



2024 Annual Enrollment Guide

FOR PRE-65 RETIREES

Annual Enrollment Is October 16-29, 2023



Remember, this is your only opportunity to make benefit changes for 2024, unless you have a qualifying life event.

Qualifying Life Events

Participants have 31 days, including the date of the event, to request a change and provide supporting documentation. Missing the 31 day deadline could have an effect on contributions, eligibility and COBRA offers.



This guide provides an overview of MPC's benefits for pre-65 retirees in 2024, so you can make informed decisions during this year's Annual Enrollment.

Enrollment

Annual Enrollment is October 16-29, 2023. **If you don't want to make any changes, you do not have to participate in Annual Enrollment. Your current elections will roll over to 2024.** However, it is important to review your elections and ensure your covered dependents meet eligibility requirements.

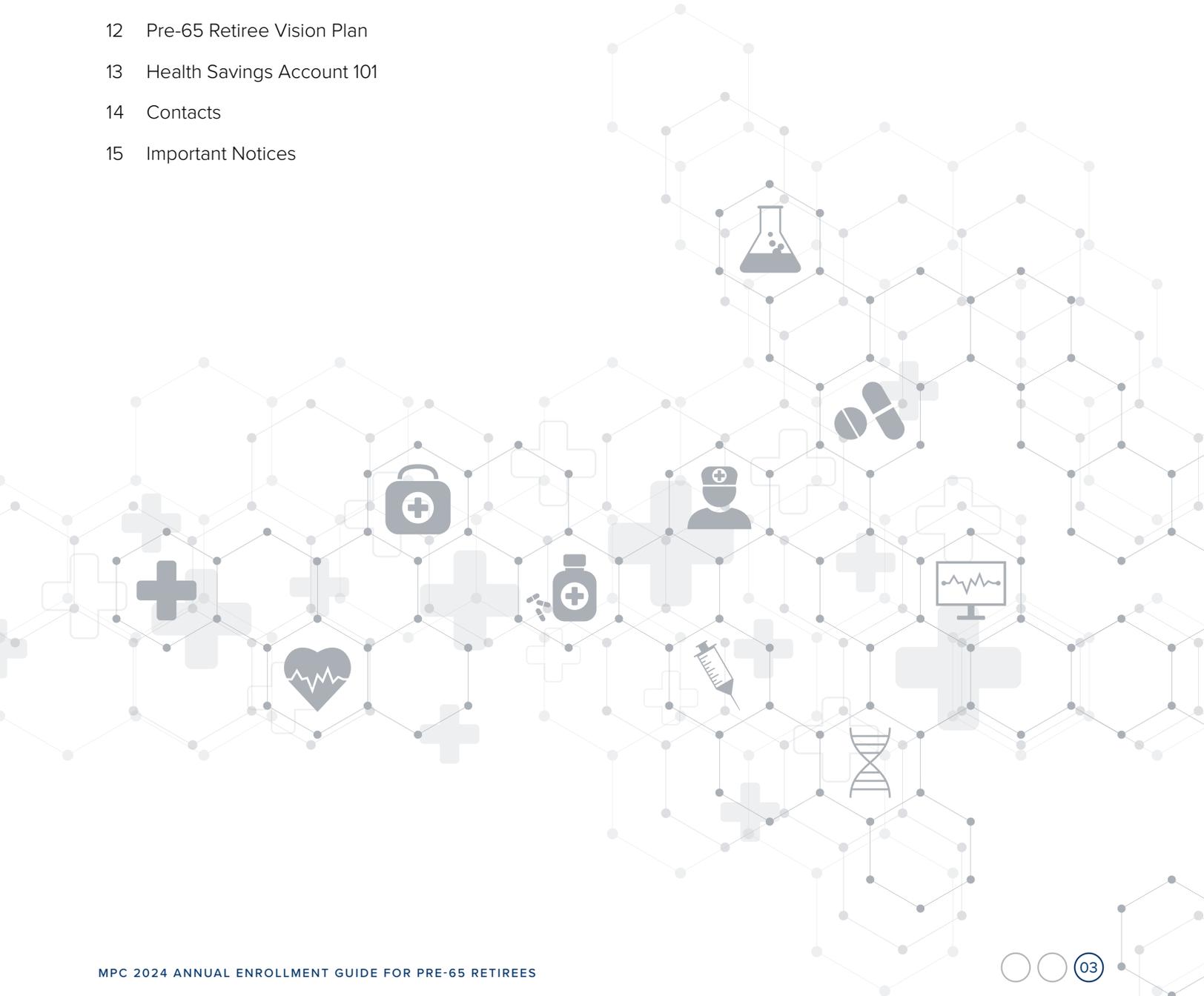
During Annual Enrollment You Can:

