

ANNUAL ENROLLMENT GUIDE

CCSC MIDDLETOWN HOURLY EMPLOYEES

2024

ANNUAL ENROLLMENT IS

OCTOBER 20 – NOVEMBER 3, 2023

Action required to **CHANGE** benefits for 2024!

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2024 ANNUAL ENROLLMENT: AT A GLANCE

Welcome to the Cleveland-Cliffs Steel Corporation (CCSC) Annual Enrollment Guide. Annual Enrollment is your opportunity to review your benefit options and ensure they continue to meet your needs and the needs of your family for the upcoming year.

For the 2024 Annual Enrollment, employees are able to utilize a Passive Enrollment. This means current elections for your 2023 basic benefits (not FSA) will roll-over to 2024 if you do not complete your Annual Enrollment in Workday.

Current voluntary benefits selections within the Mercer system will also roll over in 2024. You only need to log into Mercer to make changes to current coverage or enroll in coverage you don't already have.

Cleveland-Cliffs, Inc. will be conducting a dependent audit in the first quarter of 2024. The purpose of the audit is to verify that dependents who are enrolled in medical, dental and vision plans are eligible dependents per our plan rules. **Additional details to come in Quarter 1 2024.**

New for 2024

MetLife Voluntary Long Term Disability option for employees hired March 1, 2006 and after. You will need to elect this coverage during annual enrollment if you wish to be enrolled. Eligible employees were mailed information from MetLife.

KEY STEPS FOR 2024

- To enroll for your 2024 benefits, log in to Workday from a lap or desk top computer and locate the "Annual Enrollment Change" to-do item which will be available to you on October 20th through November 3rd, 2023. Navigate through the benefit enrollment screens to submit your elections. Go to <https://bit.ly/CliffsWorkday>
- If you need your Workday password reset, you must contact the Help Desk at 866-425-2408, your benefit administrator cannot assist you.
- If you do not have a personal computer with internet access, you should have access to a computer in your department.
- Please note that if you do not enroll online, your current elections –except for Flexible Spending (FSA) elections, will continue into 2024. **FSA elections will default to "Waived" unless you make elections for them.** If you have any other benefit-related event in 2023 and after you submit your annual enrollment elections (for example, if you get married or have a child later in the year), you will get a new Workday inbox item to update your 2024 elections after the other benefit event is completed. Please make sure to process this second annual enrollment event – the system will not save your first annual enrollment elections after it processes the qualifying event.
- After you click the Submit button, you will see options to print or export your elections to Excel. You can also go back to your Workday Benefits app to review, change, and print your elections at any time during the annual enrollment period. This is done by clicking the Benefit app, scroll down to Current Cost, Change Annual Enrollment.
- Dependent(s) Information- While reviewing your benefits elections, please review your dependent list. If you see an ex-spouse, child or stepchild that should not be covered, you need to remove them. If you went through a divorce and did not remove ex-dependents, please call or email your local benefit administrator at 513-425-3495 or email Jodi.Hall@ClevelandCliffs.com.
- Changes to your elections outside of the annual enrollment period can be made only when a qualifying event occurs, such as marriage, birth, divorce, death, your spouse's loss or gain of employment, or loss or gain of other health care coverage. You must initiate the change in Workday, within 30 days of the event, and provide applicable documentation to your benefits administrator, or upload in Workday, to substantiate the change.
- Summaries of Benefits and Coverage (SBCs) are available by contacting your local benefits administrator.

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CHANGES FOR 2024

Your 2024 Health Premiums

WEEKLY CONTRIBUTIONS	HSP Plan	PPO Plan
Employee Only	\$0	\$10.00
Employee + One	\$0	\$20.00
Family	\$0	\$30.00

IMPORTANT NOTE ABOUT HEALTH SAVINGS PLAN (HSP) and HEALTH SAVINGS ACCOUNT (HSA)

Health Savings Plan (HSP) Deductibles:

- In-Network deductible \$1,600 Single and \$3,200 Family (annual IRS adjustment).

The Health Savings Plan provides a Health Savings Account feature. If you elect the Health Savings plan, both you and the company may contribute to your HSA if you are eligible. The IRS sets annual limits on the total amount that participants can save in their HSAs:

IRS Health Savings Account Maximum Annual Contribution Limits – 2024	
Single	\$4,150
Two-person or Family	\$8,300
Age 55 and older – additional “catch-up” contribution	\$1,000

These IRS limits apply to **both** employee and employer contributions, including the fixed employer contributions that Cleveland-Cliffs Steel makes.

