosen by the Plans will review the request and denial. The person conducting the review will not be the person who denied your request. The Plans will comply with the outcome of the review.

If the Plans maintain your PHI electronically in one or more designated record sets, you have the right to get a copy of your PHI in an electronic format.

4. Right to amend your PHI: You have the right to request an amendment to your PHI if you believe the PHI the Plans have about you is incorrect or incomplete. You have this right as long as your PHI is maintained by the Plans.

a. Your request is not in writing, or it does not include a reason to support the request;
b. The PHI to which your request refers was not created by the Plans, unless the person or entity that created the PHI is no longer available to make the amendment;
c. The PHI to which your request refers is not part of the medical information, enrollment, payment, claims adjudication or management records kept by the Plans;
d. The PHI to which your request refers is not part of the information you would be permitted to inspect or copy; or
e. The PHI to which your request refers is accurate and complete.

To request an amendment, you must submit a written request and must provide the Plans with a reason that supports your request.

The Plans may deny your request for an amendment in any of the following circumstances:

5. Right to receive an accounting of disclosures of PHI: You have the right to request a list of the disclosures of the PHI the Plans have made about you, subject to certain exceptions (including, but not limited to, disclosures made for treatment, payment, or health care operations). Effective on such date as the Secretary of Health and Human Services designates, if the Plans maintain your PHI in an electronic record of health-related information created, gathered, maintained, or consulted by authorized health care clinicians and staff ("Electronic Health Records"), you may request an accounting of disclosures made from those Electronic Health Records for treatment, payment, or health care operations.

Your request must include (1) the time period for the accounting which may not be longer than the six (6) years (or three (3) years, in the case of an accounting from an Electronic Health Record) prior to the date on which the accounting is requested; and (2) the form (i.e., electronic, paper) in which you would like the accounting.
Your first request within a 12-month period will be free. The Plans may charge you for costs associated with providing you additional lists. The Plans will notify you of the costs involved, and you may choose to withdraw or modify your request before you incur any costs.

6. Right to receive a paper copy of this Notice: If you have received this Notice electronically, you have the right to also receive a paper copy of this Notice.

To receive a paper copy, you must submit a written request to the HIPAA Privacy Officer at the address listed on the last page of this Notice. You may receive a paper copy of this Notice, even if you previously agreed to receive this Notice electronically.

Filing a complaint against the Plans: If you believe your privacy rights have been violated, or if you become aware of a security incident that affects your PHI or the PHI of other Plan

participants, you may file a complaint with the Plans. The complaint should contain a brief description of how you believe your rights have been violated. You should attach any documents or evidence that support your belief, along with the Plans' privacy Notice provided to you, or the date of such Notice. The Plans take complaints very seriously. You will not be retaliated against for filing such a complaint. Please send all complaints to the HIPAA Privacy Officer at the address listed on the last page of this Notice.

You may also file complaints with the United States Department of Health and Human Services. Visit www.hhs.gov for more information.

ADDITIONAL INFORMATION ABOUT THIS NOTICE

Changes to this Notice: The Plans reserve the right to change their privacy practices as described in this Notice. These changes may affect the use and disclosure of your PHI already maintained by the Plans, as well as any of your PHI that the Plans may receive or create in the future. The Plans will provide a copy of the current Notice to individuals currently covered under the Plans and to new Plan enrollees at the time of enrollment.

A copy of the current Notice is also available during normal business hours upon request to the HIPAA Privacy Officer at the address listed below, and on the Company intranet. Additionally, if material changes are made to this Notice, the change or a revised Notice will be posted on the Company intranet by the effective date of the material change to this Notice, and the Plans will provide you with the revised Notice (or information about the material change and how to obtain the revised Notice) in the Plans' next annual mailing to you.

No Guarantee of Employment: Nothing contained in this Notice shall be construed as a contract of employment between Company and any employee, nor as a right of any employee to be continued in the employment of Company, nor as a limitation of the right of Company to discharge any of its employees, with or without cause.

No Change to Plans: Except for the privacy rights described in this Notice, nothing contained in this Notice shall be construed to change any rights or obligations you may have under the Plans. You should refer to the Plan documents for complete information regarding any rights or obligations you may have under the Plans.

Compliance with State Law: If a use or disclosure for any purpose described in this Notice is prohibited or materially limited by applicable state privacy law, the Plans will comply with that law.

Contact Information: If you have any questions regarding this document, please contact:

DRiV U.S. Benefits Center:	800-783-3861
Mailing Address:	DRiV Attn: Benefits – HIPAA Privacy Officer 15701 Technology Drive Northville, MI 48168
Email Address:	PrivacyOffice@Tenneco.com

Important Notice About
Your Summary of Benefits and Coverage (SBC)

The Summary of Benefits and Coverage (SBC) is the document that provides – in a format prescribed by federal regulations – a brief, standard summary of the benefits and coverage available under each medical plan option sponsored by DRiV.

DRiV is required to provide this information to you during each annual enrollment period.

A copy of the SBC for each medical plan option for which you are eligible is available on the DRiV U.S. Benefits Center website at www.mydrivusbenefits.com . Once logged in, please select from the Menu button, "Items To Explore" then click on the "Resources" tab. The SBCs will be available for download or printing.

You may contact the DRiV U.S. Benefits Center at 800-783-3861 to request a paper copy.

Your Rights Following a Mastectomy (Women's Health and Cancer Rights Act Notice)

As required by the Women's Health and Cancer Rights Act of 1998, DRiV's medical plan options provide benefits for mastectomy-related services including all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to achieve symmetry between the breasts, prostheses, and treatment of physical complications resulting from a mastectomy, including lymphedema. Contact DRiV U.S. Benefits Center at 877-436-3409 for more information.

Newborns' and Mothers' Health Protection Act

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

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 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: 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: 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)