- Change your Health Plan option for 2024.
- Add or remove dependents from coverage for 2024.
- Drop health, dental or vision for 2024 (you will not be able to re-enroll at a later date if you drop coverage).
- Enroll in Health, Dental or Vision Plans if you previously took advantage of the one-time waiver at time of retirement.

Table of Contents

- 04 What's Changing for 2024
- 06 Important Reminders
- 07 Annual Enrollment Checklist
- 08 Instructions for Completing Enrollment
- 09 2024 Benefit Highlights
- 10 Prescription Drugs (Rx)
- 11 Pre-65 Retiree Dental Plan
- 12 Pre-65 Retiree Vision Plan
- 13 Health Savings Account 101
- 14 Contacts
- 15 Important Notices

The Company's policies, plans, practices and procedures may be amended, terminated or changed at any time at the sole discretion of the Company. If that should occur, the material in this document will be superseded, and the provisions of the official plan documents will be followed. If there are discrepancies between this document and the official plan documents, the official plan documents will always govern.



What's Changing For 2024

The following changes will be effective January 1, 2024.

Pre-65 Retiree Health

Annual Deductibles

The deductible for the Saver HSA Plan option will **increase** in 2024.

Due to cost of living adjustment rules, the IRS has increased the high deductible health plan minimum annual deductible. The annual deductible for the Saver HSA plan will increase to **\$1,600** for those enrolled in Retiree Only coverage and will increase to **\$3,200** for those who have dependents enrolled.

The out-of-network deductible also will increase to **\$3,200** for those enrolled in Retiree Only coverage and will increase to **\$6,400** for those who have dependents enrolled.

	Classic Option <i>In-network benefits</i>	Saver HSA Option <i>In-network benefits</i>
Deductible	\$600 Individual	\$1,600 Retiree Only*
	\$1,200 Retiree + Dependent(s) ¹	\$3,200 Retiree + Dependent(s)**
Out-of-pocket (OOP) Maximum	\$3,500 Individual	\$5,000 Individual
	\$7,000 Retiree + Dependent(s) ¹	\$10,000 Retiree + Dependent(s) ¹
Coinsurance	You pay 20% after deductible	You pay 20% after deductible
Office Visit	\$20 for primary care; \$50 for specialist and urgent care	You pay 20% after deductible
Preventive Services	Plan covers at 100% (no deductible)	Plan covers at 100% (no deductible)
ER Charge	\$200 charge, then deductible plus 20% coinsurance	Deductible, then \$200 charge, then 20% coinsurance

¹ Retiree + Dependent(s) covers Retiree + Spouse/Domestic partner, Retiree + Child(ren) and Retiree + Family.

*Out-of-network deductible is \$3,200

**Out-of-network deductible is \$6,400

Classic and Saver HSA Monthly Contributions

Retiree contributions for both the Health Plan's Saver HSA option and Classic option will **increase** in 2024.