HSA Eligibility

IRS regulations limit HSA eligibility to people who are not covered by another health plan, with few exceptions. If you are covered by any other health plan in addition to your Cleveland-Cliffs Steel coverage (including Medicare, Tricare, VA medical benefits, your spouse’s health plan or health flexible spending account, or a previous employer’s health plan), notify your benefits administrator.

WHOM CAN I ENROLL?

Dependents eligible for coverage are:

- Your legal spouse
- You and/or your spouse’s unmarried/married dependent* child(ren) up to age 26

* Dependents include any unmarried or married dependent child up to 26 years of age who is your natural born or legally adopted child, including a child who has been placed with you for adoption, a stepchild, a qualified disabled dependent, a child permanently residing in the household of which you are the head and actually being supported by you, provided you are related to the child by blood or marriage or the child is a legal ward of yours, or a child who is required to be covered under the plan according to a Qualified Medical Child Support Order (QMCSO).

If you are adding dependents on your coverage for the first time, you will need to provide a copy of your marriage certificate for your spouse and birth certificates/adoption papers/guardianship papers for your children. You can upload those documents to Workday, or provide them to the local benefits administrator.

2024 ANNUAL ENROLLMENT: AT A GLANCE

OTHER EMPLOYER COVERAGE

If your spouse and/or your dependent(s) are enrolled for coverage through another employer, please note that the medical and dental coverage is usually coordinated between your plan and your spouse or dependent's plan.

If both you and your spouse work, you and your dependents may be covered under more than one group plan. The plan's coordination of benefits provision allows for the reimbursement of expenses to be shared by those plans. In some cases, you may not have more coverage, just duplicate coverage. Depending on who the patient is, one of the plans will be considered "primary," or responsible for paying benefits first, and one of the plans will be considered secondary. Read on to learn more about your benefit options for 2024 so you can make the best decisions and get the most out of your Cliffs benefits.

OVERVIEW: HSP AND PPO PLANS – In-Network

Medical coverage is provided through Anthem Blue Cross Blue Shield.

In-Network	HSP	PPO
Annual deductible	\$1,600/\$3,200	\$100/\$200
Office visit	10% after deductible	\$20 copay
Coinsurance	10% after deductible	10% after deductible
Emergency Room	10% after deductible	\$100 copay
Urgent Care Visit	10% after deductible	\$40 copay
Retail Clinic Visit		\$10 copay
Preventive Care	100% (Not subject to deductible)	100% (Not subject to deductible)
OOP Maximum -- includes deductible (single/family)	\$2,250/\$4,500	\$1,500/\$3,000
Prescription Drug - Prescription Drug coverage is provided through Express Scripts – Mandatory mail order after first fill		
Retail		
• Generic	10% after deductible	\$10
• Preferred Brand		\$20
• Non-Preferred Brand		\$35
Mail Order		
• Generic	10% after deductible	\$20
• Preferred Brand		\$40
• Non-Preferred Brand		\$70
OOP Maximum	Included in Medical	\$3,300/\$6,600
HSA Employer Fixed Contribution	\$500/\$1,000/\$1,500	N/A

2500/3250/4000

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Dental coverage is administered by MetLife Dental

Plan Provision	Plan
Annual Deductible (individual/family)	\$50/\$100
Preventive Services	100% with no deductible
Basic Services	80% after deductible
Annual Maximum (per individual)	\$2,500
Lifetime Orthodontia (per child)	\$3,000

Note: All charges are subject to usual and customary guidelines.

Dental ID Cards

Although a dental ID card is not required for an employee to go to the dentist, MetLife's MyBenefits site has been set up to allow you to print a dental ID card if you wish to do so. To print a dental ID card, simply sign on to www.metlife.com/mybenefits:

- Click on Dental Benefits.
- Click on Tools and Resources.
- Click on Get Your Dental ID Card.

You will then receive a printer-friendly version of a dental ID card pre-populated with your name, ID number, Cliffs' dental group number and MetLife Dental Claims contact information.

Note: You may also view your dental coverage and claim information via MetLife's website.

Please note, if you go to the dentist without a card, you can give them your name and employer name. They can then look up your insurance coverage through MetLife.