	Classic Option		Saver HSA Option	
	2024	2023	2024	2023
Retiree Only	\$220.20	\$197.60	\$120.00	\$108.00
Retiree + Spouse/Domestic Partner ¹	\$440.00	\$395.00	\$234.00	\$210.00
Retiree + Child(ren)	\$440.00	\$395.00	\$234.00	\$210.00
Retiree + Family	\$660.20	\$592.60	\$381.00	\$342.00

¹ The IRS considers the value of Domestic Partner coverage (if not a tax dependent) to be a taxable benefit, which is billed as imputed income for participants if elected.

Kaiser Northern California and Southern California² Monthly Contributions

Retiree contributions will **increase** for all tiers in the Kaiser Northern California Health Plan option. Retiree contributions for Retiree + Spouse/Domestic Partner coverage will **increase** and all other tiers will **decrease** in the Kaiser Southern California option. For more plan information, call Kaiser at 1-800-278-3296.

	Northern		Southern	
	2024	2023	2024	2023
Retiree Only	\$478.05	\$384.73	\$219.01	\$220.81
Retiree + Spouse/Domestic Partner ¹	\$1,365.35	\$1,122.81	\$758.59	\$745.77
Retiree + Child(ren)	\$957.69	\$770.27	\$438.02	\$442.41
Retiree + Family	\$1,571.63	\$1,272.51	\$753.82	\$764.34

¹ The IRS considers the value of Domestic Partner coverage (if not a tax dependent) to be a taxable benefit, which is billed as imputed income for participants if elected.

² The Kaiser HMO option is only available to members with a permanent residence within the Kaiser California service area (N. CA or S. CA).

Infertility Treatment – Not Covered

Coverage for infertility treatment will not be covered in the Classic and Saver HSA Health Plan options as of January 1, 2024.

Pre-65 Retiree Dental Plan

Monthly Contributions

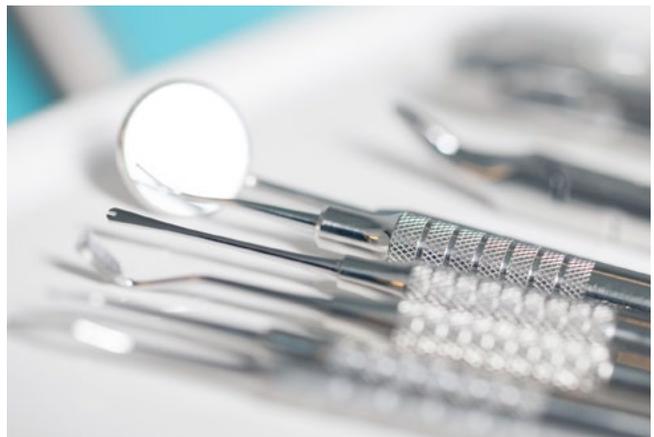
Retiree contributions will **increase** for 2024.

Coverage under the Retiree Dental Plan will now include enhanced benefits for members with special health care needs to provide:

- Additional visits and/or treatment consultations prior to the first treatment
- Up to 4 total dental cleanings in a plan year
- Anesthesia and nitrous oxide for patients with sensory sensitivities, behavioral challenges, severe anxiety or other barriers to treatment

	Dental Plan	
	2024	2023
Retiree Only	\$27	\$26
Retiree + Spouse/Domestic Partner ¹	\$52	\$50
Retiree + Child(ren)	\$62	\$58
Retiree + Family	\$86	\$82

¹ The IRS considers the value of Domestic Partner coverage (if not a tax dependent) to be a taxable benefit, which is billed as imputed income for participants if elected.



Important Reminders

Age 65

Benefits for members who are turning 65 will end on the day before Medicare becomes effective (the 1st of the month in which you turn 65). If your birth date is on the 1st of the month, Medicare will become effective the previous month on the 1st. If the retiree is becoming Medicare eligible, the spouse/domestic partner is eligible to remain in the Health Plan, but the Dental and Vision Plans will end.

The Benefits Service Center will send instructions prior to this transition, explaining any required actions. For additional information on turning 65 and what happens next, please visit [myMPCbenefits](#).

Members who are becoming eligible for Medicare due to disability must enroll in Medicare Part A and Part B. Members may remain eligible for the Marathon Petroleum Health Plan, but Medicare coverage is primary. For more information, please contact a Benefits Service Center counselor, Monday - Friday, 8 a.m. to 5 p.m. ET, at 1-888-421-2199, option 1, then option 3.

Questions on Medicare? Need assistance understanding the enrollment process? Visit [ALEX Medicare](#) for a free virtual tutorial.

New Dependents

Dependents acquired after retirement (e.g., marriage, birth of child) will not be eligible to enroll in the pre-65 retiree benefit plans.

Waiving the Health, Dental and Vision Plans

Eligible retirees with a retirement date on or after January 1, 2021, have the option to waive coverage in the Retiree Health, Dental and Vision Plans at retirement and be allowed a one-time opportunity to enroll during a future Annual Enrollment period or due to a qualifying life event with proof of continuous creditable coverage during the waived period. Once enrolled in a Retiree Health, Dental or Vision Plan, if coverage is later dropped, there will not be a future opportunity to enroll. A current member who terminates participation in the Plan will not be eligible to re-enroll.

Once enrolled in the MPC Retiree Dental and Vision Plan(s), coverage cannot be voluntarily dropped until the next Annual Enrollment period (even with a qualifying life event).

Printed Guides

MPC will no longer mail printed guides to pre-65 retirees. All Annual Enrollment information will be posted on [www.myMPCbenefits.com](#). Please update your personal email address in Workday to receive future updates.



Annual Enrollment Checklist

- ❑ **Read** this guide to learn what's changing in 2024 and find more information at www.myMPCbenefits.com.
- ❑ **Review** your current benefit elections and covered dependent(s) in [Workday](#) by using the log in instructions on the next page. Need your login? Your username is your 8-digit employee number. This information will be emailed to you prior to Annual Enrollment provided there is an email on file.
- ❑ **Access** detailed information about all of MPC's benefit plans, including Summary Plan Descriptions (SPDs) and Summaries of Benefits and Coverage (SBCs) at www.myMPCbenefits.com under Notices and Plan Documents. If you prefer to receive a printed copy of the SPDs or SBCs, we will provide one at no charge. Contact the Benefits Service Center at 1-888-421-2199, option 1, then option 3, Monday-Friday, 8 a.m. to 5 p.m. ET or email benefits@marathonpetroleum.com to request a copy.
- ❑ **Change** your benefit elections in [Workday](#) between October 16-29, 2023. **If you don't want to make any benefit changes for 2024, you do not need to take any action.**
- ❑ **Review and save or print** your benefits statement to ensure your desired elections have been made. To enroll dependents who are not currently enrolled in your MPC Retiree benefits, verification of your dependents will be required during the enrollment process. Visit myMPCbenefits for [required documentation](#). Any dependents acquired after your retirement are not eligible for enrollment.
- ❑ **Contact** the MPC Benefits Service Center at 1-888-421-2199, option 1, then option 3, Monday-Friday, 8 a.m. to 5 p.m. ET or email benefits@marathonpetroleum.com with any questions.



Instructions for Completing Annual Enrollment



Follow the instructions below to make changes to your 2024 benefits.

1. Log in to [Workday](#), click on the task to complete Annual Enrollment under **Awaiting Your Action**. Upload [required documentation](#) to verify any newly enrolled dependents.*
2. Once you have reviewed your elections, click **Review and Sign**, acknowledge and accept the terms and conditions, and then click **Submit**.
3. **Save or print a copy** of your benefits statement.

For questions or technical assistance, please contact the MPC Benefits Service Center at 1-888-421-2199, option 1, then option 3, Monday-Friday, 8 a.m. to 5 p.m. ET.

*Any dependents acquired after your retirement are not eligible for enrollment.