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Vision coverage is administered by EyeMed Vision

In-Network Member Cost		Out-of-Network Member Cost
Exam Services		
Exam	\$15 Co-pay	Up to \$35
Standard Plastic Lenses		
Single Vision	\$0 Co-pay	Up to \$25 (per lens)
Bifocal	\$0 Co-pay	Up to \$30 (per lens)
Trifocal	\$0 Co-pay	Up to \$35 (per lens)
Lenticular	\$0 Co-pay	Up to \$40 (per lens)
Standard Progressive Lens	\$65 Co-pay	Up to \$35 (per lens)
Frame	\$200 allowance, 20% off balance over \$200	Up to \$55
Lens Options		
UV Coating	\$15 Co-pay	Not Covered
Tint (Solid and Gradient)	\$15 Co-pay	Not Covered
Standard Scratch Resistant	\$15 Co-pay	Not Covered
Standard Polycarbonate	\$40 Co-pay	Not Covered
Standard Anti-Reflective Coating	\$45 Co-pay	Not Covered
Other Add-ons and Services	20% off retail	Not Covered
Contact Lenses		
Contact Lens Fitting	\$10 Co-pay	Not Covered
Conventional	\$100 allowance, 15% off balance over \$100	Plan pays \$80 (per pair)
Disposable	\$175 allowance	Plan pays (\$80 per pair)
Frequency		
Exam and Lenses	Once every 12 months	
Frames or Contacts	Once every 24 months	

IMPORTANT NOTICES

BENEFIT

Along with your basic benefits, the benefits below are also housed in the WorkDay system at <https://bit.ly/CliffsWorkday>

BENEFIT	DETAILS
Company-paid life insurance	The company-paid life insurance benefit for employee is \$75,000. AD&D insurance for employee is \$31,500. Spouse \$5,000 and eligible children \$3,000. Eligibility begins after 520 working hours or 90 days of employment.
Voluntary Life Insurance	Voluntary life insurance for employees is offered through MetLife. Eligibility begins after 520 hours, or 90 days following the date of employment. You can elect coverage for yourself in \$50,000 increments up to \$250,000. To apply for coverage, log into your Workday account and select the Voluntary Term Life and follow the prompts. Election outside of initial new hire event requires a statement of health that MetLife will mail to you for completion. Premiums are paid through payroll deduction.
Employee Assistance Program (EAP)	Hourly employees can take advantage of the EAP Cliffs offers through Anthem. Employees are offered up to 8 free confidential counseling sessions on a wide variety of topics outside of just mental health and addiction issues.
Various Additional Voluntary Benefits	Benefits Enrolled through cliffsvoluntarybenefits.com or by calling at 1-800-906-7611. <ul style="list-style-type: none">MetLife Legal PlansAccident InsurancePet InsuranceIdentity TheftHome and Auto Coverage through MetLifeCritical Care Insurance
Company-paid disability insurance (Sickness and Accident)	Eligibility begins after 6 months following your date of employment. No enrollment necessary.
Anthem LiveHealth Online	Covered members and their dependents have access to private video visits with licensed doctors, psychologists or therapists. To enroll, sign up online at livehealthonline.com or call 844-784-8409

FSA-Flexible Spending Account	FSA Health Care and Dependent Day Care allows you to pay for eligible expenses tax effectively. When you contribute to a FSA, you set aside money from your pay on a pre-tax basis, which lowers your taxable income and reduces taxes. The Flexible Spending Account is administered by Optum. Be sure to plan contributions carefully. You have a grace period through March 31, 2025 to claim reimbursement for eligible expenses incurred in 2024. After this date, IRS rules require that you forfeit any money left in these accounts. Funds cannot be carried over to pay for eligible expenses the following year and balances cannot transfer between accounts.
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IMPORTANT NOTICES

For questions regarding...		
	Administrator	Contact Information
Benefits	Cleveland-Cliffs	Jodi Hall Phone: 513.425.3495 Fax: 513.425.6247 jodi.hall@clevelandcliffs.com 1801 Crawford St. Middletown, OH 45044
Medical Coverage	Anthem Blue Cross Blue Shield	855.342.0694 www.anthem.com
	Optum Bank	844.326.7967 www.optumbank.com
	Optum Bank	866-234-8913 www.optumbank.com
Employee Assistance Program	Anthem Blue Cross Blue Shield	800.865.1044 www.anthemEAP.com
Prescription Drug Coverage	Express Scripts	800.718.5780 www.express-scripts.com
Vision Coverage	EyeMed	800-334-7591 www.eyemedvisioncare.com
Specialty pharmacy	Accredo	800-803-2523
Dental Coverage	MetLife	800.942.0854 www.metlife.com/mybenefits
Sickness and Accident	Cliffs	disability.management@clevelandcliffs.com 513-425-2401
MetLife Legal	Mercer	800.906.7611 cliffsvoluntarybenefits.com
Critical Illness	Mercer	800.906.7611 cliffsvoluntarybenefits.com
Accident Insurance	Mercer	800.906.7611 cliffsvoluntarybenefits.com
Pet Insurance	Mercer	800.906.7611 cliffsvoluntarybenefits.com
Home and Auto	Mercer	800.906.7611 cliffsvoluntarybenefits.com
Identity Theft Protection	Mercer	800.906.7611 cliffsvoluntarybenefits.com

2024 Annual Enrollment Guide Disclaimer

Please Note: This guide is intended to provide you with highlights of the Cleveland-Cliffs benefit programs. It is not intended to address all details. Actual benefit coverage is specified in the Summary Plan Descriptions (SPDs). In the event of any differences between this guide and the SPDs, the SPDs will govern.