2024 Benefit Highlights

Pre-65 Retiree Health Plan

Monthly contribution amounts for the Classic and Saver HSA Health Plan options shown below are for retirees with 100% of the Company subsidy. Your specific rates, based on your earned percentage of the Company subsidy, can be found by visiting [myMPCbenefits](#).



Monthly Contributions

	Classic Option	Saver HSA Option
Retiree Only	\$220.20	\$120.00
Retiree + Spouse/Domestic Partner ¹	\$440.00	\$234.00
Retiree + Children	\$440.00	\$234.00
Retiree + Family	\$660.20	\$381.00

Health Plan Comparisons

Health Plan (includes Medical, Surgical, Mental Health and Substance Abuse)

The deductibles in the Saver HSA Plan option will **increase** in 2024.

	Classic Option <i>In-network benefits</i>	Saver HSA Option <i>In-network benefits</i>
Deductible	\$600 Individual	\$1,600 Retiree Only
	\$1,200 Retiree + Dependent(s) ³	\$3,200 Retiree + Dependent(s) ³
Out-of-pocket (OOP) Maximum ²	\$3,500 Individual	\$5,000 Individual
	\$7,000 Retiree + Dependent(s) ³	\$10,000 Retiree + Dependent(s) ³
Coinsurance	You pay 20% after deductible	You pay 20% after deductible
Office Visit	\$20 for primary care; \$50 for specialist and urgent care	You pay 20% after deductible
Preventive Services	Plan covers at 100% (no deductible)	Plan covers at 100% (no deductible)
ER Charge	\$200 charge, then deductible plus 20% coinsurance	Deductible, then \$200 charge, then 20% coinsurance

Kaiser Northern California and Southern California⁴ Monthly Contributions

	Northern	Southern
Retiree Only	\$478.05	\$219.01
Retiree + Spouse/Domestic Partner ¹	\$1,365.35	\$758.59
Retiree + Child(ren)	\$957.69	\$438.02
Retiree + Family	\$1,571.63	\$753.82

¹ The IRS considers the value of Domestic Partner coverage (if not a tax dependent) to be a taxable benefit, which is billed as imputed income for participants if elected.

² Medical and prescription drug expenses will apply toward meeting the out-of-pocket maximum.

³ Retiree + Dependent(s) covers Retiree + Spouse/Domestic Partner, Retiree + Child(ren) and Retiree + Family.

⁴ The Kaiser HMO option is only available to members with a permanent residence within the Kaiser California service area (N. CA or S. CA).

Prescription Drugs (Rx)

The Marathon Petroleum Health Plan includes prescription drug coverage, administered by **Express Scripts**. There are no changes to the prescription drug deductible, out-of-pocket maximums, copays or coinsurance for 2024.



- The prescription deductible still applies for 90-day fills made through the Express Scripts mail order option.
- All prescription and specialty drugs **MUST** be purchased through an Express Scripts participating network pharmacy or through the Express Scripts mail-order pharmacy; otherwise, there will be no coverage from the Plan.
- Certain specialty drugs must be filled only through the Express Scripts specialty pharmacy, Accredo, after the first fill.
- Maintenance medications must be filled with 90-day supplies through a Walgreens pharmacy or the Express Scripts mail-order pharmacy. Otherwise, you will pay the full cost of the medication after the second fill.

SaveOnSP

Members enrolled in the Classic Health Plan option, who take [certain specialty medications](#), can receive fills for \$0.

	Classic Option		Saver HSA Option
	30-Day Retail ¹	90-Day Mail Order	30-Day Retail & 90-Day Mail Order
	\$100 Individual/\$200 Family Deductible <i>Retail and mail order combined</i>		
Generic	Deductible, \$10	Deductible, \$25	Deductible, 20% ²
Preferred Brand	Deductible, \$30	Deductible, \$75 (Including Specialty)	Deductible, 20%
Non-Preferred	Deductible, \$60	Deductible, \$150	Deductible, 20%
Out-of-pocket Maximum	Combined with medical		

¹ To encourage the use of Mail Order or Smart90-Walgreens, there will be no coverage for the third and subsequent fills of a “maintenance drug” purchased at other participating retail pharmacies. You will pay 100% of the cost of the medication.

² Certain generic preventive drugs under the Saver HSA option are covered at 100%. A list of these drugs can be found at www.myMPCbenefits.com.



Pre-65 Retiree Dental Plan

The Marathon Petroleum Retiree Dental Plan is administered by Delta Dental. To find a Delta Dental PPO or Premier provider in your area, call **Delta Dental** at 1-800-524-0149 or go to www.deltadentaloh.com/findadentist. The largest discounts are available through a PPO provider.



If currently enrolled in the COBRA active employee Dental Plan, retirees also will have the opportunity to elect Pre-65 Retiree Dental at the time they voluntarily terminate COBRA dental, or at the time the COBRA period expires. Enrollment in the Retiree Dental Plan must be made within 31 days including the date the COBRA dental coverage ends. Once enrolled in Pre-65 Retiree Dental, if coverage is later dropped, there will not be a future opportunity to enroll.

Pre-65 Retiree Dental Plan Monthly Contributions

Monthly contribution amounts will **increase** in 2024.

Monthly Contributions			
Retiree Only	Retiree + Spouse/Domestic Partner	Retiree + Child(ren)	Retiree + Family
\$27	\$52	\$62	\$86

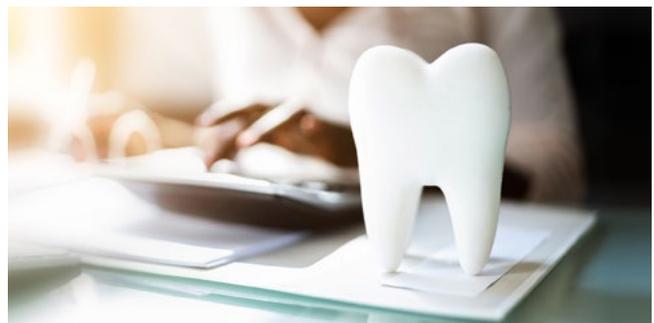
Pre-65 Retiree Dental Plan Overview

Annual Deductible: \$50 per person		
Calendar Year Maximum: \$1,000 per person		
Type of Service	Service Examples	Coverage
Preventive and Diagnostic	Exams (limited to two per year), x-rays	100% ^{1,2} (no deductible)
Basic Dental Services	Filling, extractions, root canals	80% ¹ (after deductible)
Major Dental Services	Inlays, crowns, dentures	50% ¹ (after deductible)
Orthodontia Services	Not covered	Not covered

¹ When you receive services from a nonparticipating dentist, or a Delta Dental Premier provider, the percentages in this column indicate the portion of Delta Dental's PPO provider fee schedule that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves, and you are responsible for that difference.

² \$50 individual deductible does not apply to preventive services.

The Dental Plan details and the claim form can be found at www.myMPCbenefits.com.



Pre-65 Retiree Vision Plan

The Marathon Petroleum Vision Plan is administered by **Anthem Blue View Vision**. For a list of in-network providers, call Anthem at 1-855-698-5676, or visit www.Anthem.com.



If currently enrolled in COBRA vision, retirees also will have the opportunity to elect Pre-65 Retiree Vision at the time they voluntarily terminate COBRA vision, or at the time the COBRA period expires. Enrollment in the Retiree Vision Plan must be made within 31 days, including the date the COBRA vision coverage ends. Once enrolled in Pre-65 Retiree Vision, if coverage is later dropped, there will not be a future opportunity to enroll.

Pre-65 Retiree Vision Plan Monthly Contributions

Monthly contribution amounts will **remain the same** for all coverage tiers in 2024.

Monthly Contributions			
Retiree Only	Retiree + Spouse/Domestic Partner	Retiree + Child(ren)	Retiree + Family
\$7	\$12	\$13	\$20

Pre-65 Retiree Vision Plan Overview

There are **no** plan changes in 2024.