IMPORTANT NOTICES

Notice of Special Enrollment Rights

If you are declining coverage for yourself or your dependents (including your spouse) due to other health coverage, and that coverage ends due to the following qualifying events:

- Exhaustion of COBRA;
- loss of eligibility for other coverage due to legal separation or divorce;
- death of the employee;
- termination of employment or reduction in hours;
- or employer contributions for other non-COBRA coverage ceases.

You may in the future be able to enroll yourself and/or your dependents in this plan, provided you request enrollment within 30 days after your other coverage ends and you meet the eligibility requirements of the plan.

In addition, if you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption and you meet the eligibility requirements of the plan.

Mental Health Parity Act

Benefits for mental health and substance use disorder must be treated like benefits for regular medical and surgical care. For example, if there is no limitation on the number of days for inpatient and number of visits for outpatient medical care, then there can be no limitation for mental health and substance use disorder treatments. As always, **treatments must be medically necessary to qualify for coverage. Plan participants should review their plan's certificate of coverage or benefit document for specific information about coverage, limitations and exclusions for mental health care and substance use disorder treatments.**

Women's Health and Cancer Rights Act of 1998

Each of our medical options provides benefits for mastectomy-related services including: reconstruction and surgery to achieve symmetry between breasts; prostheses and complications resulting from a mastectomy (including lymphedema). Please contact Anthem for more information.

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, 2021. Contact your State for more information on eligibility.

IMPORTANT NOTICES

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
<p>Website: http://myalhipp.com/</p> <p>Phone: 1-855-692-5447</p>	<p>Health First Colorado Website: https://www.healthfirstcolorado.com/</p> <p>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711</p> <p>CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</p> <p>CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p> <p>Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</p> <p>HIBI Customer Service: 1-855-692-6442</p>
ALASKA – Medicaid	FLORIDA – Medicaid
<p>The AK Health Insurance Premium Payment Program</p> <p>Website: http://myakhipp.com/</p> <p>Phone: 1-866-251-4861</p> <p>Email: CustomerService@MyAKHIPP.com</p> <p>Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</p> <p>Phone: 1-877-357-3268</p>
ARKANSAS – Medicaid	GEORGIA – Medicaid
<p>Website: http://myarhipp.com/</p> <p>Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</p> <p>Phone: 678-564-1162 ext 2131</p>
CALIFORNIA – Medicaid	INDIANA – Medicaid
<p>Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</p> <p>Phone: 916-440-5676</p>	<p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: http://www.in.gov/fssa/hip/</p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: https://www.in.gov/medicaid/</p> <p>Phone 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members</p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: http://dhs.iowa.gov/Hawki</p> <p>Hawki Phone: 1-800-257-8563</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</p> <p>Phone: 1-800-694-3084</p>

IMPORTANT NOTICES

KANSAS – Medicaid	NEBRASKA – Medicaid
<p>Website: http://www.kdheks.gov/hcf/default.htm</p> <p>Phone: 1-800-792-4884</p>	<p>Website: http://www.ACCESSNebraska.ne.gov</p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>
KENTUCKY – Medicaid	NEVADA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</p> <p>Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx</p> <p>Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Medicaid Website: http://dhcfp.nv.gov</p> <p>Medicaid Phone: 1-800-992-0900</p>
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp</p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: https://www.dhhs.nh.gov/oii/hipp.htm</p> <p>Phone: 603-271-5218</p> <p>Toll free number for HIPP program: 800-852-3345, ext 5218</p>
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms</p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms</p> <p>Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: http://www.njfamilycare.org/index.html</p> <p>CHIP Phone: 1-800-701-0710</p>
MASSACHUSETTS– Medicaid and Chip	NEW YORK – Medicaid
<p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/</p> <p>Phone: 1-800-862-4840</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p>

IMPORTANT NOTICES

MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.hca.wa.gov Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

IMPORTANT NOTICES

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration www.dol.gov/agencies/ebsa
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. 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.



ANNUAL ENROLLMENT IS OCTOBER 20 - NOVEMBER 3, 2023