Plan Features	In-Network	Out-of-Network
Frequency of Service <ul style="list-style-type: none"> Exams Lenses/Contacts Frames 	Once every calendar year Once every calendar year Once every other calendar year	Once every calendar year Once every calendar year Once every other calendar year
Exams	No copay	Up to a maximum allowance of \$35
Frames	No copay (Up to \$130 retail)	Up to a maximum allowance of \$45
Lenses <ul style="list-style-type: none"> Single Vision Bifocal Trifocal 	\$10 copay \$10 copay \$10 copay	Up to a maximum allowance of \$25 Up to a maximum allowance of \$40 Up to a maximum allowance of \$55
Contact Lenses (in lieu of prescription eyeglass lenses)	Up to a maximum allowance of \$130 This benefit applies to <u>one</u> order of contact lenses per calendar year	Up to a maximum allowance of \$105 This benefit applies to <u>one</u> order of contact lenses per calendar year

A full schedule of vision benefits, including out-of-network coverage, can be found on www.myMPCbenefits.com.



Health Savings Account 101

What is a Health Savings Account (HSA)?

A type of savings account that lets you set aside money to pay for qualified health care expenses.

What type of expenses does an HSA cover?

Eligible items include, health plan deductibles and coinsurance, most medical care, dental care, vision care, prescription drugs and Medicare premiums (if 65 or older). Refer to IRS Publications [969](#) and [502](#) at www.irs.gov, or consult a tax professional for more information on eligible expenses.

Key Features

- Administered by Fidelity.
- Triple-tax advantaged account: the contributions are tax-free, any investment earnings are tax-free and payments for qualified health care expenses are tax-free.
- Contributions can be made anytime throughout the year.
- Your balance in the HSA rolls over from year to year.
- You can choose investments for your account from a broad range of options, including a full range of Fidelity mutual funds, non-Fidelity funds and individual funds.

HSA Eligibility Rules

- You must be enrolled in a high-deductible health plan.
- You cannot be claimed as a dependent on someone else's tax return.
- You cannot have any other medical coverage (such as through your spouse's employer), unless it also is an HSA-qualified, high-deductible health plan under the IRS rules.
- If you or your dependents are 65 and/or Medicare eligible, special rules apply. Please consult a tax professional.
- If you are eligible for Veterans Benefits or TRICARE, special rules apply. Please consult a tax advisor.
- You cannot use HSA dollars for domestic partners, unless they are qualified tax dependents.



REMINDER

The Company does not make a contribution to the Health Savings Account for retirees in the Saver HSA option. Alternatively, the monthly retiree contributions are reduced by the amount the company previously contributed.

By reducing the monthly contribution, retirees realize a cost savings on their health plan and also are able to take advantage of the tax savings of a full contribution to their HSA. Please note that the IRS governs the HSA contribution limits. MPC may amend contribution limits based on these regulations, provided it is administratively feasible.

IMPORTANT HSA INFORMATION!

It is the responsibility of each HSA owner to ensure satisfaction of applicable HSA eligibility rules and complies with applicable contribution limitations. Contributions made by ineligible owners and contributions in excess of IRS prescribed limits are taxable to the owner and subject to an excise tax imposed on the HSA owner, unless distributed to the HSA owner within IRS-prescribed time frames. It is the HSA owner's responsibility to request a distribution of excess contributions (including Company contributions) within such time frames in order to avoid the excise tax.

Contacts

Plan or Service	Online	Phone	Mobile App
MPC Benefits Service Center Benefits enrollment, access to Plan documents, forms and updates.	benefits@marathonpetroleum.com www.myMPCbenefits.com Workday (benefit elections)	1-888-421-2199 Option 1, then 3 Monday-Friday 8 a.m. to 5 p.m. ET	
Health Care			
Classic and Saver HSA Health Plan Options <i>Anthem BlueCross BlueShield</i> <ul style="list-style-type: none"> • Find Providers • Claims and ID Cards • Pre-Certification 	www.anthem.com Group #: 212077	1-855-698-5676	Sydney Access your member ID, estimate costs, find a doctor and check the status of claims.
Prescription Drug Program <i>Express Scripts</i>	www.express-scripts.com Group #: MARAPET Bin #: 610014	1-877-207-1357	Express Scripts Access your member ID, find in-network pharmacies, refill and renew prescriptions and track the status of home delivery prescriptions.
Billing/Premiums <i>Inspira Financial</i>	www.inspirafinancial.com	1-800-359-3921 Ref. Employer#: 152822	Inspira Mobile
Kaiser Permanente Health Plan	www.kp.org	1-800-278-3296	Kaiser Permanente Find doctors and locations, pay medical bills, schedule routine appointments and more.
Pre-65 Retiree Dental Plan <i>Delta Dental</i>	www.deltadentaloh.com	1-800-524-0149	Delta Dental Mobile Access your ID card, find an in-network dentist, estimate costs and check the status of claims.
Pre-65 Retiree Vision Plan <i>Anthem Blue View Vision</i>	www.anthem.com	1-866-723-0515	Sydney Access your member ID and view the status of your claims.
Health Savings Account (HSA)			
Fidelity	www.netbenefits.com/marathonpetroleum	1-800-544-3716	Fidelity NetBenefits

Change your current elections by October 29, 2023.

- You do not need to take any action if you don't want to make changes.
- New ID cards will only be provided for new enrollments (Express Scripts cards are now only provided digitally).

Important Notices

PLEASE NOTE:

The following notices are current as of October 1, 2023.

MPC is required by law to provide you with certain notices that inform you about your rights regarding eligibility, enrollment and coverage of health care plans.

Women's Health and Cancer Rights Act of 1998 Notice

The Women's Health Act requires the publication of the following notice annually:

The Plan provides mastectomy coverage and also provides for reconstructive surgery in a manner determined in a consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

This notice is made solely to satisfy the Act's requirements. The Health Plan has always covered such procedures and in no way does this reflect a change in plan provisions.

Special Enrollment Notice

Special enrollment events allow you and your eligible dependents to enroll for health coverage outside of the Annual Enrollment period under certain circumstances if you lose eligibility for other coverage, become eligible for state premium assistance under Medicaid or the State Children's Health Insurance Program (S-CHIP), or acquire newly eligible dependents. This is required under the Health Insurance Portability and Accountability Act (HIPAA).

If you decline enrollment in a medical plan for you or your dependents (including your spouse/domestic partner) because of other health insurance coverage, you or your dependents may be able to enroll in a medical plan without waiting for the next Benefits Annual Enrollment period if you:

- Lose other coverage. You must request enrollment within 31 days, including the date of the loss of other coverage.
- Lose Medicaid or Children's Health Insurance Program (S-CHIP) coverage because you are no longer eligible. You must request enrollment within 60 days after the loss of such coverage.

To request special enrollment or obtain more information, contact the Benefits Service Center at 1-888-421-2199.

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, 2023. Contact your state for more information on eligibility:

ALABAMA — Medicaid
Website: http://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 Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS — Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA — Medicaid
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO — Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
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
FLORIDA — Medicaid
Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA — Medicaid
GA HIPP Website: https://medicaid.georgia.gov/programs/third-party-liability/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
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 HIPP Website: https://hhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562
KANSAS — Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY — Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA — Medicaid
Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE — Medicaid
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
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA — Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3739
MISSOURI — Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA — Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
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. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid Website: https://www.state.nj.us/humanservices/clients/healthcare/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid
Website: 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: https://www.hhs.nd.gov/healthcare 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/Services/Assistance/Pages/HIPP-Program.aspx 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
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services 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: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://www.dmas.virginia.gov/for-members/other-programs-and-guidelines/premium-assistance/health-insurance-premium-program/ Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid
Website: https://www.hca.wa.gov Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
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, 2023, 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

